

**REQUEST FOR PROPOSAL #MHARC-310**

**MEAD VALLEY WELLNESS VILLAGE**

**SUBSTANCE USE DISORDER**

**RESIDENTIAL TREATMENT AND SOBERING CENTER**

**APPENDIX A: PURPOSE/BACKGROUND AND SCOPE OF SERVICE**

**&**

**ATTACHMENT A: BIDDER PROPOSAL RESPONSE**



By: Melanie Hurst, Procurement Contract Specialist  
Purchasing & Fleet Services  
Riverside County Innovation Center  
3450 14<sup>th</sup> Street, Suite 420  
Riverside, CA 92501  
(951) 955-4937  
Email: [mhurst@rivco.org](mailto:mhurst@rivco.org)  
NIGP Code(s): 952-49 / 952-78 / 952-06 / 952-05 / 952-62 / 918-03 / 918-63

This RFP and any ensuing Addendums are available at the following links:  
[www.purchasing.co.riverside.ca.us](http://www.purchasing.co.riverside.ca.us) and [www.publicpurchase.com](http://www.publicpurchase.com)

**NOTE: BIDDERS ARE RESPONSIBLE TO READ ALL INFORMATION THAT IS STATED IN THIS  
REQUEST FOR PROPOSAL AND PROVIDE A RESPONSE AS REQUIRED**

**TABLE OF CONTENTS**

<b><u>APPENDIX A: PURPOSE/BACKGROUND AND SCOPE OF SERVICE</u></b>	<b><u>PAGE</u></b>
1.0 PURPOSE/BACKGROUND -----	4
1.1 PURPOSE -----	4
1.2 BACKGROUND -----	4
2.0 SCOPE OF SERVICE -----	5
2.1 PROGRAM GOALS -----	5
2.2 TARGET POPULATION CRITERIA -----	6
2.3 FACILITY -----	6
2.4 PROGRAM DESCRIPTION -----	9
2.5 GENERAL PROGRAM REQUIREMENTS -----	11
2.6 INTEGRATION OF ADDICTION TREATMENT AND MENTAL HEALTH -----	13
2.7 SERVICE ELEMENTS FOR LEVELS OF CARE -----	13
SECTION 2.7.1 – ASAM LEVEL 3.5: RESIDENTIAL TREATMENT -----	14
SECTION 2.7.2 – ASAM LEVEL 3.2WM CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT -----	15
SECTION 2.7.3 – ANCILLARY SERVICES -----	16
SECTION 2.7.3.1 – MEDICATION FOR ADDICTION TREATMENT (MAT) -----	16
SECTION 2.7.3.2 – RECOVERY SERVICES -----	17
SECTION 2.7.3.3 – CLINICIAN CONSULTATION -----	17
SECTION 2.7.3.4 – CERTIFIED PEER SUPPORT SERVICES -----	18
SECTION 2.7.3.5 – CARE COORDINATION -----	18
SECTION 2.7.4 – SOBERING CENTER -----	19
2.8 PERFORMANCE MEASURES & OUTCOMES -----	20
2.9 REGULATORY COMPLIANCE -----	20
2.10 CONTRACT MONITORING -----	21
2.11 COUNTY SUPPORT AND TECHNICAL ASSISTANCE -----	21
2.12 REIMBURSEMENT -----	21
2.13 DISASTER PREPAREDNESS -----	22
2.14 PROVIDER SELECTION, PROTESTS & APPEALS -----	22
2.15 RESOURCES -----	23

**ATTACHMENT A: BIDDER PROPOSAL RESPONSE (SECTIONS A-I)**

**SECTION A:** PROPOSAL SUBMITTAL CHECKLIST ----- 1

**SECTION B:** PROPOSAL COVER PAGE ----- 4

**SECTION C:** COMPANY PROFILE / EXPERIENCE ----- 6

**SECTION D:** DESCRIPTION OF SERVICES ----- 11

**SECTION E:** RESUMES/CREDENTIALS ----- 19

**SECTION F:** REFERENCE ----- 20

**SECTION G:** ACKNOWLEDGEMENTS ----- 23

**SECTION H:** IRAN CONTRACTING ACT AND COMPLIANCE WITH ECONOMIC SANCTIONS WITH RUSSIA ----- 26

**SECTION I:** BIDDER ATTACHMENTS ----- 28

**ATTACHMENTS B – G**

**ATTACHMENT B:** MEAD VALLEY WELLNESS VILLAGE – SITE AND FLOOR PLANS ----- 29

**ATTACHMENT C:** MEAD VALLEY WELLNESS VILLAGE – FURNITURE PLANS / SPECIFICATIONS ----- 36

**ATTACHMENT D:** MEAD VALLEY WELLNESS VILLAGE - KITCHEN EQUIPMENT LIST & SCHEDULE ----- 38

**ATTACHMENT E:** VETERAN, ACTIVE DUTY AND /OR NATIONAL GUARD BUSINESS AFFIDAVIT ----- 40

**ATTACHMENT F:** SMALL BUSINESS AFFIDAVIT ----- 42

**TO ALLOW BIDDERS TO SUBMIT SECTION J: COST PROPOSAL & BUDGET WORKSHEETS AND SECTION K: FINANCIAL INFORMATION SEPARATELY AS INSTRUCTED IN THE RFP, SECTIONS J & K HAVE BEEN ATTACHED AS SEPARATE DOCUMENTS ON THE PUBLIC PURCHASE WEBSITE**

# APPENDIX A: PURPOSE/BACKGROUND & SCOPE OF SERVICES

## 1.0 PURPOSE/BACKGROUND

### 1.1 PURPOSE

It is the purpose of Riverside University Health System – Behavioral Health (RUHS-BH) to select a **single qualified non-profit organization** to provide co-ed behavioral health services at the Mead Valley Wellness Village Substance Use Disorder (SUD) Residential Treatment and Sobering Center. The Mead Valley Wellness Village SUD Residential Treatment and Sobering Center includes a 40-bed residential facility, with a 15-bed adjacent Sobering Center, which will provide the necessary continuum of care treatment and wrap-around support that assists in the prevention of incarceration with the intent to break the cycle of re-offending and re-incarceration. The Mead Valley Wellness Village will be a fully integrated approach to treating serious mental health and substance use disorders, with the purpose of providing opportunities for diversion from incarceration and correctional facilities, reducing recidivism, and engaging members in restorative justice activities.

Individuals with untreated serious mental health and/or substance use disorders have frequent contact with the criminal justice system. The advent of state led criminal justice diversion initiatives, and the lack of diversion resources and incentives have made it increasingly challenging to enroll justice-involved individuals in recovery-based services. As a result, RUHS-BH seeks to contract with a provider for the Mead Valley SUD Residential Treatment and Sobering Center that will achieve the goals of diversion and/or alternatives to incarceration for qualified offenders. These individuals often have mental health, substance abuse, and trauma-related histories and are in need of engagement, care coordination, case management, housing, and community supports to effectively treat their disorder.

### 1.2 BACKGROUND

#### 1.2.1 Health Care Reform and Substance Abuse Services

Under the California State Department of Health Care Services (DHCS) guidance, Riverside County is an Opt-In County under the California Bridge to Health Reform Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS). As an Opt-in County, RUHS-BH has committed to an ambitious and comprehensive substance abuse program that offers Riverside County residents a continuum of care never before realized in Riverside County. Specifically, Riverside County Substance Abuse Prevention and Treatment (SAPT) provides prevention, outpatient, intensive outpatient, multiple levels of residential and withdrawal management, narcotic treatment, and recovery services to Riverside County residents. The State approved Riverside County Implementation Plan can be found at: <https://www.dhcs.ca.gov/provgovpart/Pages/County-Implementation-Plans>. RUHS-BH will seek one qualified contractor to provide services at the Mead Valley SUD Residential Treatment and Sobering Center consistent with achieving these DMC-ODS plan objectives.

#### 1.2.2 Objectives

The objective of this project is to contract for the provision of services at the Mead Valley SUD Residential Treatment and Sobering Center based on the integrated model of care that provides intensive treatment, care coordination, case management, support, and wrap-around services based on the principles of mental health and substance abuse recovery. The following levels and types of Behavioral Health services will be provided at the Mead Valley SUD Residential Treatment and Sobering Center:

- A. Residential Services ASAM Level 3.5

This level of residential focuses on co-occurring mental health, severe substance use, and medical stabilization. Most importantly, appropriate medical services must be in place, including the ability to consult with a physician, psychiatrist, or physician extender and to be able to access emergency services at any time. Medical, psychiatric, laboratory and toxicology services must be provided either on-site or through consultation/referral.

- B. Withdrawal Management ASAM Level 3.2-WM
- C. Medication for Addiction Treatment (MAT)
- D. Recovery Services
- E. Clinician Consultation
- F. Certified Peer Support Services
- G. Care Coordination Services, including robust discharge planning with connections to mainstream resources, housing, and transportation
- H. Sobering Center operations

### 1.2.3 **Expectation Overview**

All services will be consistent with federal and state regulatory guidelines and afford conditions and an environment that is conducive to the member establishing and maintaining a drug and or alcohol free lifestyle and design for living. Qualified provider will be expected to become both Alcohol and Other Drugs (AOD) and DMC certified by the DHCS upon contract. Selected provider will follow county admittance and referral protocols to optimize the outcomes of successful completions of members seeking treatment and sobriety sustainability. They will also be expected to adhere to contractual clinical and administrative requirements, which are monitored on a quarterly basis for compliance. Additionally, mandatory trainings are conducted quarterly, bi-annually and annually for the County's Electronic Health Record billing, DMC regulatory adherence, Charting and Treatment planning, California Outcomes Measurement Systems (CalOMS) reporting compliance and other Federal and State regulations or requirements that may arise.

**1.2.3.1 Selected Contractor must apply for Residential Facility License and ASAM Designation upon contract award.**

**1.2.3.2 Selected Contractor must apply for Drug Medi-Cal (DMC) certification upon contract award.**

**1.2.3.3 Selected Contractor must apply for Incidental Medical Services (IMS) certification upon contract award.**

## **2.0 SCOPE OF SERVICE**

### **2.1 PROGRAM GOALS**

The goal of this RFP will be to solicit proposals from agencies to provide SUD treatment and related services to individuals at the Mead Valley SUD Residential Treatment and Sobering Center designated as eligible, based on medical necessity, appropriate diagnosis from the ***Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)***, and by ASAM criteria. Services will be provided at different levels of care as set forth in the scope of services below. Contractor is to work collaboratively with RUHS-BH to form an integrated network of care for the targeted population in need of behavioral health treatment services.

Additional goals for the Mead Valley SUD Residential Treatment and Sobering Center program include the following:

**2.1.1** Minimize the unnecessary utilization of space resources, staffing resources, clinical services, and detention services in the Riverside County jails, which are expended on individuals who are arrested for low-level offenses and quality of life infractions, and are subsequently cited and quickly released. The alternative plan is to help stabilize, treat, motivate,

and link these individuals to community-based services from the Mead Valley SUD Residential Treatment and Sobering Center instead of jail.

- 2.1.2 Increase the community's capacity to serve justice-involved members who have been diverted from the Riverside County jail system at the earliest stages of incarceration, from the Emergency Treatment Services (ETS), or directly from the streets.
- 2.1.3 For justice-involved adults who were cited and released within 24 hours, a more dignified, member-centered alternative would be to receive treatment, support, and services at the Mead Valley SUD Residential Treatment and Sobering Center Program. This transformed approach would intervene in breaking the cycle of arrest-treatment-release and eventual re-arrest.
- 2.1.4 Minimize unnecessary hospitalizations and to serve as the portal for justice-involved members for stabilization, treatment, and linkage coordination.

## 2.2 TARGET POPULATION CRITERIA

The adult populations to be served will be both male and female residents of Riverside County, individuals with a history of mental health and/or substance abuse disorder that are currently in contact with the criminal justice system, and who could benefit and need intensive community based support as an appropriate alternative to incarceration or re-incarceration. RUHS-BH shall establish referral and eligibility criteria and processes that identify and initially engage adults who appear to be eligible for diversion type services.

- 2.2.1 Offenders identified as eligible for diversion by the Riverside County Superior Court and/or Riverside County Law Enforcement;
- 2.2.2 Those identified by Riverside County Probation, who struggle with daily functioning due to mental health and/or SUD issues, are at high risk for criminal justice contact or incarceration, but are not currently engaged in treatment services due to lack of support or resources;
- 2.2.3 Adults identified by the Mental Health Court, Adult Drug Court, Homeless Court, Family Preservation Court, and Veteran's Court who would not typically be considered for programming due to a lack of housing or placement;
- 2.2.4 Adults identified by the RUHS-BH Homeless Program, as well as other homeless or inadequately housed (e.g. living in un-healthy conditions, couch-surfing, etc.) adults, whose untreated mental health or substance abuse disorder contributes to both their homelessness and their contact with the criminal justice system;
- 2.2.5 Those adults identified by Riverside County Substance Use Community Access, Referral, Evaluation, and Support Line (SU CARES), as being at-risk of incarceration without placement into mental health or substance abuse treatment; and
- 2.2.6 Riverside County Outreach Teams: Behavioral Health teams include the Crisis Response Teams, Justice Outreach Team, Police Department Outreach, and RUHS Medical Center SUD Navigators. The Substance Abuse Prevention and Treatment Program (SAPT) teams include the Substance Use Treatment and Recovery Team (START), and the Care Coordination Teams (CCT).

## 2.3 FACILITY

- 2.3.1 This RFP is for Substance Abuse Prevention and Treatment (SAPT) Drug Medi-Cal (DMC) services to be delivered in a County-owned facility located at the Mead Valley Wellness Village Substance Use Disorder Residential Treatment and Sobering Center, 20545 Harvill Avenue, Perris, California 92570.

The facility, currently under construction, will encompass approximately 48,307 square feet and include the following:

**2.3.1.1 The First Floor will have:**

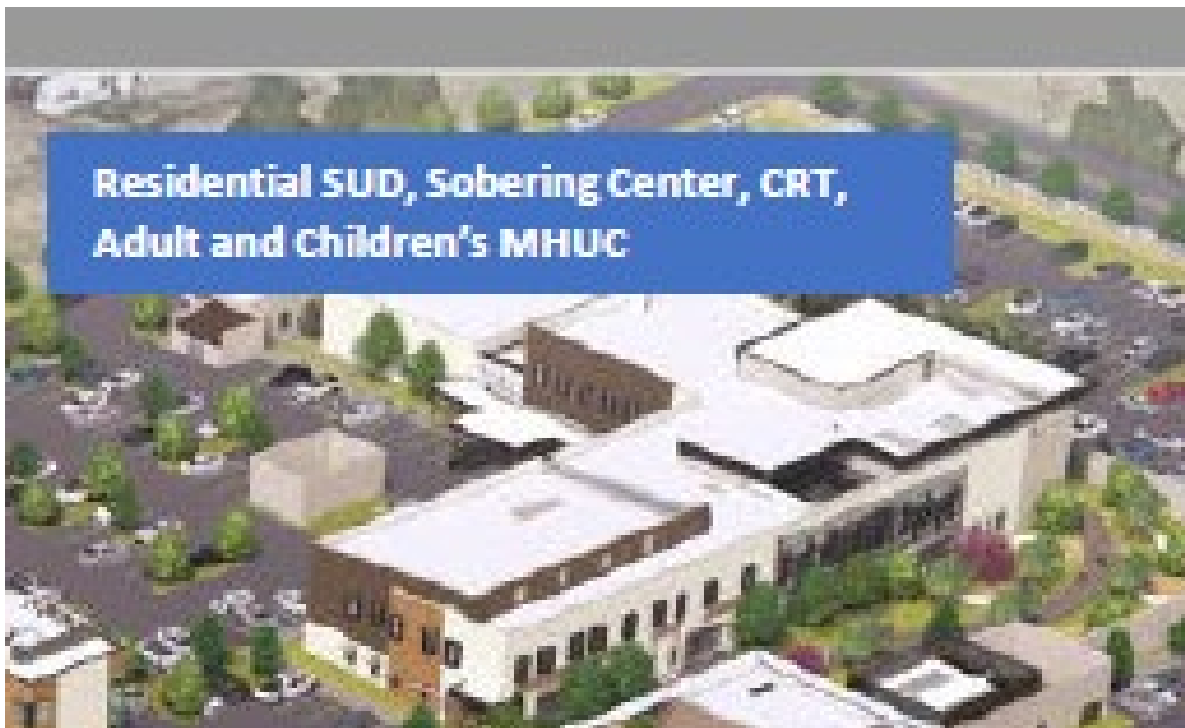
- Fifteen (15) single-occupancy bedrooms designated for sobering services (see Section 2.3.2 below)
  - NOTE: Within the Sobering Center space, one flex office designated for RUHS-BH staff
- Twenty-four (24) administrative offices
- Urgent care area
- Nursing station
- Kitchen and dining facilities
- Laundry and storage areas
- Common dayroom and shared activity spaces

**2.3.1.2 The Second Floor will have:**

- Thirty (30) residential Substance Use Disorder (SUD) treatment beds
- Ten (10) withdrawal management beds
- A total of sixteen (16) single-occupancy bedrooms and twelve (12) double-occupancy bedrooms
- Twelve (12) offices (Two flex offices designated for RUHS-BH staff)
- One (1) exam room
- Two (2) medication rooms
- Three (3) group rooms for therapeutic programming

The facility is designed to support a continuum of care, including sober services, residential treatment, and withdrawal management, within an integrated treatment environment and meets applicable IMS Certification requirements.”

- 2.3.2** The Sobering Center will be approximately 2,700 square feet with 15 sober stations, 2 offices, a triage room, and various storage. Designated RUHS-BH staff will occupy some office spaces to support service delivery.
- 2.3.3** The facility will be furnished with residential and office furniture. Any additional furniture purchased via the contract shall remain the property of the COUNTY. Please refer to the furniture plans provided in Attachment C and on the Public Purchase website.
- 2.3.4** Due to the time-sensitive nature of this project, **the awarded bidder is projected to have the facility operational by January 1, 2027,** contingent upon the date of contract award and licensing of the facility.
- 2.3.5** The awarded vendor will be paying the County to occupy space at the facility. The costs for use of the facility, utilities, maintenance, and landscaping will be discussed with the awarded vendor during contract negotiations and factored into the resulting agreement.
- 2.3.6** Renderings of the facility are provided below for reference. Site and Floor Plans are included as **Attachment B**. Furniture Plans and Specifications are provided as **Attachment C**, and the Kitchen Equipment List and Schedule are provided as **Attachment D**. These documents are intended to offer additional context regarding the layout, design, and operational components of the facility.
- 2.3.7** **A MANDATORY pre-bid meeting will be held at 3:00 p.m. on April 27, 2026** virtually via Microsoft Teams for Mead Valley Wellness Village Substance Use Disorder Residential Treatment and Sobering Center. Attendance at the pre-bid meeting is mandatory, proposals will not be accepted from organizations that are not represented at the meeting. The facility is currently being constructed; therefore, we are unable to provide job walk at this time. A site visit will be scheduled with the awarded bidder at a later date.



**2.3.8 County Facility Responsibilities**

The County will be responsible for the following (including, but not limited to):

- a. Providing 48,307 sq. ft. for Residential Treatment and 2,700 sq. ft. for Sobering Center space to the Awarded Contractor;
- b. Furnishing the facilities with the furniture, equipment and other items detailed in Inventory List (all space, furniture, equipment and other items purchased by the County shall remain the sole property of the County);

- c. Providing basic building maintenance services and repairs including plumbing, heating, air conditioning, garbage service, water, natural gas and electrical systems necessary to operate the facilities;
- d. Providing janitorial/housekeeping to ensure cleanliness of the facilities such as cleaning tables, bathrooms, common areas, emptying trash receptacles and mopping spills;
- e. Furnishing services of the maintenance staff, as required for the proper preventative maintenance and repair of County leased and/or owned equipment;
- f. Installing and maintaining cameras, panic button and intercom systems;
- f. Visiting the facility to assist with discharge plans and assist with case management services;
- g. Providing care of the outside areas and periodically wash and clean the exterior windows, walls, and interior window;
- h. Ensuring that built-in equipment is operational at start-up and throughout the term of the resulting agreement;
- i. Provide security services; and
- j. Providing utility bills to Provider.

### **2.3.9 Awarded Vendor Facility Responsibilities**

The Awarded vendor for Mead Valley Wellness Village SUD Residential Treatment and Sobering Center will be responsible for the following (including, but not limited to):

- a. Payment for the use of 48,307 sq. ft. and 2,700 sq. ft. of space within the County-owned facility;
- b. Paying utilities;
- c. Obtaining household goods (e.g., cooking equipment, dining utensils, linens, etc.);
- d. Providing staff to purchase, prepare, cook and serve food to the residents;
- e. Providing all linens, towels, and uniforms (if applicable);
- f. Providing office equipment for both staff and member use as appropriate;
- g. Ensuring County staff are allowed on-site at all times;
- h. Providing professional linen service or sub-contracting with a provider of linens and professional laundering services for linen delivery and pick up services;
- i. Replacing County-furnished or County-supplied equipment intentionally damaged or destroyed by Contractor and/or its employees; and
- j. Paying any cost associated with facility improvements or electrical upgrades required for additional Provider equipment.

## **2.4 PROGRAM DESCRIPTION**

RUHS-BH will seek one qualified contracted provider to provide DMC-ODS services at the Mead Valley SUD Residential Treatment and Sobering Center.

### **2.4.1 General Program Types**

RUHS-BH will require the following services to be provided at the Mead Valley SUD Residential Treatment and Sobering Center. A detailed description of each of these services is given in Section 2.7:

- A. ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services**
- B. ASAM Level 3.2-WM – Clinically Managed Residential Withdrawal Management**
- C. Medication for Addiction Treatment**
- D. Recovery Services**
- E. Clinician Consultation**
- F. Certified Peer Support Services**
- G. Care Coordination**
- H. Sobering Center**

## **2.4.2 Staffing Responsibilities and Qualifications**

Awarded contractor shall ensure that the following staffing requirements, which include, but are not limited to, the following, are met:

- A. Ensure that personnel are competent and qualified to provide the services necessary.
- B. Hire staff who are culturally and ethnically representative of the individuals being served.
- C. Ensure the provision of culturally competent services, this may include providing translation and interpreting services as needed.
- D. All primary staff shall be paid personnel. Volunteers and interns may be used on a limited basis. Members of the program may not substitute for paid personnel. Staff is to be registered by one of the State approved certification and/or licensing bodies. Registered staff members are to abide by State of California regulations and are to be supervised by a certified and/or licensed staff member.
- E. Staff shall be qualified, holding appropriate licenses and/or certifications in accordance with the Health and Safety Code, Sections 11215 through 11997, the requirements set forth in Title 9 of the California Code of Regulations, State Department of Health Care Services policy letters, and any amendments thereto.
- F. A sufficient number of staff members shall be certified in Cardiopulmonary Resuscitation (CPR) and Basic First Aid to provide coverage at all times.
- G. In order to effectively serve the residents of Riverside County, the Contractor's staffing must have bilingual capacity for all services provided.
- H. Provide outcome measures to all program participants as outlined by CalOMS Data Dictionary (See Resources Section).
- I. Ensure that all staff working with individuals receiving service, are fingerprinted (Live Scan), and pass Department of Justice (DOJ) and Federal Bureau of Investigations (FBI) background checks. Awarded Contractor(s) shall be responsible for verifying monthly background checks.

## **2.4.3 Medication Services**

2.4.3.1 The awarded CONTRACTOR shall assist members in understanding the role of medication in their recovery plan; explain the range of medication choices including MAT for SUD, provide education to residents in the side-effect profiles of medications and how these side effects can be managed. CONTRACTOR will obtain member informed consent to take medication as required by RUHS-BH policies. Members' questions and concerns about medication will be addressed and resolved quickly and proactively to increase members' self-responsibility for medication management.

2.4.3.2 CONTRACTOR shall provide medications to all members, including Medi-Cal and indigent members. CONTRACTOR shall make arrangements with on-site pharmacy to bill Medi-Cal directly for medication costs on behalf of Medi-Cal eligible members. The CONTRACTOR shall maintain appropriate documentation for auditing purposes of medication costs incurred on behalf of indigent members. The awarded CONTRACTOR shall bill RUHS-BH separately on a monthly basis for medication costs incurred by indigent members. Medications for indigent members shall be limited to psychotropic medications included in the Medi-Cal Formulary. The CONTRACTOR will make reasonable efforts to acquire and utilize sample medications to optimally reduce medication costs for indigent members.

2.4.3.3 Contractor shall make arrangements with the Mead Valley Wellness Village on-site pharmacy to receive verbal and written medication orders from the prescribing practitioner who has been designated to provide psychiatric services to the patients in the facility.

## **2.5 GENERAL PROGRAM REQUIREMENTS**

### **2.5.1 Principles of Care**

The following will be the guide for provision of all services provided at the Mead Valley SUD Residential Treatment and Sobering Center. regardless of level of care.

#### **2.5.1.1 Cultural and Gender Competence**

- A. Screening and assessments will be comprehensive, multifaceted, trauma informed, culturally and developmentally appropriate, and provided in an empathetic, nonjudgmental manner.
- B. Provider will use culturally and gender-appropriate strategies for prevention, engagement, screening, assessment, individualized treatment planning, intervention, treatment, and recovery supports for all members and their families.
- C. Provider should also “be aware of the effects of socialization, stereotyping and unique life events on the development of female members...across diverse cultural groups” (American Psychological Association, 2007).
- D. The therapeutic alliance will be informed by the provider's understanding of the member's cultural and sexual identity and connections, the member's social supports, and the impact of cultural beliefs on social stigma.
- E. Members whose primary language is not English, including members who use sign language, will be provided skilled bilingual staff and/or interpreters as needed by the provider.
- F. Print and audiovisual materials will be both linguistically and literacy appropriate.
- G. Provider will train staff to address the needs of members from various racial and ethnic groups, religions and spiritual affiliations, and cultural and indigenous beliefs with an emphasis on the populations in the provider's community. This includes ensuring cultural diversity in the staff and identifying and using engagement strategies that are culturally appropriate and effective in sustaining retention in services.
- H. Provider will assess staff attitudes and the program's informal procedures and institute formal policies to foster an environment of acceptance toward different sexual orientations. This will include an ability to address issues of sexuality, sexual identity, and gender identity, including those of lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI) members.
- I. A “safe” environment will be cultivated to talk about sensitive issues; this will include having gender-matched staff and gender-specific services and therapies, including same-gender groups and nonaggressive/non-confrontational therapies, which will enhance therapeutic alliances.
- J. Provider will receive ongoing education and training regarding the gender-specific prevalence, etiology, signs/symptoms, and treatment of co-occurring mental and/or physical health disorders.

#### **2.5.1.2 Member Driven & Recovery-Oriented Care**

- A. Treatment for members shall be a comprehensive approach that addresses both the integration of treatment for substance use disorders and co-occurring mental health disorders and the integration of member SUD treatment and primary care services that may include referrals to primary care needs, reproductive health needs, or issues of abuse and neglect.
- B. Treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
- C. Individualized treatment plans will be comprehensive and address each of the member's and family's needs in the least restrictive setting that is safe and effective.
- D. Provider will offer developmentally, culturally, and gender-appropriate care and a choice of services that can be used in recovery efforts and in supporting or building relationships that promote recovery.
- E. Treatment outcomes will be assessed over time, and individualized treatment plans will be modified to ensure they meet the member's changing needs and resources.

- F. Provider will promote a greater responsibility on the part of member for their own treatment and encourage them to practice decision making skills and roles, thereby enhancing self-confidence and self-efficacy. Provider will assist the member in defining what wellness in recovery means for them and supporting the attainment of wellness.
- G. A range of recovery services will be available that allows the member to choose support services that can be adjusted and combined based on his or her needs and stage of recovery.
- H. Provider will include paid personnel that lead evidence based peer recovery groups and serve as mentors/coaches, which enhance development of skills and reasoning abilities and assist in establishing new drug refusal skills, relapse prevention techniques, and anger management skills.
- I. Provider will coordinate care upon discharge ensuring that member transitions to continued care or the community in a smooth and safe manner. This includes providing transportation, as needed.

### **2.5.1.3 Trauma Informed Care**

- A. The impact and consequences of trauma will be considered in all clinical interventions, recovery support services, and organization operations.
- B. Screenings and assessments will be trauma informed, and trauma-specific interventions will be used when appropriate.
- C. Trauma specific services will include evidence-based and promising practices that directly address the effect of trauma and facilitate recovery and healing.
- D. Because substance use can be a coping mechanism for members who have experienced traumatic events, provider will work with members to build other alternative, less harmful coping skills.
- E. Provider will not require that members retell the details of their traumatic experience(s).
- F. Provider will assess and identify safety issues such as current risk for suicide or history of suicidal ideation and/or behaviors, physical or sexual abuse, or perpetration of physical or sexual abuse on others. When appropriate, referral will be made immediately. This assessment will include mental health.
- G. Provider staff will be trained on the provision of a trauma-informed and trauma-responsive environment, trauma-specific services, and issues of re-traumatization. This includes frontline and nonclinical staff members (Mandell & Werner, 2008).
- H. Provider will recognize physical, emotional, and psychological safety is critical for recovery.

### **2.5.1.4 Family Centered Care**

- A. Program will create a family-friendly environment that encourages members and families to engage in recovery efforts.
- B. Provider will adopt a broad definition of family that includes family of origin or of choice. Provider will work with the member to identify family members available to engage in the member's recovery efforts.
- C. While family-centered care will be supported, programs focused on members with SUDs will respect and support members who choose not to disclose their circumstances or involve particular family members in their treatment services.
- D. When involvement by the member's family of origin is not appropriate, the reason will be documented. Referrals to services may be offered for any family member not included in the member's family services.
- E. Regardless of the family's capacity, provider will give them the opportunity to build skills to support the member; in some cases, this may require a substance use intervention for the family members.
- F. Provider will offer family members support services in accordance with the goals determined by the family unit.

### **2.5.1.5 Evidence-Based Services and Practices (EBS / EBP)**

- A. Provider will have an understanding of models and theories related to mental health, substance abuse, and physical health disorders.
- B. To use EBPs effectively, provider will ensure staff members are adequately trained and qualified to

- implement the practices with fidelity and have the appropriate supervision.
- C. Provider personnel files will document training(s) and/or certification(s) in the evidence-based model(s) the staff member is using in the provision of treatment services.
  - D. Provider will be able to demonstrate which EBP is implemented, how trainings and supervision are conducted, and how fidelity is assured.
  - E. Provider will use EBPs that are age, gender, developmentally, and culturally appropriate as identified by national or State-level EBP clearinghouses (e.g., EBPs listed in SAMHSA's National Registry of Evidence-Based Programs and Practices).

## **2.6 INTEGRATION OF ADDICTION TREATMENT AND MENTAL HEALTH**

All individuals, programs, and health systems that provide treatment for substance use disorders (SUD) are expected to be fully prepared to serve patients with co-occurring disorders. "Co-occurring disorders" refers to the presence of both a substance-related disorder and an independent mental health disorder, with each condition diagnosable on its own and not simply a cluster of symptoms caused by the other. At minimum, the selected provider must welcome individuals with co-occurring mental health and SUD needs with empathy and inclusion, and must integrate mental health symptom management as a standard component of routine SUD services. Providers are required to screen for, identify, and document mental health issues; collaborate with existing behavioral health providers; and facilitate additional mental health or psychiatric assessments when needed. Providers must coordinate engagement through integrated treatment teams, assess and match interventions to each individual's stage of change, and offer education about mental health concerns and available interventions. Programs must teach basic mental health symptom self-management skills, support the use of peer services, and guide members in working effectively with prescribers. Mental health considerations must be fully integrated throughout program activities, while fostering a culture that supports co-occurring recovery. Finally, transition planning must consistently address ongoing mental health needs to ensure continuity of care after discharge.

## **2.7 SERVICE ELEMENTS FOR LEVELS OF CARE**

Providers of SUD treatment service should maximize quality of member life by designing an environment that supports the elimination of key risk behaviors, symptoms of abuse or dependency on alcohol and or drugs, and linkage to physical and mental health needs through provided treatment and case management services. Various levels of services will be provided to members as outlined below. In order to receive services through the DMC-ODS, the member must be enrolled in Medi-Cal, reside in Riverside County and meet the following medical necessity criteria:

- A. Member must have an appropriate diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders.
- B. Member must meet the ASAM and Title 22 Criteria definition of medical necessity for services.
- C. The initial medical necessity determination for the DMC-ODS benefit must be performed through a face-to-face review or telehealth by a Medical Director, licensed physician, or Licensed Practitioner of the Healing Arts (LPHA) as defined by State Notice 16-044 at [www.rcdmh.org/sureference](http://www.rcdmh.org/sureference). After establishing a diagnosis, the ASAM (see ASAM criteria at [www.rcdmh.org/sureference](http://www.rcdmh.org/sureference)) criteria will be applied to determine placement into the appropriate level of assessed services.

As a point of clarification, members under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, members under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements. Eligible members between the age of 18-20 fall under EPSDT guidelines.

### 2.7.1 **ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services**

Non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a substance use disorder diagnosis when determined by a Medical Director or LPHA as medically necessary and in accordance with an individualized treatment plan. These services are intended to be individualized to treat the functional deficits identified in the ASAM Criteria. In the residential treatment environment, an individual's functional cognitive deficits may require treatment that is primarily slower paced, more concrete and repetitive in nature. The daily regimen and structured patterns of activities are intended to restore cognitive functioning and build behavioral patterns within a community. Each member shall live on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Provider and residents work collaboratively to define barriers, set priorities, establish goals, create individualized treatment plans, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.

RUHS-BH personnel will coordinate with provider to authorize for residential services at the Mead Valley SUD Residential Treatment and Sobering Center. Provider will adhere to RUHS-BH written policies and procedures for processing referral requests for initial and continuing authorization of services. Provider and RUHS-BH will follow placement and referral protocols to ensure that there is consistent application of review criteria for authorization, placement and referral decisions

- A. Service Definition:** 24-hour residential care for members who require a 24-hour supportive treatment environment in order to develop sufficient recovery skills to avoid relapse or continued AOD use. Members typically have multiple challenges in addition to addiction (trauma history, criminal/legal issues, psychological problems, etc.)
- B. Facility:** Mead Valley SUD Residential Treatment and Sobering Center
- C. Modality:** Residential 24-hour care.
- D. Staffing:** Professional Interdisciplinary Team performing within scope of practice. All staff should have cross training to understand the signs and symptoms of mental disorders.
  - 1. Allied Health Professionals (counselor aides or group living workers).
  - 2. Certified Peer Support Specialists
  - 3. Clinical Staff who include: Registered/Certified AOD counselors and Licensed Practitioners of the Healing Arts (LPHA). One or more clinicians are available on-site or by phone 24-hours/day. NOTE: Physicians, nurse practitioners, or physician assistants may deliver "biomedical enhanced services" for the treatment of co-occurring biomedical disorders.
- E. Treatment Documentation**
  - 1. Programs provide an individualized, comprehensive biopsychosocial assessment.
  - 2. Individualized course of treatment and documentation of individualized progress notes (as described in Certification for AOD Programs and DHCS Behavioral Health Information Notice 24-001).
- F. Clinical Requirements**
  - 1. Planned, evidence-based clinical program activities and professional services to stabilize addiction symptoms and develop recovery skills.
  - 2. Daily organized programming to improve member's ability to structure and organize tasks of daily living and recovery.
  - 3. Counseling and clinical monitoring to support involvement in productive daily living activities.
  - 4. Drug Screening and monitoring of medication adherence.

5. Planned community reinforcement designed to foster prosocial values and community living skills.
6. Recovery support services, including support for the affected family.
7. Addiction pharmacotherapy.
8. Assessment to include an initial withdrawal assessment including a medical evaluation or referral within 48 hours of admission.

#### **G. Support Systems**

1. Telephone or in-person consultation with a physician and emergency services available 24 hours/day, 7 days/week.
2. Referrals coordinated with RUHS-BH to other levels of care with close coordination of transfer to more intensive levels of care, medication management, and housing services.
3. Ability to arrange for needed procedures as appropriate to the severity and urgency of the member's condition-to include obtaining pharmacotherapy for psychiatric and anti-addiction medications.

**H. Hours and Duration of Treatment:** A minimum of twenty (20) hours per week of individual and/or group counseling sessions and/or structured therapeutic activities shall be provided for each member in accordance with the member's treatment plan. Of these minimum twenty (20) hours, ten (10) hours, at minimum, are required to be clinical services. Duration varies with the severity of individual's illness and their response to treatment.

#### **2.7.2 ASAM Level 3.2 WM – Clinically Managed Residential Withdrawal Management**

Level 3.2-WM Clinically Managed Residential Withdrawal Management (sometimes referred to as "social setting detoxification") is an organized service that may be delivered by appropriately trained staff who provide 24-hour supervision, observation, and support for members who are intoxicated or experiencing withdrawal. This level is characterized by its emphasis on peer and social support rather than medical and nursing care. This level provides care for members whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support.

**A. Service Definition:** 24-hour professionally directed evaluation, observation, clinical monitoring and withdrawal management in a residential setting. This level of detoxification is a social setting detoxification that may be delivered by trained staff who provide 24-hour supervision in a structured, controlled setting.

**B. Facility:** Mead Valley SUD Residential Treatment and Sobering Center.

**C. Modality:** Residential 24-hour care.

**D. Staffing:** Certified Peer Support Specialists, registered/certified AOD counselors and Licensed Practitioners of the Healing Arts (LPHA) trained to implement physician-approved protocols for member observation and supervision. Access to physician consult is available 24-hours per day by telephone. Access to physician, PA, RN, or NP is available as needed.

#### **E. Treatment Documentation**

1. Treatment documentation is to be consistent with guidance provided within Certification for AOD Programs and DHCS Behavioral Health Information Notice 24-001.
2. Addiction focused history and physical exam by a physician, PA, or Nurse Practitioner as part of the initial assessment.
3. A biopsychosocial assessment initiated at the time of admission
4. Individualized treatment planning reflects addiction services, withdrawal treatment and discharge planning.
5. Ongoing case documentation.
6. Referrals to ancillary services as indicated.

**F. Clinical Requirements**

1. Clinical support, best-practices therapies, and education designed to enhance the member's health education and understanding of addiction.
2. Daily assessment of progress through withdrawal management.
3. Services to families and significant others.
4. Referral for ongoing support or transfer planning.

**G. Support Systems**

1. Availability of specialized medical, psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
2. 24-hour access to emergency medical services and transfer to acute care as required.
3. Referrals coordinated with RUHS-BH to other levels of care for referral and transfer as appropriate.

**H. Hours and Duration:** A member continues in a Level 3.2-WM withdrawal management program until:

1. Withdrawal signs and symptoms are sufficiently resolved that he/she can be safely managed at a less intensive level of care, or
2. The member's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management service is indicated, or
3. The member is unable to complete withdrawal management at Level 3.2-WM, despite an adequate trial due to confounding issues, indicating the need for transfer to a more intensive level of care or the addition of other clinical services.

**2.7.3 Ancillary Services**

Ancillary services are supportive services provided in addition to SUD ASAM Levels of Care (LOC). The purpose of these services is to provide essential supplemental services aimed at assisting the members with their SUD recovery. For this Request for Proposal (RFP), ancillary services shall be understood to encompass:

- A. Medication for Addiction Treatment (MAT)
- B. Recovery Services
- C. Clinician Consultation
- D. Certified Peer Support Services
- E. Care Coordination

Ancillary services are not a requirement of bid submissions but assist in presenting how the respective bidder anticipates providing members with a complete, whole person approach to SUD recovery. Bidders should consider including in their proposals the provision of ancillary services that support SUD treatment components across the applicable ASAM levels of care (WM 3.2, 3.5). If including within the proposals, Bidders must clearly outline how these services will be delivered, coordinated, and documented, and must include any anticipated staffing, operational resources, and associated costs for the delivery of ancillary services. All costs related to ancillary service provision must be clearly itemized in the budget section of the proposal.

**2.7.3.1 Medication for Addiction Treatment (MAT)**

- A. Medication for Addiction Treatment includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. RUHS-

BH will require provider to have procedures for linkage and integration of members requiring MAT. Provider staff will regularly communicate with physicians of the members who are prescribed these medications, unless the member chooses not to consent to signing a 42 CFR part 2 compliant release of information for this purpose.

- B. Medications allowed under the DMC-ODS include: buprenorphine, disulfiram, naloxone (oral), long acting injectable naltrexone (Vivitrol™), and acamprosate. NOTE: While methadone is an approved medication under the DMC-ODS, it is only approved in a NTP setting, therefore not applicable to services at the Mead Valley SUD Residential Treatment and Sobering Center.
- C. **Provider must obtain and maintain Incidental Medical Services (IMS) certification.**
- D. **Providers must submit a comprehensive MAT services protocol for approval by RUHS-BH Medical Director prior to providing MAT services.**

### **2.7.3.2 Recovery Services**

- A. Recovery services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which patients are empowered and prepared to manage their health and health care. Treatment must emphasize the patient's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients. Services are provided as medically necessary. Recovery Services are delivered as standalone services.
- B. The components of Recovery Services are:
  - 1. Individual or group counseling to stabilize the member and then reassess if the member needs further care;
  - 2. Recovery Monitoring: Recovery coaching, monitoring via telephone and internet;
  - 3. Substance Abuse Assistance: Peer-to-peer services and relapse prevention;
  - 4. Education and Job Skills: Linkages to life skills, employment services, job training, and education services;
  - 5. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
  - 6. Support Groups: Linkages to self-help and support, spiritual and faith-based support; and
  - 7. Linkages to housing assistance, transportation, case management, individual services coordination.
- C. Recovery Services can be provided to a member in the following ways:
  - 1. Face-to-face
  - 2. By telephone
  - 3. By telehealth
  - 4. In the community – however, if recovery services are provided in the community, the provider delivering the service must be linked with a physical Drug Medi-Cal Certified (DMC) site/facility.

### **2.7.3.3 Clinician Consultation**

Consists of DMC-ODS LPHAs consulting with LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care. Clinician

Consultation is not a direct service provided to members. It is designed to support licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific members. Consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems. Clinician consultation is delivered as a standalone service and must be billed separately.

#### **2.7.3.4 Certified Peer Support Services**

Services provided by a Certified Peer Support are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower members through strength-based coaching, support linkages to community resources, and to educate members and their families about their conditions and the process of recovery. Peer support services may be provided with the member or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other people supporting the member (defined as collaterals) if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals. Peer Support Services are delivered and claimed as a standalone service and must be billed separately.

Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.

#### **2.7.3.5 Care Coordination**

Provider will work closely with partner agencies (sheriff, probation, behavioral health, detention, police) in mandatory care coordination and supportive services from the County perspective, and movement through modalities by ASAM reassessment. Providers and partner agency staff will use care coordination services as adjunct services to the various treatment modalities to improve member's ability to navigate their active treatment episode. These services will aim to address homelessness, financial stability (e.g. employment, benefits, etc.), vocational/educational needs, health and wellness, legal issues, issues of abuse and neglect, issues of trauma and community connectedness/involvement, including restorative justice.

The intent of care coordination is to remove barriers to service. RUHS-BH and Provider will collaborate, and pool resources within the County to develop a network of ancillary providers willing to work with members to achieve their objectives. Robust discharge planning with connections to mainstream resources, housing and transportation (for services as well as back to city of origin) is paramount.

Care coordination services can be provided by a counselor or a LPHA. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the member with linkages to service and supports designed to restore the member to their best possible functional level. Care coordination can be provided in clinical or non-clinical settings (including the community) and can be provided face-to-face, by telehealth, or by telephone. Care coordination includes one or more of the following components:

- A. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
- B. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
- C. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- D. Care coordination shall be consistent with and shall not violate confidentiality of alcohol or drug members as set forth in 42 CFR Part 2, and California Law.
- E. Focus may also include Member Advocacy with the following referring agencies:
  1. County Courts
  2. Department of Public Social Services
  3. Probation Department
  4. Member Employers
  5. Parole

#### 2.7.4 **Sobering Center**

Inebriated and intoxicated individuals often pose health and safety problems to themselves as well as to the general public. The Mead Valley SUD Residential Treatment and Sobering Center will have an additional option to the continuum of care offered, a Sobering Center, where by individuals with acute intoxication of alcohol and other drugs, which do not meet the necessity of medical intervention, can be stabilized over a brief period of time. This facility in an adjacent building containing 15 “sobering stations” and will provide a safe, short-term, alternative to jail or emergency departments in the intoxication phase and minimize unnecessary hospitalizations, law enforcement resources and incarceration. No special certification is needed for the Sobering Center.

- A. **Service Definition:** Provision of services to an individual with acute intoxication of alcohol or other drugs which do not meet the necessity of medical intervention. The service is designed to be brief (4-6 hour stays) and focuses on stabilizing the individual to a point of sobriety whereby the member could then be referred to other available services in the community or at Mead Valley SUD Residential Treatment and Sobering Center.
- B. **Facility:** Mead Valley SUD Residential Treatment and Sobering Center
- C. **Staffing:** An interdisciplinary team of Professional Staff performing within their scope of practice, and all staff should have cross training to understand the signs and symptoms of mental disorders and acute intoxication. This may include, but not be limited to, the following:
  1. Registered/Certified AOD counselors
  2. Certified Peer Support Specialists
  3. Licensed Practitioners of the Healing Arts (LMFT, LCSW, etc.)
  4. Trained medical personnel (RN, LVN, Medical Assistant)
  5. 24-hour access to physician or physician substitutes (MD, DO, NP, or PA)
- D. **Components of Care**
  1. Monitoring by on-site medical personnel
  2. Oral hydration, food, showers
  3. Referral for ongoing support or transfer planning
  4. Clinical support and education

5. Screening of individuals for other levels of services at the Mead Valley SUD Residential Treatment and Sobering Center or within the RUHS-BH system of care.

- E. **Hours and Duration:** The Sobering Center will operate 24 hours a day and 365 days of the year. Individual stays will range from 4-6 hours.

## 2.8 **PERFORMANCE MEASURES AND OUTCOMES**

RUHS-BH will assure that members have appropriate access to behavioral health services; that medical necessity has been established, the member is at the appropriate ASAM level of care; timeliness to first service and subsequent transitions to other modalities are coordinated appropriately, adequate and equal services are provided for special populations and quality of care is measured through CalOMS collection data and customer satisfaction feedback.

### 2.8.1 **Timely Access to Services**

- A. RUHS-BH will track first face to face after placement screening. Provider will be expected to coordinate and respond to referrals from RUHS-BH in a timely fashion. They are to communicate when first appointments are rescheduled by member.
- B. RUHS-BH will track provider's timely coordination of member's transition from one modality to another. This includes timely documentation of discharge and admission paperwork by provider from one facility to another.
- C. Provider will identify when members have not been screened for correct level of care and coordinate with RUHS-BH as necessary.

### 2.8.2 **Cultural Competency and Access to Care**

- A. Provider will provide a cultural competency plan showing ADA accessibility of programs.
- B. RUHS-BH will monitor for provider's ability to provide culturally competent services equal to services provided for non-special populations.
- C. RUHS-BH will monitor provider's ability to offer telephone access line and services in Spanish.

### 2.8.3 **Coordination of Care**

Provider will be monitored for coordinating care needs of member when they have mental health or physical health needs. Provider is responsible for obtaining required releases and documenting in the medical record. Additionally, provider will have a policy and procedure addressing agency best practices.

### 2.8.4 **Performance Measures**

- A. RUHS-BH will measure provider's outcome successes through CalOMS reporting.
- B. RUHS-BH will measure provider's customer satisfaction through MHSIP responses and grievances and
- C. RUHS-BH will conduct customer satisfaction surveys to measure member's satisfaction with County
- D. Provider will be responsible for establishing baseline data on the EBP(s) they are utilizing, and maintaining fidelity of the EBP so that fluid and successful transitions and outcomes are realized through CalOMS reporting
- E. RUHS-BH reserves the right to implement additional measurement expectations and tools as required by DHCS.

## 2.9 **REGULATORY COMPLIANCE**

The awarded Contractor(s) shall meet the following regulatory requirements, which include, but are not limited to the following:

- 2.9.1 Comply with any and all Federal, State, or local laws and licensing regulations including but not limited to Federal, 42-CFR Part 2, HIPAA regulations and State of California Welfare and Institutions Code Section 5328, regarding confidentiality.

- 2.9.2 Participate in the RUHS-BH SAPT annual contract monitoring as well as more frequent program reviews. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility (see section 2.10 below).
- 2.9.3 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.
- 2.9.4 Abide by all federal, state, local and RUHS-BH SAPT regulatory guidelines and certifications for the duration of the term of the contract.
- 2.9.5 Comply with request for social, economic and demographic data on members.
- 2.9.6 Comply with records retention policy. All records maintained by the Contractor on behalf of RUHS-BH SAPT, are the property of RUHS-BH

**2.10 CONTRACT MONITORING**

Contractor shall participate in the RUHS-BH contract monitoring as well as monitoring/audits conducted by DHCS. With proper identification, the monitor shall be allowed to inspect the facility and all program activities.

- 2.10.1 The monitor(s) will review for contractual compliance, services, and act as a liaison between the Contractor and the County; will provide consultation education and information to the Contractor and assist the Contractor as directed.
- 2.10.2 The County shall perform formal contract monitoring at least annually. The monitoring will include all clinical, fiscal, and administrative components.
- 2.10.3 The Contractor is expected to conduct regular in-house quality assurance review of their charts, i.e. peer quality assurance review.

**2.11 COUNTY SUPPORT AND TECHNICAL ASSISTANCE**

RUHS-BH SAPT Program shall provide technical assistance to new program Contractors on as-needed basis. Technical assistance typically includes, but is not limited to:

- A. Orientation to the County's EHR systems and data entry guidelines
- B. Reviewing and interpreting County policies and procedures
- C. Providing on-going agency liaison with RUHS-BH SAPT Program and the Department's other contractors to ensure optimal collaborations between all agencies involved.
- D. Contractor is responsible for accuracy and self-monitoring using EHR reporting tools. The County requires accurate, complete and timely entry of all data as a condition of the contract.
- E. The County shall also provide:
  - 1. Training and orientation regarding County expectations;
  - 2. Monitoring and evaluation of program operations; and
  - 3. Utilization review as described under Contract Performance Monitoring Section.

**2.12 REIMBURSEMENT**

The County shall pay awarded Contractor for services performed and expenses incurred in accordance with the Exhibit C of the Sample Agreement in the RFP Terms and Conditions document. Awarded Contractor shall be reimbursed at the approved

rate(s). Compensation shall be paid in accordance with a properly prepared invoice submitted and service data, entered into County EHR and submitted to County by Contractor within five (5) calendar days from the last day of each calendar month. Contractor shall submit a Program Integrity Form (PIF) for County to process payment. County shall pay the invoice thirty (30) working days from the date of receipt of a valid invoice/PIF.

Contractor will be required to adhere to the Annual Payment Reconciliation policy as expressed in the Exhibit C, Section J. Mutual Cost Reconciliation.

## **2.13 DISASTER PREPAREDNESS**

The awarded contractor shall develop and update contingency plans to continue the delivery of services in the event of a man-made or natural disaster. Bidders are not required to address disaster preparedness in their Qualification Packages. However, bidders shall note that awarded contractor will be required to develop and update contingency plans as part of any contracts resulting from this procurement. The County expects the awarded contractor have a disaster plan in place and available for review upon request and/or during contract monitoring visits.

## **2.14 PROVIDER SELECTION, PROTESTS AND APPEALS**

The County reserves the right to split or make the award in any manner determined by the County to be most advantageous to the County. The DMC-ODS Waiver and 42 CFR Section 438 require that counties have policies and procedures for provider selection, and protests and appeals by providers who are not selected. The County's bid protest procedure is available for review at: <http://www.purchasing.co.riverside.ca.us/Portals/0/Protest%20Policy%20Revised%202021.pdf>

### **2.14.1 Provider Selection Criteria**

- A. RUHS-BH selects only providers that have a license and/or certification issued by the state that is in good standing.
- B. RUHS-BH selects only providers that, prior to the furnishing of services under this pilot, have enrolled with, or revalidated their current enrollment with, DHCS as a DMC provider under applicable federal and state regulations, have been screened in accordance with 42 CFR 455.450(c) as a "high" categorical risk prior to furnishing services under this pilot, have signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, and have complied with the ownership and control disclosure requirements of 42 CFR 455.104.
- C. RUHS-BH does not select any providers who are under investigation for Medi-Cal fraud.
- D. RUHS-BH selects only providers that have a Medical Director who, prior to the delivery of services under this pilot, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director under this pilot, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.
- E. RUHS-BH does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
- F. RUHS-BH/provider contract allows for revoking delegation of county responsibilities to a contractor or imposing other sanctions if the contractor's performance is inadequate.
- G. RUHS-BH "may not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification solely on the basis of that license or certification" This does not mean that 1) RUHS-BH is required to contract with providers beyond the number necessary to meet the needs of its enrollee; 2) preclude RUHS-BH from using different reimbursements amount for different specialties or for different practitioners in the same specialty; or 3) preclude RUHS-BH from establishing measures that are designed to maintain quality of services and control costs while being consistent with RUHS-BH's responsibility to its enrollees.
- H. RUHS-BH requires providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services.

- I. RUHS-BH ensures that providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-services, if the provider serves only Medicaid enrollees.

**2.14.2 Bidder Appeals Process (Attachment Y of MediCal 2020 Waiver, p. 265)**

- A. After following the County's protest procedure, a provider may appeal to DHCS if it believes the County erroneously rejected the provider's solicitation for a contract.
- B. A provider may appeal to DHCS, following an unsuccessful contract protest, if the provider meets all objective qualifications and it has reason to believe RUHS-BH has an inadequate network of providers to meet member need and the provider can demonstrate it is capable of providing high quality services under current rates, and: It can demonstrate arbitrary or inappropriate county fiscal limitations; or It can demonstrate that the contract was denied for reasons unrelated to the quality of the provider or network adequacy.
- C. DHCS does not have the authority to enforce State or Federal equal employment opportunity laws through this appeal process. If a provider believes that a county's decision not to contract violated Federal or State equal employment opportunity laws, that provider should file a complaint with the appropriate government agency.
- D. A provider shall have 30 calendar days from the conclusion of the County's protest period to submit an appeal to the DHCS. Untimely appeals will not be considered. The provider shall serve a copy of its appeal documentation on RUHS-BH. The appeal documentation, together with a proof of service, may be served by certified mail, facsimile, or personal delivery.
- E. The provider shall include the following documentation to DHCS for consideration of an appeal:
  - 1. County's solicitation document;
  - 2. Provider's response to RUHS-BH's solicitation document;
  - 3. County's written decision not to contract
  - 4. Documentation submitted for purposes of RUHS-BH protest;
  - 5. Decision from county protest; and
  - 6. Evidence supporting the basis of appeal.
- F. RUHS-BH shall have 10 working days from the date set forth on the provider's proof of service to submit its written response with supporting documentation to DHCS. In its response, RUHS-BH must include the following documentation: 1) the qualification and selection procedures set forth in its solicitation documents; 2) the most current data pertaining to the number of providers within RUHS-BH, the capacity of those providers, and the number of beneficiaries served in RUHS-BH, including any anticipated change in need and the rationale for the change; and 3) the basis for asserting that the appealing Provider should not have been awarded a contract based upon RUHS-BH's solicitation procedures. RUHS-BH shall serve a copy of its response, together with a proof of service, to the provider by certified mail, facsimile, or personal delivery.
- G. Within 10 calendar days of receiving RUHS-BH's written response to the provider's appeal, DHCS will set a date for the parties to discuss the respective positions set forth in the appeal documentation. A representative from DHCS with subject matter knowledge will be present to facilitate the discussion.
- H. Following the facilitated discussion, DHCS will review the evidence provided and will make a determination.
- I. Following DHCS' determination that RUHS-BH must take further action pursuant to Paragraph 8 above, RUHS-BH must submit a Corrective Action Plan (CAP) to DHCS within 30 days. The CAP must detail how and when RUHS-BH will follow its solicitation procedure to remedy the issues identified by DHCS. DHCS may remove RUHS-BH from participating in the Waiver if the CAP is not promptly implemented. If RUHS-BH is removed from participating in the Waiver, RUHS-BH will revert to providing State Plan approved services.
- J. The decision issued by DHCS shall be final and not appealable.

**2.15 RESOURCES**

The following resources are available to assist with RUHS-BH provider expectations and providing services under the DMC-ODS Waiver criteria. In addition to previously mentioned website links to pertinent to this RFQ please see:

- 2.15.1 DHCS Certification for for Alcohol and or Other Drug Standards 1.0:  
[Alcohol and/or Othe Drug Program Certification Standards](https://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards_1.pdf)  
[https://www.dhcs.ca.gov/Documents/DHCS\\_AOD\\_Certification\\_Standards\\_1.pdf](https://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards_1.pdf)
- 2.15.2 ASAM criteria: <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>
- 2.15.3 CalOMS Data Dictionary and other CalOMS reporting requirements:  
<http://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>
- 2.15.4 Title 9 California Code of Regulations:  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IE2D7EF70D45311DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IE2D7EF70D45311DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
- 2.15.5 Department of Health Care Services Drug Medi-Cal Organized Delivery System (DMC-ODS)  
<https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- 2.15.6 DMC-ODS Information Notices:  
[https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral\\_Health\\_Information\\_Notice.aspx](https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx)
- 2.15.7 DHCS Medication Assisted Treatment FAQ  
Riverside County Consumer Placement and Referral Protocol  
Title 22 Drug Medi-Cal Regulations FAQ  
Title 22 Drug Medi-Cal Regulations (2015)  
Riverside County State Approved Plan  
[www.rcdmh.org/sureference](http://www.rcdmh.org/sureference)

**Bidder's Note:** Appendix A consists of pages 1 through 24 of this document. The pages from Appendix A **are not** to be included as part of the Bidder Proposal Response which consists of the following 42 pages. **Attachment A: Bidder Proposal Response begins on the following page.**

## ATTACHMENT A: BIDDER PROPOSAL RESPONSE

BIDDERS MAY REQUEST THIS ATTACHMENT IN AN ELECTRONIC WORD FORMAT BY SENDING AN EMAIL REQUEST TO MELANIE HURST AT: [mhurst@rivco.org](mailto:mhurst@rivco.org)

### SECTION A: PROPOSAL SUBMITTAL CHECKLIST

**Instructions:**

- Bidder's proposal shall follow the order provided below; however, the Bidder may insert the number of pages necessary to provide the required information. Bidders are not restricted to the number of pages that have been provided in this attachment.
- Bidder's proposal must contain the following sections (**labeled Section A – I, Section J & Section K**) in the order listed below.
- The Proposal Checklist shall identify the page numbers where each of the identified sections can be located within the bidder's response. To ensure that all items have been provided, bidders shall check off each box on the checklist to verify the requested information has been provided.
- Follow the instructions provided in each section of the RFP.
- Bidder may provide additional attachments in Section I of their proposals; however, each item shall be labeled to specifically identify what it is and what page number it can be located on in the response.
- Bidders that do not follow the instructions or do not provide the information requested in Terms and Conditions document "Section 5.0, Proposal Submittal Procedures", may be found "non-responsive" and disqualified from the bid process.

**NAME OF COMPANY:**

---

**PROGRAM NAME: MEAD VALLEY WELLNESS VILLAGE SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT AND SOBERING CENTER**

---

**REQUIRED SERVICES:**

Level 3.5 - High-Intensity Residential
Level 3.2-WM – Residential Withdrawal Management
Medication for Addiction Treatment (Standalone)
Recovery Services (Standalone)
Care Coordination (Standalone)
Sobering Center Operations

**ANCILLARY (OPTIONAL) SERVICES** (CHECK SERVICES YOU WILL PROVIDE):

<input type="checkbox"/> Clinician Consultation (Standalone)
<input type="checkbox"/> Certified Peer Support Services (Standalone)

**PROPOSAL SUBMISSION CHECKLIST**

*General Items:*

- Sections A – I** have been saved as one file (or separate files) in Microsoft Word or PDF format and uploaded to the Public Purchase website.
- Section J: Cost Proposal** has been saved as a separate file in Microsoft Word and Excel formats or PDF format and uploaded to the Public Purchase website. **Section J must be uploaded separately and may NOT be included as part of Sections A-I above or Section K below.**
- Section K: Financial Statements** which consist of **both** the balance sheet and income statement for the company have been saved as a separate file in Microsoft Word or PDF format and uploaded to the Public Purchase website. **Section K must be uploaded separately and may NOT be included as part of Sections A-I or Section J above.**

Bidders’ proposals shall consist of the following sections and indicate the page number where the section and attachments are located in the proposal.

- SECTION A** – Proposal Submission Checklist ..... \_\_\_\_\_
- SECTION B** – Proposal Cover Page *(must be signed by Authorized Signatory)*..... \_\_\_\_\_
- SECTION C** – Company Profile / Experience ..... \_\_\_\_\_
- SECTION D** – Description of Services ..... \_\_\_\_\_
- SECTION E** – Resumes/Credentials ..... \_\_\_\_\_
- SECTION F** – References..... \_\_\_\_\_
- SECTION G** – Acknowledgements ..... \_\_\_\_\_
- SECTION H** - Iran Contracting Act & Compliance with Economic Sanctions with Russia ..... \_\_\_\_\_
- SECTION I** – Bidder Attachment..... \_\_\_\_\_

Any response/information that Bidders are finding difficult to include in the “Bidders Response” boxes in any section of the RFP, can be included as an attachment in Section I. Attachments provided in Section I must be labelled as “Attachment 1”, Attachment 2” and so forth. Enter the corresponding Attachment Number into the Bidder’s Response box with the words “See Section I”. List all attachments index below.

List all attachments included in this Section. Please use additional pages to list attachments if necessary.

<b>Attachment Number</b>	<b>Document Title</b>	<b>Page Number</b>
Attachment 1	_____	_____
Attachment 2	_____	_____
Attachment 3	_____	_____
Attachment 4	_____	_____
Attachment 5	_____	_____

Attachment 6	_____	_____
Attachment 7	_____	_____
Attachment 8	_____	_____
Attachment 9	_____	_____
Attachment 10	_____	_____
Attachment 11	_____	_____
Attachment 12	_____	_____
Attachment 13	_____	_____
Attachment 14	_____	_____
Attachment 15	_____	_____

**PLEASE NOTE: ATTACHMENT A: BIDDER PROPOSAL RESPONSE CONSISTS OF THREE SEPARATE DOCUMENTS (SECTIONS A – I, LISTED ABOVE AND SECTIONS J & K, LISTED BELOW)**

**ATTACHMENT A: BIDDER'S COST PROPOSAL (SECTION J) AND FINANCIAL STATEMENTS (SECTION K) MUST BE UPLOADED TO THE PUBLIC PURCHASE WEBSITE AS TWO SEPARATE FILES AND NOT AS PART OF SECTIONS A – I ABOVE.**

**SECTION J – Cost Proposal\*** ..... \_\_\_\_\_

\* *Please note: Section J is the only section the Cost Proposal Sheet, Budget Worksheets or any other cost-related information should appear in the bidder's proposal. **Do not include** cost information in any other section.*

**SECTION K – Financial Statements\*\*** ..... \_\_\_\_\_

\*\* *Please note: Financial statements **must include BOTH** the organization's balance sheet **and** income statement.*

## SECTION B: PROPOSAL COVER PAGE

The Proposal Cover Page must be signed by an authorized representative. Signature by an authorized representative of the firm on the proposal cover page shall constitute a warranty, the falsity of which shall entitle the County of Riverside to pursue any remedy authorized by law, which shall include the right, at the option of the County of Riverside, of declaring any contract made as a result thereof, to be void.

### BIDDER TO COMPLETE ALL APPLICABLE AREAS

BIDDERS ARE REQUIRED TO REGISTER (IF NOT ALREADY REGISTERED) ON THE COUNTY OF RIVERSIDE'S WEBSITE:  
[WWW.PURCHASING.CO.RIVERSIDE.CA.US](http://WWW.PURCHASING.CO.RIVERSIDE.CA.US)

The County of Riverside Purchasing Department on behalf of the Riverside University Health System – Behavioral Health is soliciting proposals from qualified providers for:

**RFP #MHARC-310: MEAD VALLEY WELLNESS VILLAGE  
SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT AND SOBERING CENTER**

as detailed in Appendix A and Attachment A – Scope of Service

*"Execution hereof is certification that the undersigned has read and understands the terms and conditions hereof, and that the undersigned's principal is fully bound and committed."*

Company Name:

Mailing Address:

City: State: Zip:

Remit to Address:

City: State: Zip:

Phone #: ( ) FAX #: ( )

Contractor Website:

Name: Title:

Signature: Date:

Email:

**TO APPLY AND QUALIFY FOR PREFERENCE PROGRAM BIDDER MUST CHECK THE PREFERENCE BEING APPLIED FOR BELOW. BIDDER MUST ALSO COMPLETE AND SUBMIT THE APPLICABLE PREFERENCE PROGRAMS AFFIDAVIT AND INCLUDE IT IN THIS SECTION OF THE PROPOSAL TO BE CONSIDERED FOR PREFERENCE QUALIFICATION.**

**(ONLY ONE MAY BE SELECTED)**

**Veteran, Active Duty and/or National Guard Business Preference**  
*(Must submit Veteran, Active Duty and/or National Guard Business Affidavit)*

**Small Business Preference**  
*(Must submit Small Business Affidavit)*

## SECTION B: PROPOSAL COVER PAGE (CONTINUED)

### PRE-BID MEETING INFORMATION

**The Mandatory Pre-bid Meeting for this RFP will be offered virtually via Microsoft Teams.**

In order to submit a proposal for this project, bidders must have a representative attend the Pre-bid Meeting.

Instructions on how to register to be added to the virtual sign-in sheet\* and how to access the meeting have been provided below.

**DATE:** April 27, 2026

**TIME:** 3:00 p.m.

**LOCATION:** Microsoft Teams

**Registration Instructions\***

- This meeting will be held virtually via Microsoft Teams
- Bidders **must register in advance by April 23, 2026** at the link provided below to attend this meeting:  
[RFP #MHARC-310: Mead Valley Wellness Village SUD Residential Treatment and Sobering Center Pre-Bid Meeting Link](#)
- Registration is required to attend the meeting. If you are registering on behalf of other individuals, please be sure to register each person who will be attending the meeting from your organization. Forwarding the meeting details may result in the individual not being able to access the meeting if not previously registered.
- After registering, a confirmation email containing information about joining the meeting will be sent to each person who has registered.

*\*( Bidders may also request the link to register by sending an email to: [mhurst@rivco.org](mailto:mhurst@rivco.org) )*

---

*RFP documents are available for review and may be downloaded at: [www.publicpurchase.com](http://www.publicpurchase.com)*

*Please be advised these documents will be discussed during the Pre-bid Meeting.*

*If attendees do not have access to the documents, they will be able to view them online during the meeting.*

## SECTION C: COMPANY PROFILE/ EXPERIENCE

This section of the proposal is designed to establish the bidder as an entity with the ability and experience to operate the program as specified in the RFP. The Company Profile should be concise and clear, and include descriptive information regarding service delivery. The following information must be provided as follows:

1. Business name and legal business status (i.e. partnership, corporation, etc.) including state of incorporation and proof of good standing and ability to do business in California. Bidders found not to be in good standing to do business in the State of California at time of bid submission will not be considered for award.

**BIDDER'S RESPONSE:**

2. Company overview of services or activities performed, including the following:

**BIDDER'S RESPONSE:**

2.1 Company hierarchy (President, Vice President, Company Officers, etc.) and an organizational chart. The organizational chart shall clearly identify all staff members that will provide services under this contract;

2.2 List of Agency's Board of Directors and Advisory Board;

2.3 The number of years in business under the present business name, as well as prior business names, and the number of years of experience providing the proposed, equivalent or related services;

2.4 Company size - number of staff; and

2.5 Location of the office from which the work under this contract will be provided and the staff allocation at that office.

3. Provide your company's mission statement.

**BIDDER'S RESPONSE:**

4. Bidders must be a non-profit organization and must provide documentation verifying their non-profit status. Acceptable documentation must include an IRS Determination Letter issued by the Internal Revenue Service or comparable official documentation.

**BIDDER'S RESPONSE:**

5. Bidders must provide proof of active status and good standing with the California Secretary of State. Acceptable documentation must include a current Business Search printout showing "Active" status or a Certificate of Status (Good Standing) issued by the California Secretary of State.

**BIDDER'S RESPONSE:**

6. Bidders must provide proof of current registration and compliance with the California Department of Justice Registry of Charitable Trusts. Acceptable documentation must include a registry search printout or screenshot indicating "Current" or "Active" status.

**BIDDER'S RESPONSE:**

7. Please indicate whether the bidder holds controlling or interests in any other organization, or is owned or controlled by any other person or organization, **if none that must be stated**. Governmental agencies are exempt from this requirement.

**BIDDER'S RESPONSE:**

8. Financial interests in any other business. Individuals who are personally performing the contracted services and governmental agencies are exempt from this requirement, **if none that must be stated**.

**BIDDER'S RESPONSE:**

9. Names of persons with whom the Bidder has been associated in business as partners or business associates in the last five years. Governmental agencies are exempt from this requirement.

**BIDDER'S RESPONSE:**

10. An explanation of **any past or active litigation** involving the Bidder or any principal officers thereof in connection with any contract. **If none, that must be stated.**

**BIDDER'S RESPONSE:**

11. An explanation of **any active investigations**, involving the Bidder or any principal officers thereof in connection with any contract. **If none, that must be stated.**

**BIDDER'S RESPONSE:**

12. Bidder shall provide a response to the following questions pertaining to their organizations' accounting systems and prior audits.

**BIDDER'S RESPONSE (CHECK ONE RESPONSE FOR EACH OF THE QUESTIONS LISTED BELOW):**

a. Type of accounting system used by your organization: Automated  Manual  Combination

b. Does your accounting system allow your organization to completely and accurately track the receipt and disbursements of funds related to your awarded contracts? Yes  No

c. Does your organization have a system in place that allows you to account for 100% of each employee's time?  
Yes  No  If so, please explain:

d. Did your organization have one or more findings during your last **single audit regarding program non-compliance**?  
Yes  No  If so, please explain:

e. Did your organization have one or more findings during your last **single audit regarding internal control deficiencies**?  
Yes  No  If so, please explain:

f. Has your organization been audited by the **Federal government**? Yes  No  If so, when was your most recent **Federal** audit conducted?

g. Did your **federal** audit result in one or more findings? Yes  No  N/A   
If so, please explain:

h. Has your organization been audited by the **State government**? Yes  No  If so, when was your most recent **State** audit conducted?

i. Did your **State audit** result in one or more findings? Yes  No  N/A   
If so, please explain:

13. Bidders must not be debarred, suspended or otherwise excluded from or ineligible to participate in Federal Assistance Programs under Executive Order 12549, "Debarment and Suspension," 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17. Bidders attest that it, its employees, directors/officers, contractors, subcontractors or agents (collectively "Contractor") are not suspended, debarred, excluded, or ineligible for participation in Medicare, Medi-Cal or any other Federal or state funded health care program, or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contractor must notify the County in writing within thirty (30) calendar days if, at any time during the term of any resulting Agreement, Contractor or CONTRACTOR'S officers, board members, employees, associates, and agents becomes suspended, debarred, excluded or ineligible for participation in Medicare, Medi-Cal or any other Federal or State funded health care program, as defined by 42. U.S.C. 1320a-7b(f), or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contract will indemnify, defend and hold the County harmless for any loss or damage resulting from the conviction, debarment, exclusion or ineligibility of the Contractor.

*Bidders must provide a statement in the section below that attest to and certify that they are not debarred, suspended, or otherwise excluded from or ineligible to participate in Federal Assistance or State Programs. Vendors' eligibility will be verified by the County prior to award of agreement.*

**BIDDER'S RESPONSE:**

14. Bidders must go to the System for Award Management (SAM) at: [www.sam.gov](http://www.sam.gov), search for their organizations name and submit a printout with their proposal that verifies the contractor is not listed on the SAM website for:

- ✓ Central Contractor Registry (CCR)
- ✓ Federal Agency Registration (Fedreg)
- ✓ Online Representations and Certifications Application
- ✓ Excluded Parties List System (EPLS)

The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If awarded a contract, awarded vendor must notify the County immediately if debarred at any time during the contract period.

**BIDDER'S RESPONSE:**

**15. Conflict of Interest Statement:**

The Bidder covenants that it presently has no interest, including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with its performance under an agreement resulting from this solicitation. The Bidder further covenants that no person or subcontractor having any such interest shall be employed or retained under any agreement resulting from this solicitation. The Bidder agrees to inform the County of all its interests, if any, which are or may be perceived as incompatible with the County's interests.

The Bidder shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom the Bidder is doing business or proposing to do business, in accomplishing any work under an agreement resulting from this solicitation.

The Bidder or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to County employees and/or consultants engaged in this project.

**Compliance with California Government Code 4525 – 4529.5 (Mini-Brooks Act):** Selection of services as referenced in this RFP follow applicable County ordinances, policies and procedures. These procedures specifically prohibit practices which might result in unlawful activity including, but not limited to, rebates, kickbacks, or other unlawful consideration, and shall specifically prohibit government agency employees from participating in the selection process when these employees have a relationship with a person or business entity seeking a contract under this solicitation.

*Bidder must acknowledge the above requirements and provide a statement of any conflict of interest that may pertain to other projects/contracts and/or relationships with agency employees (past and present).*

***BIDDER'S RESPONSE:***

## SECTION D: DESCRIPTION OF SERVICES

This section shall provide a written general understanding of the requirements in the Scope of Services as detailed in the RFP. Space has been provided under each question for the Bidder to provide a response to the question being asked/information being requested. The description of services shall include, in the following order, each of the sections identified below. Bidders are required to provide a response to each item. The information required for each item has been italicized and listed directly above the "Bidder's Response" within each box.

### REQUIRED SERVICES:

- Level 3.5 - High-Intensity Residential
- Level 3.2-WM – Residential Withdrawal Management
- Medication for Addiction Treatment (MAT)
- Recovery Services
- Care Coordination
- Sobering Center Operations

### ANCILLARY (OPTIONAL) SERVICES:

- Certified Peer Support Services
- Clinician Consultation

1. **Project Narrative:** This section should provide a detailed description that outlines plan for delivery of the required services as described in Section 2.7 Service Elements for Levels of Care. Please prepare a separate narrative for each type of service, and indicate, where applicable, which Evidence Based Practices will be utilized in the provision of services. Please submit MAT protocol as an attachment to this section.

**1.1** Level 3.5 Clinically Managed High-Intensity Residential Services

***BIDDER'S RESPONSE:***

**1.2** :Level 3.2WM Clinically Managed Residential Withdrawal Management:

***BIDDER'S RESPONSE:***

**1.3** Medication for Addiction Treatment (MAT):

***BIDDER'S RESPONSE:***

<p><b>1.4</b> Recovery Services: <b>BIDDER'S RESPONSE:</b></p>
<p><b>1.5</b> Care Coordination: <b>BIDDER'S RESPONSE:</b></p>
<p><b>1.6</b> Sobering Center: <b>BIDDER'S RESPONSE:</b></p>
<p><b>1.7</b> Certified Peer Support Services (Ancillary/Optional): <b>BIDDER'S RESPONSE:</b></p>
<p><b>1.8</b> Clinician Consultation (Ancillary/Optional): <b>BIDDER'S RESPONSE:</b></p>

**2. Experience:** Please describe experience in providing each type of service below:

<p><b>2.1</b> Level 3.5 Clinically Managed High-Intensity Residential Services: <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.2</b> Level 3.2WM Clinically Managed Residential Withdrawal Management: <b>BIDDER'S RESPONSE:</b></p>

<p><b>2.3</b> Medication for Addiction Treatment (MAT): <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.4</b> Recovery Services: <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.5</b> Care Coordination: <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.6</b> Sobering Center: <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.7</b> Certified Peer Support Services (<i>Ancillary/Optional</i>): <b>BIDDER'S RESPONSE:</b></p>
<p><b>2.8</b> Clinician Consultation (<i>Ancillary/Optional</i>): <b>BIDDER'S RESPONSE:</b></p>

3. **Timely Access to Care:** Bidders shall describe their plan to meet the DHCS standards for timely access to care (from initial contact to face-to-face appointment; translation services, timeliness of access to after-hours, urgent and emergency care; must be equivalent to non-DMS services offered by the provider).

<p><b>BIDDER'S RESPONSE:</b></p>
----------------------------------

4. **Staffing:** Briefly describe your proposed plans for staffing the Mead Valley SUD Residential Treatment and Sobering Center, description should also include the use of subcontractors (i.e. doctors, nurses, etc.) and volunteers (i.e., interns). This section shall also list any pre-employment screening, testing or background checks for employees, subcontractors, and volunteers, if applicable. Awarded Contractor(s) shall be responsible for checking the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and the Medi-Cal List of Suspended or ineligible Providers to validate that none of its officers, board members, employees, associates, agents, volunteers, contractors and agents are on either list.

**4.1** Bidder shall describe all positions associated with the required services including qualifications (training, certifications, licenses, etc.) for employment in each position. Describe proposed timetable for hiring staff, if applicable. Also describe any special testing requirements for staff, if applicable. The description shall also clearly identify the Full-Time Equivalent (FTE) status for each position **and** provide the total proposed number of FTEs. Bidder's description shall also identify the individual(s) who will have primary responsibility for each activity, and what qualifies this individual to oversee this aspect of the program. Bidder shall also provide a plan for supervision and how workload will be assigned.

**BIDDER'S RESPONSE:**

**4.2** Bidders shall provide a description of pre-screening employment policy, procedures and practices pertaining to background checks. The description should indicate the name of the organization(s) utilized to provide this service and how results are reviewed in determining employment offers. Please note: per the Scope of Service, awarded CONTRACTOR must conduct criminal background record checks and receive fingerprint clearance from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) on all employees, subcontractors and volunteers that work with, interact with and/or whom have access to individuals receiving services.

If applicable, adherence to the Board of Supervisors Policy C-33 Background Check Policy, will be required for non-employees performing the services indicated in the policy. Policy C33 can be found on the Clerk of the Board's website at the following link: <https://rivcocob.org/board-policies>

**BIDDER'S RESPONSE:**

**4.3** As noted above and in the Scope of Service, Awarded Contractor(s) shall ensure confirmation of the identity and determining the exclusion status of its officers, board members employees associates, and agents through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and the Medi-Cal List of Suspended or Ineligible Providers. These databases shall be consulted upon appointment of board members or hiring of employees, associates and agents and no less frequently than monthly thereafter. A signed statement is required monthly validating that the required database checks were conducted. Written notification within thirty (30) calendar days is required if and when any personnel are found listed on this site and what action has been taken to remedy the matter. Bidder must provide a statement that indicates they are aware of these requirements and that the organization will comply with them if awarded a contract for these services.

**BIDDER'S RESPONSE:**

**4.4** Bidder shall describe their staff training plan in the areas of orientation, ongoing staff skill development and health and safety as required in Scope of Services. Indicate any measures or plan used to ensure subject competency post training. Include a start-up and ongoing training plan/schedule. Identify any potential training barriers. Plan should reflect frequency and duration. Anticipated costs for this program should be included in your cost proposal and described in your budget narrative.

**BIDDER'S RESPONSE:**

**4.5** For all programming which will be provided at the facility, the bidder shall provide what staff title will be facilitating the programming and their expected expertise, training, or experience which qualifies them to instruct or facilitate the program.

**BIDDER'S RESPONSE:**

**4.6** Bidder shall provide back-up or on-call plan to ensure that staff coverage will be available to provide adequate services to all members at all times (avoiding admission denials due to staff vacations, illness, etc.)

**BIDDER'S RESPONSE:**

**4.7** Bidder shall provide a proposed weekly staffing schedule showing how many staff by job classification, hours scheduled and budgeted FTE are on duty, if applicable. Note: Staff schedule/classification should synchronize with activity schedule.

**BIDDER'S RESPONSE:**

**4.8** Bidder shall indicate what the minimum and maximum number of hours per week of administrative oversight dedicated to facility will be, and which staff positions will provide this supervision and management. Bidder shall also list the location(s)/address(es) of the site(s) where any administrative services will be provided if not at the facility.

**BIDDER'S RESPONSE:**

5. **Program Compliance:** Describe your history of successful program compliance.

*Bidder shall describe their demonstrated success with program compliance. This section shall describe the internal programs and policies the company has put in place in order to ensure the standards set by government laws, regulation, and requirements were met in prior contracts. Response should provide specific details of how organization has ensured that prior services were provided in accordance with the program(s) requirements. This section shall also state what quality assurance procedures have been implemented to ensure program compliance.*

**BIDDER'S RESPONSE:**

6. **Quality Assurance:** Describe how the interaction between your company and the County will take place to ensure the services are performed to the County's satisfaction, including resolving problems that may be encountered while providing these services.

*Bidder shall describe what mechanisms will be put in place to ensure that services are provided in accordance to the standards stipulated in the agreement. Bidder shall also describe how they will resolve problems that may be encountered while providing these services.*

**BIDDER'S RESPONSE:**

7. **Cultural Competency:** In order to ensure that culturally competent services are provided, all in-service training shall include relevant aspects of culturally and linguistically appropriate services. At least once per year and upon request, Contractor shall provide County with a schedule of in-service training(s), course outlines, and a list of participants at each such training. Describe how your organization plans to ensure that the training is provided to the staff working with the members is effective and how you plan to measure or demonstrate how services are designed to adapt to diverse cultures and reflect competency in service delivery.

*Bidder shall describe their cultural competency training program (frequency of training and the training topics offered), how their staff will work with members from other cultures and how these services are monitored/evaluated. In addition, please indicate how company will provide services to non-English speaking and deaf/hearing impaired members.*

**BIDDER'S RESPONSE:**

8. **Transportation:** Bidders shall provide a description of how transportation shall be provided.

*Description should identify what transportation options are available to members of the facility as required in the scope of services.*

**BIDDER'S RESPONSE:**

9. **Food:** Bidder shall describe their proposed plan for the provision of food at the facility.

*A plan for the provision of nutritionally balanced meals must be provided in this section of your proposal. In addition, strategies for adapting to special needs (e.g. diabetics, vegetarians) should be described. A sample menu of food plan shall be provided in this section.*

**BIDDER'S RESPONSE:**

10. **Regulations:** Describe how your organization plans to ensure that the facility adheres to the applicable regulations.

*Bidder shall describe your adherence to the following regulations. Response should provide details of the policies and procedures that are currently in place or will be implemented if awarded a contract for this funding.*

**BIDDER'S RESPONSE:**

- a. Title 22, Division 6, Chapter 6:
- b. AOD Program Certification Standards
- c. Health and Safety Standards:
- d. Fire Safety Codes:
- e. Fair Housing

11. **Data Management:** Briefly describe how your organization currently obtains, tracks, warehouses and shares data. **In addition, please provide a statement that indicates your organization has computers, Internet access and has the capability to enter data into the County's web-based Management Information System.**

*Bidder shall describe their organization's capability to obtain, track, warehouse and share data. In addition, please provide a statement that indicates your organization has computers, Internet access and has the capability to enter data into the County's web-based Management Information System.*

**BIDDER'S RESPONSE:**

12. **Project Timeline:** Bidders shall provide a timeline with benchmark steps and actions toward completion of the deliverables and program implementation. Bidders shall provide a timeline that should be based occupying the facility by 12/1/2026 and beginning consumer admissions by 1/1/2027. County expects awarded provider to be able to start licensing applications and walk through elements in June of 2026 with variant dates based on construction completion and readiness.

*Bidder shall provide a project timeline that delineates the step Bidder will take to successfully implement this program.*

**BIDDER'S RESPONSE:**

13. **Collaboration & Subcontracting:** Briefly describe your proposed plans for collaboration in the provision of the services identified within this RFP. If Bidder already has existing subcontracts, copies of the subcontract should be submitted as well.

*Bidder shall describe their plans to collaborate in the provision of the required services. This description shall describe the nature of the collaboration and the responsibilities of each party. If Bidder has existing subcontracts, they should submit copies of them.*

*Bidder shall also provide a statement that indicates whether or not they will be subcontracting out any portion(s) of the work. If any portion of the work will be subcontracted the name of the subcontractor and the portion of the work, which will be subcontracted must be provided. **If Bidder will not be subcontracting out any portion(s) of the work, that must be stated.***

**BIDDER'S RESPONSE:**

14. **Past and Present Experience (with Riverside University Health System – Behavioral Health (RUHS-BH); formerly known as Riverside County Department of Mental Health):** Provide a listing of all current and previous contracts your organization has had with RUHS-BH and/or Riverside County Department of Mental Health).

*Bidder shall list all current and previous contracts your organization has had with RUHS-BH and/or RCDMH). This list should include the contract period of performance, number of renewal options, the annual dollar amount of the contract, name of the project/program and description of services provided. Please insert additional rows or pages if necessary.*

**BIDDER'S RESPONSE:**

Contract Period of Performance (Start Date & End Date)	# of Renewal Options	Annual Dollar Amount of Contract	Project/Program Name & Description of Services Provided

**SECTION E: RESUMES/CREDENTIALS**

This section shall state all employees/subcontractors/volunteers responsible for administering or providing services. Certifications/licenses, if applicable

1. Bidder shall specifically provide the following information for all individuals or positions (key personnel) that have been identified to provide and/or administer the proposed services:

**BIDDER RESPONSE:**

NAME (IF POSITION IS NOT CURRENTLY FILLED, STATE "VACANT")	POSITION TITLE	SUMMARY OF PRIMARY RESPONSIBILITIES	SUMMARY OF QUALIFICATION/ EXPERIENCE	DIRECT SUPERVISOR

2. **In addition, copies of the following items shall also be provided:**
  - a. Resumes;
  - b. Letters of reference, if available;
  - c. Applicable current professional licenses, permits, and certificates; and
  - d. Any additional information, which will assist in evaluating the individual's qualifications

**BIDDER RESPONSE:**

3. **If staff have not yet been identified and/or hired**, please include a job description which describes the minimum qualifications of each position in which the information requested in the two items above have not been provided. Please note job descriptions should correlate to the staffing requirements of the RFP.

**BIDDER RESPONSE:**

**SECTION F: REFERENCES**

This section of the proposal shall include the following:

1. Provide a minimum of three (3) **letters of reference** on the company's letterhead from current and past business associates describing:
  - a. The contractor's successful administration of a similar program;
  - b. The attributes for which they have direct knowledge that confirm the Bidder's specific skills and expertise with this population;
  - c. Affirm a history of successful community collaboration and cooperation;
  - d. Dates of work performed, if applicable; and
  - e. Type of work performed, if applicable.

Reference letters shall not be dated more than twelve (12) months prior to the date of the proposal submission. References cannot include County Elected Officials, Department Directors, or come from Behavioral Health staff. However, references can include other County agencies that are not a party to this RFP, or one of the individuals previously listed.

2. Bidder shall **also complete** the following information for each of the three references. Please verify that all information is correct.

Reference 1	
Company name:	
Address:	
Contact person:	
Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	

<b>Reference 2</b>	
Company name:	
Address:	
Contact person:	
Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	

<b>Reference 3</b>	
Company name:	
Address:	
Contact person:	
Email address:	
Telephone address:	
Project name:	
Dates worked performed:	
Summary of scope of services:	
Project cost:	



## SECTION G: ACKNOWLEDGEMENTS

- G-1: Scope of Service Acknowledgement:** Bidder shall provide a statement below that they have read the Terms & Condition Document, Appendix A and Scope of Service sections of this RFP and they acknowledge they will comply with the RFP requirements if awarded a contract.

*Provide a statement to indicate that you have read the Terms & Condition Document, Appendix A and the Scope of Service sections of this RFP and will comply in full with the RFP requirements if awarded a contract for this program.*

**BIDDER'S RESPONSE:**

- G-2: Clarifications, Exceptions or Deviations**

All Bidder(s) shall describe any exception or deviation from the requirements of the RFP, including exceptions to the terms and conditions in the sample service agreement. Each clarification, exception or deviation must be clearly identified in the space provided below. **If your firm has no clarifications, exceptions or deviations, a statement to that effect shall be included in this section.** The sample agreement has been attached to the RFP Terms and Conditions as **Exhibit A** and incorporated herein by this reference.

If Bidder intends to take exception to any agreement term(s) and/or any requirement(s) of the RFP, a written detailed statement of justification and/or hardship must be included in the response and will be reviewed by County Risk Management, County Counsel and/or Department Executive personnel. Exceptions to agreement terms and/or requirements of the RFP may cause the bidder to be considered non-compliant with the request and not considered for further participation in the evaluation and selection process.

*Do you have any exceptions/deviations from the terms and conditions in the agreement template and/or any requirements identified in this RFP? If so, please provide an explanation below. If your organization has no clarifications, exceptions or deviations to the agreement template and/ or any requirements identified in this RFP, a statement to that effect shall be provided below.*

**BIDDER'S RESPONSE:**

- G-3: Evidence of Insurance/ Insurability**

**All bidders shall submit evidence of insurance as proof of company insurability. An ACORD certificate of insurance, or comparable document, shall be acceptable for this purpose.** If awarded the contract the Bidder has ten (10) calendar days to produce the required insurance documents at the coverage and limits stated in the Sample Agreement provided in the Terms & Conditions document of this RFP, unless otherwise instructed. In addition to the Certificate of Insurance for the awarded services, the bidder shall provide certified endorsements. The endorsements shall name the County of Riverside as additional insured, loss payee, or grant waiver of subrogation, as applicable to the specific coverage. Additional insurance shall not be purchased until this bid has been awarded.

Current general insurance coverage limits and requirements can be found on the Riverside County Human Resources, Risk Management internet page under Contracts / Recommended Contract Language at: <https://riskmgmt.rc-hr.com/>

Specific levels of insurance coverage required for the specific project will be provided to the selected bidder(s) during contract award negotiations. Limits noted in the template agreement may be modified depending on the actual services to be provided.

Bidders that do not provide proof of insurance at time of proposal submission may be considered non-response and removed from further participation in the evaluation and selection process.

*Provide proof of insurance (Accord form, or comparable) – **and** – a statement that your organization understands the insurance requirements and will comply in full if awarded a contract. In addition, if your company does not meet the requirements as defined by the State of California for Workers Compensation coverage a statement to that effect must be included in the response for this section.*

**BIDDER'S RESPONSE:**

**G-4: Business Licenses/Permits**

Provide a copy of current business license or other applicable licenses. If a current business license is not required, please include in the text box below the California statute (government code) exempting the company from obtaining a business license and the basis for such exemption.

Other applicable licenses that apply to the services to be provided must be included in the response (i.e. licensed veterinarian, social worker, etc.) The Bidder shall certify to the possession of any and all current required licenses and permits.

Bidders that do not provide proof of a current business license and other applicable licenses at time of proposal submission may be considered non-response and removed from further participation in the evaluation and selection process.

*Provide a copy of your current business license and other licenses (as applicable to the services requested in the RFP, – **and** – provide a statement certifying to the possession of any and all current required licenses and permits*

**BIDDER'S RESPONSE:**

**G-5: Transition**

Upon expiration or termination of this Agreement for any reason, during the transition close-out period the awarded contractor(s) agrees to:

- 1) Continue delivering services in all geographic areas currently served in Riverside County until notified otherwise; and
- 2) Assist RUHS-BH in the orderly transition and transfer of all collaborations and committees to (RUHS-BH and the subsequent Contractor(s); and
- 3) Provide, in a timely manner, all files and information deemed necessary by (RUHS-BH for use in subsequent contracting activities without additional cost to RUHS-BH or the new Contractor(s), upon termination or expiration of this Agreement for any reason; and
- 4) Cooperate with RUHS-BH during a transition closeout period to ensure orderly and seamless delivery of services to residents of Riverside County.

*Provide a statement to indicate that you have read and understand the above transition requirements and will comply in full if awarded a contract.*

**BIDDER'S RESPONSE:**

---

CERTIFICATION OF ACKNOWLEDGMENTS

I, \_\_\_\_\_, a duly authorized agent of \_\_\_\_\_,  
Printed Name of Agent/Officer Name of Organization

hereby certify that \_\_\_\_\_ by submission of this proposal in response to the  
Name of Organization

**RFP #MHARC-310: Mead Valley Wellness Village Substance Use Disorder Residential Treatment and Sobering Center**, do hereby acknowledge I have read items G-1 thru G-5 above and by signing below attest to our organization's acceptance of these requirements if awarded the contract for this project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title of Agent/Officer \_\_\_\_\_

**SECTION H: IRAN CONTRACTING ACT AND COMPLIANCE WITH ECONOMIC SANCTIONS WITH RUSSIA**

**IRAN CONTRACTING ACT**  
(Public Contract Code sections 2202-2208)

Prior to bidding on, submitting a proposal or executing a contract or renewal for a State of California contract for goods or services of \$1,000,000 or more, a vendor must either: a) certify it is **not** on the current list of persons engaged in investment activities in Iran created by the California Department of General Services ("DGS") pursuant to Public Contract Code section 2203(b) and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS; or b) demonstrate it has been exempted from the certification requirement for that solicitation or contract pursuant to Public Contract Code section 2203(c) or (d).

To comply with this requirement, please insert your vendor or financial institution name and Federal ID Number (if available) and complete **one** of the options below. Please note: California law establishes penalties for providing false certifications, including civil penalties equal to the greater of \$250,000 or twice the amount of the contract for which the false certification was made; contract termination; and three-year ineligibility to bid on contracts. (Public Contract Code section 2205.)

**OPTION #1 - CERTIFICATION**

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/financial institution identified below, and the vendor/financial institution identified below is **not** on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person/vendor, for 45 days or more, if that other person/vendor will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

<i>Vendor Name/Financial Institution (Printed)</i>		<i>Federal ID Number (or n/a)</i>	
<i>By (Authorized Signature)</i>			
<i>Printed Name and Title of Person Signing</i>			
<i>Date Executed</i>		<i>Executed in</i>	

**OPTION #2 – EXEMPTION**

Pursuant to Public Contract Code sections 2203(c) and (d), a public entity may permit a vendor/financial institution engaged in investment activities in Iran, on a case-by-case basis, to be eligible for, or to bid on, submit a proposal for, or enters into or renews, a contract for goods and services.

If you have obtained an exemption from the certification requirement under the Iran Contracting Act, please fill out the information below, and attach documentation demonstrating the exemption approval.

<i>Vendor Name/Financial Institution (Printed)</i>		<i>Federal ID Number (or n/a)</i>	
<i>By (Authorized Signature)</i>			
<i>Printed Name and Title of Person Signing</i>		<i>Date Executed</i>	

---

**COMPLIANCE WITH ECONOMIC SANCTIONS IN RESPONSE TO RUSSIA’S ACTIONS IN UKRAINE**  
**(Bidders)**

---

Prior to bidding on, submitting a proposal, or executing a contract, a contractor must certify: 1) it is not a target of economic sanctions and 2) in compliance with economic sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any requirements related to the Russian sanctions imposed by the California Governor’s Executive Order N-6-22 issued on March 4, 2022 and under state law, if any.

To comply with this requirement, please insert the contractor name and Federal ID Number (if available), complete the information described below and execute by an authorized representative of the contractor.

**CERTIFICATION**

I, the authorized representative for contractor named below, certify I am duly authorized to execute this certification on behalf of the contractor below, and the contractor identified below has conducted a good faith review of existing contracts. I attest that the contractor is not a target of economic sanctions, and that contractor is in compliance with the economic sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any requirements related to the Russian sanctions imposed by the California Governor’s Executive Order N-6-22 issued on March 4, 2022 and under state law, if any.

<i>Contractor Name (Printed)</i>		<i>Federal ID Number (or n/a)</i>	
<i>By (Authorized Signature)</i>			
<i>Printed Name and Title of Person Signing</i>		<i>Date</i>	

**SECTION I: BIDDER ATTACHMENT(S)**

This section is for Bidders to provide any responses they are finding difficulty pasting into the “Bidders Response” boxes in any section of the RFP. If applicable, Bidder shall paste information into section I if unable to do so in any of the previous sections. When pasting attachments to Section I label the attachments “Attachment 1”, Attachment 2” and so forth. Enter the corresponding “Attachment Number” into the Bidder’s Response box as shown in the example provided below.

**EXAMPLE:**

**SECTION G ACKNOWLEDGEMENTS**

**G-3: Evidence of Insurance/ Insurability**

*All Bidder(s) shall submit evidence of all required insurance (an Accord cover page will suffice) or a statement indicating that the Bidder understands there will be insurance requirements, and that they will comply in full if awarded a contract. Upon notification of contract award, the Bidder has ten (10) calendar days to produce the required insurances including a certified endorsement naming the County as additionally insured and waiver of subrogation endorsement. Do not purchase additional insurance until this bid has been awarded.*

*Provide proof of insurance - or - a statement that your organization understands the insurance requirements and will comply in full if awarded a contract.*

**BIDDER'S RESPONSE:**

*“Attachment 1 – Certificate of Insurance page 39”*

**G-4: Business Licenses/Permits**

*Provide a copy of current business license or other applicable licenses. The Bidder shall certify to the possession of any and all current required licenses and permits.*

*Provide a copy of your current business license, or other applicable licenses – and – provide a statement certifying to the possession of any and all current required licenses and permits.*

**BIDDER'S RESPONSE:**

*“Attachment 2 – Business License page 40”*

**BIDDER NOTE:**

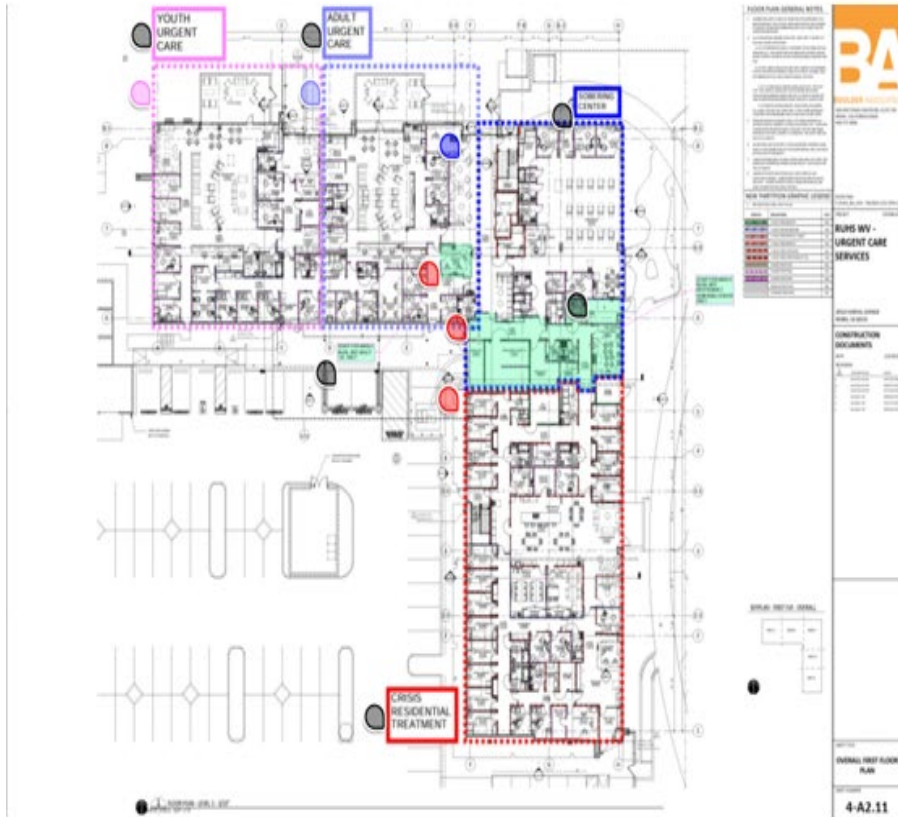
**DO NOT INCLUDE ANY COST-RELATED INFORMATION (COST PROPOSAL SHEETS, BUDGET WORKSHEETS, BUDGET NARRATIVE, ETC.) IN THIS SECTION OF YOUR PROPOSAL.**

**ATTACHMENT B**  
**MEAD VALLEY WELLNESS VILLAGE**  
**SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT AND SOBERING CENTER –**  
**SITE AND FLOOR PLANS**

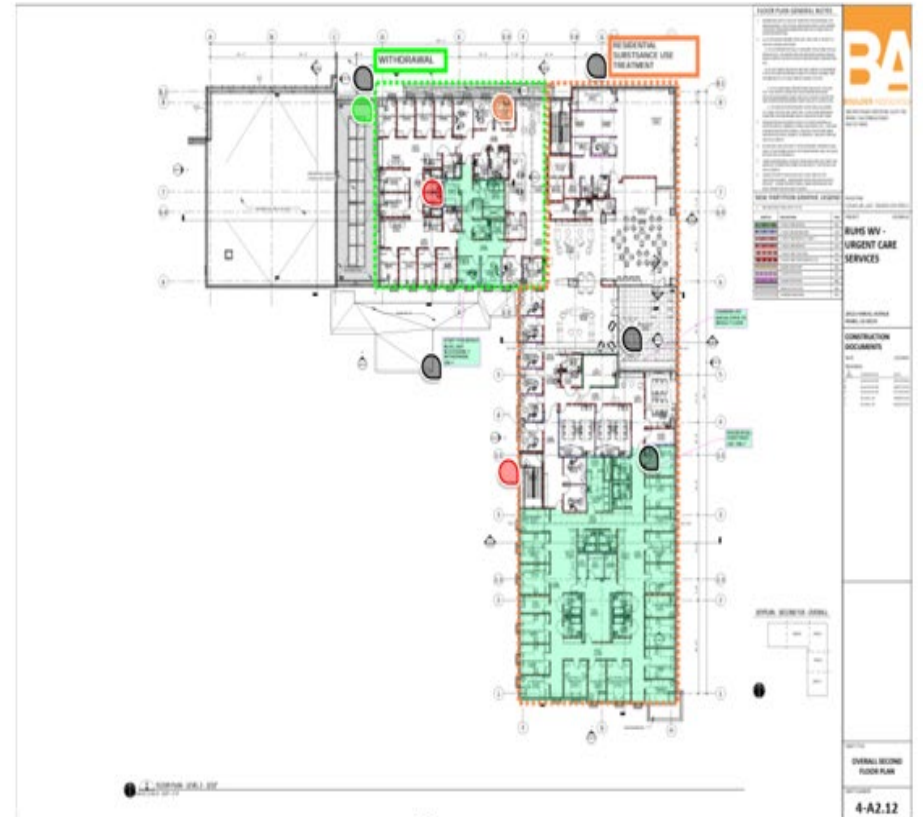




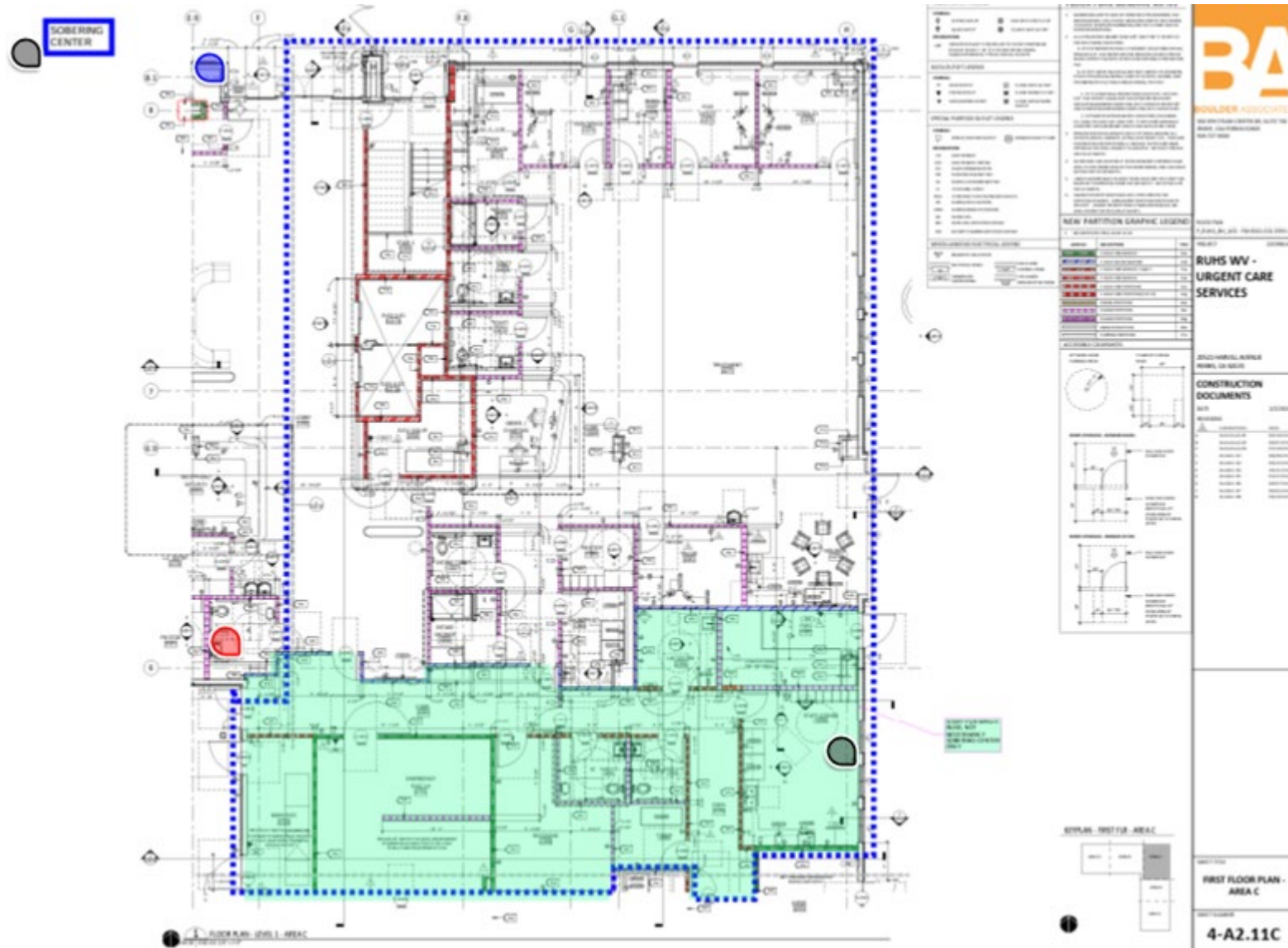


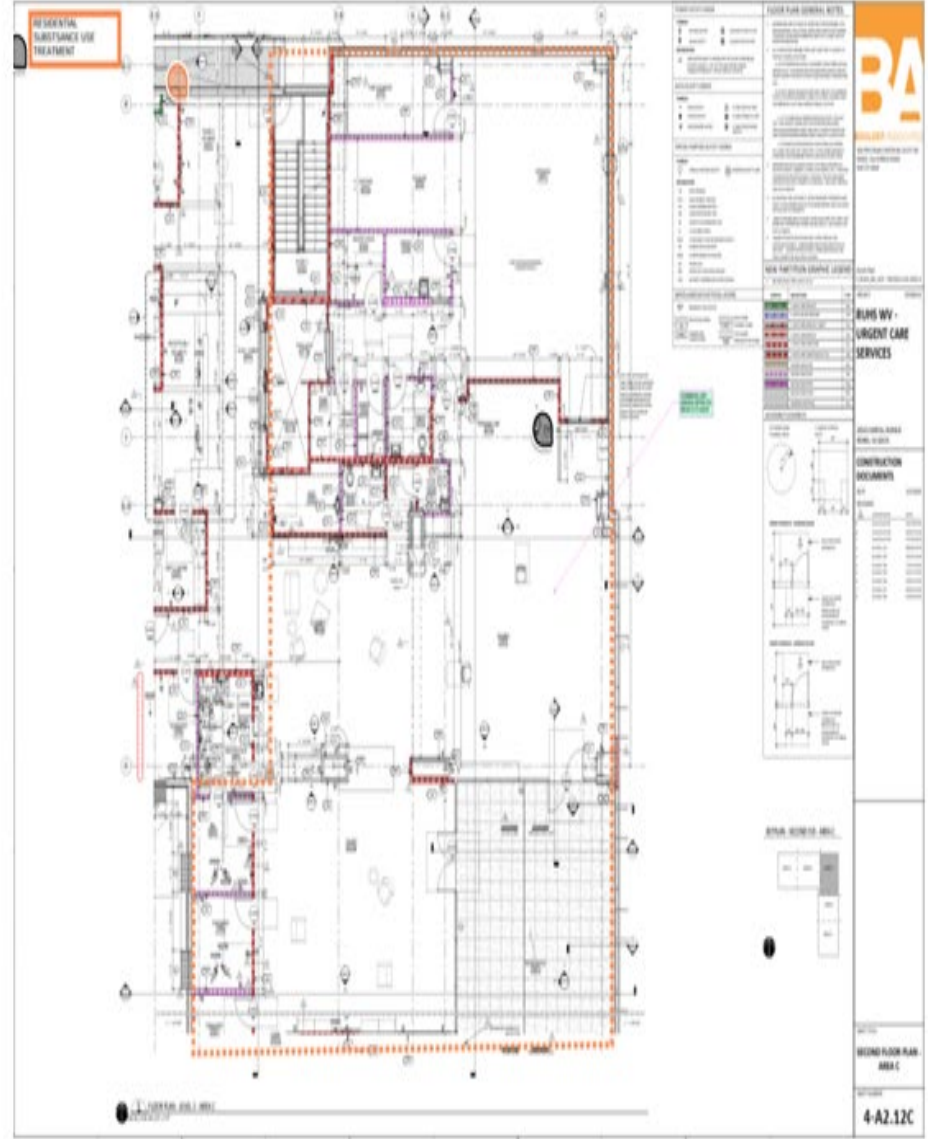


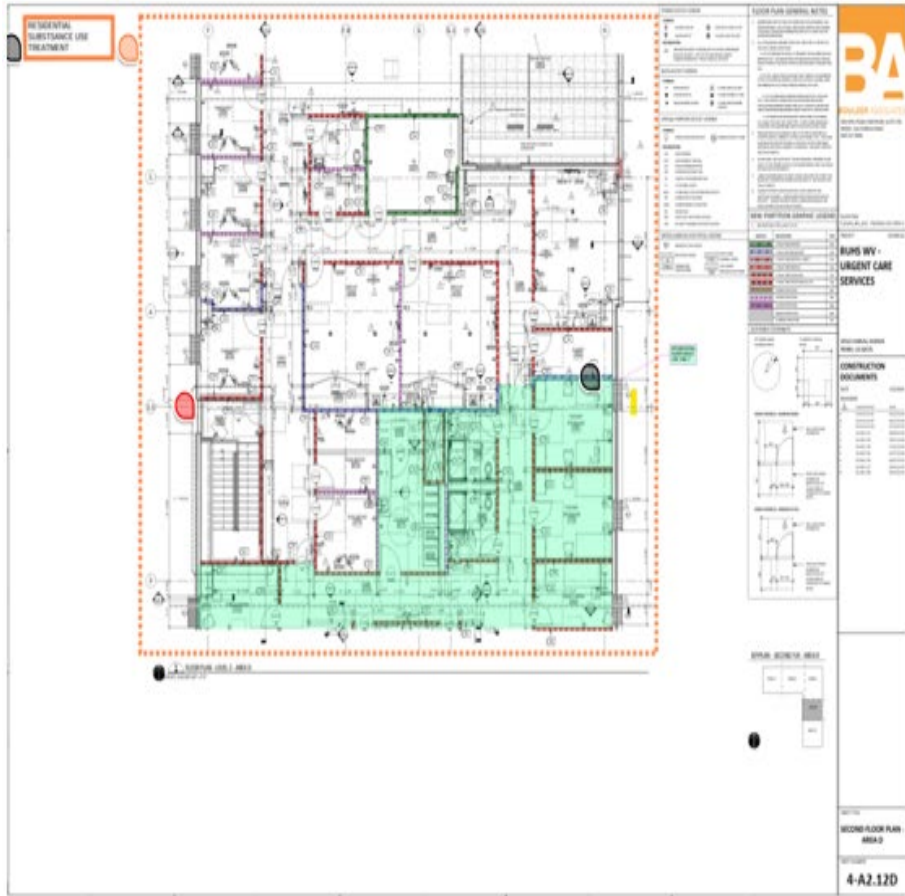
1<sup>st</sup> Floor



2<sup>nd</sup> Floor

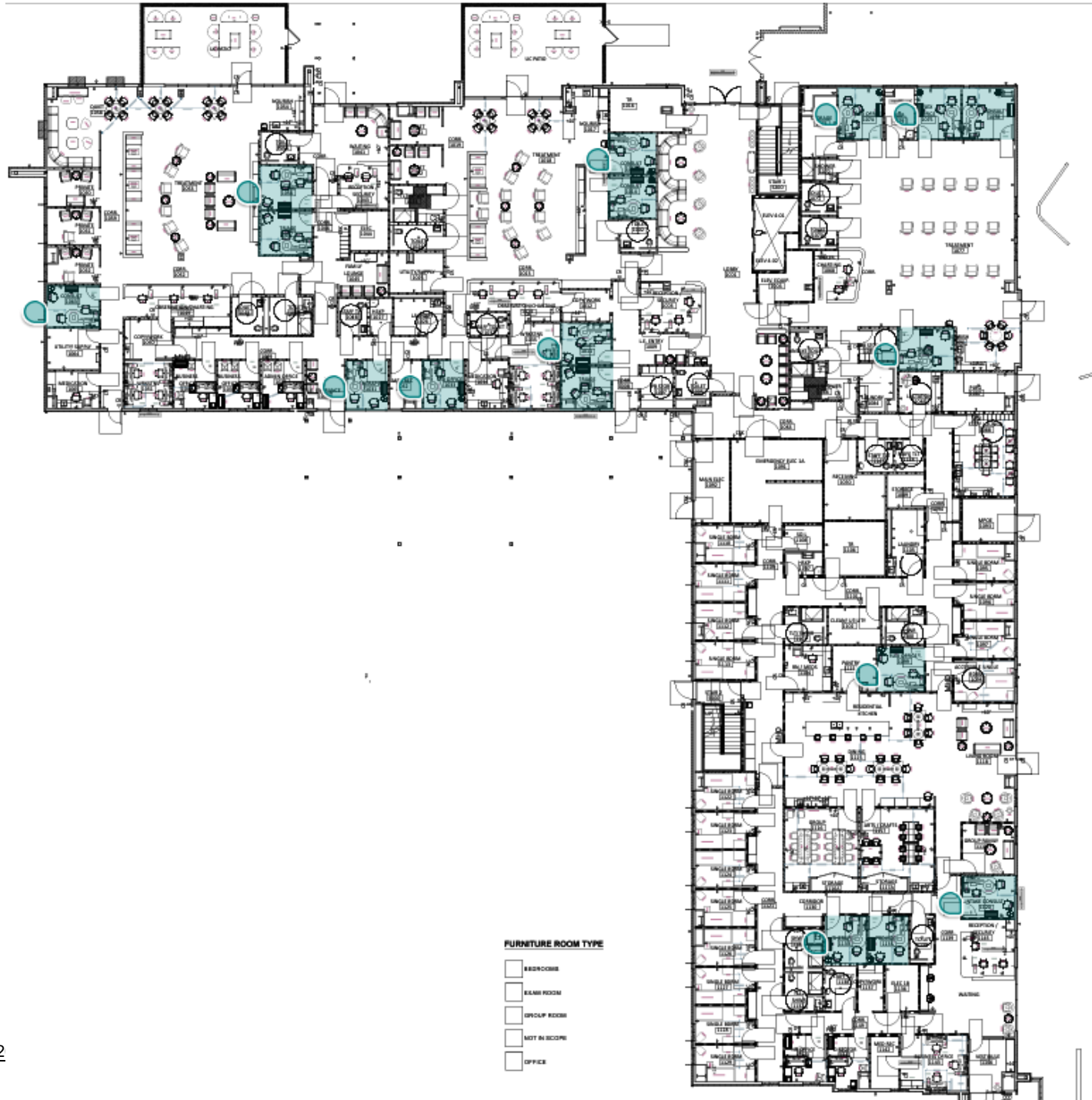




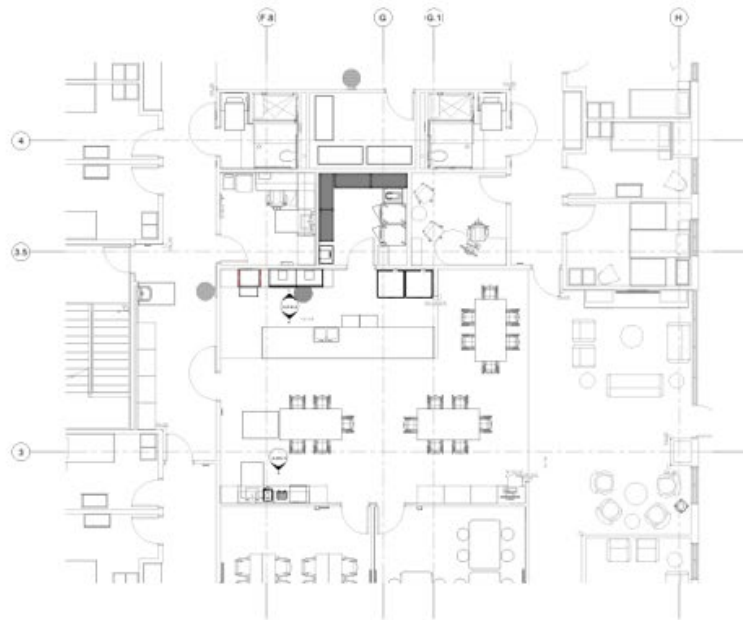


**ATTACHMENT C**  
**MEAD VALLEY WELLNESS VILLAGE**  
**SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT AND SOBERING CENTER –**  
**FURNITURE PLANS**

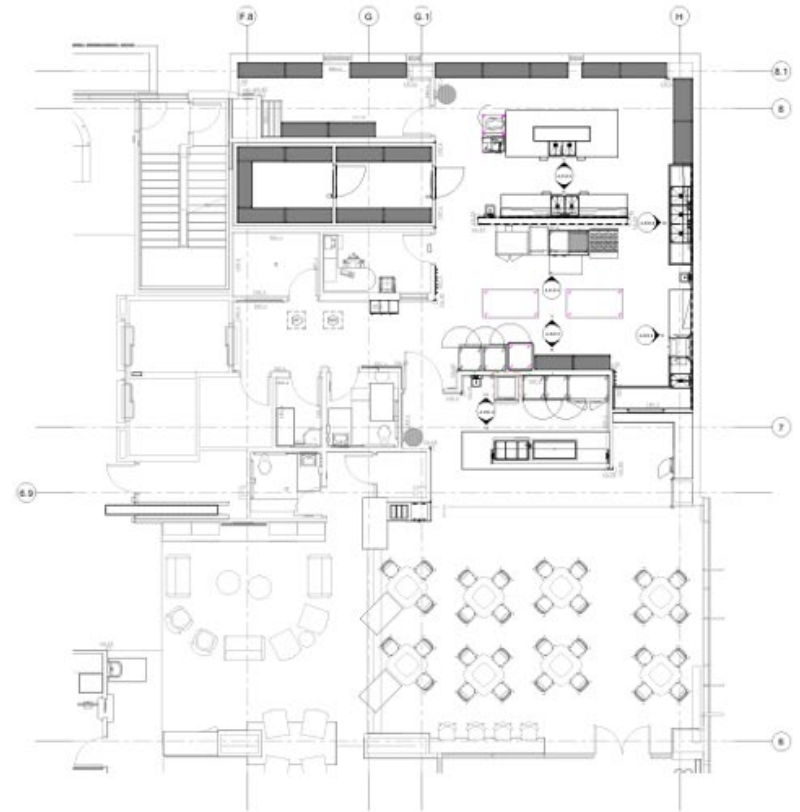




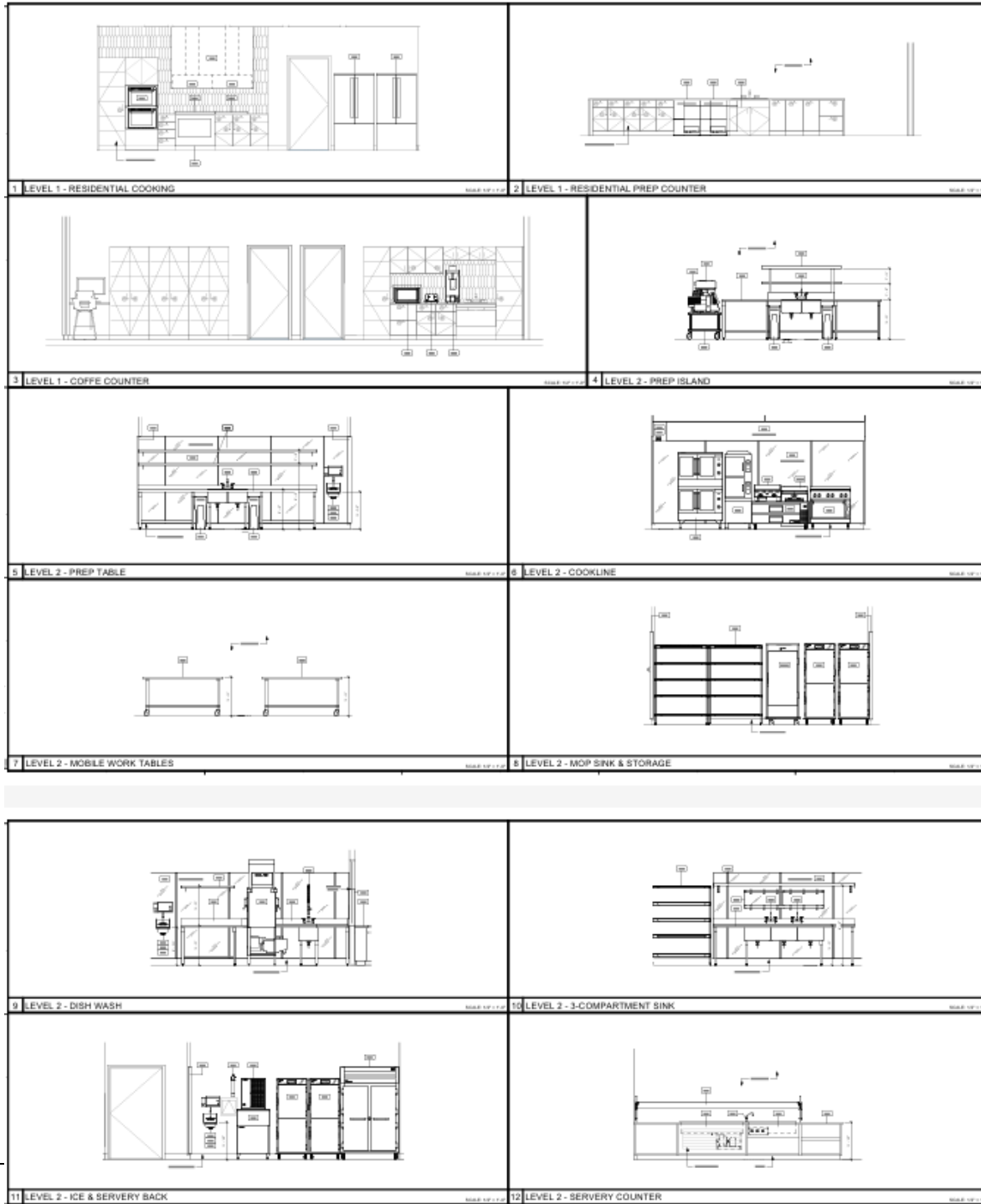
## ATTACHMENT D MEAD VALLEY SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT AND SOBERING CENTER – KITCHEN EQUIPMENT LIST & SCHEDULE



FOODSERVICE KEY ELEVATION PLAN - LEVEL 1 RESIDENTIAL KITCHEN



FOODSERVICE KEY ELEVATION PLAN - LEVEL 2



## ATTACHMENT E

### VETERAN, ACTIVE DUTY AND /OR NATIONAL GUARD BUSINESS AFFIDAVIT

The County of Riverside Veteran, National Guard, and/or Active Duty Business Preferences may be applied to this Request for Proposal/Quotation/Qualification. If you qualify for any of these preferences, please submit this form along with your response to this RFP/Q/Qu.

#### DEFINITIONS OF VETERAN, NATIONAL GUARD, AND/OR ACTIVE DUTY BUSINESSES

**PLEASE CHECK THE CATEGORY YOU ARE APPLYING FOR:**

- A Service-Disabled Veteran-Owned Business (SDVOB) shall mean a business concern, consultant or contractor that is at least 51 percent directly and unconditionally owned and controlled by a combination of one or more service-disabled veteran(s).** A service-disabled veteran is a person who served on active duty with the Army, Air Force, Navy, Marine Corps, or Coast Guard, Federal Reservists, or National Guard and who possesses either a disability rating letter issued by VA establishing a service-connected rating between 0 and 100 percent, or a disability determination from the Department of Defense.
  
- A Veteran-Owned Business (VOB) shall mean a business concern, consultant or contractor that is at least 51 percent directly and unconditionally owned and controlled by a combination of one or more veteran(s).** A veteran is a person who served on active duty with the Army, Air Force, Navy, Marine Corps, or Coast Guard for any length of time and who was discharged or released under conditions other than dishonorable. Federal Reservists or members of the National Guard called to federal active duty, as well as Federal Reservists or National Guard members who have completed twenty (20) years of service and are eligible to receive Reserve component retirement, also qualify as veterans.
  
- A National Guard and Federal Reserve Veteran-Owned Business shall mean a business concern, consultant or contractor is at least 51 percent directly and unconditionally owned and controlled by a combination of one or more National Guard or Federal Reservist veteran(s).** Federal Reservists or National Guard veteran is a member who served honorably in the Reserves or National Guard but has no active duty time other than for training purposes only.
  
- An Active members of the U.S. Armed Forces, National Guard or Federal Reservist-Owned Business shall mean a business concern, consultant or contractor that is at least 51 percent directly and unconditionally owned and controlled by a combination of one or more active members of the U.S. Armed Forces, National Guard or Federal Reservist(s).** An active member is a person who is a current member of the U.S. Armed Forces serving on active duty or who is a current member of the National Guard or Federal Reserve forces serving on Title 10 or Title 32 active duty or current members of the National Guard and Reserve forces.
  
- A Veteran-Qualified Business (VQB) shall mean a business concern, consultant or contractor that maintains a workforce in which no less than 10% of its total are veteran employees.** A veteran is a person who served on active duty with the Army, Air Force, Navy, Marine Corps, or Coast Guard for any length of time and who was discharged or released under conditions other than dishonorable. Federal Reservists or members of the National Guard called to federal active duty or disabled from a disease or injury incurred or aggravated in the line of duty or while in training status, as well as Federal Reservists or National Guard members who have completed twenty (20) years of service and are eligible to receive Reserve component retirement, also qualify as veterans.

The supporting documentation to be provided along with this form and your response to this RFP/Q includes:

#### **SDVOB, VOB, VQB Business**

A valid DD Form 214 (long form) or NGB Form 22 along with a VA disability rating letter for each veteran owner(s) to establish confirmation of military service and discharge status. National Guard members and Federal Reservists with twenty (20) years or more service shall provide a copy of retirement orders or Military identification card showing retired status from the reserves

#### **National Guard and Federal Reserve Veteran-Owned Business**

A valid NGB Form 22 for each Nation Guard veteran owner(s) to establish confirmation of service. A valid DD Form 214 (long form) and an honorable discharge certificate for each Federal Reservist veteran owner(s) to establish confirmation of service.

**Active members of the U.S. Armed Forces, National Guard or Federal Reservist-Owned Business**

Proof of service orders or military ID card showing active Reserve, National Guard or Active Duty status in the U.S. Armed Forces.

The County of Riverside Veteran Business and Veteran Qualified Business Preference may be applied to this Request for Proposal/Quotation. If you qualify for this preference, please submit this form along with your response to this RFP/RFQU/Q.

**Definition of Veteran Business and Veteran Qualified Business**

A **Veteran Business** shall mean a business that is at least fifty-one percent (51%) owned by one or more veterans.

A **Veteran Qualified Business** shall mean a business which can provide proof of their workforce containing no less than ten percent (10%) veterans.

Veterans as used in this policy means a person who has served or is currently serving in the U. S. armed services, reserves or active, and is serving honorably or has been honorably discharged.

Additional supporting documentation that may be requested by the County to verify qualification includes:

*Please check the category you are applying for:*

**Veteran Business:**

**Company must be registered with Vet Biz at [www.vetbiz.gov/cve\\_completed\\_s.jpg](http://www.vetbiz.gov/cve_completed_s.jpg):** This site provides verification information about Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and Veteran-Owned Small Businesses (VOSBs). Companies who want to participate in the County's Veterans Preference Program must be listed in this database in order to be eligible for veteran preferences. Company must submit DUNS # for website verification.

**Veteran Qualified Business:**

**Company must submit payroll records** that demonstrate that 10% of your workforce is comprised of veterans. DD214 Forms must be submitted for all employees claiming veteran status.

<b>Business Name:</b>		
<b>Physical Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Total Number of Company Employees (where applicable):</b>		<b>Total Number of Veteran Employees:</b>
<b>DUNS # (where applicable):</b>		
<b>Hours of Operation:</b>		
<b>Printed Name of Company Official:</b>		<b>Title:</b>
<b>Signature of Company Official:</b>		<b>Date:</b>

**Submittal of false data will result in disqualification of Veteran Preference and/or doing business with Riverside County.**

## ATTACHMENT G SMALL BUSINESS AFFIDAVIT

The County of Riverside Small Business Preference may be applied to this Request for Proposal/Quotation. If you qualify for this preference, please submit this form along with your response to this RFP/Q.

**DEFINITION OF SMALL BUSINESS**

A small business shall mean a business concern, consultant or contractor that meets the following requirements:

1. Be independently owned and operated.
2. Not be nationally dominant in its field of operation.
3. Operate primarily within the U.S. and make contributions to the U.S. economy through payment of applicable local, state, and federal taxes.
4. Meet size standards established by the U.S. Small Business Administration which specifies firm size by North American Industrial Classification System (NAICS) codes.

The supporting documentation to be provided along with this form and your response to this RFP/Q/Qu includes:

1. **Proof of payment of applicable local, state, and federal taxes.**
2. **A current business license** if required for the political jurisdiction the business is located.
3. **Proof of annual business revenue and number of company employees.**

<b>Business Name:</b>		
<b>Physical Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Number of Company Employees:</b>		<b>Annual Revenue:</b>
<b>NAICS Code(s):</b>		
<b>Business License # (where applicable):</b>		<b>Jurisdiction:</b>
<b>Established Hours of Operation:</b>		
<b>Printed Name of Company Official:</b>		<b>Title:</b>
<b>Signature of Company Official:</b>		<b>Date:</b>

**Submittal of false data will result in disqualification of Small Business Preference and/or doing business with Riverside County.**

**Additional information about the application of these preferences can be found in Board Policy B-34 at:**

<https://www.rivcocob.org/wp-content/uploads/2019/06/POLICY-B34.Revised.05-21-19.pdf>