



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: August 27, 2015

HSS 15 043

SOBER LIVING RESIDENCES

FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: October 9, 2015
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF
THE ABOVE MENTIONED BID. Addendum #1

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STATE OF DELAWARE

SOBER LIVING RESIDENCES

The following sections of the RFP is deleted in its entirety and replaced as follows:

TARGET POPULATION is hereby modified to read:

This RFP is seeking proposals for two distinct target populations: 1) adults, 18 years of age and older, who are residents of Delaware and have a primary diagnosis of substance abuse. 2) adult women, 18 years of age and older, who are residents of Delaware and have a primary diagnosis of substance abuse and either are pregnant or have custodial children 10 years of age or younger. Both programs must demonstrate that the program can provide services to individuals who can benefit from National Association of Recovery Residences (NARR) Level II or Level III Support Services.¹ Clients with co-occurring mental health disorders will be eligible for admission. Clients prescribed medications such as Methadone, Buprenorphine and Vivitrol for opiod and alcohol dependency will also be eligible for admission.

Program Capacity and Funding is hereby modified to read:

DSAMH is seeking a total of 120 Sober Living Residential beds scattered throughout the State of Delaware.

DSAMH is seeking an unspecified number of additional beds for women, including their custodial children.

DSAMH will provide funding on a limited basis for start-up costs on a reimbursement basis.

Proposed Methodology and Work Plan is hereby modified to read:

This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The work plan shall outline specific objectives, activities and strategies, and resources. **Please note: There are two distinct scopes of services addressing the needs of 1) adults only and 2) adult women and children. You must specify which of these (you may apply for both) you are addressing and your responses must be specific to the population to be served**

Scope of Services:

#1 Sober Living Residences – Adults only.

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The Contractor will provide services to eligible individuals who due to substance use and or co-occurring conditions require a stable residential setting with services and supports to reach their recovery goals including reintegration into the community. The target population for the Sober Living Houses will be adults, age 18 and older, who are residents of Delaware. In addition, applicants will have a primary diagnosis of substance abuse. Residents will need to meet National Association of Recovery Residences (NARR) Level II or Level III Support Services.² Clients with co-occurring mental health disorders will be eligible for admission. Clients prescribed medications such as Methadone, Buprenorphine and Vivitrol for opiod and alcohol dependency will also be eligible for admission.

The programs will be designed for a variable length of stay based exclusively on the needs of the individual. DSAMH will be looking to assure that the provider (s) of this service have a written agreement with the providers of the Withdrawal Management and Residential Treatment Programs to quickly place those appropriate clients who have completed this program and are in need of sober living.

- **Basic Program Design**

The residents will be adults who meet the need for services of National Association of Recovery Residence Level II (Monitored)/III (Supervised) Support Services. These residents will have an identifiable history of substance abuse/dependence. The program must be founded on the belief that substance dependence is a disease. Program services will address the biopsychosocial aspects of the disease in a sober and supportive environment. Services also will be designed to develop the skills necessary to become self-supporting and live a substance-free lifestyle.

The program will operate in a safe and drug free community setting with structured daily activities which meet the recovery goals of the residents.

Core Program Elements

1. **Safe, Sober and Drug-free Residence-**

The physical facility must meet all applicable state and/or local requirements, including but not limited to: Certificate of Occupancy and Life and Safety codes (e.g. fire codes). Required minimum measures:

- Ensure random breathalyzer and urine screening is conducted by staff for all clients.
- Ensure that periodic checks for contraband are completed in all parts of the program.

- Ensure that all visitors to the program are appropriately screened and approved by staff prior to entry by to the Sober Living Facility.
- Develop policy that indicates the conditions under which residents may leave the program facility.
- Ensure that fire drills are conducted and documented consistently with licensing requirements.
- The program will use an applicant screening process to help maintain a safe and supportive environment for specific group of persons in recovery.

2. Staffing

Consistent with NARR standards, provision of 24-hour, 7-day a week staffing in addition to on-call supervision. The program will require one (1) compensated employee position if Level II and a Facility Manager and Certified staff or case managers for Level III. . The position will include a detailed job description that includes the role and function of the compensated employee. A schedule of staff for 24 hours will need to be provided.

3. Intake and Assessment

It is the programs responsibility to insure that all admitted clients meet the criteria for Recovery Residence Level II or III Support Services.

In addition to the guidelines set forth in this section, motivational enhancement strategies should be used during the process and throughout the program to encourage the client to continue services, both in the contracted program and once they are reintegrated into the community.

Program services will address the biopsychosocial aspects of the disease in a sober and supportive environment. Program will obtain appropriate clinical histories from the referring treatment provider and maintain them onsite.

4. Orientation

All newly admitted residents will be given an orientation to the program. During this phase the residents will be made aware of the program's rules, expectations as well as the residents' rights. This will include peer run groups, grievance policy and procedures, drug screening process, house meeting structure, self-help and /or coordination for receiving treatment services with an outpatient treatment program.

5. Medical/Health Care

The program must assure that clients have had a physical examination by a qualified licensed medical professional within a two (2) week period after admission or, documentation of a physical within ninety (90) days prior to admission. When documentation of a physical examination by qualified medical staff is not made available to the program, the program shall document a good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.

Methadone and buprenorphine/naloxone must be available for use as prescribed with opiate withdrawal as preferred medications; necessitating compliance to state and federal requirements if being stored onsite (storage arrangements for any medications must be described in this proposal. Coordination of care, compliance with dosing administration and continuing treatment with prescribing outpatient treatment provider is required.

It is the program's responsibility to verify that residents were screened for tuberculosis, Hepatitis C and other infectious diseases prior to admission into the program. Residents will be assisted in accessing appropriate medical services. Residents, who smoke will be offered the opportunity to participate in smoking cessation programs, receive education on the health risks of smoking and the role of smoking in recovery and long term health. The program will be responsible in assisting residents in accessing medical benefits and entitlements.

The program will assist its adult residents in accessing needed medical services in the community.

6. Recovery Oriented Services

Level II services include peer run groups, drug screenings, house meetings and involvement in self help and/or treatment services.

Level III services include life skill development emphasis, clinical services utilized in the community and service hours provided in house.

7. Education

All residents will be supported and encouraged in attaining their goals related to their education.

8. Social/Recreational

Staff must encourage participation in physical exercise and recreational activities as part of the healthy life style that is promoted by the program.

9. Self-Help Meetings

The will inform residents of the wide range of local treatment and recovery supported services.

Clients will be encouraged to participate in 12-step meetings or similar support groups and obtain a sponsor and a home group in the community prior to completion of the program.

10. Continuing Care

Throughout treatment, planning should be done to prepare for return to independent living. Where indicated, formal arrangements for continuing substance abuse/mental health treatment must be made before clients complete the program. The contractor will actively assist the individuals in obtaining aftercare services and facilitate the successful transfer of services and supports to the individual's new provider.

11. Housing

- Recovery residences shall be single sex residences.
- Level II residences can occur in primarily single family residences or apartments or other dwelling types.
- Level III residences can occur in all types of residential settings.

All residences must have:

- Privacy for personal hygiene;
- Secure closet and storage space for clients' personal property;
- Security for valuables, including an inventory and receipt system;
- Laundry facilities for clients; and
- Space for privacy
- Meet any zoning, fire marshal regulations

All agencies operating Sober Living Residences shall ensure that in addition to the clients' rights, these additional clients' rights are fully protected:

- The right to visitation with family and friends, subject to written rules and hours established by the program, except as provided in this subsection.
- The right to conduct private telephone conversations, subject to written rules and hours established by the program, except as provided in this subsection.
- The Administrator or designee may impose limitations on any of the visitation and/or phone call procedures when in the judgment of the Administrator, such limitations are therapeutically necessary. Limitations shall be documented in the client's record.
- The right to send and receive mail uncensored and unopened mail. Program may require the client to open mail or package(s) in the presence of program staff for inspection.
- The right to wear his/her own clothing subject to written program rules.
- The right to bring personal belongings, subject to limitation or supervision by program.
- The right to communicate with their personal physician.
- The right to practice their personal religion or attend religious services, within the program's policies and written policies for attendance at outside religious services.

Securing a safe and drug free place to live is important for maintaining on-going sobriety. A search for appropriate housing must be a part of the Recovery Plan.

12. Nutrition

The program will establish a plan for meeting the basic nutritional needs as well as any special dietetic needs of the residents. Program will provide a varied and nutritious diet of at least 3 meals a day, 7 days per week; snacks should also be made available.

13. Urinalysis

It is the program's responsibility to take every measure possible to protect the program from illicit drugs and alcohol. A protocol for random and reasonable suspicion urinalysis must be developed.

14. Conflict Resolution

Living close together on a daily basis often generates situations where tempers are lost and offensive statements are made. The program must develop a process for Conflict Resolution that is done under staff supervision and leadership to diffuse tense situations and to teach clients to resolve disagreements in peaceful ways.

15. Documentation

The program staff will document the development and implementation of the residents Recovery Plan. Staff will also document the residents' progress or lack of progress. Documentation will include appropriate discharge/placement planning and Consent for Participation form signed by the client. The program will include an updated face sheet that includes the following:

- Date of admission;
- Name;
- Address;
- Telephone number;
- Gender;
- Date of birth;
- The client's significant medical history documenting:
- Current medical conditions;
- Any medications the client is currently prescribed;
- Any medications the client is currently taking;
- Allergies,
- The name and telephone number of the person to contact in an
- Emergency;

For every client that is discharged, the program shall complete a discharge summary that includes the following information:

- Name;
- Discharge address;
- Discharge telephone number;
- Admission date;
- Discharge date;
- A summary of the client's progress toward treatment plan
- A summary of the client's participation in treatment;
- The reasons for discharge;
- Any unresolved issues;
- Recommendations regarding the need for additional treatment services
- Signed by the resident when applicable

Programs shall provide a list of referral sources for the client’s various needs when the agency is unable to meet the client’s needs internally. The agency shall be responsible for assisting the client in enrolling in services at other agencies.

Scope of Services:

#2 Sober Living Residences – Adult women and children

Proposals for this program need to include each of the areas addressed in the section **Scope of Services:**

#1 Sober Living Residences – Adults only as well as respond to the following areas:

The respondent must specify the staffing that is required providing both the set of services and supports in #1 above as well as the requirements specific to the Women and Children’s program (i.e. #2).

The respondent must specify the number of children per resident or per residence that the program is designed to serve. For example, the program may state that the proposed program must set a limit of up to two children per resident or a total of 10 children per residence.

While this proposal has stated that the upper age limit for this program for resident children is 10, DSAMH will consider proposals that exceed or are less than this age.

*In addition, the **This program must meet the following requirements:***

- 1) Provide a safe, therapeutic and homelike environment.
- 2) Provide or facilitate access to an evidence-based program on parenting skills

- 3) Coordinate comprehensive services for children. The services should be tailored appropriately to the ages and developmental needs of the child including:
 - a) Safe structured nurturing environment – The children will benefit from a structured and consistent living environment. Meals will be provided on a regular schedule and bedtimes and activities will be structured and consistent.
 - b) Screenings and developmental assessments regarding social, emotional, cognitive and physical status of children
 - c) Therapeutic interventions including child care, counseling and play therapy – The program will coordinate daycare services as needed.
 - d) Pediatric health care including immunizations
 - e) Education and recreation services – All school age children will be enrolled in and attend the local school. Pre-school aged children will be provided services appropriate for their development and as available.
 - f) Mental health and trauma services specific to children.

- 4) Provide case management services to both the adult women and their children, coordinating the activities and services among the various social service organizations from which the women and their children receive care.
- 5) Foster effective transitioning for women and their children to independent living in the community as well as to any needed on-going substance abuse, psychiatric and family support services.
- 6) The program must maximize all appropriate and available resources in developing its budget (e.g. FFS and MCO Medicaid, SCHIP, client fees, etc.) and in accessing services for its clientele (e.g. State Divisions of Public Health, Social Services and Developmental Disabilities, Child Development Watch, WIC, Federally Qualified Health Centers, Public Education resources, etc.).
- 7) The program will develop a set of outcome/performance measures by which to gauge its relative success and areas of improvement
- 8) In addition to section 11 Housing in the adult's only scope of service, the respondent must describe the physical layout of the resident with a description of the how the space accommodates pregnant women, women and resident children, public/shared space, etc.
- 9) The program will need to liaise with Child Protective Services as needed. The mechanism to assure this must be described.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.