

REQUEST FOR INFORMATION TO PROVIDE RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

I. INTRODUCTION

The County of Kern, through Behavioral Health and Recovery Services (KernBHRS) is seeking proposals from qualified applicants interested in providing Residential Substance Use Disorder Treatment Services. KernBHRS is interested in having fifty (50) residential beds, specifically, thirty (30) designated for women, and 20 designated for men. Respondents may opt to offer all fifty or focus on only on the female or male populations. Beds may be in the same or different facilities, according to applicable licensing requirements. KernBHRS will review all responses received from qualified organizations and if a sufficient number of responses are received, the Department may, at its sole discretion, initiate a Request for Proposal process. The Department's budget for these services is approximately \$3,171,850.

All information submitted by qualified organizations will be retained by Kern Behavioral Health and Recovery Services (KernBHRS). The tentative start date for these services is July 01, 2025. The total available funding for this program is not known at this time.

A. BACKGROUND

KernBHRS has embarked on a system-wide network improvement process with the goal to implement a system of care characterized by providing welcoming, accessible, recovery-oriented, person and family-centered, co-occurring disorder capable and culturally competent services. Substance use disorder providers have been specifically welcomed into this process in recognition of the fact that among clients receiving substance use disorder treatment, the presence of co-occurring mental health conditions, whether previously diagnosed, is sufficiently common to be considered an expectation.

The County of Kern, through KernBHRS, is seeking proposals from qualified organizations to provide Residential Substance Use Disorder Treatment Services. Residential type of services will be provided to youth ages 12-17, pregnant/post-partum women, and adults 18 and older who have a substance use disorder and qualify for residential treatment under American Society of Addiction Medicine (ASAM) criteria.

Qualified provider(s) shall provide these services in a welcoming, recovery-oriented, family inclusive, culturally competent, and co-occurring capable manner. The levels of service will be delivered in accordance with the American Society of Addiction Medicine (ASAM) criteria. Residential Levels of Care are as follows:

3.1	Clinically Managed Low-Intensity Residential
3.3	Clinically Managed Population Specific High Intensity Residential
3.5	Clinically Managed High-Intensity Residential- Adult
3.5	Clinically Managed High-Intensity Residential- Adolescent
3.2 WM	Clinically Managed Residential Withdrawal Management

A Unit of Service for residential services is defined as providing clinical services during a 24-hour period, per client, plus room and board. A Unit of Service for withdrawal management is defined as clinical monitoring according to established withdrawal management protocols, per client per daily unit of service plus room and board. The goal of residential treatment is stabilization of withdrawal and establishing of abstinence. Lengths of stay will be expected to average 30 days. Clients will be transferred to outpatient treatment following stabilization.



Documentation submitted by qualified organizations are: (1) an attempt to gather information; and (2) are non-binding.

II. INFORMATION INSTRUCTIONS

The Organization's response to this Request for Information (RFI) shall be submitted with all necessary information and documentation needed to demonstrate the Organization's ability to provide Residential Substance Use Disorder (SUD) Treatment Services described herein, in addition to the following:

A. ORGANIZATION INTRODUCTION

1. The information shall include an introduction describing the Organization, the size of the Organization, the number of employees involved in providing Residential Substance Use Disorder (SUD) Treatment Services, its organizational structure, and its subcontractors or subconsultants, if any.
2. Include the legal name, address, telephone number, and type of entity (sole proprietorship, partnership, or corporation and whether public or private).
3. Describe the location, dimensions, and layout of your facility.

B. ORGANIZATION EXPERIENCE

1. The Organization should state the firm's experience and the number of consecutive years of actual experience providing the Residential Substance Use Disorder (SUD) Treatment Services.
2. Provide a minimum of three (3) reference letters for similar services rendered (must be within the last six (6) months on the reference company's letterhead. Each reference shall include a current point of contact and a phone number.
3. Each reference letter must have the following information: Date of the original contract; end date of the contract; services rendered; and names, addresses, and telephone numbers of contact persons within client agencies for whom the services have been provided.

C. CREDENTIALS/RESUMES

1. Credentials and resumes of the person(s) responsible for administering or providing the services must be provided. Include a statement of qualifications and resumes/backgrounds of key personnel assigned to the project, including the number of years these employees have been providing services, training certifications of professional and non-professional personnel.
2. Organization shall specifically provide the following information on all management, supervisory and other key employees who will be providing services:
 - a. Name, address and phone number
 - b. Description of education
 - c. General experience
 - d. Experience or education related to the request.

D. PROJECT APPROACH

Provide a detailed explanation regarding how your organization can meet our needs and handle our requirements for providing Residential Substance Use Disorder (SUD) Treatment Services to the targeted population.

E. INDEMNIFICATION

Organization shall will be required to indemnify County against any claim, demands, or liability arising from damage to property, and injuries to persons, which may arise out of or because of Organization's performance of its duties under this Agreement, or failure to perform, but only in proportion to and to the extent such claim demands, damages or liability are caused by, or result from the negligent or intentional acts or omissions of Organization, its officers, agents, or employees.

Are you able to comply with the requirement? Please explain in your response.

F. INSURANCE

The Organization shall secure and maintain insurance as described below:

1. WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE REQUIREMENTS

In the event Organization has employees who may perform any services pursuant to this Agreement, Organization shall submit written proof that Organization is insured against liability for workers' compensation in accordance with the provisions of section 3700 of the California Labor Code.

Organization shall require any sub-contractors to provide workers' compensation for all of the subcontractors' employees, unless the sub-contractors' employees are covered by the insurance afforded by Organization. If any class of employees engaged in work or services performed under this Agreement is not covered by California Labor Code section 3700, Organization shall provide and/or require each sub-contractor to provide adequate insurance for the coverage of employees not otherwise covered.

Organization shall also maintain employer's liability insurance with limits of ONE MILLION DOLLARS (\$1,000,000) for bodily injury or disease.

2. COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENTS

Organization shall maintain in full force and effect, at all times during the term of this Agreement, the following insurance:

Commercial General Liability Insurance including, but not limited to, Contractual Liability Insurance (specifically concerning the indemnity provisions of this Agreement with the County), Products-Completed Operations Hazard, Personal Injury (including bodily injury and death), and Property Damage for liability arising out of Organization's performance of work under this Agreement. The Commercial General Liability insurance shall contain no exclusions or limitations for independent contractors working on behalf of the named insured. Organization shall maintain the Products-Completed Operations Hazard coverage for the longest period allowed by law following termination of this Agreement. The amount of said insurance coverage required by this Agreement shall be the policy limits, which shall be at least ONE MILLION DOLLARS (\$1,000,000) each occurrence and TWO MILLION DOLLARS (\$2,000,000) aggregate.

The Commercial General Liability Insurance required shall include an endorsement naming the County and County's board members, officials, officers, agents and employees as additional insureds for liability arising out of this Agreement

and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on Insurance Services Office (ISO) form Commercial General (CG) 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

3. AUTOMOBILE LIABILITY INSURANCE REQUIREMENTS

Automobile Liability Insurance against claims of Personal Injury (including bodily injury and death) and Property Damage covering any vehicle and/or all owned, leased, hired and non-owned vehicles used in the performance of services pursuant to this Agreement with coverage equal to the policy limits, which shall be at least ONE MILLION DOLLARS (\$1,000,000) each occurrence.

The Automobile liability Insurance required shall include an endorsement naming the County and County's board members, officials, officers, agents and employees as additional insureds for liability arising out of this Agreement and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on Insurance Services Office (ISO) form Commercial General (CG) 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

4. PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS

Professional Liability (Errors and Omissions) Insurance, for liability arising out of, or in connection with, the performance of all required services under this agreement, with coverage equal to the policy limits, which shall not be less than ONE MILLION DOLLARS (\$1,000,000) per occurrence and THREE MILLION DOLLARS (\$3,000,000) aggregate.

5. ADDITIONAL INSURANCE REQUIREMENTS

Any self-insured retentions in excess of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) must be declared on the Certificate of Insurance or other documentation provided to County and must be approved by the County Risk Manager.

If any of the insurance coverages required under this Agreement is written on a claims-made basis, Organization, at Organization's option, shall either (i) maintain said coverage for at least three (3) years following the termination of this Agreement with coverage extending back to the effective date of this Agreement; (ii) purchase an extended reporting period of not less than three (3) years following the termination of this Agreement; or (iii) acquire a full prior acts provision on any renewal or replacement policy.

All insurance shall be issued by a company or companies listed in the current "Best's Key Rating Guide" publication with a minimum of A-, VII rating, or in special circumstances, as pre-approved by the Risk Management Division of the Office of County Counsel. The selected proposer shall file with the Contact Person, a Certificate(s) of Insurance stating the required coverages are in effect.

Are you able to comply with the requirement? Please explain in your response.

III. SUBMITTAL INSTRUCTIONS

A. SUBMITTAL

The respondent shall submit **one (1) written copy of the response and one (1) copy on thumb drive**. The thumb drive (virus free) must be a standard Microsoft Windows (Word, Adobe, Excel etc.) compatible format readable by the County; using word processing software that is Windows based, preferably Microsoft Word. Respondent agrees to be fully responsible for any damage caused by any materials submitted to County. Please submit all responses to:

Kern County General Services Division
**REQUEST FOR INFORMATION FOR:
RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES**
1115 Truxtun Ave., 3rd Floor
Bakersfield, CA 93301
Telephone (661) 868-3000

Responses may be delivered in person, by courier service or by mail to the address indicated above. **ALL RESPONSES MUST BE SEALED AND RECEIVED BEFORE 11:00 A.M. on October 1, 2024**, at the above office and address.

Responses submitted after the above deadline will not be accepted. It is strongly suggested that any responders intending to hand deliver a response on the last day for submission arrive at the General Services Division third floor main lobby at least ten (10) minutes prior to the response receipt deadline to receive a "test" time stamp to validate the official current time. The time stamp clock in the main lobby of General Services will be the official time. Any response received at or after 11:00 a.m. will be returned unopened.

B. QUESTIONS

Questions may be asked via e-mail only to Jewelle Scales, at jscales@kernbhrs.org, no later than **12:00 noon on September 9, 2024**.