Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: September 18, 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. Revised Proposal requirements & Pre-Bid Questions & Answers

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STATE OF DELAWARE

HSS-15-043

SOBER LIVING RESIDENCES

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

Page 7, Proposals, paragraph 1 is hereby updated to read:

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with 5 paper copies and 3 electronic copies on CD or DVD media disk. Please provide a separate electronic pricing file from the rest of the RFP proposal responses.

Page 40, Appendix A, "Vendors shall provide proposal packages,,,,,," is hereby updated to read:

1. Five (5) paper copies of the vendor proposal paperwork. One (1) paper copy must be an original copy, marked "ORIGINAL" on the cover, and contain original signatures.

2. Three (3) electronic copies of the vendor proposal saved to CD media disk. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

RFP HSS-15-043

Sober Living Residences

Questions & Answers

1) **Is the Sober Living Housing in addition to the current Women's and Children program or is it replacing it? The Sober Living Housing for Women and Children is a new program. The current Women and Children's program, the Lighthouse, is closing as of 9/30/15.**

2) **Could people transition from the Women and Children program to Sober living? Yes, if the Sober Living program in questions accommodates children or if other arrangements are made for the care and support of the child.**

3) **Will the Women and Children's program operate outside the EEU Unit?**
Yes, in the sense that the EEU will not manage admissions or discharges to the program.

4) *Section number: IV.D.j. Optional Performance Incentives, Paragraph number: 3, Page number: 21 Text of passage being questioned: "Vendors are encouraged to include performance incentive structures that are aimed at achieving optimal performance by the vendor."*

Can you please provide several examples of what is meant by the performance incentive structures?
These may include defining outcomes such as attaining employment for individuals, finding appropriate housing for those transitioned back to the community, successful engagement with treatment, etc.
Can you please define the term "optimal performance"?
DSAMH will negotiate with the successful bidders during the initial year of funding to define performance levels, based on the first year's outcomes, and may establish financial performance incentives in subsequent years.

5) *Addendum #1 Appendix B, Scope of Services: Sober Living Residences – Adults Only Text: "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 appropriate clients who have completed this program and are in need of sober living."*

Question: Does this mean only people who have completed withdrawal management and/or residential treatment are eligible for admission to sober living? Who is eligible for services under this RFP?No, it means that the sober living provider must have working relationships with a variety of programs to insure that there is easy access to housing to those in need and appropriate for the housing in question.

6) **Could someone design the program as long as they had an outpatient component housed in the same location? Could they get an Outpatient License?**

The proposal should indicate how they would meet the requirements for the sober living residence. Applicant would also need to meet licensure standards as a co-occurring outpatient clinic if they planned to have an outpatient component.

7) **How do you suggest that we present the proposal that reflects the current program? I.E., 18 beds and also to show an additional 7 beds?**
DSAMH will need a clear presentation of the program's component parts. We are fine with you presenting two sections one to reflect what is in place, another to reflect a potential expansion of services. However, both components must be designed with the requirements of this RFP.

8) NARR Standard, Level 2 and 3. **Why are there two different levels? Staffing Standards are confusing.**

Level two requires a single compensated staff person; level three requires a facility manager and a second staff providing care management. DSAMH anticipates adding both levels in its service delivery system.

9) NARR Levels II and III. The 24/7 staffing requirement necessarily makes it a Level III program. If the 24/7 staffing requirement is loosened up then you can include level II. As you know if 24/7 staffing is required that will add quite a bit of cost to the program's expense. **Can we change the wording to an "on-call" arrangement? This is an important issue as it will directly affect our program's budget?**

Programs will be required to comply with the staffing requirements outlined with their awarded program.

10) *Section number: APPENDIX B, Paragraph number: 2, Page number: 43*
Text of passage being questioned: "Residents will need to meet National Association of Recovery Residences (NARR) Level II or Level III Support Services."

This passage clearly indicates that a potential resident can be placed into either one of two NARR Levels of Support. Requirements mentioned later in APPENDIX B would clearly require the provider to operate at NARR Level III. For example, staffing is required to be 24-hour, 7 days a week. This requirement is a NARR Level III standard. So, it appears that there are inconsistencies in the Scope of Work and Technical Requirements by trying to allow for two levels of NARR support programs.
This is an error. DSAMH is looking for both Level II or Level III facilities. Each has distinct staffing requirements.
Can you please explain why this RFP is soliciting for two distinctly different levels of care and, thus, a difference in the program expenses accompanying each level?

We are seeking a variety of program types for individuals with different needs. These two levels of service would be suited to slightly different populations.
Can you please clarify if this RFP is for support services for NARR Level II or NARR Level III?
Both. – see the response to #10 above.

11) *Section II, Target Population, Page #4*
Text: "Residents will need to meet National Association of Recovery Residences (NARR) Level II or Level III Support Services."

Question: In reviewing the NARR's standards, there is nothing in those standards that defines who needs those services (i.e. admission criteria). Please clarify. Also, please note the NARRS standards are proprietary, so how can we use them or reference them in the RFP process?
DSAMH is working through the issues of proprietary standards. Recovery residences provide safe and sober housing and supports for people in recovery from addictions. This is the extent of the admission requirements. Programs, in efforts to maintain a safe and sober living environment will need to determine if there are individuals who cannot/may not be served in the program. These "rules" should be stated in the RFP response.

12) *Section number: APPENDIX B , Paragraph number: 2, Page number: 43*
Text of passage being questioned: "Residents will need to meet National Association of Recovery Residences (NARR) Level II or Level III Support Services."

This passage implies that a determination is made by someone as to whether or not a potential resident's needs support placement into either the NARR Level II or Level III. This determination should be made by the referring service provider prior to the potential candidate submitting an application for admission into an NARR model program.

Who makes this determination?
The residence will have the final determination as to the appropriateness of the individuals for this service.
What is the placement criteria to be used to determine which NARR Level will best meet the needs of the resident?
This should reflect the philosophy espoused by NARR and should be presented in the RFP response..

13) *Section number: APPENDIX B, Paragraph number: 2, Page number: 44*
Text of passage being questioned: "…provision of 24-hour, 7-day a week staffing in addition to on-call supervision."

The term "staffing" seems to be rather broad. Current standards found under Title 16, Section 6001, 3.0 Definitions defines "staff" as full-time and part-time employees, consultants and volunteers, students/interns."

Can you please confirm that the term "staffing" as used in this RFP is consistent with the definition of "staff" as defined in the Delaware Administrative Code at Title 16, Section 6001, 3.0 Definitions?

Can you please confirm that the 24-hour, 7-day a week staffing requirement can be satisfied with a combination of the staff titles listed in the Title 16 definition of staff?

This program will not be considered a substance abuse treatment facility. The code citation is for Substance Abuse Facility Licensing Standards which are not applicable to this program.

14) *Section number: APPENDIX B, Paragraph number: 3, Page number: 45*
Text of passage being questioned: "Level III services include ….. and service hours provided in house."

The term "service hours" is vague. Can you please indicate the minimum number of service hours required and provide several examples of what is meant by this term?
This should be defined and presented by the applicant.

15) *Section number: APPENDIX B, Paragraph number: 2, Page number: 46*
Text of passage being questioned: "A search for appropriate housing must be a part of the Recovery Plan."

The term "Recovery Plan" is a clinically driven term that requires the involvement of a certified and credentialed counselor and clinical supervisor. Current standards found under Title 16, Section 6001, 3.0 Definitions and 6.1 Staff Qualifications for Substance Use Disorder Treatment Staff implies that "Treatment" activities would be occurring in house at the provider's program. Under NARR Level III standards, "Treatment" services do not take place in house. NARR Level IV provides for clinical services to be carried out in house. Thus, if operating under Level III standards, a "Recovery Plan" would be developed by the outside community clinical services provider, not the Sober Living Residence provider.

Can you please clarify the apparent inconsistency of the RFP requiring the Sober Living Provider to perform clinical services and programming in house?
You are correct, the recovery plan is developed by community based programs. it is always helpful to include in this development input by collaterals such as recovery staff in the sober living program.

16) *Section number: APPENDIX B, Paragraph number: 1, Page number: 47*
Text of passage being questioned: "The program staff will document the development and implementation of the residents Recovery Plan."

Please refer to the question above. This passage is clearly linking the program staff with clinical services. If operating at NARR Level II or III, then the "Recovery Plan" document must be developed and maintained by the outside clinical service provider.

Can you please clarify the apparent inconsistency of the RFP requiring the Sober Living Provider to perform clinical services and programming in house?

If it is the intent of DSAMH to have the Recovery Plan and/or other traditional clinically-driven documents developed and maintained by the Sober Living Provider, then can you please be very specific and thorough in delineating the roles and responsibilities of Sober Living Provider staff and outside clinicians?

In addition, if the Recovery Plan is to be done in-house by the NARR Level III support program, can you please provide the language necessary that will essentially provide a "waiver" to current standards under Title 16?

As with number 15 above, this is incorrect. The recovery plan is developed by the community provider of treatment with input from client collaterals.

17) *Section number: APPENDIX B, Paragraph number: 4, Page number: 47*
Text of passage being questioned: "The Residential Treatment program will be required to submit ...."

The term "Residential Treatment program" appears to be a typo. We believe that the term "Sober Living Provider" or "program staff" was the intended term.

Can you please clarify the use of this term in this passage?
Correct, this is a mistake.

18) *Section number: APPENDIX B, Paragraph number: 1, Page number: 48*
Text of passage being questioned: "Programs will be required .... in accordance with the requirements of the SAPT Block Grant."

Can you please delineate exactly what are the SAPT Block Grant requirements referred to in this passage?

Required reporting on statistical demographics and outcome measures will be developed as part of contract negotiations with awarded vendors.

19) *Section number: APPENDIX B, Paragraph number: 4, Page number: 47 and 48*
Text of passage being questioned: "Programs will also be required to develop internal performance and outcome measures ...."

Can you please provide a list of performance and outcome measures currently being used by other DSAMH providers?

These can be presented by the applicant and will be discussed and finalized with DSAMH.

20) *Addendum #1 Appendix B, Scope of Services: 3. Intake and Assessment*
Text: "It is the program's responsibility to insure that all admitted clients meet the criteria for Recovery Residence Level II or III Support Services."

Question: There are no criteria set forth in the NARR's standards – please clarify
Each Recovery House interviews potential residents and makes a decision as to admit or not to admit. This is governed by the house residents.

21) *Addendum #1 Appendix B, Scope of Services: 3. Intake and Assessment*
Text: "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".

Question: This references clinical strategies for non-clinical levels of sober housing in accordance NARRS standards. Why would motivational strategies? Why would clinical records be kept on site in a non-clinical facility?
Correct, this is not a clinical program and clinical records are not required for this program.

22) *Addendum #1 Appendix B, Scope of Services: 6. Recovery Oriented Services*
Text: "Level III services include life skill development emphasis, clinical services utilized in the community and service hours provided in house". **Please specify what is meant by "service hours provided in house"**
This is incorrect there are not required hours of clinical service in house.

23) *Addendum #1 Appendix B, Scope of Services: 10. Continuing Care*
Text: "Throughout treatment, planning should be done to prepare for return to independent living……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".

Question: Is this the responsibility of a treatment provider, or the responsibility of sober living staff? We recognize there needs to be a linkage, but the primary responsibility needs to be clear.
The members of a given house and its associated staff may assist the individual in finding services and supports outside of the home, but this is also responsibility of the individual and the treatment provider. It is hoped that these Sober houses develop strong relationships with the treatment community to facility and coordinate these activities.

24) *Addendum #1 Appendix B, Scope of Services: 12. Nutrition*
Text: "Program will provide a varied and nutritious diet of at least 3 meals per day, 7 days per week; snacks should also be made available."

Question: This requirement does not follow common models for sober living. Does DSAMH intend to pay the cost of 1.5 full-time equivalents to cook meals, and to pay for the food?
The shopping and meal preparation is the responsibility of the residents of the home.

25) *Addendum #1 Appendix B, Scope of Services: 15. Documentation*
Text: " For every client that is discharged , the program shall complete a discharge summary that includes the following information: ….a summary of the client's progress toward treatment plan…a summary of the client's participation in treatment….recommendations regarding the need for additional treatment services"

Question: Since sober living is not treatment, why would these requirements be necessary on a discharge summary from sober living?
Correct, this is not required.

26) *Section: Core Elements, Program Evaluation, Page: 47*
Text: "The Residential Treatment program will be required to submit Consumer Reporting Forms (CRF) upon admission and discharge. Programs will also be required to develop internal performance and outcome measures (such as drug use, criminality, education, employment, housing, etc). to evaluate program effectiveness and identify areas where improvement is needed…."

Question: The performance and outcome measures do not conform to the expectations of a sober living arrangement or the NARRS standards. Please clarify.
Correct, this is not required.

27) *Section number: APPENDIX B, Paragraph number: 6, Page number: 45*
Text of passage being questioned: "The will inform residents of the wide range of local treatment and recovery supported services."

The beginning of this sentence is clearly a typo.

Can you please correct what seems to be an omission?
Insert "program staff person"
The term "recovery supported services" is vague.

Can you please provide several examples of what is meant by this term?
e.g. group house meetings; AA or NA meeting, sponsors, etc.

28) Is there an expectation as to what county you want these services provided?
The goal is to have houses scattered throughout the State.

29) Do you have an idea of where the need is greatest?

Based on population, NCC would have the greatest need, but Kent/Sussex have fewer services/housing options. Therefore, the need is throughout the State.

30) *Section number: IV.C.1., Paragraph number: 2, Page number: 13*
Text of passage being questioned: "The Proposal Evaluation Team shall be comprised of representatives of the State of Delaware."

Can you please provide a list of who comprises the Proposal Evaluation Team as well as their qualifications to be on said team?

The members of the Proposal Evaluation Team are not identified during this Stage of the RFP process. At the conclusion of the process, this information Would be available as part of a Freedom of Information Request.

31) *Section number: APPENDIX A, Paragraph number: 2,Page number: 42*
Text of passage being questioned: "DSAMH will provide funding on a limited basis for start-up costs on a reimbursement basis."

The term "start-up costs" is vague.

What is DSAMH's definition of "start-up" costs?
Start up costs are designed to cover the operating costs of the program from the date of the contract to the date that the residents move into the facility.

Can you please specifically list what start-up costs are and are not allowed with regard to this RFP?

Start up costs typically are used for staffing costs, furnishings, etc that are needed from the date of the contract to the date that the residents move into the facility.
Is there a dollar cap limit on funding in aggregate, per provider or per resident bed?
The limit will be individualized based on the program/proposals needs. Applicant must clearly identify start up budgetary needs.

32) Can you provide guidance of what is allowed for start-up cost and what is considered capitol?

DSAMH does not allow start up funds to be used to purchase facilities or to make structural improvements/renovations to a privately owned facility. Start up costs typically are used for staffing costs, furnishings, etc that are needed from the date of the contract to the date that the residents move into the facility.

33) *Section B RFP Submissions, 12. Multi-Vendor Solutions, c. Multiple Proposals*

Paragraph 1, Page 10

We understand there is 1 RFP submission per organization, but can we submit 3 separate budgets with our 1 proposal; one for each of our facilities?
Yes, this is fine.

34) *Section: Program Capacity and Funding, Paragraph 1, Page 42*

Can you give any guidance for reimbursement rates and how organizations will be reimbursed? Is this a fee for service contract?
This is a cost reimbursement rate based on negotiated contracts.

35) Will the contract cycle come in line with the fiscal year?

Yes.