

Addendum #1 for Detoxification Services RFP Issued June 22, 2007

This Addendum #1 contains the transcription of the Detoxification Services Bidders Conference held June 19, 2007 as well as the complete listing of all questions (and answers) submitted by prospective Bidders by the June 13, 2007 deadline. The contents of the Addendum are to be considered part of the Detoxification Services RFP issued June 1, 2007. See www.acbhcs.org for the original RFP and other pertinent documents.

Barbara Becker is the speaker in the following “A. Transcription of the Bidders Conference”, unless otherwise identified; with the exception of questions asked by the attendees.

A. Transcription of the Bidders Conference:

I. Introductions

- Thank you all for coming and participating in this process. Before everyone introduces themselves, please be sure you picked up:
 - Bidder’s Conference Agenda
 - A copy of the Questions & Answers to this RFP submitted by prospective Bidders by the June 13th Deadline
 - And a copy of the Detox facility Floor Plan
- Everyone introduces self:
 - Barbara Becker, ACBHCS
 - Debbie Bernard, ACBHCS
 - Marc J. Hering, Center Point
 - Karen J. Andrews, Horizon Services
 - Madelyn Stone, Bi-Bett
 - Keith Lewis, Horizon Services
 - Susan Cinelli, Bi-Bett
 - Donald Taylor, Bi-Bett
 - Bev Meginness, ACBHCS
 - Patrice Brozek, ACBHCS
 - Cathy Horowitz, Helen Vine Detox
 - Teresa Bowman, Helen Vine Detox
- This Bidder’s Conference is to answer questions directly related to the RFP.
 - Multiple questions were submitted by Providers, and the questions and the answers are in the handout.
 - In a minute we will all take some time to read through the Questions and Answers in case any additional clarification is needed.
 - We are recording this meeting and a transcript of the Conference as well as the Questions & Answers previously submitted will be sent to the Bidder’s here today, as well as posted on our website as an Addendum Friday June 22nd.
 - The Conference will focus on any additional questions you have. If we can give you a clear concise answer we will, if not, we will answer all questions raised here today in the Addendum.

- I do want to say that this Conference is not an opportunity to discuss issues, but to specifically answer questions you, as prospective Bidders may have.
- You can see from the agenda that we will answer or clarify answers already submitted as the last item on the agenda.
- Let's take a few minutes for everyone to read the written Questions and Answers before we move on.
- Has everyone had enough time to review the questions and answers? Before we move along, I'd like to make sure that anyone that is not a County employee has taken an opportunity to sign in – it's important that we get your e-mail address so that we can send you a copy of this Bidder's Conference notations.
- I'll go through the Agenda, and then we'll get to the Questions and Answers.

II. Overview of Residential Social Model Detoxification Services

- The residents of this County, and the larger community of providers, have long awaited detoxification services.
- We here in Alameda County, are delighted that Measure A funding became available for these services and that we will be located in an exquisite healthful setting on the Fairmont Hospital Campus in San Leandro.
- We anticipate the remodeling of this building to be completed in early November 2007.
- This 32 bed facility will serve adults determined to be eligible for Residential Social Model Detoxification Services (RSMDS) that do not need a higher level of service for their detoxification process.
- The facility design will beautifully accommodate the programmatic needs of an RSMDS.
- The awarded Provider will be able to deliver highest quality services in this new, clean, and well equipped facility.

III. RFP Tour of Highlights & Orientation to Structure of Packet

- We will now briefly review the structure of the Bid-Contract processes:
 - The packet is meant to be viewed in its entirety. Meaning, while only certain elements require your response, responding indicates you have read and understood the entire packet.
 - Any questions regarding the packet should be raised here today, as this will be the last opportunity in the RFP process to ask questions.
 - As the Table of Contents indicates, the packet consists of 4 sections and 16 Attachments:
 - Each section of the RFP has a specific purpose, and the components of the sections are organized to support the County's RFP process in as easy a manner as possible for the respondents; keeping in mind that this is a municipal contract.
 - The sections are also ordered in a particular fashion so that the reader starts out with an overview:
 - Acronym and Term Glossary

- then the Statement of Work; which is more descriptive of the Intent of the project.
- The Instructions to the Bidders on how to best respond
- And finally, the Terms & Conditions of the services to be purchased.
- The Attachments in this RFP, and there are 16, include both County (GSA) required documents such as Insurance and SLEB paperwork, and Attachments pertinent to this particular contract such as the Draft of the Occupancy Agreement.

IV. Review of RFP Narrative Requirements

- These requirements will reference the Intent, Scope, Background, and many other areas of the RFP, but will be most easily seen by readers in Sections II. H. and O.8.
- However, it is the responsibility of all respondents to thoroughly review all sections of the RFP as there are response requirements throughout the document.
- We have included a “Response/Content Submittal; Completeness Check List” (Attachment 16) to help you with the organization and completeness of your response.

V. Submission & Key Dates

- This refers to the crucial dates of the RFP process as detailed in the Calendar of Events Section III. L on pages 11 and 12.
- There are no changes to this timeline with the exception of the Board Award Date.
 - First let me say that Bids will be due July 11 and that we anticipate staying with the schedule and the Notice of Award on July 27.
 - Due to the Board of Supervisors' Meetings calendar, the BOS will not meet in August, and therefore the Board Award will be on the Agenda of September 11, 2007.
 - This will not change the progress of this project and should be viewed as an adjustment to the calendar only.

VI. Review of the Residential Social Model Detoxification Facility Floor Plan

- Included in the handouts this morning is a copy of the Detox facility handout. We are confident that this design will work very well for the program given the constraints of the building we had to work with and our budget.
- The Fire Marshal had numerous requirements which we've addressed.
- This facility floor plan is distributed for your information and is not part of the RFP package. Please regard it as a work in progress, as the furnishings shown are not definitive in placement or style.

VII. Questions and Answers

- We have now reached the section of the agenda that accommodates any questions or clarifications you might have.
 - Let's begin with the Questions and Answers from June 13th. Are there any clarifications you'd like on any of the previously submitted questions? Karen?

Q: *On the last one – in regards to the Budget. So then the Budget that you actually submit with the proposal isn't going to be for 25 beds, it's going to be for 32 beds – it's not going to show the cost for 25 beds, it's going to show the cost for 32 beds. Is that correct or not?*

A: That is correct, and as the answer states, what we will do is extrapolate from that for the cost of the 25 beds which are paid by Measure A for detoxification services. The intent is to have a 32 bed facility at capacity, and we intend to hopefully contract those other beds, either through other funding sources at Behavioral Health Care, or private pay.

Q: *So, because the contract is for like a million dollars for 25 beds, and I would say that that's probably sufficient – the budget should somewhat look like that – if it's going to be for 32 beds, there needs to be a budget that shows an alternative funding source – whether identified or unidentified – in other words, a million dollars relating to the 25 beds being covered by Measure A funds, and the remaining of whatever the cost is for 32 beds being covered by another source, in order to see the full picture.*

A: Yes

Q: *Because it's a bit confusing to have – I'm just trying to clarify – the million dollars in the RFP for 25 beds, but asking for a 32 bed budget instead of a 25 bed budget. I just want to make sure that's exactly what you're asking for.*

A: Yes. I'd ask if Bev or Patrice – do you have anything to add to that to clarify it more for Karen?

A: (Bev responds) No, I think that covers it – if you were to do a 25 bed budget for a million dollars exactly – that would be in your net cost amount – to a million dollars – because that would be all to you – so it would be anticipated that you would give us gross cost for 32 beds so we could see the actual cost to the facility that whatever you put in the revenue will reflect what you anticipate – all revenues you anticipate, including some alternative funding sources, even if they're not available.

Susan?

Q: *This is on the budget. How specific do you have to be on the sources of your other income paying for the other 7 beds?*

A: I would say that you do not have to be specific on the sources of your other income for the other beds.

Q: *Susan: So this says its provisional rate instead of actual cost – is this a cost reimbursement contract? And let me tell you the reason for the question – for the first month, you may not be up to 100% occupancy. In the first 30 days of operation – I mean you don't know – this is Fairmont Hospital, it's not exactly*

downtown – you might not be up to 100%, so is the billing based on bed days, or is the billing based on actual costs?

Bev?

A: (Bev responds) It will be a provisional rate based on 25 beds, however, if you will refer to the RFP, the rate is going to be based on the required 85% occupancy in the first year, 90% in the second year, and then in the 3rd year forward, our standard 95%. So on a monthly basis, you'll be paid a rate that's associated with that 85% occupancy, and at year end, it will settle to costs, but there's going to be a cap in terms of that 85% so if you fall under 85%, that rate is not to be exceeded.

Q: *In the first month, if your occupancy is 50% and the billing is based on units of service, then you will be reimbursed approximately 50%, but you may be carrying 100% of the costs – this is just incremental start up or incremental fill up - and my understanding is there would be a possibility of catching up with each quarterly financial report. So, if the utilization bumps up, then it will all be averaged out.*

A: (Patrice responds) all provisional rates are settled to actual costs, but the provisional rate is set in place to hold contracts to a certain level of utilization and it's built in to reimburse them their costs. In the first month, if you're only at 50%, your costs may exceed what you're reimbursed, but later on, you may be over 85% and you'll be paid over your costs, but you're going to have an 85% rate which is much bigger. If you only produce 85% by the end of the year, you'll have all your costs covered. And historically, we've had cash advances, although I don't know if this contract applies, but in the past, cash advances have been accommodated too.

Q: *I have a question, in terms of accommodation for non-English speakers, what is the definition of capacity to deliver?*

A: Behavioral Health Care does not offer a capacity to deliver as a definition – we would ask all respondents to address this question as best they can in their response. This will be the only detoxification service paid for by Behavioral Health Care, and living in a culturally diverse, – we're looking for as best a response as you can provide to how you will address monolingual individuals.

Any other questions? – From the previous questions – before we move on to new questions . . .Susan?

Q: *Question about attachments – no other attachments are permitted except for those specified in the proposal. You ask for job descriptions, and yet you also specify no other attachments.*

A: That's a good point – we did ask for job descriptions, and I would like them included as part of the response. We did not list them specifically as an

attachment, but I believe the way they're referenced in the RFP, it is asking you to include those in your response. Whether you include the job descriptions as an attachment or as part of your narrative response, is your choice.

Q: So we can make one more attachment number? Because job descriptions can be a page.

A: Yes. I think that would be a very fine response to it – you can say in your narrative that you have chosen to add your job descriptions as an attachment, and you call it Attachment 18 or if it fits in with another attachment, give it an "A" or something to define it so that you are very clear in where that is to be referenced.

Q: I have an SLEB (Small Local Emerging Business) question. Non-profits are not eligible for SLEB?

A: That's correct.

Q: Have you considered waiving this?

A: This is a General Services Agency boilerplate – and we must include it, because while in this particular case, it does not apply to this RFP process, the County standard RFP process includes it, so that is why it's there.

Q: So all the attachments are not applicable to the non-profits?

A: That's correct, and I believe that those instructions are included in the RFP that says that non-profits . . . and it is a County document, so we all have to bear with it. Are there any other questions from the previous questions? I'd like to then move on to any new questions that you might have that weren't submitted previously – does anybody have any additional questions? Keith?

Q: About job descriptions – our job descriptions are probably 3 pages long as a standard, and we may have 4 or 5 different job descriptions – that is what you want – 4 or 5 different job descriptions, not including administrative staff?

A: I think what we're doing here is asking the bidders to respond as best they can to meeting any of the criteria. I know that each organization operates differently – and so that's really up to you. If I receive an RFP that weighs 14 pounds instead of only 9 pounds, that's my problem, but I want to give all respondents an opportunity to respond as completely as they choose regarding any of the criteria.

Are there any other questions?

Q: *I have a question on terminology – you use the term "treatment plan". Is the treatment plan something different than residential outpatient programs or Detox programs? I was wondering what you mean by this term.*

A: Again, I'm going to say I'm not really sure where in the RFP you're referring to where we said "treatment plan", but I would say that any respondent to the RFP should address it in what they see as the best response for a residential social model detoxification, because that is the only service we're talking about here. I realize that there are many definitions, and we all might not agree on the language of it, but the question only refers to the residential social model detoxification program.

Q: *Is outside TB testing or HIV testing a requirement of the program?*

A: I want to research that and find out exactly regarding the state requirements in a residential social model. So the answer to that will appear in the Addendum, unless I have any clarification from any of the BHCS staff. Mario? It's been our policy to place an HIV test site in each treatment facility. The TB sites I don't very much about. We'll give you a complete answer in the Addendum, thank you.

***Additional information as response to this question: According to ADP Licensing and Certification, testing for TB is required within six months prior to, or within 30 days of admission to a residential facility. As the Detox program is an average stay of 3-5 days, TB screening is not required. However, it is the responsibility of the Contractor to be current with any changes to ADP licensing and Certification requirements as well as to serve each consumer safely.

Q: *Keith: You talk about the vans – 56 hours - at the same time, if I read this correctly – that a driver is part of the regular budget for the Detox? - It's not a carve-out additional expense? So that whoever is driving those vans is a member of the overall Detox staff?*

A: That's correct. That's our intent – that the residential social model Detox staffing includes this van driver per the awarded contractor's description of what that driver's job description would be and would be a staff member employed by the contractor.

Q: *Keith: If in fact, everyone were qualified to drive the van – is there any difficulty with that?*

A: It is completely the choice of the provider how they wish to staff that and any of the other job descriptions – that is the provider's responsibility.

Q: *Does that mean that the van would be available 24-7 for the program?*

- A:** The intent of this is to provide transportation services 56 hours, and any of those additional hours would be up to the provider to work within their budget. There is no intent to take that van anywhere else. It will be associated with the detoxification program for their exclusive use, and our intent was to provide 56 hours within a 7 day week at the provider's discretion on which hours for transport of clients.
- Q:** Keith: *But it could be used 87 hours in a week if the provider chose to?*
- A:** Susan: It's a question of whether or not the budget can accommodate any more than 56 hours – what you're saying is the budget will only pay for 56 hours per week.
- Q:** *Because the budget is broken out for that, it's just part of the million dollars, and you could use it as you chose?*
- A:** We chose to build in flexibility for that component.
- Q:** *You talk about medical support for this service. Would it be at the expense of the contractor – I mean if you took someone to Highland Hospital Emergency . . . ?*
- A:** The question is – whenever additional services are needed and necessary whether that be a 911 call or a consumer is taken to Highland Hospital – those systems are in place. Regarding the question of medical support for detoxification services – the Measure A funds for the Detox are set at a limit of a million dollars, and everyone knows that there can be no onsite (medical) services. If a provider found within that budget that services of a primary care could be purchased – if that budget allowed for it – then what we've tried to do in the RFP is allow you to respond to how you will best use the budget. We have no additional funds for medical back-up services. There would be a negotiation with the awarded contractor on how that would occur, because this program is funded entirely by Measure A funds, and without going into all the requirements and regulations of Measure A funds at this time and the reporting requirements, the best I can say for responding to the RFP is as I answered in the question – if you feel that your budget allows for that, then build it in. Are there any other questions? Just so everyone knows, the folks that just walked in are Behavioral Health Care Finance folks.

In conclusion I would like to thank you all very much for your support of this process and more importantly your interest in these new services. As you know, this has been a long process for us all and we are delighted to be at this milestone.

Thank you. The Addendum #1 will be issued on Friday June 22.

- The Addendum will include the previously submitted Questions and Answers, and a transcript of this morning proceedings

- All prospective Bidders will receive this Addendum by email. Please be sure your email address is listed correctly by your name on the sign in sheet.

Q: Keith; Excuse me – I just didn't want to ask a question when you were finished. You talked about the BOS not approving a contractor until September, which means that basically no funds would be released – no official capacity of anyone – any contractor would be in place until that point.

A: Officially, that's correct. Until the BOS has approved our recommendations for the award of a contractor, funds cannot be released. However, the schedule of the Board, and the summer recess was not anticipated as part of this process. We will have negotiations after the award to find whatever way we can to move the process along. As I stated, the building will not be completed until November. The intent was to have a provider on board to begin their process with us, and we're hopeful to continue that, but the fact is, the Board will not be able to award until September 11th.

Q: For a 90 day budget then, would that budget begin on the award date?

A: You're speaking of the 90 day start-up budget? and I'm going to say that that too, will be negotiated. I'm giving you the best dates I can – I have construction and remodeling, and if there's a copper strike or anything else that delays us, we have to work with that. The answer to your question is we're going to do absolutely the best we can to be flexible and work with the provider so that we can all start up these services as best we can. The only other comments I was going to make was – yes Susan, sorry?

Q: Could you go back to question 17 – 3 to 6 pages to accommodate the listing?

A: This is regarding the listing all staff paid for the previous years . . .

Q: Does that mean the proposal is now increased by 6?

A: Well, we increased it by a total of 3, so it would be 15 + 3 – we increased from 3 to 6 – it's a net gain of 3.

Q: I thought the strategy of quality improvement was separate from the 15.

A: I agree – I misstated. That is separate – so those 3 pages grow to 6 pages with the increase. Narrative A,B,C, is 15 pages. Quality Improvement is now 3 to 6 pages (up to 6 pages). There are specific page allocations to multiple sections in the RFP, and the only one we've changed at this point is per your request – on the Quality Improvement which would become 6 pages.

Are there any additional questions? All perspective bidders will be sent a copy of this Addendum by e-mail, so it is important that we have your accurate e-mail.

I look forward to receiving your Bids on July 11 by noon. I can't thank you enough for your attention, your interest, and helping us provide your services to the residents of Alameda County.

Thank you for your time today.

B. Questions & Answers Previously Submitted June 13, 2007 by Bidders:

Question #1: Tabs: Are the "Page Tabs" to be inserted full page "Divider Tabs" ? Please specify?

ANSWER: Any page tab that delineates sections for the reader will be acceptable.

Question #2: Will the Social Model Detoxification annual Program Contract be a "Fee for Service" contract or a "Cost Reimbursement Contract"?

ANSWER: Provisional Rate settled to actual cost, less any applicable revenues collected from all parties; capped at a year end occupancy rate of 85% in year one, capped at a year end occupancy rate of 90% in year two; to give both BHCS and the Contractor time to settle into what unit costs really are. It is expected that beginning in year three, the reimbursement method will be fee for service.

Question #3: 12. b. Budget: The reimbursement rate will be developed based on an 85% occupancy rate in the first year. Is that 85% of 25 beds, or 85% of 32 beds?

ANSWER: 85% of 25 beds

Question #4: Will the Cost of a licensed consulting Medical Doctor be allowed in the Social Model Detox Contract Budget?

ANSWER: State regulations do not allow for AOD licensed or certified programs to provide medical services on site. However, as this program is funded by Measure A funds, any bidder who's budget includes "medical support off site" will, if awarded the contract, negotiate with ACBHCS for the parameters/limitations of the proposed off site medical services.

Question #5: Will the cost of a licensed Substance Abuse/Dual Diagnosis Therapist be allowed in this Detox Contract Budget?

ANSWER: Yes. But this staff member should be a fully integrated staff member utilizing these additional skills/credentials.

Question #6: Will the Contracted Provider have to carry direct Building/Fire Insurance on the Building?

ANSWER: NO

Question #7: Strategies for Quality Improvement: Is the "Retention Chart" to be included in the body of the Proposal or as an Attachment?

ANSWER: As an Attachment. See Attachment 17 for listing "Strategies for Quality Improvement."

Question #8: Are any other Attachments permitted to be attached besides those specified in the RFP?

ANSWER: No

Question #9: Former References? Are you referring to references for Detox Contracts that you no longer have? How many years back on Former References?

ANSWER: Yes. As many years back as you choose, but no more than 5 Former References.

Question #10: Non-profit Organizations do not receive the 5% SLEB bid preference. (Refer to page 34 of RFP, 2nd paragraph) Does this mean that non-profits are automatically out 5 points? (Attachment 11 SLEB)

ANSWER: Yes that is correct.

Question #11: The "Occupancy Agreement" starts 11/2007. Will there be an Occupancy Agreement during the 90-day Start Up period to accommodate the Start Up activity?

ANSWER: The drafted "Occupancy Agreement" (Attachment 15) will be amended to include a start up period. If any unforeseen delays occur, the 90 day period for start up activity will also be subject to renegotiation.

Question #12: Is there a specific screening or assessment instrument you will require the contractor to use to determine admission of the client?

ANSWER: No. Part of the review of a proposal will be evaluating the Bidder's response to this requirement.

Question #13: You mention "accommodation for non-English speakers ". Please say what level of accommodation you mean.

ANSWER: The Contractor is to have the capacity to deliver services in the native language of monolingual individuals for our threshold languages (Spanish, Farsi, Vietnamese, Chinese, and English).

Question #14: In addition to TIPs 19 & 45 & ADPs certification & licensing requirements are you referring to any specific source of Best Practices?

ANSWER: No

Question #15: Are there requirements for all staff to be certified by an appropriate body?

ANSWER: No, just one that meets the State Counselor Certification requirements

Question #16: “56 hours of transport time will be funded “Please explain. Will it be part of the Detox budget? Why 56 hours? etc.

ANSWER: Yes, the 56 hours of transport time should be included in the budget. 56 hours was allocated as 8 hours per day, 7 days per week with the actual determination of scheduling to be a Contractor’s responsibility.

Question #17: You refer to an Advisory Board. What function would they serve?

ANSWER: Please refer to Section II. C. Background (Page 7) for the details of the formation and current role of the Detox Advisory Board (DAB). The DAB will continue to have a role subsequent to implementation of these services by providing an oversight function. The parameters of this oversight will be developed with the awarded Contractor and ACBHCS.

Question #18: The 3 page requirement for Quality Improvement - the RFP states listing all staff paid for the previous 3 years - This could take up 2 - 3 pages alone.

ANSWER: Expand page allotment from 3 to 6 pages to accommodate the listing.

Question #19: Explain the reference to the annualized budget should reflect 32 beds. How when the funding is for 25 beds.

ANSWER: The intent of the RFP and the new Detox Services is to operate the program at full capacity of 32 beds and ACBHCS will extrapolate from that the cost of 25 beds paid for with this Contract.