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December 16, 2020

**ADDENDUM NUMBER 1
TO
REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR
MARK RIDLEY-THOMAS BEHAVIORAL HEALTH CENTER AS-NEEDED
SUBSTANCE USE DISORDER TREATMENT SERVICES RFSQ NO. 2020-003**

On November 20, 2020, the County of Los Angeles (County) Department of Public Health (Public Health) released a Request for Statement of Qualifications (RFSQ) for Mark Ridley-Thomas Behavioral Health Center As-Needed Substance Use Disorder Treatment Services.

As indicated in the RFSQ Section 1.8, County Rights and Responsibilities, the County has the right to amend the RFSQ by written addendum.

This Addendum Number 1 consists of two (2) parts as outlined below:

- PART 1 – Modifications and Revisions to RFSQ
- PART 2 – Responses to Vendors’ Questions

PART 1 – MODIFICATIONS AND REVISIONS TO RFSQ

Part 1 of this Addendum Number 1 amends the RFSQ as indicated below (new or revised language is highlighted and deleted language is shown in strikethrough for easy reference).

1. RFSQ, Section 1.1.1, SUD Treatment Service Categories, Category 1: Recovery and Respite Center (See Section 1.4.1 for Vendor’s Minimum Mandatory Qualifications for this category), subsection shall be amended as follows:

“Category 1: Recovery and Respite Center (See Section 1.4.1 for Vendor’s Minimum Mandatory Qualifications for this category)

The Recovery and Respite Center (RRC) is a multi-service unit, located on the first floor of the MRT BHC, offering two types of services in separate, but

adjacent areas: Sobering Center and residential withdrawal management services.

The RRC will offer temporary shelter to individuals who are actively inebriated due to alcohol and drugs and/or withdrawing from acute intoxication and/or ingestion of alcohol or drugs, while they await referral and placement into the next appropriate phase of care, as needed.

A main goal of the RRC is to decrease the volume of inappropriate ambulance trips and visits to hospital emergency departments by individuals with substance use disorders, and ensure appropriate linkage to SUD treatment for those who need it. The RRC is an alternative setting not only for emergency departments, but also for detention facilities for individuals who had been arrested for public intoxication.

The RRC-Sobering Center will accept direct drop offs by law enforcement and emergency department personnel, bypassing the need to take intoxicated patients to the emergency department or jail. The maximum stay for most individuals needing sobering services is 23 hours where services are focused on monitoring individuals, assist in sobering, (symptom management), and linking to needed services.

The RRC - Residential Withdrawal Management (ASAM level 3.2) is offered in a 24-hour care setting with treatment services provided for up to 14 calendar days, unless medical necessity warrants an extension. The RRC requires 24-hour patient care with trained personnel, including awake staff on the overnight shift to observe patients and address needs as they arise.

Description of Services:

Sobering Center – include, but are not limited to: intake, sleeping area, shower, separate facilities for men and women, limited medical services, light refreshments, and referral to substance use disorder treatment services, and linkages to housing and other social services.

Residential Withdrawal Management: include, but are not limited to, screening, intake and assessment, treatment planning, group counseling, patient education, individual counseling, crisis intervention, case management, safeguarding medications and MAT for alcohol or opioid use disorders as clinically indicated, referral to non-emergency transportation, alcohol/drug testing, discharge/transfer services, food service management and lodging.

Note: Meals for patients in Residential Withdrawal Management section will be provided by a separate County-identified food service vendor. This vendor will provide patient meals for MRT BHC, ~~and costs will be covered by County.~~

The reimbursement mechanism for meals provided to residents will be determined during the Work Order Solicitation (WOS) process.

Note: For Service Category(ies) 1 and 3, vendor may be required to **apply and secure provide proof of Incidental Medical Services (IMS) certification** should a future MAWO be awarded.”

2. RFSQ, Section 1.1.1, SUD Treatment Service Categories, Category 3: Residential Services (See Section 1.4.3 for Vendor’s Minimum Mandatory Qualifications for this category), subsection shall be amended as follows:

Category 3: Residential Services (See Section 1.4.3 for Vendor’s Minimum Mandatory Qualifications for this category)

Residential treatment provides 24-hour non-medical short-term rehabilitation services for patients with a substance use disorder diagnosis. Patients are supervised 24-hours a day by trained personnel, including awake staff on the overnight shift to address patient needs. Lengths of stay range from less than 30 days, to several months or more, based on medical necessity. There are three intensity levels of residential SUD treatment **and one level of withdrawal management** planned for the MRT BHC:

- a. Low Intensity (ASAM Level 3.1) Residential SUD Treatment: Appropriate for patients who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.
- b. High Intensity-Population specific (ASAM Level 3.3) Residential SUD Treatment: Appropriate for patients with functional limitations that are cognitive and/or behavioral (e.g. co-occurring mental health disorders) in nature who require a slower pace to treatment and are otherwise unable to fully participate in a social and therapeutic environment. This level of residential SUD treatment utilizes additional staff knowledge and skillsets to accommodate the unique needs of individuals with cognitive and/or behavioral health conditions. These functional limitations may be either temporary or permanent, and may result in problems in interpersonal relationships, emotional coping skills, or comprehension.
- c. High Intensity (ASAM Level 3.5) Residential SUD Treatment: Appropriate for patients who have specific functional limitations and need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills to avoid immediate relapse or continued use of substances.

- d. Residential Withdrawal Management (ASAM 3.2) - Appropriate for patients who require support with mild withdrawal symptoms prior to initiation of SUD treatment that is offered in a 24-hour care setting for up to 14 calendar days, unless medical necessity warrants an extension.

Description of Services: Include, but are not limited to screening, assessment/intake, treatment planning, health status questionnaire and/or physical exam, group counseling, patient education, individual counseling, crisis intervention, family therapy, collateral services, case management, safeguarding medications and MAT for alcohol or opioid use disorders as clinically indicated, residential withdrawal management, non-emergency transportation, alcohol/drug testing, discharge services, case management, dietary services, food service management, lodging, and recovery support services.

Note: Meals for residents will be provided by a separate County-identified food service vendor. This vendor will provide patient meals for MRT BHC, ~~and costs will be covered by County.~~

The reimbursement mechanism for meals provided to residents will be determined during the WOS process.

Note: For Service Category(ies) 1 and 3, vendor may be required to ~~apply and secure~~ provide proof of IMS certification should a future MAWO be awarded.”

3. RFSQ, Section 2.0, Instructions to Vendors, subsection 2.7, Preparation and Format of the SOQ, shall be amended as follows:

“2.7 Preparation and Format of the SOQ

Vendors responding to this RFSQ may submit a hard copy or an electronic format of their SOQ as described below.

1. a) Hard-copy SOQ must be SINGLE-SIDED, unbound and presented in a folder or three-ring binder (including all required forms and attachments with original signatures). Do not staple or professionally bind the SOQ.
- b) PDF scanned SOQ in the prescribed format, including all required attachments and forms with original signatures.

Any SOQ that deviates from the formats described may be rejected without further review, at the County’s sole discretion.

2. ~~SOQs must be typewritten, single spaced, with no less than a 11-point font on 8½" by 11" paper.~~

The content and sequence of the SOQ must be as follows:

- Table of Contents
- Statement of Qualifications (SOQ) Transmittal Form (Appendix K)
- Vendor's Qualifications (Section A)
- Required Forms (Section B)
- Proof of Insurability (Section C)
- Proof of Licenses/Certifications (Section D)"

PART 2 – RESPONSES TO VENDOR'S QUESTIONS

As indicated in RFSQ Section 2.0, Instructions to Vendors, subsection 2.5, Vendors' Questions, questions received by the date and time indicated in subsection 2.3, RFSQ Timetable, will be compiled with the appropriate answers and issued as an addendum to the RFSQ and that County reserves the right to group similar questions when providing answers. Part 2 of this Addendum Number 1 provides the responses to the questions received.

SECTION 1.0 GENERAL INFORMATION:

Q1. Will residential services be specific to gender, or a mix?

A1. Residential services will be for both men and women.

Q2. Page 1 of the "General Information" section states, "The MRT BHC will have onsite food services including a Grab N-Go for staff and visitors and an industrial kitchen to serve meals to the anticipated 200 clients who will reside at the MRT BHC, and will also receive mental health and SUD residential treatment services therein." Will the 200 clients referenced here reside at the MRT? Are all 200 clients to receive residential treatment?

A2. Yes, the 200 anticipated clients who "reside" at the MRT BHC refers to those who are receiving short-term residential treatment services. These residential clients may receive mental health services or Substance Use Disorder (SUD) treatment services; however, under any resulting Master Agreement Work Order, Residential clients will only receive SUD treatment services.

Q3. Page 1 of the "General Information" section states, "Due to public stigma and lack of availability, many of those accessing the SUD treatment

system receive treatment outside of the neighborhoods where they live and/or work.” Will services rendered under this RFSQ serve clients from the entire LA County region, or specifically from SPA 6?

A3. Future services rendered under any resulting Master Agreement Work Order will serve clients from all of Los Angeles County.

Q4. Page 4 of the “General Information” section, subsection 1.1 SUD Treatment Services Categories, it states, “The RRC will offer temporary shelter to individuals who are actively inebriated due to alcohol and drugs and/or withdrawing from acute intoxication and/or ingestion of alcohol or drugs, while they await referral and placement into the next appropriate phase of care, as needed.” Please clarify what the County means by “as needed” in this context?

A4. “As needed” in this context refers to whether individuals desire or are eligible to receive placement in the next phase of care, and those services not offered at MRT BHC.

Q5. Page 4 of the “General Information” section states that the “maximum stay for most individuals needing sobering services is 23 hours...” In what scenario(s) would an individual be exempt from the 23-hour time limit?

A5. Individuals in need of a longer stay may be transitioned to Residential Withdrawal Management Unit of the Respite and Recovery Center.

Subsection 1.4 Vendor’s Minimum Mandatory Qualifications (Part 1 and 2):

Q6 through Q8 have been grouped and answer is provided at A6-A8.

Q6. What type of proof of having an active and good-standing contract with DPH should be provided? Is a narrative describing experience sufficient to qualify, or should a copy of the contract be provided as well?

Q7. What documentation must be submitted to prove that vendor has an active contract with DPH? A copy of the contract? A letter from DPH SAPC?

Q8. What documentation must be submitted to prove that vendor has an active and good-standing contract with DPH for the provision of SUD treatment services?

A6-A8.

To certify compliance with the minimum mandatory qualifications under RFSQ Section(s) 1.4.1.1; 1.4.2.1; 1.4.3.1; 1.4.4; and 1.4.5, as applicable, vendors are required to identify the DPH Contract Number, the service provided under that contract, and indicate the number of years/term of the contract in Exhibit 2, Vendor’s Organization Questionnaire/Affidavit and CBE.

Subsection 1.4.1 Category 1: Recovery and Respite Center:

Q9. Is it sufficient that a vendor applying for Category 1 had held a DPH contract including Withdrawal Management Level 3.2 services and a SUD Residential Withdrawal Management License from DHCS within the past three years, even if no referrals were made for these services in that time period?

A9. Yes, it is sufficient.

Subsection 1.4.2 Category 2: Outpatient Services:

Q10. Is it sufficient for the vendor applying for Category 2 to have AOD Outpatient Certification and Residential Withdrawal Management Certification from DHCS for the same location, or must the Outpatient Certification specify the provision of detoxification services within the Outpatient Program? Typically Outpatient Certification does not include detoxification or withdrawal management services which are offered as part of Residential modality.

A10. Yes, it is sufficient.

Q11. Is it mandatory for a vendor to have offered SUD Outpatient Treatment services including Detoxification treatment as part of Outpatient Program for three years in the past five years, or would a regular Outpatient Program experience be sufficient to qualify?

A11. Detoxification experience is mandatory for this category.

Subsection 1.4.3 Category 3: Residential Services:

Q12. Page 10, Section 1.4.3 appears to contain an error. It says that the minimum mandatory requirement to provide residential services is an “active and good-standing contract with DPH for the provision of residential withdrawal management services.” Is it truly a requirement that a vendor have a current contract for *withdrawal management* services in order to qualify to provide other levels of (non-WM) residential services? This is also the requirement for Section 1.4.1, where it makes more sense because that is the requirement to provide withdrawal management services.

A12. Yes. For both Category 1: Recovery and Respite Care and for Category 3: Residential Services, vendor must have an active and good-standing contract with Public Health for the provision of residential withdrawal management services as described in RFSQ subsection 1.4.1.1 and 1.4.3.1. Please see Part

1 – Modifications and Revisions to RFSQ, item 2 of this Addendum 1, which includes a revision to Category 3: Residential Services, Section 1.1.1.

Q13. Why is Withdrawal Management Level 3.2 mandatory to provide Residential Treatment Services levels 3.1 or 3.5 (as well as 3.3 if licensed for these services?). This appears to be a mistake in preparing eligibility criteria.

A13. See response A12.

Q14 and Q15 have been grouped and answer is provided at A14-A15.

Q14. Does the vendor offering just SUD Residential Services without offering Withdrawal Management services qualify for Category 3?

Q15. Is the provision of SUD residential treatment services for minimum 3 years in the past 5 years a sufficient experience, if Withdrawal Management services were not provided in the same time period?

A14-A15.

Vendor must have residential withdrawal management services experience as described in RFSQ, section 1.4.3, Category 3: Residential Services. See response A12.

Q16. Can three years of experience offering SUD residential treatment to adolescents in a facility closed down within the past two years be used to fulfil this requirement of eligibility?

A16. Yes, as long as the services were provided for three years within the last five years.

Q17. Can this experience be coupled with experience of offering SUD Residential treatment for adults in a different location?

A17. Yes.

Subsection 1.4.4 Category 4: Case Management and 1.4.5 Category 5: Recovery Support Services:

Q18. Is a copy of the contract required, or should the vendor obtain a letter from DPH? How should the vendor prove that Case Management and Recovery Support Services have been offered for three years in the past five years?

A18. Please see response A6-A8.

Subsection 1.6, Master Agreement/WOS Process:

Q19 through Q22 have been grouped and answer is provided at A19-A22.

- Q19. Will there be more than one Master Agreement issued for each service category? How many Master Agreements are planned?**
- Q20. Is each Work Order Solicitation for each category going to be issued separately at different times, or will WOS Solicitations be issued as a packet, all together?**
- Q21. Would there be more than one WOS service contract issued for the same category to several, different vendors to offer services simultaneously?**
- Q22. What is the estimated number of clients served per service category? In other words,**
- **How many clients does the County expect to serve for Outpatient under this RFSQ and subsequent Work Order Solicitations from this RFSQ?**
 - **How many case management caseloads is anticipated under this RFSQ and subsequent Work Order Solicitations from this RFSQ?**

A19-A22.

The purpose of this RFSQ is to secure a pool of qualified vendors to enter in Master Agreements with the County to provide a variety of as-needed SUD treatment services in specified locations within MRT BHC. A Master Agreement will be offered to all vendors determined to be qualified in one or more of the five SUD treatment service categories. Any resulting Master Agreement will identify the specific service category(ies) in which the vendor was deemed qualified for under the RFSQ.

As described in RFSQ subsection 1.6, Master Agreement/WOS Process, on an as-needed basis Public Health will issue a work order solicitation (WOS) for specific SUD treatment services projects. The WOS will include a Scope and/or Statement of Work, which shall describe in detail the particular project and the work required for the performance thereof.

SECTION 2.0 INSTRUCTIONS TO VENDORS:

- Q23. Are we being asked to submit the application in a binder AND a jump drive - or is it either or?**

A23. A jump drive is neither requested nor required. Per RFSQ subsection 2.7, Preparation and Format of the SOQ, vendors responding to this RFSQ need to submit a hard-copy of the SOQ, unbound and presented in a folder or three-ring binder. Additionally, per RFSQ subsection 2.8, SOQ Submission (Hard Copy or Electronic Format), vendors may submit a PDF scanned SOQ.

Please see Part 1 – Modifications and Revisions to RFSQ, item 3 of this Addendum 1 for changes to subsection 2.7, Preparation and Format of the SOQ.

Q24. Page 35 of the “Instructions to Vendor” section, it states, “SOQs must be typewritten, single spaced, with no less than a 11-point font on 8½” by 11” paper”. Please confirm if this formatting requirement applies when filling out the required forms? Please note no narrative is requested under any section of the RFSQ.

A24. Please see Part 1 – Modifications and Revisions to RFSQ, item 3 of this Addendum 1, which removes this formatting requirement.

Subsection 2.7, Preparation and Format of the RFSQ:

Q25. Can electronic signatures be used on forms in PDF Format submitted electronically, or should the vendors have forms signed by hand and scanned?

A25. Electronic signatures will not be accepted. Pursuant to RFSQ section 2.7, Preparation and Format of the SOQ, subsection 1(b), a PDF scanned SOQ with original signatures is required.

Subsection 2.7.3, Vendor’s Qualifications (Section A):

Q26. Page 36 of the “Instructions to Vendor” section, subsection “2.7.3 Vendor’s Qualifications (Section A)”, it reads, “Vendor’s Organizational Structure:” but no other text or instructions are given after the colon. Please confirm if this is a typo?

A26. Please refer to page number 36 of the 2020-003 RFSQ for Mark Ridley-Thomas Behavioral Health Center As-Needed Substance Use Disorder Treatment Services which can be found in the following link:
<http://publichealth.lacounty.gov/cg/index.htm>.

Q27. Can the Certificate of Good Standing be printed from the CA Secretary of State website, or should it be certified by the SOS office?

A27. Pursuant to RFSQ subsection 2.7.3, Vendor’s Qualifications (Section A), vendor must submit a copy of a “Certificate of Good Standing” with the state of incorporation/organization or provide a copy of a statement on status of the request.

Subsection 2.7.6, Proof of Licenses/Certifications (Section D):

Q28. Are residential and withdrawal management licenses not required, and the only category that requires submission of copy of license/certification is Category 2: Outpatient Services?

- A28. For the purposes of this RFSQ, vendors are only required to provide a copy of the Alcohol and Other Drug certification issued by the California Department of Health Care Services, under Category 2, and pursuant to RFSQ subsection 1.4.2. Proof of licensing/certifications for residential and residential withdrawal management services currently provided under an existing Public Health contract will be verified during the review of the SOQ.

APPENDIX A – REQUIRED FORMS

- Q29. In Appendix A, Exhibit 1, the checklist includes “Vendor's Organization Questionnaire”. Please confirm if the County requires a narrative for this section.**

- A29.** A narrative is neither requested nor required. Vendors are required to complete the required information regarding its organization in Exhibits 1 and 2 of Appendix A.

Pursuant to RFSQ, subsection 1.8, County Rights and Responsibilities, Addendum Number 1 has been made available on the Department of Public Health Contracts and Grants Division website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 there are no other revisions to this RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

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