State of Delaware

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

REQUEST FOR PROPOSALS #CYF15-04

This RFP is being bid under Title 29 Section 6981 of the Delaware Code

DESCRIPTION

Division of Prevention and Behavioral Health Services

Community Based Behavioral Health Treatment

And

Treatment Support Services

For children with mental health, substance use, and co-occurring disorders

MANDATORY BIDDERS' CONFERENCE: Monday March 16, 2015 @ 10:30 a.m.

PROPOSALS DUE: BY 2:00 PM Tuesday April 14, 2015

The RFP schedule is as follows:

Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at herbert.bolles@state.de.us by COB April 6, 2015 to ensure a response prior to proposal due date. Questions may also be submitted by email for a response at the bidders' conference.

Monday Mar 16, 2015 @ 10:30 a.m. ET	A **MANDATORY** bidders' conference will be held on **Monday, March 16, 2015, at 10:30 a.m.** at DART First State 119 Lower Beech Street, 2nd floor Auditorium, Wilmington, DE 19805. Parking available. Allow time to sign-in at the front desk.
Tuesday, Apr 14, 2015 by 2:00 PM ET	Please submit 1 original proposal marked "ORIGINAL". Please submit 10 copies of your proposal marked COPY. Please submit **1 electronic copy of your cover letter and proposal on CD, DVD or flash drive.**
	Sealed cover letter & proposals **must** be **delivered by 2:00 PM ET on April 14, 2015.** **Proposals arriving after 2:00pm ET will not be accepted.** **You are encouraged to double-side copy/print your proposals.**
DELIVERY:	Express Courier or hand deliver the sealed bids as follows: State of Delaware Ryan Bolles, Grants and Contracts 1825 Faulkland Road Wilmington, DE 19805
	Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address as follows: State of Delaware Ryan Bolles, Grants & Contracts 1825 Faulkland Road Wilmington, DE 19805
	The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.
As soon as possible	The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. While DSCYF reserves the right to contact bidders for additional information proposals are expected to be able to stand alone based upon the written information submitted.
As soon as possible	Decisions are expected to be made and awards announced as soon as possible. Initial notification to all bidders will be by email.

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It is recommended that Bidders thoroughly review this RFP.

Community Based Treatment and Treatment Support Services

Request for Proposals

I. Introduction

The Delaware Department of Services for Children, Youth and their Families' (DSCYF) Division of Prevention and Behavioral Health Services (DPBHS) is committed to providing a comprehensive behavioral health system for children and families as we continually strive to fulfill our vision: "Resilient Children and Families living in Supportive Communities."

DPBHS's goal is to achieve positive and sustainable outcomes for children and families as stated in its mission: "To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care." DPBHS embraces System of Care (SOC) approaches with the following core principles:

1. Practice is Individualized;
2. Services are Appropriate in Type and Duration;
3. Care is Child-Centered, Youth-Guided and Family-Focused;
4. Care is Community-Based;
5. Care is Culturally Competent;
6. Care is Seamless, within and across Systems; and
7. Teams Develop and Manage Care.

DPBHS seeks providers that value and practice the principles stated above. The objective of this Request for Proposals (RFP) is to improve client outcomes by increasing accessibility to local, high quality, effective community-based mental health, substance abuse, and co-occurring treatment services of varying intensities that employ best practices, safely reduce the number of children served out-of-home and/or out-of-school, and work in collaboration with children, their families, informal supports and service partners.

DPBHS has identified service gaps in its current service continuum and seeks to improve and broaden the array of outpatient treatment offered by way of this Request for Proposals (RFP). The objective of this RFP is to solicit bids for mental health, substance use, and/or co-occurring community-based services which use an integrated System of Care approach and embrace key features such as:

1. Practice models supporting trauma-informed care with a strong focus on establishing, maintaining, strengthening and supporting connections with the family and community, including significant engagement of preventive services, natural supports, community recreational activities, etc.
2. Evidence-based and innovative clinical practices that are responsive to the individual child and family's complex social, emotional, and psychological needs;

3. Treatment services and family intervention designed to develop and sustain positive behavioral change and self-regulation skills
4. Natural supports and community resources that support the unique needs of the individuals and families served are identified and coordinated;
5. Services meet the needs and schedules of families, and are available evenings, weekends, and holidays, and are primarily focused on non-school hours; and
6. The capacity to 'right-size' the range and scope of services to meet prevailing and future demographic and treatment trends.

DPBHS is interested in creative approaches that may differ from the current or past program service approaches used in our state. Responses should clearly describe the proposed services expected outcomes of successful treatment intervention. Examples of positive outcome measures of effective treatment include: increased stability in the client's home, school, and/or other settings; reduced problematic behavior; increased functional skill in various settings; decreased intensity and duration of services; absence of substance use and/or criminal activity; avoiding acute care (inpatient hospitalization) and crisis intervention utilization; and reduced use of residential treatment.

Additional information about DPBHS is included in Appendix VI–1.

This is a non-binding RFP. Distribution of this RFP does not guarantee that DSCYF will fund any proposals, or any element of proposals that are received. DSCYF anticipates that successful bidders might anticipate one to three year contracts, if funded as a result of this RFP process. Contracts are subject to annual funding reauthorization within this period, contingent upon satisfactory performance and availability of funds.

DSCYF Multi-Divisional Workgroup

The four DSCYF divisions (DPBHS, DFS, DYRS and DMSS) have been working with consultants from the Annie E. Casey Foundation in an effort to better serve youth involved in their care. The workgroup was established by Secretary Ranji and is comprised of Division Directors, Deputy Directors and other key representatives from each Division. The purpose of this group is to successfully identify and serve youth at risk of deeper-end system penetration at home in their communities with the most effective and least restrictive services and a well-integrated, collaborative approach.

The Values Statement which guides the work of this group is below:

1. We are committed to serving youth and families within their homes, schools, and communities when we can do so safely.

2. We are committed to providing timely and effective services.

3. We are committed to a collaborative, team approach that is youth-guided, family-driven, and strengths-based.

4. We are committed to cultural competence, respect of differences, and the reduction of racial disproportionality.

5. We are committed to decision-making at the system, policy, practice and family levels that is informed by data and evidence-based practices.

Clinical Services Management

DPBHS has evaluated its current structure and approach to care coordination and service authorization. As a result of this review DPBHS is considering changes in current practices that may result in changes in our utilization process, particularly regarding structure of reviews, service authorizations, timeliness of entrance into services, and local accessibility. These changes may result in new arrangements with service providers as they are refined and will be discussed further during the Bidder Conference.

All DPBHS clients' care is managed by Clinical Services Management (CSM). Contracted treatment service providers are required to work collaboratively with the client's assigned CSM staff to develop a shared understanding of the youth and family's needs and goals, and work together to support achievement of these goals. CSM authorizes, manages and facilitates the client's transitions between providers, levels of care, and scope and intensity of services. Currently, the results of the client's initial behavioral health assessment, other bio psychosocial evaluative information, DSCYF's Mental Health Criteria for Services and/or the American Society for Addiction Medicine (ASAM) Criteria are used to establish clinical necessity for services, including the initial level, scope and intensity of services, and length of stay. DPBHS will further refine decision making criteria including detailed service descriptions specifying admission, exclusion, and discharge criteria. These criteria will provide a better basis for uniformity in service authorization decisions. These refinements may occur throughout the year.

Evidence-Based Practices

Bidder responses will propose the use of evidence-based and/or innovative approaches to community based treatment services which are supported by empirical literature and align with the System of Care core principles previously referenced. The RFP responses should demonstrate the Bidder's ability and experience with evidence-based clinical interventions and practices that have been shown to effectively meet the diverse physical, emotional, cognitive, and behavioral needs of the children and their family in their local community.

Bidders should identify the specific evidence-based clinical intervention(s) and practice(s) to be used in the proposed services; how staff is trained and skills are sustained. DPBHS

continues to promote and support statewide use of evidence-based practices through the implementation of empirically supported practices and assessment tools.

II. Scope of Services

DPBHS provides a continuum of community based treatment services through state-operated and contracted service providers. A comprehensive list of DPBHS' current community based mental health and substance use treatment services can be found in Appendix VI-2. DPBHS does not guarantee the continuation of any service on the current list, as it is currently defined or delivered. **Current DPBHS Contractors of community based treatment services must respond to this RFP if they wish to be considered for future service contracts.**

DPBHS seeks to procure community-based treatment services for children ages 0 to 18 with mental health, substance use, or co-occurring (mental health and substance use) disorders and behavioral symptoms. DPBHS is interested in RFP responses that propose innovative approaches to enhance community based outpatient treatment options in its service continuum. Services should be individualized and flexible in order to meet the unique treatment needs of the child, youth and their family consistent with the priorities for mental health and/or substance abuse treatment included in:

- Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions. http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf
- Coverage of Behavioral Health Services for Youth with Substance Use Disorders http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-01-26-2015.pdf

DPBHS emphasizes the importance of keeping youth in their homes and schools and seeks services that support this mission to serve youth who may have complex challenges in the community. Research cited in the above referenced Joint CMCS and SAMHSA Information Bulletins shows that positive outcomes for youth are achieved when treatment is provided in home and school settings. DPBHS is most interested in proposals that identify efforts to support and safely maintain youth in these settings, specifying necessary treatment and support services to make this goal achievable.

Bidders proposing to deliver a service during the school day that removes a child from their school setting must address the specific service population for which the service is recommended, how coordination with the home school is accomplished, and provide examples of transition plans to quickly return youth to their home school setting. Data and examples of successful transitions back to school are encouraged. Data and examples of successful transitions are encouraged.

DPBHS understands the value of continuity of care and maintaining consistency of treatment providers when possible. DPBHS recognizes its current service structure may not be meeting the individual needs of all youth served in the community and seeks to provide a more comprehensive menu of service options to enable individualized services to meet each client and family's needs.

DPBHS is interested in responses which include an array of services developed by a single provider or through established partnerships among providers allowing flexible service delivery, varying levels of intensity, and use of treatment support services to meet the unique needs of each child and family. This is a change from the relatively fixed approach that is currently offered through DPBHS current services

DPBHS' Child Priority Response Services (CPRS) are not included in this RFP, however, respondents will address the management of acute and crisis situations for youth involved in their services, including specific intervention strategies and safety planning practices along with specific criteria for involving the police, CPRS or referring a child for inpatient care. Proposals will highlight the safety measures to be taken by the provider to maintain youth in the community and limit the occurrence of inpatient treatment or other bed-based services. DPBHS is particularly interested in service options in which the provider will manage crisis/safety issues and will build the youth and family's ability to avoid crisis and to also manage crisis situations as they arise.

While the identified client is a child under the age of 18 who meets DPBHS eligibility criteria for services, DPBHS recognizes that the success of a child's treatment is greatly impacted by the family's individual and/or complex challenges (including health and well-being issues, caregiver's own trauma history, mental health and/or substance abuse issues, etc.) that may inhibit their ability, commitment and willingness to learn new methods and skills to effectively support their child. Family and parent supports are often required to facilitate and foster positive change. DPBHS is interested in services that address needs and difficulties of the family unit and are not limited to services addressing only the identified child's behavioral health treatment needs. DPBHS encourages respondents of this RFP to partner with other agencies, when indicated, to provide a full array of child and family-focused services. Responses will demonstrate how care will be coordinated with other service providers to allow for seamless transitions across services and service providers.

Below are descriptions of services DPBHS has identified as needed for its clients; however, the list is not exhaustive. DPBHS seeks bids that identify additional services to meet the individual needs of the children, youth and their families served.

- **Outpatient therapies** encompass varying intensities and service elements. Outpatient therapy includes weekly/routine individual, family and group services as well as more

frequent therapy services which are delivered in office, home and community settings. Additionally, DPBHS is interested in:

- Responses from providers that utilize licensed outpatient therapists who are certified in the delivery of specialized evidence based treatment practices and/or trauma-specific treatments such as but not limited to Parent-Child Interaction Therapy, Multisystemic Therapy, Dialectical Behavior Therapy, Functional Family Therapy, Trauma-focused Cognitive Behavioral Therapy etc.;
- Providers with therapists treating specialized populations, such as LBGTQ (Lesbian, Bisexual, Gay, Transgender, Questioning) youth, youth with eating disorders, youth with problematic sexual behavior, aggressive/ violent youth, youth coping with grief, loss and / or trauma, non-English speaking families, and youth with dual diagnosis (mental health / substance use, mental health / developmental disabilities, etc.); and
- Acute outpatient transition services that are short-term (less than 60 days) and readily available. These services include clinical and clinical support services for youth transitioning between services such as youth returning from out of state residential services, youth returning to school, and other situations requiring added support during a transition.

- **Intensive In-home Services** are designed to keep challenging youth in their homes and prevent out of home placements. Services are generally delivered by a team of therapists or a team including a paraprofessional and a clinician. Intensive In-Home Services are available for 24 hour responses including in-person sessions on weekends and evenings. Intensive In-Home Services include case management services, crisis response and intervention services, individual and family therapy, psychiatric services, skills training and behavioral interventions. In many states, this service is considered an alternative to facility-based residential services and youth must be unsuccessful at this level of care to be considered for facility-based residential treatment.

- **Parent and Youth Treatment Support Services** develop and link children and families with formal and informal supports; instill confidence; assist in developing goals; serve as an advocate, mentor or facilitator to resolve issues; teach skills necessary to improve coping abilities (as discussed in the above referenced Information Bulletin). Services build upon the child and family strengths, teach new skills and assist the child and family in applying these skills when faced with challenging situations and behaviors. Parent and youth support providers work in conjunction with a treatment provider and care plans must clearly state objectives and anticipated use of service. These services encompass several specialized skills and

real life experience (therapeutic recreation, therapeutic mentors, etc.). Behavioral Intervention services would be included in this service.

- **Additional Treatment Support Services** are provided after school hours and on weekends and may include in-home and weekend daytime respite care, skills groups, and therapeutic recreation.

DPBHS seeks services that incorporate family engagement strategies to identify, engage, connect and support family resources for youth. Resources include family, community members and other significant adults. Evidence shows family engagement promotes family participation, builds trust and promotes positive outcomes for children and families. Family engagement may also identify potential resources and outreach to establish (or re-establish) relationships for youth that can play a variety of positive and supportive roles in a child's life.

DPBHS expects that the shift toward individualized client and family driven services and away from the current program approach to service delivery will be a process. Current services may be considered if de-constructed versions of a current program's service components are proposed.

There may be additional therapeutic and treatment support services and practices that may be appropriate for smaller segments of the service population. Providers of such services are encouraged to respond to this RFP.

Please note, community-based service providers are encouraged to have collaborative relationships with a child and adolescent psychiatrist or qualified nurse practitioner to provide psychiatric evaluations and medication monitoring.

Additionally DPBHS is interested in responses from providers of High Fidelity Wraparound Services as these services may be considered for a segment of our population as changes to CSM care coordination practices are evaluated.

III. Community-Based Service Populations

Youth involved with DPBH have varying treatment histories. Some youth will be entering treatment for the first time or have had limited outpatient services, while others previously received treatment, including psychiatric hospitalization, and have made limited progress in lower intensity outpatient services. Many have histories of mental illness, substance use and trauma including those who have been a direct victim of abuse and/or neglect (sexual, physical, and verbal) or have been a witness to a traumatic event(s) in the home (i.e. domestic abuse) and/or in the community (i.e. shootings or gang related activities). These youth are at increased risk of substance use/abuse, have difficulty with interpersonal relationships, and often experience academic challenges.

DPBHS clients often present with behavioral challenges and problems including suicidal/homicidal ideation/attempts/gestures, physical and /or sexual aggression, self-injurious behaviors, substance use, poor judgment (i.e., placing themselves in situations in which they are at elevated risk of harm or exploitation), impulsivity, difficulty sustaining healthy and supportive relationships, and difficulty with self-regulation.

Children, youth and families who are eligible for DPBHS services are either insured by Delaware Medicaid or uninsured. Of the children and youth receiving DPBHS services, approximately sixty percent (60%), receive services solely from DPBHS; while approximately forty percent (40%) have experienced various levels of abuse, neglect, or criminal activity and are involved with DSCYF's Division of Family Services (DFS) and/or Youth Rehabilitative Services (YRS).

Client data for youth served in DPBHS's current community based services including age, gender, county of residence, and diagnosis are provided in APPENDIX VI–3.

IV. Proposal Content

DPBHS seeks to purchase mental health, substance abuse, and co-occurring treatment services from prospective treatment service providers that offer services in alignment with system of care core values to provide care that is child-centered, youth-guided, family-driven, community-based, and culturally competent using evidence-based practice(s) in its program models. It is recommended that Bidders thoroughly review this RFP. The proposed services should utilize evidence based practices or innovative approaches that have been shown to meet the individual client needs of clients with complex and challenging behavioral health needs. The proposed services should be geographically accessible to a child's family and community with the intent to enable family involvement in care. Proposed services must include specific references to the segment(s) of the service populations to be served including exclusion criteria if applicable.

Narrative

The narrative section of the proposal should include an overview of the organization and a description of its current or proposed administrative, clinical, and fiscal infrastructure. The Bidder should include any relevant data and outcomes that demonstrate their experience, success, and innovation in providing the services being proposed. The proposal must show the agency or organization's intent and capability to collaborate with community partners, schools, families, and other key stakeholders to provide connections to natural supports within the client's network.

Proposals should include information on services the provider currently offers and median length of stay for those services.

Agency/Organization Description

1. The agency/organization's description provides the RFP Review Committee with an overview of the agency/organization's current structure and its ability to effectively provide the proposed service(s). To provide a comprehensive description for the RFP Review Committee, DPBHS is requiring all responses to (at a minimum): Briefly describe the organization's history, include information such as date of inception, purpose, major growth or development, current professional / service affiliations, etc.;
2. Describe the organization's experience and qualifications to provide treatment services and / or treatment support services for children with diverse cultural and ethnic backgrounds and with a focus on children with challenging behavioral health needs. Include the organization's experiences and effectiveness with clients in intact families, those in foster care, and those who have been involved with juvenile justice;
3. Describe the organization's adoption of system of care and trauma-informed principles and practices.
4. Experience and/or knowledge of managed care procedures and requirements;
5. Description of quality monitoring and quality improvement process used or proposed to be incorporated;
6. Status and plans for use of electronic health record technology / systems (if applicable);
7. Description of the organization's structure, shall include:
    a. Corporate board structure and members (if applicable);
    b. Executive leadership team and qualifications;
    c. Staff organizational chart; and
    d. Definitions and responsibilities of each position (licensed and non-licensed) including supervisory mode and frequency.
8. Description of Organization's administrative and fiscal management structures;
9. Accreditation history (if applicable), including a copy of the last accreditation survey report and self-study report if the accreditation report was completed over 18 months prior to this proposals due date;
10. List one or more purchasing organizations served by the proposing agency (if applicable). Include contact name and phone number and type of service(s) contracted;
11. List all State of Delaware and Federal contracts currently held or held in the past three (3) years (if applicable). Include a contact name and phone number, the name of State or Federal Agency contracted with, and the type of service(s) provided;
12. Current DSCYF contracted providers must include their most recent DSCYF monitoring reports and Quality Improvement Plans; and
13. If you are a provider that does not currently contract with DSCYF but does contract with a division or department of government in Delaware or a different state, previous monitoring reports and Quality Improvement Plans must be submitted.

14. Identify any sanctions, legal actions, licensing corrective actions and current or pending litigation that the organization is currently (now or within the past 2 years) experiencing

Contracting standards and Provider Qualifications are included in Appendix VI–4.

Service Description(s)

The RFP Review Committee requires the Narrative Service Description to clearly articulate the proposed service(s) offered, and the target population(s) to be served. If the response includes questionnaires, forms, or other documents, please submit them as an appendix. The responses should be clear, specific, and address all areas/subjects requested.

Service Descriptions must include, at a minimum:

1. A clear and specific description of your service population;
2. Criteria for admission, continued stay, and discharge;
3. Basis for recommended scope and intensity of service(s) to be provided;
4. Proposed service delivery options (locations and times), service capacity and geographic accessibility;
5. Service implementation plan, include possible need to transition clients from current services to proposed services (if appropriate);
6. Detailed description(s) of the treatment approach (or approaches) to be used to meet the needs of the population(s) to be served with details, including at a minimum:
    a. Evidence-based practice(s) and/or innovative approaches to be used, and the specific needs targeted in approach;
    b. Expected treatment outcomes for each service including median length, frequency, and intensity of service elements. DPBHS seeks highly individualized services with variable service lengths, in contrast to our current program-based and predictably scheduled services. Thus, we are seeking increased flexibility and adaptability on the part of service providers. This is a key component of this RFP;
    c. Identification of a specific process and/or assessment tool(s) used for determining necessary treatment for individual child and family needs and for progress toward achieving treatment goals;
    d. Psychiatric services and medication prescribing practices;
    e. Detailed description of the transition planning and discharge process that is child-centered and youth-guided with family, school, and community engagement, including coordination / collaboration with community based resources;
    f. Description of efforts to increase continuity of care and avoid disruptions, and reduce the need for out of home or hospital services;

g. Description of crisis planning and services;
h. Define reportable events and the process of handling the incidents; and
i. Define cultural competency and describe the efforts to implement and maintain a culturally diverse staff and culturally acceptant environment.

7. Proposed exclusion criteria for admission or participation of the service population(s) and the criteria used to justify the exclusion; and
8. Narrative descriptions of client service scenarios for the service(s) being proposed.

Budget Narrative

The accepted proposals' budget materials will be evaluated by the RFP's Review Committee. The response must contain a budget description containing the following:

1. Detailed description of service components including psychiatry, individual / family / group psycho-therapy, and support services and the applicable service billing codes; and
2. DPBHS is interested in unit cost and other creative and cost-effective reimbursement approaches including per diem rate(s), episode/case rate(s), tiered rate (s) based on client status and functioning, pricing of service components according to type, frequency and intensity, or other proposed approaches.

The successful bidders must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State's option, without imposing any additional fees, costs, or conditions.

V. Review of Proposal

Proposals will be evaluated and rated by DPBHS and DSCYF staff. DSCYF reserves the right to include non-DSCYF staff on the panel. Rating of proposals will be conducted on the following criteria

Responses must have the mandatory requirement to be considered:	
Completed Cover Page	
All DSCYF Forms included in RFP	
Criterion for Evaluation/Rating of Proposals:	**% Scale**
Past performance/experience/qualifications in providing treatment services and / or treatment support services as indicated by reviews of accrediting body and/or state agencies, and/or State Medicaid offices, and/or other appropriate supporting documentation.	15%
Experience in providing high quality Community-based Treatment / Treatment Support Services or similar services, as demonstrated by outcome measures.	15%
Appropriateness and quality of the proposed service model or	30%

approach considering: - the individual needs of the identified population, - use of evidence-based or other innovative practices, - use of a System of Care approach, and - incorporation of trauma-informed care.	
Quality of staffing plan, including credentials, training policies and practices, etc.	10%
Quality assurance and continuous improvement plan, including outcome and other measures for assessing service effectiveness.	10%
Cost (e.g. competitiveness, reasonableness) comparison to the open-market, usual and customary, and other proposals.	20%
Total	**100%**

VI. Appendixes

Appendix VI–1. Background Information

DSCYF is the primary public provider of children's services including: child welfare, juvenile justice, and behavioral health (mental health, substance abuse and co-occurring) services. DPBHS is the State's Child Mental Health Authority and provides statewide prevention, early intervention, and mental health and substance abuse services. Below provides a brief overview of the Division and its services:

- Established pursuant to TITLE 29, State Government, Departments of Government, CHAPTER 90 DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES; § 9006;
- Responsible for the provision, planning, coordination, contracting, managing, and monitoring of Delaware's system of public mental health and substance abuse prevention, early intervention and treatment services for children and youth;
- Operates as a statewide, national accredited public managed care entity to deliver comprehensive behavioral health services to children who are enrolled in Medicaid, the Children's Health Insurance Program Delaware Health Children Program, are uninsured, or have exhausted the behavioral health benefits in their private insurance coverage). Through the State's 1115 Medicaid waiver, children who are enrolled in Medicaid/CHIP receive up to 30 units of outpatient services annually through the Medicaid contracted Managed Care Organizations. DPBHS offers an appropriate level of services once these benefits have been exhausted, or if a child requires more intensive services at any time;
- Provides a continuum of behavioral health treatment services through a network of service providers;
- Accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) (2007 through 2016);

- Funds residential and community-based mental health and substance use treatment services through a line item budget allocated as part of the State of Delaware Annual Budget;
- Manages the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health and Substance Use Block Grant funds for children's services and has successfully competed for $24.5M6 in external funds (including several SAMHSA grants) over the past 11 years to expand access to Delaware children and their families and to institute and disseminate the use of evidence-based treatments, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Trauma and Grief Component Therapy for Adolescents, Early Childhood Mental Health Consultation, and Lifelines Suicide Prevention Training;
- Provides direct client care assurance through licensed behavioral health professionals in Clinical Services Management (CSM). Provides early intervention services to children in Kindergarten through Fifth grade and behavioral health consultants in Middle Schools (grades 6 – 8);
- Supplements community based services State-wide through funding for after-school extended hours programming;
- Provides prevention services through universal and selective programs to families and targeted children and youth populations in areas including substance abuse, anti-bullying, suicide awareness, out-of-school recreation and other programs

Appendix VI–2. DPBHS Current Treatment Services Descriptions

The Centers for Medicare and Medicaid Service's (CMS) Psychiatric Inpatient Under 21 Program (Psych. Under 21):

Psych Under 21 services include inpatient hospitalization, and accredited Residential Treatment Centers.

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DPBHS continuum of services.

A therapeutic milieu with strong psychiatric medical support is central to effective inpatient treatment. Therapeutic interventions, activities, milieu and educational components must be carefully integrated to create a total ecological treatment regime.

Components of the service include:

- Independent psychiatric assessment within 24 hours of admission;
- A thorough assessment of the medical, psychological, social, familial, behavioral and developmental dimensions of the client's situation within the context of the client's precipitating symptoms;
- Focused brief treatment and stabilization as medically necessary, including individual and group approaches and problem-specific approaches;
- Therapeutic stabilization of youth in crisis, including physically aggressive minors and minors who are a danger to self or others;
- Safe and secure environment for all minors who are involuntarily admitted, including those who are violent and dangerous to themselves and/or others;
- Involuntary inpatient treatment should be used only in extraordinary circumstances where a minor meets the legal definition for involuntary admission and a parent or legal guardian's signature for voluntary inpatient treatment is unavailable. Treatment is used primarily for acute crisis resolution to address behavior and symptoms which cannot be addressed at other less restrictive levels of care. When the acute crisis is resolved, the client should continue treatment in a less restrictive context;
- Careful monitoring of psychotropic medications and their effects on the client's behavior;
- High degree of structure, order and predictability with regard to the routines of daily living, the management of peer group interaction to promote social learning and minimize the negative effects of peer influence;
- Programmed activities for the amelioration of presenting problems, including skill building with an emphasis upon interpersonal and problem solving skills; self-care/life skills; activity and recreational programming; and
- Brief family therapy with focus upon reintegration into the community within the shortest clinically appropriate time frame.

The Centers for Medicare and Medicaid Service's (CMS) Rehabilitation Services:

These services include Crisis Intervention/Crisis Bed, Facility Based Residential Treatment Centers, Day Hospital, Part Day, Day Treatment, Intensive Outpatient, Behavioral Intervention, Outpatient, and Assessment. Each of these services is described below.

1. **Crisis Intervention/ Crisis Bed**: Child Priority Response services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room

or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes.

Services are available 7-days per week, 24 hours per day with in-person crisis assessment and intensive intervention and case management for youth in behavioral health crisis. A supervised crisis bed is also available for youth who present minimal risk but whose safety cannot be assured with supervision available in his/her usual residence. The purpose of the crisis program is to enhance the client's/families coping skills and to identify and strengthen its natural helping network as support during the period of crisis.

Program components include:

- Crisis Response- first contact response with a youth experiencing a mental health emergency;
- Crisis Bed-temporary (1-3 night target) supervised setting which provides for safety and respite for a youth in a crisis situation;
- Crisis Intervention-intensive short term therapeutic intervention to assist the youth and his/her caretaker(s) to improve coping mechanisms, identify and address the issues that precipitated the crisis and plan, in conjunction with DPBHS, for further treatment if necessary.

2. **Facility Based Residential Treatment Services**: Services at this level are characterized by the provision of a 24-hour residential living environment which is deliberately designed to create a structured therapeutic milieu and which forms the basic foundation around which clinical treatment services are organized and integrated. Within the residential treatment level of the DPBHS continuum, programs and services are differentiated along several key dimensions:
   - Restrictiveness of the milieu, in terms of both the physical characteristics of the environment and its proximity to the community;
   - Nature and extent of clinical resources deployed in support of the milieu;
   - Ratios of child care staff-to-clients and the nature and extent of client supervision and care provided.

   The residential living environments are thoroughly integrated with the clinical and educational services provided constituting a 24-hour therapeutic milieu. A key feature of the program's design includes residential transition of youth from a residential treatment facility to home and school with treatment continuity.

3. **Day Hospital Services**: Day Hospital Treatment is a milieu-based, medically managed, full-day intensive treatment program that provides intensive clinical services under psychiatric supervision, integrated with an educational component that permits the program to be used as an alternative to school attendance for emotionally disturbed and

mentally ill children and adolescents who are unable to function safely in a normal school environment. The program functions on five day per week basis and is specifically designed to accommodate the ongoing treatment and development needs of severely disturbed clients. Direct psychiatric supervision of treatment is required due to the acuity of the behavioral health presented by these clients.

4. **Part-Day Treatment** (Substance Abuse Only): is a 3 - 5 day per week intensive program of three (3) hours per day that provides a developmentally appropriate approach, generally after-school hours, for substance abusing children and adolescents who are unable to fulfill the functional requirements of this developmental stage without this level of intensive service. The program is available to clients for whom it is clinically necessary. Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention, 12-Step activities and relapse prevention.

5. **Day Treatment** (Mental Health or Substance Abuse): is a 5-full-day intensive program that provides developmentally appropriate treatment for seriously disturbed children or adolescents who are unable to fulfill the functional requirements without this level of intensive service. The program is available as clinically appropriate and is open approximately 225 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the community. They include but are not limited to:
   - Professional diagnostic and therapeutic services, e.g., psychological and psychiatric services, individual and family; family assessment; individual, group and family treatment; medication evaluation/monitoring and case management;
   - Activities are provided within a therapeutic milieu, e.g., individual and group therapeutic recreation, field trips, parent and school;
   - Transportation to and from program activities;
   - Educational program, appropriate to the level and individual educational needs of the client, with instruction provided by certified teachers (The DSCYF Division of Management Support Services provides educational staff, for cost-reimbursable contracts);
   - Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention, 12-Step activities and relapse prevention.

6. **Intensive Outpatient Treatment**: (IOP) is goal directed and supports solution-focused interventions intended to achieve identified goal or objectives as set forth in the individual's individualized treatment plan. IOP is a face- to-face intervention with the

individual present; however, family or other collaterals may also be involved. IOP contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes. IOP is an alternative to psychiatric hospitalization, residential treatment or day treatment. It provides intensive community-based intervention designed to assist the client and the family (especially those who are unable to benefit from insight oriented treatment), the school and other members of the natural helping network to learn skills to deal with existing problems. Objectives are:

- To reduce the frequency of inpatient psychiatric hospitalization episodes;
- To reduce the length of stay of clients admitted to psychiatric hospital or residential treatment;
- To reduce the frequency and duration of behaviors that may lead to out-of-community residential treatment and/or psychiatric hospitalization, (symptom reduction);
- To reduce hospital, residential and crisis episodes;
- To increase the frequency of appropriate social contacts made by the client in his/her community and/or within the psycho-social group. (Increase in functioning);
- To increase the number of consecutive days the client is able to engage in academic, vocational or other training program.

7. **Behavioral Intervention Program**: Behavioral Intervention Services are designed to augment mental health/substance abuse (MH/SA) treatment. The interventionist works directly with the client and family to carry out elements of the MH/SA treatment plan developed by the therapist. The interventionist is available to help generalize treatment to other settings. The service is time-limited, focused on specific goals and used to aid in transition between levels of care or to facilitate acquisition of specific developmental tasks. Objectives are:
   - To provide home/community based services adjunct to mental health/substance abuse treatment to children and families who require more than routine outpatient services.
   - To provide additional therapeutic services as an alternative to a higher level of service provision or to aid in the transition between levels of care.
   - To transition the client to natural, community based support systems.

8. **Outpatient Services** (Mental Health and Substance Abuse): Outpatient Services are goal directed support and solution focused interventions intended to assist an individual with their identified mental health or substance abuse challenge. Outpatient services include psycho-education, individual therapy, family therapy, and/or group therapy. Outpatient services are a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. Objectives are:
   - To increase the frequency of appropriate social contacts made by the client in his/her community and/or within the psycho-social group. (Increase in functioning).

- To increase the client's ability to engage in academic, vocational or other day to day activities.

9. **Assessment Services**: Assessment Services include psychological consultations and evaluations of children and youth by a licensed psychologist or staff under the supervision of a licensed psychologist. Referrals are made for assessment of child/youth who are presenting with behavioral problems, emotional problems or possible substance use problems. The purpose of the consultation or evaluation is to determine if the child/youth has a mental health and or substance abuse disorder and if so diagnosis it and provide treatment recommendations.

Appendix VI–3. Community-based Services Data

*Note that the sum of clients by Service Type (In-State Contracted, Out-of-State, and State Operated) may exceed Service Totals due to clients moving between Service Types.

Table 1. Census by Service Type and Community-Based Services by Race, Ethnicity, Service/Level of Care

DPBHS Service Census	Provider Name:<All		Gender:<All>		County:<All>			
	Ethnicity:<All>		Race:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
Service_Type								
Acute Care	1132	1305	1247	1379	1346	1601	1746	1897
Residential	222	203	194	193	208	206	224	218
Community-based	1954	2008	1846	1903	1829	1857	1934	1827
Unduplicated Total	2717	2884	2678	2811	2740	2955	3047	3087

Community-based Services	Ethnicity:<All>		County:<All>		Provider Name:<All>			
	Service:<All>		Gender:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
Race								
American Indian or Alaskan Native	7	3	3	6	6	5	5	6
Asian	8	11	8	7	3	1	3	8
Black or African American	782	819	778	796	783	805	834	814
Native Hawaiian or Other Pacific Islander	4	3	2	3	1	2	2	1
Unable to Determine	2	3	2	4	8	8	8	12
White	1151	1169	1053	1087	1028	1036	1082	986
Unduplicated Total	1954	2008	1846	1903	1829	1857	1934	1827

Community-based Services	Race:<All>		County:<All>		Provider Name:<All>			
	Service:<All>		Gender:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
Ethnicity								
Hispanic or Latino	197	203	196	216	220	229	268	246
Not Hispanic or Latino	1755	1802	1649	1683	1601	1620	1658	1569
Unable to Determine	2	3	1	4	8	8	8	12
Unduplicated Total	1954	2008	1846	1903	1829	1857	1934	1827

Community-based Services	Ethnicity:<All>		Gender:<All>		Provider Name:<All>			
	County:<All>		Race:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
Service								
Behavioral Intervention	325	312	297	285	295	315	275	249
Day Hospital, MH	100	128	138	171	201	204	259	231
Day Treatment, MH	185	183	188	194	182	189	247	302
Day Treatment, SA	199	184	213	202	219	245	250	201
Intensive Outpatient, MH	312	323	343	391	476	470	567	584
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	19	25
Intensive Outpatient, SA	77	94	121	141	145	148	240	256
Outpatient Services, MH	469	369	358	314	296	328	274	239
Outpatient Services, MH Non-CSMT	613	757	633	663	547	498	440	388
Outpatient Services, SA	132	74	50	44	50	47	30	17
Outpatient Services, SA Non-CSMT	140	207	174	148	112	144	107	66
Part-Day Treatment, SA	160	134	126	133	121	139	137	91
Therapeutic Respite	5	7	6	5	6	3	2	0
Unduplicated Total	1954	2008	1846	1903	1829	1857	1934	1827

Table 2. Community-based Services Census by County/Service

Community-based Services	Gender:<All>		Provider Name:<All>					
	Ethnicity:<All>		Race:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
County								
Kent County - Unduplicated Total	316	315	258	277	269	263	301	331
Behavioral Intervention	43	37	28	36	49	65	57	59
Day Hospital, MH	6	23	32	44	49	46	56	55
Day Treatment, MH	48	44	42	40	28	37	53	69
Day Treatment, SA	4	2	8	9	14	16	32	35
Intensive Outpatient, MH	67	66	62	59	51	67	85	106
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	6	10
Intensive Outpatient, SA	20	16	20	19	24	25	28	35
Outpatient Services, MH	68	47	48	41	48	68	54	55
Outpatient Services, MH Non-CSMT	132	155	103	115	98	65	56	52
Outpatient Services, SA	17	6	2	1	7	6	3	3
Outpatient Services, SA Non-CSMT	10	7	7	5	4	2	10	15
Part-Day Treatment, SA	3	1	3	0	1	2	13	7
Therapeutic Respite	1	0	1	2	0	0	0	0
New Castle County - Unduplicated Total	1161	1170	1061	1140	1075	1076	1086	970
Behavioral Intervention	201	190	183	177	166	133	95	89
Day Hospital, MH	87	92	82	109	118	126	142	133
Day Treatment, MH	90	91	105	114	116	106	112	150
Day Treatment, SA	142	132	142	148	142	158	143	101
Intensive Outpatient, MH	177	194	217	252	313	293	332	318
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	9	9
Intensive Outpatient, SA	30	47	52	68	69	80	143	159
Outpatient Services, MH	287	222	212	196	169	147	108	86
Outpatient Services, MH Non-CSMT	323	365	293	336	257	231	228	174
Outpatient Services, SA	80	43	28	30	29	25	13	10
Outpatient Services, SA Non-CSMT	113	178	144	116	92	126	77	44
Part-Day Treatment, SA	113	91	90	119	117	133	121	78
Therapeutic Respite	3	7	3	0	4	3	2	0
Sussex County - Unduplicated Total	411	465	465	430	431	470	499	486
Behavioral Intervention	72	75	73	62	75	112	115	99
Day Hospital, MH	3	10	19	12	26	24	47	31
Day Treatment, MH	37	41	32	32	35	41	73	76
Day Treatment, SA	47	45	57	40	54	60	65	60
Intensive Outpatient, MH	56	54	49	67	100	98	138	147
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	3	5
Intensive Outpatient, SA	26	28	45	50	44	40	65	57
Outpatient Services, MH	101	90	84	67	74	110	106	96
Outpatient Services, MH Non-CSMT	136	218	222	200	174	190	148	156
Outpatient Services, SA	29	25	19	11	13	15	13	4
Outpatient Services, SA Non-CSMT	14	15	20	24	15	16	18	6
Parent Aide Services	0	0	0	0	0	0	1	0
Part-Day Treatment, SA	41	39	29	9	0	2	2	5
Therapeutic Respite	1	0	2	3	1	0	0	0
Out of State / Other - Unduplicated Total	57	51	53	47	50	43	34	26
Behavioral Intervention	9	10	13	10	5	5	8	2
Day Hospital, MH	4	3	5	6	8	8	14	12
Day Treatment, MH	10	7	9	8	3	5	8	6
Day Treatment, SA	6	5	6	5	9	11	10	5
Intensive Outpatient, MH	12	9	15	13	12	12	12	14
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	1	1
Intensive Outpatient, SA	1	3	4	4	8	3	4	5
Outpatient Services, MH	12	9	13	10	5	3	6	2
Outpatient Services, MH Non-CSMT	22	19	15	12	18	12	8	6
Outpatient Services, SA	6	0	1	2	1	1	1	0
Outpatient Services, SA Non-CSMT	3	7	3	3	1	0	2	1
Part-Day Treatment, SA	3	3	4	5	3	2	1	1
Therapeutic Respite	0	0	0	0	1	0	0	0
Unduplicated Total	1954	2008	1846	1903	1829	1857	1934	1827

Table 3. Community-based Services Census by Gender/Service

Community-based Services	Ethnicity:<All>		Provider Name:<All>					
	County:<All>		Race:<All>					
State Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014
Gender								
Female - Unduplicated Total	660	696	610	661	645	641	719	676
Behavioral Intervention	114	105	102	87	85	101	98	89
Day Hospital, MH	48	72	70	89	92	109	142	138
Day Treatment, MH	48	48	54	50	53	65	94	125
Day Treatment, SA	59	42	46	54	50	68	60	43
Intensive Outpatient, MH	91	95	109	129	168	160	213	227
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	4	4
Intensive Outpatient, SA	25	32	39	46	41	43	75	61
Outpatient Services, MH	173	133	134	106	94	115	97	92
Outpatient Services, MH Non-CSMT	249	310	237	268	247	199	201	171
Outpatient Services, SA	28	20	14	8	11	8	9	2
Outpatient Services, SA Non-CSMT	36	51	28	39	27	27	23	10
Part-Day Treatment, SA	40	29	27	23	23	35	27	13
Therapeutic Respite	1	0	3	3	1	0	0	0
Male - Unduplicated Total	1294	1312	1236	1242	1184	1216	1215	1151
Behavioral Intervention	211	207	195	198	210	214	177	160
Day Hospital, MH	52	56	68	82	109	95	117	93
Day Treatment, MH	137	135	134	144	129	124	153	177
Day Treatment, SA	140	142	167	148	169	177	190	158
Intensive Outpatient, MH	221	228	234	262	308	310	354	357
Intensive Outpatient, MH Special MR DD	0	0	0	0	0	0	15	21
Intensive Outpatient, SA	52	62	82	95	104	105	165	195
Outpatient Services, MH	296	236	224	208	202	213	177	147
Outpatient Services, MH Non-CSMT	364	447	396	395	300	299	239	217
Outpatient Services, SA	104	54	36	36	39	39	21	15
Outpatient Services, SA Non-CSMT	104	156	146	109	85	117	84	56
Parent Aide Services	0	0	0	0	0	0	1	0
Part-Day Treatment, SA	120	105	99	110	98	104	110	78
Residential Treatment - Intensive	0	0	0	0	0	0	0	1
Therapeutic Respite	4	7	3	2	5	3	2	0
Unduplicated Total	1954	2008	1846	1903	1829	1857	1934	1827

Table 4. Community-based Services Census by Average Length of Stay/Service

Community-based Services	
Average Length of Stay (Days) State Fiscal Years 2012 - 2015	Length of Stay AVG
Service Level	
Behavioral Intervention	245
Day Hospital, MH	17
Day Treatment, MH	105
Day Treatment, SA	68
Intensive Outpatient, MH	194
Intensive Outpatient, MH Special MR DD	248
Intensive Outpatient, SA	100
Outpatient Services, MH	253
Outpatient Services, MH Non-CSMT	131
Outpatient Services, SA	60
Outpatient Services, SA Non-CSMT	85
Part-Day Treatment, SA	56
Therapeutic Respite	94

Table 5. Community-based Services Census by Service/Active in other Divisions

DPBHS Clients in Other Divisions Detail By Service State Fiscal Year:2014

Operational Definition: Based on all PBH clients served during the state fiscal year, data shows clients who had open cases with other DSCYF divisions during the same fiscal year

'PBH Client Cnt' - count of clients who received PBH services by service level.

'PBH and YRS Only' count of clients who, by PBH service level, received PBH services and had a case open with YRS.

'PBH and DFS Only' count of clients who, by PBH service level, received PBH services and had a case open with DFS.

'PBH,YRS and DFS' - count of clients who, by PBH service level, received PBH services and had a case open with YRS and DFS.

'PBH Only' - count of clients who, by PBH service level, received PBH services and did not have a case open with other DSCYF divisions.

	PBH Client Cnt	PBH and YRS Only	PBH and DFS Only	PBH,YRS and DFS	PBH Only
Behavioral Intervention	249	8	95	12	134
Crisis Bed MH	276	10	110	13	143
Crisis Intervention MH	1457	71	406	71	909
Crisis Intervention MH - Trauma	186	10	44	4	128
Day Hospital, MH	231	17	66	17	131
Day Treatment, MH	302	22	106	33	141
Day Treatment, SA	201	91	10	45	55
ICT - Residential	6	0	1	0	5
Individualized Residential Treatment	2	0	1	0	1
Inpatient Hospital, MH	686	54	213	57	362
Intensive Outpatient, MH	584	24	200	41	319
Intensive Outpatient, MH Special MR DD	25	1	14	0	10
Intensive Outpatient, SA	256	109	18	52	77
Outpatient Services, MH	239	15	83	12	129
Outpatient Services, MH Non-CSMT	388	10	76	9	293
Outpatient Services, SA	17	9	2	1	5
Part-Day Treatment, SA	91	45	1	15	30
Residential Treatment - Intensive	1	0	1	0	0
Residential Treatment, MH	157	15	71	24	47
Residential Treatment, SA	56	31	4	8	13
Respite IRT	2	0	1	1	0
Treatment Group Home	1	0	0	0	1
Wrap-Around Services, MH	183	6	68	9	100
Unduplicated Total	3087	319	726	196	1846
					60%

Table 6. Mental Health Services Client Axis I Diagnosis (DSM IV)

Community-Based Mental Health Services - Client Axis I (DSMIV) Diagnosis	
Fiscal Year:2014	
Service Level:Day Treatment, MH	
Axis Text	**Client Count**
Oppositional Defiant Disorder	158
Mood Disorder NOS	134
Attention-Deficit/Hyperactivity Disorder, Combined Type	109
Attention-Deficit/Hyperactivity Disorder NOS	61
Depressive Disorder NOS	51
Posttraumatic Stress Disorder	50
Parent-Child Relational Problem	45
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	27
Bipolar Disorder NOS	26
Anxiety Disorder NOS	25
Service Level:Intensive Outpatient, MH	
Axis Text	**Client Count**
Oppositional Defiant Disorder	238
Attention-Deficit/Hyperactivity Disorder, Combined Type	198
Mood Disorder NOS	184
Attention-Deficit/Hyperactivity Disorder NOS	112
Parent-Child Relational Problem	91
Posttraumatic Stress Disorder	76
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	71
Disruptive Behavior Disorder NOS	62
Depressive Disorder NOS	59
Anxiety Disorder NOS	48
Service Level:Intensive Outpatient, MH Special MR DD	
Axis Text	**Client Count**
Attention-Deficit/Hyperactivity Disorder, Combined Type	13
Oppositional Defiant Disorder	8
Mood Disorder NOS	6
Pervasive Developmental Disorder NOS	6
Attention-Deficit/Hyperactivity Disorder NOS	6
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	4
Autistic Disorder	4
Learning Disorder NOS	4
Anxiety Disorder NOS	3
Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-I	3
Service Level:Outpatient Services, MH	
Axis Text	**Client Count**
Oppositional Defiant Disorder	104
Attention-Deficit/Hyperactivity Disorder, Combined Type	100
Mood Disorder NOS	84
Attention-Deficit/Hyperactivity Disorder NOS	62
Posttraumatic Stress Disorder	44
Depressive Disorder NOS	33
Parent-Child Relational Problem	26
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	23
Learning Disorder NOS	22
Bipolar Disorder NOS	19
Service Level:Outpatient Services, MH Non-CSMT	
Axis Text	**Client Count**
Attention-Deficit/Hyperactivity Disorder, Combined Type	154
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	99
Mood Disorder NOS	68
Oppositional Defiant Disorder	60
Disruptive Behavior Disorder NOS	44
Adjustment Disorder Unspecified	40
Posttraumatic Stress Disorder	37
Depressive Disorder NOS	32
Adjustment Disorder With Mixed Anxiety and Depressed Mood	28
Anxiety Disorder NOS	25
Service Level:Behavioral Intervention	
Axis Text	**Client Count**
Oppositional Defiant Disorder	122
Attention-Deficit/Hyperactivity Disorder, Combined Type	111
Mood Disorder NOS	84
Attention-Deficit/Hyperactivity Disorder NOS	55
Posttraumatic Stress Disorder	41
Depressive Disorder NOS	27
Adjustment Disorder W/ Mixed Disturbance of Emotions & Conduct	25
Parent-Child Relational Problem	21
Anxiety Disorder NOS	18
Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-I	15

Table 7. Substance Abuse Services Client Axis I Diagnosis (DSM IV)

Community-Based Substance Abuse Services - Client Axis I (DSMIV) Diagnosis	
Fiscal Year:2014	
Service Level:Day Treatment, SA	
Axis Text	**Client Count**
Cannabis Abuse	102
Cannabis Dependence	83
Alcohol Abuse	71
Oppositional Defiant Disorder	61
Mood Disorder NOS	46
Attention-Deficit/Hyperactivity Disorder, Combined Type	40
Conduct Disorder	34
Depressive Disorder NOS	24
Attention-Deficit/Hyperactivity Disorder NOS	23
Polysubstance Dependence	22
Service Level:Intensive Outpatient, SA	
Axis Text	**Client Count**
Cannabis Abuse	155
Oppositional Defiant Disorder	98
Cannabis Dependence	93
Alcohol Abuse	89
Attention-Deficit/Hyperactivity Disorder, Combined Type	60
Mood Disorder NOS	48
Conduct Disorder	42
Depressive Disorder NOS	27
Attention-Deficit/Hyperactivity Disorder NOS	24
Parent-Child Relational Problem	24
Service Level:Outpatient Services, SA	
Axis Text	**Client Count**
Cannabis Dependence	12
Cannabis Abuse	11
Attention-Deficit/Hyperactivity Disorder, Combined Type	10
Mood Disorder NOS	9
Alcohol Abuse	8
Conduct Disorder	6
Parent-Child Relational Problem	6
Attention-Deficit/Hyperactivity Disorder NOS	5
Oppositional Defiant Disorder	5
Posttraumatic Stress Disorder	3
Service Level:Outpatient Services, SA Non-CSMT	
Axis Text	**Client Count**
Cannabis Abuse	60
Cannabis Dependence	34
Alcohol Abuse	28
Depressive Disorder NOS	9
Attention-Deficit/Hyperactivity Disorder NOS	8
Adjustment Disorder Unspecified	7
Oppositional Defiant Disorder	7
Attention-Deficit/Hyperactivity Disorder, Combined Type	4
Mood Disorder NOS	4
Polysubstance Dependence	4
Service Level:Part-Day Treatment, SA	
Axis Text	**Client Count**
Cannabis Abuse	88
Oppositional Defiant Disorder	42
Cannabis Dependence	30
Alcohol Abuse	25
Attention-Deficit/Hyperactivity Disorder, Combined Type	22
Conduct Disorder - Adolescent-Onset Type	17
Conduct Disorder	17
Attention-Deficit/Hyperactivity Disorder NOS	12
Parent-Child Relational Problem	11
Conduct Disorder - Unspecified Onset	6

Appendix VI–4. Provider Qualifications

Please refer to the following for the most up to date information on provider qualifications and agreements:

1. **DSCYF Operating Guidelines**
   http://kids.delaware.gov/pdfs/dscyf-op-gl-revisions-v01-31-15.pdf

2. **DSCYF and DPBHS Policies and Procedures**
   http://kids.delaware.gov/information/policy.shtml#pbhPolicies

3. **DelaCare: Residential Child Care Facilities and Day Treatment Program**
   http://kids.delaware.gov/pdfs/occl_reqs_rccdtf.pdf

4. **DSCYF Statement of Agreement (Boilerplate)**
   http://kids.delaware.gov/pdfs/dscyf_StatementofAgreement_2008.pdf

5. **DPBHS Treatment Provider Manual**
   http://kids.delaware.gov/pdfs/pbh_TreatmentProviderManual_FY14.pdf

   Please note: **The current DPBHS Treatment Provider Manual will be modified to reflect changes being implemented by the Division in service authorization and care coordination, and to reflect services awarded from this RFP. These changes will be effective July 1, 2015 and applicable to contracts awarded under this RFP.**

In order to be considered for a contract, providers must possess, or demonstrate the ability to meet, the following mandatory qualifications as applicable:

1. **Mental Health Contracted Providers**
   - Agency Licensure no specific agency licensure is required by the State for mental health services; however, Contracted Providers must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
   - Accreditation must be by a national accreditation organization such as the Joint Commission, CARF, or COA if applicable;
   - Family and individual treatment must be performed by a licensed mental health professional at the Masters level or above or by an unlicensed Masters level therapist who is supervised by a licensed mental health professional. Documentation by an unlicensed mental health professional must be signed off by a licensed professional;

- Contracted Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on a regular basis directly or through established relationships;
- All staff must pass a criminal background check;
- Programs function within treatment models supported in current professional literature for age, developmental level and presenting problem, evidence and research based practices; and
- Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).

2. **Substance Use and Co-Occurring Mental Health &Substance Use Contracted Providers**
   - Agency Licensure Delaware statute requires that any agency that provides treatment services for substance abuse (alcohol and other drugs), must have a license to do so from the Delaware Division of Substance Abuse and Mental Health (DSAMH). Contracted Providers also must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
   - Accreditation must be by a national accreditation organization such as The Joint Commission, CARF, or COA;
   - Clinical Supervision must be delivered according to all licensing authorities and according to level of services providing; direct treatment services must be provided a Certified Drug and Alcohol Counselor (CADC) and / or who meet the licensing criteria from DSAMH for practicing under a waiver or under supervision.
   - Contracted Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on a regular basis directly or through established relationships;
   - All staff must pass a criminal background check;
   - Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).
3. **Treatment Support Service Contracted Providers**
   - Agency Licensure Contracted Providers must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
   - All staff must pass a criminal background check;

- Programs function within service models supported in current professional literature for age, developmental level and presenting problem, evidence and research based practices; and
- Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).

VII. BIDDER'S FORMS AND INSTRUCTIONS

Submission Instructions _____

Failure to follow Departmental procedures may disqualify a bidder organization.

I. FORMAT

Proposals must be printed on 8 1/2" x 11" paper and should be formatted with 1" margins using size 12 Times New Roman font. To be considered all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. Binding, color graphics and extensive attachments are unnecessary.

To be considered, vendors must submit a complete response to this RFP. An official authorized to bind the vendor to the proposal must sign proposals. The successful vendor must be in compliance with all licensing requirements of the State of Delaware. Vendors may be called, only at the discretion of the issuing office, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

II. QUESTIONS

All questions regarding this request should be directed to H. Ryan Bolles at Herbert.Bolles@State.DE.US. If other assistance is necessary you can reach Ryan Bolles at 302-633-2701. RFP addendum and/or answers to significant content questions will be posted on the State's Solicitation web site at www.bids.delaware.gov . Please refer to this web site often for updates.

III. ETHICS LAW RESTRICTIONS

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

IV. PROPOSALS BECOME STATE PROPERTY

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

V. RFP AND FINAL CONTRACT

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and 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.

VI. PROPOSAL AND FINAL CONTRACT

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if the price guarantee period has expired.

VII. MODIFICATIONS TO PROPOSALS

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

VIII. COST OF PROPOSAL PREPARATION

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

IX. EVALUATION REQUIREMENTS AND PROCESS

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum number of points as stated in this Section for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.
The Proposal Review Committee reserves the right to:

- Select for contract or for negotiations, a proposal other than that with the lowest costs.
- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any firm and negotiate with more than one firm at the same time. The Department reserves the right to contract with more than one vendor.

All proposals shall be evaluated using the same criteria and scoring process. The criteria above shall be used by the proposal review committee to review proposals. Bidders may be scheduled to make oral presentations in support of their written proposals. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest costs
- Waive or modify any information, irregularities, or inconsistencies in proposals received
- Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified
- 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 a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

XII. STANDARDS FOR SUBCONTRACTORS

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's work plan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation. The prime bidder will be the State's primary contractor.

XIII. CONTRACT TERMINATION CONDITIONS

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

XIV. NON-APPROPRIATION

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

XV. FORMAL CONTRACT AND PURCHASE ORDER

The successful firm shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after the award of the contract. No bidder is to begin any service prior to receipt of a State of Delaware Purchase Order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once the successful firm receives it.

XVI. INDEMNIFICATION

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

XII. LICENSES AND PERMITS

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. By the time of contract signature, the firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

XIII. INSURANCE

A. As a part of the contract requirements, the contractor must obtain at its own cost and expense and keep in force and effect during the term of this contract, including all extensions, the insurance specified below with a carrier satisfactory to the State.

1. Workers' Compensation Insurance under the laws of the State of Delaware and Employer's Liability Insurance with limits of not less than $100,000 each accident, covering all Contractors' employees engaged in any work hereunder.

2. Comprehensive Liability -Up to one million dollars ($1,000,000) single limit per occurrence including:

    a. Bodily Injury Liability -All sums which the company shall become legally obligated to pay as damages sustained by any person other than its employees, caused by occurrence.

    b. Property Damage Liability -All sums which the company shall become legally obligated to pay as damages because of damages to or destruction of property, caused by occurrence

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    c. Contractual liability, premises and operations, independent contractors, and product liability.

3. Automotive Liability Insurance covering all automotive units used in the work with limits of not less than $100,000 each person and $300,000 each accident as to bodily injury or death, and $100,000 as to property damage.

B. Forty-five (45) days written notice of cancellation or material change of any policies is required.

XIX. NON-DISCRIMINATION

In performing the services subject to this RFP, the firm agrees that it will not discriminate against

any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

XX. COVENANT AGAINST CONTINGENT FEES

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

XXI. CONTRACT DOCUMENTS

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Vendor Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

XXII. APPLICABLE LAW

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

XXIII. SCOPE OF AGREEMENT

If the scope of any provision of the resulting Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

REQUIRED BIDDER FORMS

Each bidder shall complete the following forms which are included:

- Organization Fact Sheet
- Assurances
- Certification, Representation, and Acknowledgements

Failure to complete these forms will seriously affect the ability of the review panel to evaluate the bidder's proposal and may be a factor in proposal rejections.

ORGANIZATION FACT SHEET

Place as Top Page of Proposal

RFP Title: CYF 15-04 Community Based Behavioral Treatment Services

CORPORATE INFORMATION	
Corporation Name:	
Home Office Address:	
Contact Person:	
Home Office Phone #:	
Cell Number:	
E-mail Address:	

Indicate below with an "X" all that apply:

	Non-Profit Agency		Woman Owned Agency		Minority Owned Agency		Disadvantaged Business Enterprise

BIDDING OFFICE INFORMATION (IF DIFFERENT)	
Name:	
Address:	
Contact Person:	
Contact Phone #:	
Fax Number:	
E-mail address:	

Vendor EI#: _____ Delaware Business License#: _____
(Not required to bid)

A Delaware Business License is not required to bid, but is required at the time of contract signing **IF** the bidder will be providing services within the State of Delaware and agency is for profit.

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Centers for Medicare and Medicaid Services (CMS).

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee
or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

_____

Name of Organization's Authorized Administrator

_____

Signature of Authorized Administrator Date

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

_____

Name of Organization's Authorized Administrator

_____

Signature of Authorized Administrator Date