

CONTRACT FOR OUTPATIENT DRUG TREATMENT SERVICES

This contract, entered into this 13 day of June, 2017, by the CITY OF WICHITA, KANSAS, a municipal corporation, hereinafter called "CITY" and SEDGWICK COUNTY, KANSAS, a municipal corporation, hereinafter called "COUNTY."

WITNESSETH:

WHEREAS, CITY has sought competitive bids for the provision of Out-Patient Drug Treatment Services for its drug court program and COUNTY has submitted the bid most beneficial to the CITY and is ready, willing, and able to provide the services required by the CITY.

NOW, THEREFORE, the parties agree as follows:

1. **Scope of Services.** COUNTY shall provide to the CITY and complete all those services specified in the COUNTY'S Response to Request for Proposal No. FP740016. The COUNTY'S Response to Request for Proposal and the Request for Proposal documents in their entirety shall serve as the Scope of Services description for this contract and are attached as Exhibit B and Exhibit C, and are incorporated herein by reference.
2. **Acceptance Procedure.** COUNTY shall render the deliverables described in Exhibit B under the terms and conditions thereof. CITY may perform site visits to observe COUNTY's performance in fulfilling this contract, and will receive from COUNTY quarterly reports describing the actions taken and results obtained toward fulfilling the scope of services requirements and the outcome performance measurements stated therein. If CITY believes any of these reports demonstrate a failure to conform to the requirements of the contract, it shall notify COUNTY in writing within thirty (30) days and shall indicate with particularity in what manner the performance as recorded fails to conform. In the absence of such notice of non-conformance, acceptance of the work products will be presumed. Prior payments of sums invoiced for services subsequently reported shall not constitute a waiver of any breach of the scope of services requirements.
3. **Compensation.** CITY agrees to accept the services detailed in Exhibit B as the exclusive source for these services during the effective period of this contract and any subsequent renewal. CITY approves and will allow COUNTY to charge the program participants for the services provided at the rates and in the manner described in Exhibit B. CITY further agrees to provide reimbursement to COUNTY of uncollectible charges billed to program participants, after commercially reasonable efforts to secure payment from the participants, insurance, other government sources, guarantors, etc. have been exhausted. These collection efforts will be handled by COUNTY through a dedicated Fiscal Associate, as detailed in Exhibit B, who will provide monthly reports to City of the status of program participant accounts. The reporting and other administrative services provided under this agreement shall be done without cost to the CITY.

The program costs for outpatient treatment for Drug Court participants is \$1,000. COMCARE- ATS will charge the City monthly at the following rate:

Months 1-3:	\$150 per month (\$450)
Months 4-9:	\$75 per month (\$450)
Months 10-12:	\$33.33 per month (\$99.99)

Treatment services provided beyond 12 months will be billed at \$30 per month.

4. **Term.** The term of this contract shall be from July 1, 2017 to June 30, 2018 with options to renew the contract under the same terms and conditions for four (4) successive one (1) year terms by agreement of the parties. This contract is subject to termination for convenience by either party at its discretion at any time within the original contract term or within any successive renewal, upon ninety (90) days written notice to the other party. COUNTY shall be entitled to receive just and equitable compensation for any satisfactory work completed prior to the effective date of such termination.
5. **Indemnification and Insurance.** COUNTY shall save and hold the CITY harmless against all suits, claims, damages and losses for injuries to persons or property arising from or caused by errors, omissions or negligent acts of COUNTY, its officers, agents, servants, or employees, occurring in the performance of its services under this contract. CITY shall save and hold the COUNTY harmless against all suits, claims, damages and losses for injuries to persons or property arising from or caused by errors, omissions or negligent acts of CITY, its officers, agents, servants, or employees, occurring in the performance of this contract.
6. **Independent Contractor.** The relationship of COUNTY to the CITY will be that of an independent contractor. No employee or agent of the COUNTY shall be considered an employee of the CITY.
7. **Compliance with Laws.** COUNTY shall comply with all laws, statutes and ordinances that may pertain to the providing of services under this contract.
8. **No Assignment.** The services to be provided by COUNTY under this contract are personal and cannot be assigned, sublet, or transferred without specific written consent of the CITY.
9. **Non-Discrimination.** COUNTY shall comply with all applicable requirements of the City of Wichita's Revised Non-Discrimination and Equal Employment/Affirmative Action Program Requirements Statement for Contracts of Agreements attached as Exhibit C, which is incorporated herein by reference.
10. **Third Party Rights.** It is specifically agreed between the parties that it is not intended by any of the provisions of this contract to create in the public or any member thereof any rights as a third-party beneficiary hereunder, or to authorize anyone not a party to

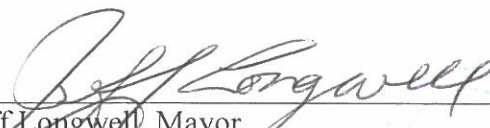
this contract to maintain a suit for damages pursuant to the terms or provisions of this contract.

11. **Governing Law.** This contract shall be interpreted according to the laws of the State of Kansas.
12. **Savings Clause.** If any provision of this contract is held invalid or unenforceable by any agency or court of competent jurisdiction, the remaining provisions shall nevertheless remain valid.

IN WITNESS WHEREOF, the parties have executed this Contract the day and year first above written.

CITY OF WICHITA, KANSAS


SEDGWICK COUNTY, KANSAS



Jeff Longwell, Mayor
Wichita City Council

David M. Unruh, Chairman
Board of County Commissioners

Attest:



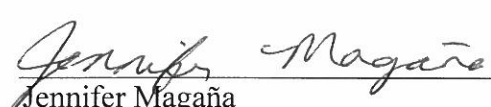
Karen Sublett
City Clerk

Attest:

Kelly B. Arnold
County Clerk

APPROVED AS TO FORM:

APPROVED AS TO FORM:



Jennifer Magaña
Director of Law

Misha C. Jacob – Warren
Assistant County Counselor

EXHIBIT A
REVISED NON-DISCRIMINATION AND EQUAL EMPLOYMENT
OPPORTUNITY/AFFIRMATIVE ACTION PROGRAM REQUIREMENTS
STATEMENT FOR CONTRACTS OR AGREEMENTS

During the term of this contract, the contractor or subcontractor, vendor, or supplier of the City, by whatever terms identified herein, shall comply with the following Non-Discrimination-Equal Employment Opportunity/Affirmative Action Program Requirements:

- A. During the performance of this contract, the contractor, subcontractor, vendor, or supplier of the City, or any of its agencies, shall comply with the provisions of the Civil Rights Act of 1964, as amended: The Equal Employment Opportunity Act of 1972; Presidential Executive Orders 11246, 11375, 11131; Part 60 of the Title 41 of the Code of Federal Regulations; the Age Discrimination in Employment Act of 1967; the Americans with Disabilities Act of 1990 and laws, regulations, or amendments as may be promulgated hereunder.
- B. Requirements of the State of Kansas:
 - 1. The contractor shall observe the provisions of the Kansas Act against Discrimination (Kansas Statutes Annotated 44-1001, et. seq.) and shall not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex, disability, and age except where age is a bona fide occupational qualification, national origin, or ancestry;
 - 2. In all solicitations or advertisements for employees, the contractor shall include the phrase, "Equal Opportunity Employer" or a similar phrase to be approved by the "Kansas Human Rights Commission";
 - 3. If the contractor fails to comply with the manner in which the contractor reports to the "Kansas Human Rights Commission" in accordance with the provisions of K.S.A. 1976 Supp. 44-1031, as amended, the contractor shall be deemed to have breached this contract and it may be canceled, terminated, or suspended in whole or in part by the contracting agency;
 - 4. If the contractor is found guilty of a violation of the Kansas Act Against Discrimination under a decision or order of the "Kansas Human Rights Commission" which has become final, the contractor shall be deemed to have breached the present contract, and it may be canceled, terminated, or suspended in whole or in part by the contracting agency;
 - 5. The contractor shall include the provisions of Paragraphs 1 through 4 inclusive, of this Subsection B, in every subcontract or purchase so that such provisions will be binding upon such subcontractor or vendor.

C. Requirements of the City of Wichita, Kansas, relating to Non-Discrimination- Equal Employment Opportunity/ Affirmative Action Program Requirements:

1. The vendor, supplier, contractor, or subcontractor shall practice Non-Discrimination- Equal Employment Opportunity in all employment relations, including but not limited to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The vendor, supplier, contractor, or subcontractor shall submit an Equal Employment Opportunity or Affirmative Action Program, when required, to the Department of Finance of the City of Wichita, Kansas, in accordance with the guidelines established for review and evaluation;
2. The vendor supplier, contractor, or subcontractor will, in all solicitations or advertisements for employees placed by or on behalf of the vendor, supplier, contractor, or subcontractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, disability, and age except where age is a bona fide occupational qualification, national origin, or ancestry. In all solicitations and advertisements for employees for the vendor, supplier, contractor, or subcontractor shall include the phrase, "Equal Opportunity Employer," or a similar phrase;
3. The vendor, supplier, contractor, or subcontractor will furnish all information and reports required by the Department of Finance of said City for the purpose of investigation to ascertain compliance with Non-Discrimination- Equal Employment Opportunity Requirements. If the vendor, supplier, contractor, or subcontractor fails to comply with the manner in which he/she or it reports to the City in accordance with the provisions hereof, the vendor, supplier, contractor, or subcontractor shall be deemed to have breached the present contract, purchase order, or agreement and it may be canceled, terminated, or suspended in whole or in part by the City or its agency; and further Civil Rights complaints, or investigations may be referred to the State;
4. The vendor, supplier, contractor, or subcontractor shall include in the provisions of Subsections 1 through 3 inclusive, of this present section in every subcontract, subpurchase order, or subagreement so that such provisions will be binding upon each subcontractor, subvendor, or subsupplier;
5. If the contractor fails to comply with the manner in which the contractor reports to the Department of Finance as stated above, the contractor shall be deemed to have breached this contract and it may be canceled, terminated, or suspended in whole or in part by the contracting agency.

D. Exempted from these requirements are:

1. Those contractors, subcontractors, vendors, or suppliers who have less than four (4) employees, whose contracts, purchase orders or agreements cumulatively total less than five thousand dollars (\$5,000) during the fiscal year of said City are exempt from any further Equal Employment Opportunity or Affirmative Action Program submittal.
2. Those vendors, suppliers, contractors, or subcontractors who have already complied with the provisions set forth in this section by reason of holding a contract with the Federal government or contract involving Federal funds; provided that such contractor, subcontractor, vendor, or supplier provides written notification of a compliance review and determination of an acceptable compliance posture within a preceding forty-five (45) day period from the Federal agency involved.

EXHIBIT B – SCOPE OF SERVICES

REQUEST FOR PROPOSAL 2017

RFP NO. FP740016

Out-Patient Drug Treatment for Drug Court

SUBMITTED BY:

COMCARE

ADDICTION TREATMENT SERVICES

April 12, 2017

COMCARE Addiction Treatment Services (ATS) recognizes:

1. That a significant number of people returning through the criminal justice system for substance related crimes are offenders who have previously been convicted and sentenced for drug offenses;
2. The need to effectively intervene in the offender's use of mood-altering substances in order to break this cycle and reduce those numbers;
3. The importance of maintaining a continuity of treatment providers and a non-adversarial approach to encourage and promote substance free behavior; and
4. The need to intervene in a manner that provides the greatest chance of affecting positive change at the lowest reasonable cost.

We are pleased to submit this proposal to offer outpatient treatment services for the City of Wichita Drug Court. Attached are one original and nine copies of the proposal.

Tim Kaufman
Assistant County Manager
Sedgwick County, Kansas

INTRODUCTION

Addiction Treatment Services (ATS) is a program of Comprehensive Community Care of Sedgwick County (COMCARE). Addiction Treatment Services is the combination of three previous COMCARE programs, Alcoholism Treatment Center, Comprehensive Drug Treatment Center, and Women's Alcoholism Treatment Center (WATS). The ATS program has been in existence, separately and combined since 1972. The program primarily serves the working poor and the indigent providing quality addiction services to a population lacking insurance and financial resources to purchase private care. All treatment will be provided at 940 N. Waco. ATS program entrance is located on the north side of the building. Free parking is available on the North and East side of the building. The treatment center is located a short-distance from a bus pick-up/drop-off. ATS has handicapped parking and wheel-chair accessible entrance with automatic doors. Security is on site to escort offenders to the parking areas in the evenings. Interpreter services are available for those needing them.

According to Substance Abuse and Mental Health Services Administration (SAMHSA) information, the average cost in 2002 for substance use disorder treatment in outpatient facilities was estimated \$1,433. It is assumed that the average outpatient treatment costs would be based on an eight to twelve week program, while a Municipal Drug Court Participant is required to participate in treatment for one year minimum. Compare these costs to \$66.20 per day (\$5,958.00 for 90 days) at the Sedgwick County Detention Facility and a national average of \$28,817.00 a year to incarcerate an addict. In addition, the study notes that substance use disorder treatment cuts crime up to 80%, that for every dollar invested in substance use disorder treatment the nation saves \$7.00 in societal and medical costs, and that long-term substance use disorder treatment is as effective as long-term treatment for chronic diseases – both have one year relapse rates of about 50%.

Drug Courts have been a cost-effective alternative to jail/prison for nearly two decades. Research has demonstrated the benefits of utilizing drug courts to serve individuals in the criminal justice system. Drug Court participation improves lives, decreases recidivism and decreases overall costs to society. According to the National Association of Drug Court Professionals, drug courts are beneficial in the following ways:

Drug Courts Reduce Crime

FACT: Nationwide, 75% of Drug Court graduates remain arrest-free at least two years after leaving the program.

FACT: Rigorous studies examining long-term outcomes of individual Drug Courts have found that reductions in crime last at least 3 years and can endure for over 14 years.

FACT: The most rigorous and conservative scientific “meta-analyses” have all concluded that Drug Courts significantly reduce crime as much as 45 percent more than other sentencing options.

Drug Courts Save Money

FACT: Nationwide, for every \$1.00 invested in Drug Court, taxpayers save as much as \$3.36 in avoided criminal justice costs alone.

FACT: When considering other cost offsets such as savings from reduced victimization and healthcare service utilization, studies have shown benefits range up to \$27 for every \$1 invested.

FACT: Drug Courts produce cost savings ranging from \$3,000 to \$13,000 per client. These cost savings reflect reduced prison costs, reduced revolving-door arrests and trials, and reduced victimization.

FACT: In 2007, for every Federal dollar invested in Drug Court, \$9.00 was leveraged in state funding.

Drug Courts Ensure Compliance

FACT: Unless substance abusing/addicted offenders are regularly supervised by a judge and held accountable, 70% drop out of treatment prematurely.

FACT: Drug Courts provide more comprehensive and closer supervision than other community-based supervision programs.

FACT: Drug Courts are six times more likely to keep offenders in treatment long enough for them to get better.

Drug Courts Combat meth addiction

FACT: For methamphetamine-addicted people, Drug Courts increase treatment program graduation rates by nearly 80%.

FACT: When compared to eight other programs, Drug Courts quadrupled the length of abstinence from methamphetamine.

FACT: Drug Courts reduce methamphetamine use by more than 50% compared to outpatient treatment alone.

Drug Courts Restore Families

FACT: Parents in Family Drug Court are twice as likely to go to treatment and complete it.

FACT: Children of Family Drug Court participants spend significantly less time in out-of-home placements such as foster care.

FACT: Family re-unification rates are 50% higher for Family Drug Court participants.

In response to RFP No. FP740016, Out-patient Drug Treatment for Drug Court, ATS welcomes the opportunity to continue to provide outpatient drug treatment. We propose to provide this treatment in three phases to best meet the needs of the Drug Court population. In developing our current drug treatment program, we reviewed the National Association of Drug Court Professionals (NADCP) Adult Drug Court Best Practice Standards Volumes I and II. From this review we developed a model that best reflected our treatment philosophy. We have been providing service to the Drug Court offender population for eighteen years.

We have adopted our treatment philosophy from Substance Abuse and Mental Health Service Administration's (SAMHSA) Definition and Guiding Principles of Recovery from Mental Health and Substance Use Disorders. The working definition of Recovery from Mental Disorders and Substance Use Disorders is: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA has identified four major dimensions that support a life of recovery:

- Health: overcoming and managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love and hope.

In addition, Addiction Treatment Services is influenced by SAMHSA's Guiding Principles of Recovery which states that recovery:

- Emerges from hope.
- Is person-driven.
- Occurs via many pathways.
- Is holistic.
- Is supported by peers and allies.
- Is supported through relationship and social networks.

- Is culturally-based and influenced.
- Is supported by addressing trauma.
- Involves individual, family, and community strengths and responsibility.
- Is based on respect.

It has been our experience that outpatient treatment for criminal justice offenders has the best outcome when certain conditions are in place:

The first condition is that all components of the justice system and the treatment providers are working together to provide consistent structure and consequences. This helps guard against the offender manipulating the system, and provides appropriate legal sanctions to motivate offenders to succeed.

Another condition is the willingness of the justice system and treatment personnel to tailor a highly structured program to the specific needs of the offender. The ability to move the offender forward and backward between the treatment phases reflects the knowledge that it is not unusual for an addict to experience ups and downs during the stages of recovery, and conserves the resources of local legal, court, and detention services.

Treatment Approach: Counselors are trained to use the client centered, non-judgmental, non-confrontational approach meeting clients where they are at. Counselors view the treatment process as an exercise that will promote self-esteem, dignity and self-worth that occurs over time, not as an event. Treatment will be provided in either group or individual counseling sessions.

Treatment staff members utilize a variety of Evidenced-Based Practices treatment approaches from SAMSHA's National Registry of Evidenced-Based Programs and Practices (NREPP) which include Motivational Interviewing, Hazelden Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders, Hazelden Living in Balance with Co-Occurring Disorders, Seeking Safety (Treatment Manual for PTSD and Substance Abuse), Thinking for a Change (Cognitive-Behavioral therapy) as well as Relapse Prevention Therapy. Adult Drug Court Best Practices Volume II advises curriculums that addresses specifically criminal-thinking patterns and trauma informed services. Thinking for a Change and Seeking Safety are curriculums by ATS that were developed specifically to treat these populations.

As ATS recognizes that no single treatment approach is appropriate for all individuals; staff is able to tailor the treatment plan to the specific needs of the client and practice a variety of approaches. Additionally, since clients are committed to the treatment program for a one-year minimum, a variety of approaches can be utilized and explored as one size may not fit all.

SPECIFIC DRUG COURT EXPERTISE

COMCARE-Addiction Treatment Services has been providing alcohol/drug treatment for the City of Wichita Drug Court Program since November of 1998. For the past eighteen years, the Drug Court Treatment Liaison has remained the same. This provides stability in the

participant's treatment experience. The facility has dedicated a three-quarter time Qualified Mental Health Professional (QMHP) who is dually licensed as a Licensed Clinical Addictions Counselor (LCAC) as the Drug Court Liaison. The core members of the Drug Court Team (Judge, Probation Officer, Prosecutor, Public Defender and Treatment Liaison) have historically had a very good working relationship.

In February 2000, the National Center for State Courts conducted an evaluation of the City of Wichita Treatment-Based Drug Court. The evaluators noted the following as strengths regarding the treatment provider: *"commitment by the Court and Drug Court Team to the drug court process, high quality treatment provider who is engaged in the process and treatment continuum available"*.

Over the course of the 18 years that COMCARE-ATS has been providing treatment services to the Municipal Drug Court, program performance has consistently exceeded all agreed upon outcome targets. The 2016 results were as follows:

- 94% of collected UAs were negative (no alcohol/drugs detected). Target: 80%
- 98% of the clients did not receive any additional legal charges. Target: 80%
- 84% of clients (excluding those receiving disability) were working and/or participating in vocational training/education. Target: 80%

In December 2006, the COMCARE's expertise with drug court programming was recognized by the Sedgwick County Criminal Justice Coordinating Council (CJCC) and was asked to participate on a Drug Court Committee to determine whether a drug court program for the 18th Judicial District would be beneficial to the community. COMCARE actively participated in this committee and contributed to the recommendations made to the CJCC to proceed with planning for the implementation of a new drug court program. COMCARE helped to develop the proposal to implement the new drug court program that CJCC presented to the Sedgwick County Board of County Commissioners and Sedgwick County leadership in March 2008. The proposal was approved and COMCARE was invited by the Sedgwick County Department of Corrections to partner with them on the provision of treatment services for the new District Drug Court. This new program began accepting referrals in November 2008 and COMCARE-ATS has been intimately involved in the continuous development of the program and is an integral part of the District Drug Court Team. The COMCARE-ATS Drug Court Coordinator who has been assigned to the City of Wichita Drug Court program also supervises the District Drug Court program.

Adult Drug Court Best Practice Standards Volume I recognizes the benefit in utilizing Medication-Assisted Treatment to treatment Alcohol/Opiate Use Disorders. In September 2015, COMCARE medical services began a joint effort with Sedgwick County District Drug Court in utilizing Medication-Assisted Treatment (MAT) for participants with Alcohol and Opiate Use Disorder. These participants have reported a decrease in alcohol/opiate cravings and improved outcomes when participants are medication compliant. COMCARE has

designated two medical staff members that primarily assist with prescribing MAT. These medical providers have received specific training and are recognized on SAMSHA's website as a physician authorized to prescribe MAT for opioid dependency.

SCOPE OF SERVICES

In a review of data collected for Municipal Drug Court participants the past two years, 43% of participants have identified methamphetamine as their primary drug of choice. Additionally, 14% of participants identified alcohol as their primary drug of choice. Heroin/opiates were the third most used substance with 11% participants identifying those drugs as their primary drug of choice. Please note that participants frequently use more than one substance and could also identify a substance as either a secondary or tertiary drug of choice. In a review of the 139 Municipal Drug Court participants receiving services at ATS, 47% were identified as having a Co-Occurring mental health disorder.

ACCESS

ATS staff believes it is beneficial to have a treatment representative in court the same day that the Drug Court Agreement is signed to answer any treatment related questions that the participant may have. Once the participant signs the Drug Court Agreement, a COMCARE staff member will meet with the participant at the court hearing to discuss substance use disorder treatment and schedule an appointment for an intake assessment. Program participants will be provided with a COMCARE- Addiction Treatment Services brochure, a handout explaining the intake process and an appointment card for intake.

MUNICIPAL COURT LIAISON

The COMCARE- ATS Drug Court Coordinator will be the assigned Municipal Court Liaison for this program. The current staff member in this position has over 18 years of drug court experience and is the direct supervisor for all COMCARE- ATS drug court personnel. In addition to providing leadership for the drug court treatment team, the Drug Court Liaison or designee will be responsible for the following:

- consult with the Drug Court Team concerning incentives or sanctions to be either awarded to or placed on the offender
- notify the Drug Court Team when a participant fails to attend treatment
- provide recommendations to the Drug Court Team regarding the conditions of probation or deferred judgment related to substance use disorder treatment
- ensure written reports regarding the program participants progress in treatment or lack thereof is provided to the Drug Court Team for each review hearing
- attend all Drug Court hearings and meet with the Drug Court Team prior to court hearings for case review; and
- Monitor Drug Court billing in consultation with the COMCARE- ATS Office Services Manager and ATS Program Manager to ensure timely and accurate billing.

SCREENING AND ASSESSMENT

Clinical Screening:

Prior to being accepted into the Municipal Drug Court Program, participants are referred to treatment provider to conduct a clinical suitability screening. The purpose of this screening is to determine medical necessity for substance use disorder treatment as well as the participant's overall willingness and readiness for treatment services. Following the screening, a recommendation is made to the court regarding the individual's overall clinical suitability for the Municipal Drug Court Program. During the screening process, the program is explained, releases of information are signed, and a brief assessment of participant's substance use and mental health history are reviewed.

The clinician administers the Texas Christian University Drug Screen-II. The TCU-Drug Screen-II is a standardized 15-item screening tool that helps identify individuals with a history of moderate to heavy drug use. The instrument is widely used in adult criminal justice and correctional settings. Items on the TCUDS-II represent key clinical and diagnostic criteria for substance use disorder in the Diagnostic Statistical Manual-5 (DSM-5).

After the individual meets with clinician, written recommendations are sent to court in a letter format. The counselor specifically addresses the following areas:

1. Presence of a Substance Use Problem,
2. Willingness to Participate in Program,
3. Motivation (stage of change),
4. Available Services to Meet Client Needs and
5. Barriers to Prevent Participation in Program

Should the individual appear to be better suited for Mental Health Court (high mental health needs, low substance use), the recommendation is made to the court, so the participant is able to be placed in the problem-solving court that best meets his/her clinical needs.

Clinical Assessment:

The participant will receive a comprehensive psychosocial assessment, including drug and alcohol use history and previous treatment, medical history, legal history, education and vocational history, family background, and mental health problems. At this appointment, the participant will be assessed for structured detoxification or medically supervised detoxification. Should the participant be in need of social or medical detoxification, he or she will be referred for these services through Substance Abuse Center of Kansas Detox/Sobering services which are co-located with COMCARE's-Community Crisis Center. It is not unusual for participants to detoxify independently either during incarceration or in anticipation of adjudication. If the individual is not in need of structured detoxification, he or she will be placed in the appropriate level of treatment. Should the participant need a higher level of care such as inpatient residential treatment, the intake assessment counselor will make appropriate arrangements with available providers within the community. Referrals for inpatient/residential treatment outside of Sedgwick County will only be made if local provider resources are unavailable to appropriately meet the participant's needs.

To assist in the diagnostic process, assessment staff members utilize a number of substance use screening tools. In addition to utilizing the Texas Christian University's Drug Screen II outlined above, staff members administer the Alcohol Use Disorders Identification Test (AUDIT-C) and the CAGE-AID assessment tool. The AUDIT-C has been proven accurate across all ethnic and gender groups, is a valid indicator for severity of alcohol use disorder and is most effective in identifying individuals with at risk, hazardous or harmful drinking. The CAGE-AID tool is a widely used screening test for problem drinking and potential alcohol problems.

COMCARE-ATS recognizes the increase in gambling-related behaviors among the substance use disorders population. United States Department of Health and Human Services' Substance Abuse and Mental Health Service Administration estimates that among clients with substance use disorders the rate of problem gambling is four to five times higher than the general population. As a result, ATS administers the Brief Bio-Social Gambling Screen (BBGS) to individuals who could benefit from problem gambling treatment services. ATS has two Kansas Certified Gambling Counselors assigned to this program who are able to provide counseling services to this population.

Assessment staff will complete the Kansas Client Placement Criteria (KCPC) to determine the appropriate level of treatment. This instrument is based on American Society of Addiction Medicine, (ASAM) criteria. ASAM criteria consist of evaluating the participant on six separate dimensions, including: withdrawal potential, medical conditions, emotional conditions, motivation for treatment, relapse potential and social support available to client.

Due to the high number of participants presenting with Co-Occurring Disorders (substance use/mental health), clients are administered the Patient Health Questionnaire (PH-9) and the Generalized Anxiety Disorder screening (GAD-7). These tools are effective at screening, diagnosing, monitoring and measuring depression and anxiety symptomology. These screening tools are useful in identifying these populations to assist with treatment planning. Early identification can aid in participants being referred to Co-Occurring specialty groups and Medication Management services to effectively treat their psychiatric disorders in conjunction with their substance use.

The intake assessment will guide the collaborative treatment planning process for each participant. Treatment plans will be created addressing the individual's strengths and needs. The program participant will be provided a copy of his/her initial treatment plan. Thereafter, treatment plans will be reviewed with the program participant and revised as needed throughout treatment. Treatment plans are updated at least every 90 days and when significant events suggest a need to amend the plan to address new needs. Program participants are expected to be active in the treatment planning process.

COMCARE-ATS has adopted the Daily Living Activities-20 (DLA-20), a research backed-outcomes measurement tool. The DLA-20 is a 20-item functional assessment measure for adults with severe mental and/or substance use disorders. The tool measures mental illness/substance use and the impact on twenty daily living areas and yields critical information

that is utilized in treatment planning. At the time of treatment plan development and treatment plan updates, participants collaborate with clinicians to assess level of functioning in each of the twenty life areas and determine which areas will be given priority on the client's treatment plan.

At the time of intake assessment, should it appear that the individual has high mental health/low substance abuse needs and is better suited in primarily mental health services; the treatment staff will notify the Municipal Drug Court Team about the possibility of transferring the participant to the Mental Health Court so the participant is placed in the problem-solving court that best meets his/her clinical needs.

After the initial treatment plan is developed with the offender, a primary counselor will be assigned to monitor the participant's progress throughout the course of the treatment program. The participant's treatment schedule will be determined at the intake assessment. The program costs and payments will be explained and will be closely monitored by the treatment center's Administrative Specialist for every drug court client.

Substance use disorder treatment will be guided by the initial assessment and ongoing evaluation of the person's treatment needs. The fundamental principles reflected by treatment will be flexibility and timeliness in response and interventions based on the individual's performance. Counselors will be a major part of determining movement through the treatment process based on the person's skills, accomplishments, and behavior.

OUTPATIENT TREATMENT

Phase One of Treatment

Outpatient Treatment, Primary, is designed to span approximately twelve weeks, dependent upon the participant's ability to achieve and maintain abstinence. These counseling sessions are typically carried out in a group setting and are specifically designed to address resistance to the need for treatment often exhibited in participants. During this stage of treatment, the philosophy and skills necessary to maintain long-term clean time are introduced.

Traditional substance abuse treatment has been regarded as harsher than techniques widely accepted today. It appears to be more beneficial for the participant to be guided to realize on their own that their substance use has created life problems rather than simply be told by someone else that they are addicted. The counseling staff uses motivational interviewing to help inspire hope and examine with the participant how their life could improve should they decide to become alcohol/drug free.

ATS also believes that harm reduction is a practical approach with the primary focus of decreasing negative consequences of substance use. Harm reduction strategies assist in minimizing the risk to client's physical and mental health as well as their overall quality of life. Providers focus on drug acquisition, drug use and drug withdrawal harms and offer alternative behaviors to minimize risk to the individual, his/her family and the community at large.

The chief modality utilized is group therapy, however individual sessions will be conducted as warranted. Drug Court Clients in Primary Outpatient Treatment will be seen at the rate of 1-4 times per week (two to eight hours per week). This phase is strongly grounded in principles of the pre-contemplative and stabilization stages of change. The treatment approach is non-judgmental and non-adversarial and attempts to increase participant's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the alcohol/drug use.

Should the participant be unable to maintain abstinence, the need for detoxification as well as in-patient treatment will be continuously assessed. Upon completion of the first phase of outpatient treatment the goal is for the participant to have a decrease in denial of the consequences of substance use and obtain a greater skill set to navigate a long-term recovery program. At any time during Outpatient Treatment, appropriate Drug Court personnel will be contacted to collaborate on alternative treatment options should the participant not make appropriate progress toward established goals.

When a participant acknowledges that their alcohol and drug cravings are unmanageable, ATS will evaluate the appropriateness of a referral to our medical staff for evaluation to determine the potential benefit of medication-assisted treatment. Regular established communication and reporting to Drug Court would also be performed. Exposure to community support groups is encouraged. Should a participant experience an inability to remain abstinent during treatment, the Court will be consulted on the need to refer the individual to a higher level of care to achieve abstinence.

In addition to developing skills to maintain abstinence, the participant will be expected to address the social and interpersonal effects of their drug use, such as lack of stable housing, poor eating habits, poor health and hygiene, and the lack of structured daily living. Participants will have access to non-traditional case management that can assist individuals with referrals for educational pursuits, resume writing, job searches, budgeting skills and the application process for disability benefits.

Phases Two and Three of Treatment

Continuing Care, (Phase Two), is designed to span approximately 28 weeks, whereas, Maintenance, (Phase Three), is designed to span approximately 12 weeks, depending on the participant's ability to address issues that might interfere with abstinence. Participants receive services to address family conflict and criminal-thinking patterns. The treatment staff will have the option of placing a participant in a weekly or bi-monthly Continuing Care Group or a monthly Maintenance Group focused on relapse prevention work. Placement by the counselor will depend upon the needs of the individual.

At any phase, should a participant experience a return to use, he or she will be assessed by the counselor to review events that contribute to the return to use and develop a relapse plan specific to their use and life experiences. The participant will be asked to complete a Relapse Prevention Worksheet that they will share with counselor and the court staff. Upon return to use, a participant could be returned to a higher level of care for more structure and support.

ATS recognizes that a considerable portion of the substance use disorder population concurrently experiences a psychiatric diagnosis. Should a participant have a co-occurring mental health diagnosis in addition to a substance use disorder diagnosis, the participant would attend a group designed to meet the needs of the particular individual. These groups are formatted to address substance abuse and mental health needs simultaneously. Hazelden's "Living in Balance With Co-Occurring Disorders" is utilized in ATS's Co-Occurring Disorders program and provides information designed to assist the participant to live a healthy life by improving and balancing the biological, psychological, social and spiritual aspects of their lives.

Participants with co-occurring disorders who are agreeable and who appear that they could benefit from a psychopharmacological intervention, will be referred to and evaluated by COMCARE medical staff. Medically necessary psychiatric services will be an additional charge to the participant based upon a sliding scale fee. Individual sessions could also be a necessary part of this treatment program.

PROGRAM GRADUATION

Graduation from the program is expected to occur with completion of Continuing Care/Maintenance goals, continued abstinence, and full payment of program fees. This may occur in the twelve-month period or may take longer should a participant fail to remain drug free. When the Drug Court Team assesses the participant to be no longer in need of continued monitoring or support and all commitments have been met, a recommendation for graduation will be made to the court.

UA SERVICES

Random urinalysis (UA) is currently being conducted by Day Reporting Center (DRC) staff to monitor compliance with the treatment process. While ATS is not currently conducting regular random urinalysis, ATS has the ability to provide urinalysis testing as clinically indicated. The ATS Drug Court Liaison has access to the Redwood Toxicology database (the laboratory contracted with DRC). This access ensures that ATS clinical staff members have timely access to drug screen results allowing clinicians to address relapse quickly and making treatment adjustments as necessary.

CASE MANAGEMENT SERVICES

Drug Court program participants will receive non- traditional case management services which models Strengths-Based Case Management. Adult Drug Court Best Practices encourages the use of case management services, especially early in the program, to assist with stabilization needs. This service will consist of assisting the participant with education and referral on community resources that may help the participant connect with services that impact daily living activities.

COMCARE utilizes the Daily Living Activities-20 (DLA-20) to identify the personal resources (strengths) the participant possesses and any additional assistance the individual may need. At any point in the program if it is determined the participant could benefit from additional services, an individual appointment will be made with a substance abuse counselor.

COMCARE will continue to refer client's identified as having a significant mental health condition that meets the criteria for Severe and Persistent Mental Illness (SPMI), to either COMCARE Community Support Services (CSS) for intensive community based case management services or Sedgwick County Offender Assessment Program (SCOAP) for time-limited case management.

Currently, the intake clinician provides each client with a community resource sheet that is produced by the United Way of the Plains. This resource guide is a quick reference to resources available within the community to meet basic needs. The handout is available in English and Spanish. The guide includes names of community agencies, phone numbers, addresses and hours of operation for local resources to address basic needs. In addition to this quick guide, treatment staff often accesses additional resource information by providing the clients with the United Way 2-1-1 of Kansas website (www.211kansas.org) and phone number (211 toll free). This resource bank includes thousands of non-profit and government human services across Kansas including many programs not funded by the United Way. If the participant does not have access to a computer or telephone, the treatment staff will assist individuals in making contact or researching resources.

In addition to the resource guide described above, ATS continues to develop a resource library of agency brochures, applications and instruction sheets which will provide specific information to participants about a variety of resources that may be needed. ATS has the ability to provide additional written information regarding a variety of community resources providing sufficient detail to allow the client to make application for the needed service. It appears some individuals prefer to obtain services on their own and benefit from taking responsibility for them, while others may desire or need additional assistance in making the contacts.

The following is a brief summary as to some of the resources currently used by the COMCARE treatment staff. It is important to note that this is not an all-inclusive list. COMCARE treatment staff actively seeks new resources as needed to meet the unique circumstances presented by individuals.

Employment assistance:

The following facilities are referral sources for employment: Wichita Workforce Center, Venture House, various temporary agencies, on-line employment sites, Indeed, Career Builder, and special employment opportunities for felons. The participants receive verbal and/or written information regarding employment opportunities.

Educational assistance:

The following facilities are referral sources for education opportunities: KANSEL (GED, computer skills training, ESOL, etc.), Towne East/West high school diploma programs, Goodwill (GED preparation). Should participants need information about technical college or traditional college, treatment staff could assist with this as well.

Housing assistance:

The following facilities are referral sources for housing: Oxford Houses and other alcohol/drug half-way houses, safe houses, shelters, etc. The treatment staff can also assist in obtaining

Section 8 housing by helping participants complete the application process and following up with case workers through the approval process.

Medical referral:

The following facilities are currently being utilized as sources for medical/dental assistance: Hunter Health Clinic, GraceMed, Project Access, the HealthCore Clinic and the Medical Services Bureau.

Assistance in procuring Photo ID:

Participants are provided with information regarding the locations where photo identifications can be obtained and the documentation necessary in this process.

Resume Building:

Should individuals need assistance with resume writing, they will be referred to Wichita Workforce Center for resume writing workshops as outlined below:

- **Creating a Resume**

This workshop is designed primarily for job seekers with basic computer skills who do not have a resume. Attendees may need to return to the Workforce Center to complete their resume and/or get one-on-one assistance. Topics include:

- ✓ What information belongs on a resume
- ✓ Examples of different resume styles
- ✓ Information on the language and transferable skills to incorporate on a resume

- **Advanced Resume**

This workshop is designed to help job seekers create a resume that will present their skills and experiences in a professional and eye-catching manner. Attendees should bring a copy of their resume to the workshop. Topics include:

- ✓ Common resume mistakes to avoid
- ✓ The importance of using keywords
- ✓ Information on how to create cover and thank you letters

BILLING & COLLECTION PRACTICES

As part of this agreement, COMCARE-ATS will continue to staff an Administrative Specialist position. This employee will monitor the collection of financial obligations to the program. The duties of the Administrative Specialist will include: working with participants to explain payment plans, intervene with delinquent accounts, provide monthly statements to the participant and produce monthly reports requested by the City of Wichita Drug Court Team.

The monthly report to be provided to the Drug Court Team will at a minimum include: beginning balance owed by each offender and all payments made throughout the treatment period. The COMCARE administrative billing staff work closely with the Administrative Specialist to ensure accurate billing and collection occurs.

Program participants who have insurance coverage will be able to use their insurance to cover the treatment costs associated with this program, provided that their plan offers appropriate coverage. COMCARE will bill insurance for participants and will collect any co-payment or co-insurance directly from the individual.

COMCARE has an excellent track record for timely filing when participants provide information regarding changes in their coverage in a prompt manner; however, there may be circumstances that occur whereby the participant (or guardian) provides information regarding coverage beyond timely filing rules. If this occurs, and COMCARE is unable to be reimbursed for services rendered to date, the agency will provide any necessary documentation to the individual that will enable them to file claims for reimbursement on their own for those services. If the participant is expected to continue to participate in treatment, their financial information will be updated and future services will be billed to their insurance and co-payments or co-insurance collected directly from the individual.

If a participant obtains insurance coverage during the course of treatment, as does occur when individuals are able to obtain and maintain employment, COMCARE will retroactively bill insurance when possible. If the participant has paid an amount which exceeds his/her deductible and any co-insurance amount, this amount will be reimbursed to the participant. **While COMCARE is required to comply with timely filing rules, not all insurance companies process payments to the agency in a timely manner.** There may be an occasion where the participant has graduated the Drug Court program, but late payments from their insurance company may have not yet been received and posted to the participant's account leaving unreimbursed services. In these limited circumstances, COMCARE will bill any unpaid fees to the City of Wichita for payment. **Payment by the City of Wichita is expected regardless of whether or not the participant's case remains open to the Municipal Court.**

Based on the long history of partnership between COMCARE-ATS and the City of Wichita, access to participant retention data is available. A review of five years of data suggests that participants drop out of treatment at various phases. Stage wise treatment requires a more significant investment in treatment and support services during the first few months of treatment. Intensity of treatment decreases over time as participants acquire the skills to achieve and maintain sobriety. For this reason, COMCARE-ATS is proposing a prorated approach to billing for treatment services up to the proposed treatment fees.

COMCARE-ATS proposes billing the participant \$150 per month for treatment provided during phase I, \$75 per month for phase II and \$33.33 per month for phase III. For each month that the participant remains in the drug court program beyond an initial 12 months of active treatment, the participant will be assessed a monthly fee of \$30. Based on our review of a five year history of providing treatment services for this program the average length of stay for clients did not exceed 10 months. Experience has shown that it is rare for participants to be in

the Municipal Drug Court program for over 12 months of active treatment. We anticipate these cases to be exceptions and very few in number.

The participant or the City of Wichita will be billed for the established monthly fee for every month the participant participates in active treatment. **All unpaid program fees, including treatment and UAs, for Drug Court participants will be billed to the City of Wichita for payment.** No sliding fee scale is available for the proposed substance use disorder treatment services. If a participant does need to access medical services to address a co-occurring psychiatric condition, he/she will be provided medical services on a sliding fee scale throughout the course of their treatment program, provided they do not otherwise have coverage.

Should COMCARE-ATS admit a participant deemed to be indigent; the Drug Court Liaison will notify the Drug Court Team and will seek approval to bill treatment charges to the City of Wichita. All possible sources of reimbursement will be exhausted before billing the City of Wichita. Program staff will work with these participants to assist them in accessing medical benefits when possible.

Participants who fail to make monthly payments for two subsequent months will be suspended from treatment and the Drug Court Team notified until they have met with the COMCARE-ATS Administrative Specialist and paid at least half of their delinquent balance. The COMCARE-ATS Administrative Specialist will work with the participant to identify potential needs for referral to community resources for budgeting assistance. The assigned Substance Abuse Counselor will also meet with the individual to re-evaluate their needs and provide any additional referrals to community resources that may be helpful to the participant to improve his/her ability to manage their financial obligations.

COMCARE uses the State of Kansas Department of Administration Accounts Receivable Setoff Program for the collection of delinquent accounts receivable for participants whose outstanding debt is \$25.00 or greater. COMCARE-ATS proposes to immediately refer to the Kansas Setoff Program any Deferred Judgment participant account that is delinquent and has an unpaid balance of \$25.00 or greater, once the individual is identified by the Drug Court Team as having dropped out of the program or been terminated. These accounts will be submitted to the Kansas Setoff Program for 30 days. If after 30 days the delinquent account has not been paid, COMCARE will pull back the claim from the Kansas Setoff Program and will bill the City of Wichita for reimbursement for the uncollected amount of the account balance including treatment and UAs but minus any unpaid psychiatric medical services. The Kansas Setoff Program uses any state payments such as income tax returns, homestead payments, etc. to reconcile delinquent accounts receivable submitted by any participating agency.

PROPOSAL REQUIREMENTS

INDEPENDENCE

Comprehensive Community Care of Sedgwick County is independent of the City of Wichita and there is no direct or indirect conflict of interest present.

LICENSE TO PRACTICE IN KANSAS

Addiction Treatment Services is certified by the State of Kansas, Substance Abuse Treatment and Recovery, a Division of Kansas Department of Aging and Disability Services (KDADS) to provide Outpatient Addiction Services: Counseling Treatment, Diagnostic and Referral Service (see attachment). No federal or state deficiencies were noted during the last licensure review by the state or federal regulatory agencies.

QUALIFICATIONS AND EXPERIENCE

COMCARE-Addiction Treatment Services is located in a 10,000 square foot building located at 940 N. Waco. The staff consists of a Program Director, one Program Manager, four clerical/support staff, eleven clinical staff, one part-time Psychiatrist, and one part-time Nurse. The Drug Court program will have the following staff assigned: .5 Drug Court Liaison, 1.0 FTE Licensed Addiction Counselor, .5 support staff, .5 fiscal associate.

Clinical Staff assigned to the project have the following certifications:

- Licensed Clinical Psychotherapist (LCP), Licensed Clinical Addiction Counselor (LCAC), Kansas Certified Gambling Counselor I (KCGC-I)
- Licensed Master Level Social Worker (LMSW), Licensed Master Addictions Counselor (LMAC), Kansas Certified Gambling Counselor I (KCGC-I)

All program staff is Licensed through Behavioral Sciences Regulatory Board to provide addiction counseling. Addiction Treatment Services has staff well-versed in mental health, as well as addictions which makes the program unique in the City of Wichita. Access to a psychiatrist, resident or advanced practice registered nurse for medication evaluation is available. Those offenders receiving psychiatric services will be billed to any applicable insurance coverage or be set up on a sliding fee scale for psychiatric services.

COST DATA

The following charges have been assessed:

Total Cost per Offender:

- Outpatient Treatment: \$1000.00

These costs will cover 12 months of treatment while in the Municipal Drug Court Program. Costs include all related, projected program expenses.

Cost Data for COMCARE-ATS/COW Drug Court

Outpatient Treatment	DO	Service Hours	Duration	Staff Costs**	Est # of Clients	Cost	Unit Cost per Day
Intake & Assessment		2	n/a	55.00	100	\$11,000.00	\$30.14

Primary Treatment (12 weeks)	30%	5	12	13.75	70	\$57,750.00	\$158.22
Continuing Care (28 weeks)	40%	2	28	13.75	42	\$32,340.00	\$88.60
Maintenance (3 months)	30%	2	3	13.75	29	\$2,425.50	\$6.65
						\$103,515.50	\$283.60

Total Projected Program Expenses

Personnel	97,128
Related program expenses (licensure)	282.84
Total expenses 2016	97,410.84

Total projected program expenses are based on actual program expenses for 2016. **Projected expenses do not include indirect administrative costs such as rent, utilities, facilities maintenance nor administrative billing support.**

During this contract period, the program has witnessed a significant decrease in the number of drug court referrals. In 2011, ATS served 334 participants in the drug court program (deferred judgment program/drug court probation program combined). While the RFP outlines a maximum number of referrals at maximum 200 participants, in 2016 ATS served 139 participants in the Drug Court and DCPD programs. In 2016, average daily population in of participants served at ATS was 43 clients, which is a drop from the average daily population of 67 in 2015. In order for the program to be financially sustainable with current staffing patterns, average daily population would need to be approximately 75-100 participants.

Additional Assurances

In addition to the scope of services and previous proposal required assurances herein, COMCARE- ATS offers the following additional assurances for your consideration:

- COMCARE of Sedgwick County is an equal opportunity employer;
- COMCARE of Sedgwick County has \$1,000,000 per occurrence and \$3,000,000 per annual aggregate general liability coverage;
- COMCARE-ATS has internet access and Microsoft Internet Explorer 8.0;
- COMCARE-ATS affirms our intent to adhere to the instructions of the Request for Proposal;

- COMCARE-ATS does not plan to use any subcontractors or consortiums in the execution of the Outpatient Treatment Services described in our response;
- COMCARE-ATS has no major external quality control, regulatory, or licensing deficiencies and has a record of providing quality substance use disorder treatment to our community;
- COMCARE-ATS has experience providing both federal and state programming;
- COMCARE of Sedgwick County is licensed by the City of Wichita and State of Kansas; and
- COMCARE-ATS will abide by all conditions described in the RFP

SUMMARY

COMCARE-Addiction Treatment Services appreciates the opportunity to re-bid to provide services for the City of Wichita Drug Court Program. We have thoroughly enjoyed working with the City of Wichita for the past eighteen years of the contract renewal and look forward to the possibility of continuing to provide quality treatment for the Drug Court Program. In summary, the following points describe the strengths of the Addiction Treatment Services Drug Court Program:

- Immediate enrollment into the program.
- Quality treatment offered by experienced and committed clinicians.
- A continuum of care that recognizes the need for offenders to be moved back and forth between the phases should an offender need additional support in the event of a relapse.
- Eighteen year history of successful collaboration with the City of Wichita Municipal Drug Court program.
- Commitment to delivery of quality treatment services and a continuous quality improvement process.

COMCARE-Addiction Treatment Services is extremely proud that we have exceeded program outcome measurements since program inception. The program outcomes for 2016 were:

- 94% of collected UAs were negative (no alcohol/drugs detected). Target: 80%
- 98% of the clients did not receive any additional legal charges. Target: 80%
- 84% of clients (excluding those receiving disability) were working and/or participating in vocational training/education. Target: 80%

ATS proposes the continuation of the following quarterly outcomes:

EXHIBIT C- RFP
CITY OF WICHITA, KANSAS
REQUEST FOR PROPOSAL

I. INTRODUCTION

The City of Wichita is requesting proposals from providers licensed by the State of Kansas to provide outpatient alcohol and drug treatment and other related services as needed by the City of Wichita Drug Court. Such services are to be provided in accordance with all applicable local, state, and federal laws, regulations and standards, including applicable State of Kansas licensure standards and administrative regulations.

There is no expressed or implied obligation for the City of Wichita to reimburse responding firms for any expenses incurred in preparing proposals in response to this request.

Any inquiries concerning the Request for Proposals should be directed to Donte Martin, Court Administrator, at (316) 268-4523.

To be considered, one (1) original and nine (9) copies of the proposal must be received by the Purchasing Manager by **3:00 p.m., Wednesday, April 12, 2017**.

The City of Wichita reserves the right to make an award on the basis of greatest benefit to the City and not necessarily on the lowest price. The City also reserves the right to accept or reject any or all proposals submitted. Proposals submitted will be evaluated by a Selection Committee.

During the evaluation process, the City of Wichita reserves the right, where it may serve the City's best interests, to request additional information or clarifications from proposers, or to allow corrections of errors or omissions. At the discretion of the City or the Selection Committee, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

The City reserves the right to retain all proposals submitted and any ideas in a proposal regardless of whether a proposal is selected. Submissions of a proposal indicates acceptance by the firm of the conditions contained in the Request for Proposal.

II. TERM OF ENGAGEMENT

The initial term of the contract will be for one year. The contract will contain an option for the City to extend the contract, at its option for four additional one-year terms. There is no assurance, express or implied; the City will exercise this option in whole or in part. The contract will provide that either party may terminate the contract upon providing a ninety (90) day written notice.

III. SUBCONTRACTING/JOINT VENTURES

Firms are encouraged to consider subcontracting portions of the contract to minority business enterprises and women-owned businesses. Joint ventures between two or more firms are wholly acceptable if it serves the best interests of the City. If this is done, the name of the proposed subcontracting firms must be clearly identified in the proposal. Following award of the contract, no additional subcontracting will be permitted without the express prior written consent of the City. The firm receiving the contract award will be responsible for any work of such subcontractors.

IV. SCOPE OF SERVICES

Drug cases consume enormous criminal justice resources throughout the United States. A large percentage of cases filed in the City of Wichita, Municipal Court are drug related offenses. The City of Wichita handles approximately 2,600 cases involving drug possession or usage each year. These cases include possession of various controlled substances, as well as drug paraphernalia charges. Many of those charged are recidivist offenders, who have previously been convicted and sentenced for drug offenses. The Municipal Court of the City of Wichita recognized the need to break this cycle. As a result, the Wichita Municipal Drug Court was created in 1995. It was one of the first 100 drug courts established nationwide.

Drug Courts provide a non-traditional, therapeutic approach when sentencing criminal offenders who are substance abusers. In Drug Court, the judge, prosecutor, probation officer, treatment provider and defendant's attorney, work as a team using a non-adversarial approach to encourage and promote substance free behavior. The primary goal of the Drug Court is to rehabilitate the participant through intensive drug and/or alcohol treatment, with accountability and responsibility being key components of the overall program. The City of Wichita has two drug court tracks – 1) Drug Court Deferred Judgment and 2) Drug Court Probation Program.

Drug Court Deferred Judgment is a voluntary, pre-adjudication program available to defendants who meet eligibility requirements. Defendant participants must enter a plea of guilty to the drug charge in order to begin the drug court program. Defendant participants must complete a minimum one-year program that involves intensive treatment, regular court appearances, urinalysis, education and counseling as well as paying for all treatment and court fees. Participants must have a minimum of 12 consecutive weeks of urinalysis testing that indicates the Defendant participant is substance free, prior to graduation from the drug court program.

Upon successful completion of all requirements of the Drug Court program, deferred judgment defendant participants are allowed to withdraw their plea of guilty, and the charges are dismissed.

Successful completion of the deferred judgment Drug Court Program will allow a defendant the opportunity to avoid a criminal drug conviction.

The Drug Court Probation Program (DCPP) provides drug court services to defendants who have been convicted in Municipal Court and ordered to participate in Drug Court as a condition of probation. DCPP participants are typically substance abusers who continue

to come back to the Municipal Court for crimes related to an underlying drug problem. Many of these defendants cannot keep a job due to their addiction; therefore, they are unable to pay for treatment. The City of Wichita pays the treatment costs for these participants. DCPD participants are responsible for paying UA costs.

The goal of this Request for Proposal is to implement treatment services in conjunction with intensive Court interaction. The treatment program must be tailored to the needs of each Defendant participant. The effectiveness of the Drug Court Program depends upon immediate access to corrections, detoxification, treatment, and aftercare.

If a Defendant participant fails to follow the mandated treatment and probation plan, the offender will appear before the Judge expeditiously. Immediate, effective treatment, incarceration, prosecution or other services, tailored to the individual is deemed crucial for project success.

The Court will work closely with the successful bidder. The benefits of this approach are as follows:

- ☐ intensive oversight of offenders treatment and counseling by the Court
- ☐ reduction in Municipal Court caseload by reducing the number of repeat offenders
- ☐ treatment oriented judicial proceedings instead of traditional incarceration and penalties

Specific Services

A. Provide evaluation, treatment plan, treatment services, case management, and follow-up and/or aftercare for offenders referred by the Drug Court. It is anticipated the firm(s) will provide all resources necessary to ensure offenders receive needed services. A Liaison must be appointed to become a member of the Drug Court Team during the duration of the contract. It is expected that the Liaison will meet with the drug court team and attend all court appearances.

B. It is anticipated that up to 10 new cases per week could be initiated by the Drug Court. An estimated maximum of 200 clients could be served over a one-year period.

C. All Defendant participants are expected to be given a treatment modality based upon need. The proposal shall be based on a twelve month program with a maximum program requirement of up to eighteen months of intensive outpatient treatment.

D. At a minimum, proposals should provide the following services:

1. Assessment of offender's needs and treatment plan.
2. Consultation with Drug Court Team concerning recommendations to be made to the Court regarding restrictions to be placed on the offender.

3. Provide written materials to the offender regarding the treatment process and the goal of treatment.
4. Provide and/or refer Defendant participants to medical and social detoxification and/or inpatient or outpatient treatment as determined by the court in consultation with the provider.
5. Assign staff to make contact and monitor the offender through the treatment process.
6. If the offender fails to attend treatment, as required, notify the Drug Court.
7. Continue to assess offender's treatment needs that will best serve the offender and his/her family's needs.
8. Provide recommendations to the Drug Court as required, regarding establishing the conditions of probation or deferred judgment.
9. Attend all Drug Court hearings and meet with the Drug Court Team prior to court hearings for review of pending drug court cases.
10. Provide a written report on the treatment status of each offender at each review hearing.
11. Provide a system of random drug testing. Random testing shall include at least four urinalysis tests per month for the initial three months of an individual's participation in the program. Then, there must be a minimum of two urinalysis tests conducted during the individual's remaining term in the program. Random testing shall include testing conducted during the week, in the daytime and evening hours, as well as holidays and weekends. The certified laboratory that is being utilized for testing and confirmation must use the GC/MS testing method when a positive indication of a controlled substance is obtained.

The procedure for random testing must be designed so that testing of a Defendant participant will be required immediately after notification to the Defendant participant that a random test is to be conducted. All drug tests must be sent to a certified laboratory to obtain substance levels, as well as test for Creatinine and specific gravity levels. In addition, further testing may be mandated by the Court, for instance ETG testing, and this proposal must provide a procedure for complying with such an order.

12. Provide written reports to Drug Court of the attendance and progress or lack thereof of each participant in treatment at each court hearing.
13. Establish a system for payment by offenders of the cost of their treatment and/or urinalysis and supervision to the greatest degree possible, including the application by the Contractor of commercially reasonable collection procedures, in order to incorporate financial responsibility into the treatment regimen. Vendors are strongly encouraged to utilize the services of a collection agency in order to collect outstanding balances owed by the defendant participant.

14. Provide monthly "Treatment Financial Statements" to the City of Wichita Drug Court and the Defendant participant, reflecting the beginning balance owed by each offender and all payments made throughout the treatment period. The format of the report must be approved by the City of Wichita Drug Court.

15. Provide at a minimum, "non-traditional" case management to all participants which includes but is not limited to: Referrals for housing, employment, educational and other resources in the community that will assist the offender in his/her recovery program.

16. A component of the drug treatment program is the ability to share information via a secure Internet service.

V. PROPOSAL REQUIREMENTS

The purpose of the proposal is to demonstrate the qualifications, competence, and capacity of firms seeking to provide out-patient counseling services for the City of Wichita's Drug Court, in conformity with the requirements of this Request For Proposal. The proposal should demonstrate the qualifications of the firm and of the staff to undertake this project. It should also specify the treatment approach that best meets the Request For Proposal requirements.

A. Independence

The firm must provide an affirmative statement that it is independent of the City of Wichita and there is no direct or indirect conflict of interest present as required by federal and state law.

B. Licensed to Practice in Kansas

An affirmative statement must be provided indicating the proposer and all subcontractor/joint venture partners are properly licensed by the State of Kansas to provide outpatient treatment and other services detailed in the respondent's proposal.

C. Qualifications and Experience

The proposal should state the name, location, and size of the firm(s) that will provide the services under this proposal. It should also state the number and nature of the professional staff to be used, their certifications, and the number of staff in full time equivalents that will be assigned to the project.

If the proposer is a joint venture or consortium, the qualifications of each firm must be separately stated and identified. The firm shall identify any federal or state deficiencies noted during the last licensure review by state or federal regulatory agencies.

The firm must fully describe its experience in providing alcohol and drug abuse treatment services as it relates to this proposal. A specific discussion should be made of the firm's capability and experience in providing or referring to an appropriately licensed detoxification or in-patient or medical and social detoxification facility, as well as a facility providing medication assisted treatment services.

The firm should provide information about the evidenced-based curriculum that will be utilized to treat the participants in this program, location of actual treatment sites to be used for the project, and descriptions of facilities to be used.

D. Cost Data

The proposer must provide the following cost data with the proposal:

1. Total unit cost of outpatient treatment per day.
2. Total unit cost of treatment alternatives per day (if any).
3. Detailed cost justification by line item for the unit costs listed above and total project cost.
4. Evidence of general liability insurance coverage in the minimum amount of \$500,000.
5. Cost of ancillary services included in the respondent's proposal.

The contract will be a **COST REIMBURSEMENT CONTRACT** with a total cost cap to the City of Wichita. Total program expense will be one of several factors in the selection of a firm. It is the awarded Contractor's responsibility to collect amounts due from the offender. The City of Wichita expects the program to be funded in large part by program income collected from offenders. Vendors are strongly encouraged to utilize the services of a collection agency in order to collect outstanding balances owed by the defendant participant. The proposal should address the manner in which program income would be allocated and distributed between the Court, the City of Wichita and the Contractor.

VI. PROPOSAL SUBMITTAL REQUIREMENTS

A. Mandatory Elements

1. The firm is licensed to practice the services requested in Kansas.
2. The firm has no conflict of interest with regard to any officer or employee of the companies involved including the City of Wichita.
3. The firm adheres to the instructions of the Request For Proposal.
4. The firm identifies all subcontractors/consortiums.
5. The firm has no major external quality control, regulatory, or licensing deficiencies and has a record of quality alcohol and drug treatment services.

B. Technical Qualification

1. The firm has experience and expertise based on past projects to carry out the project.

2. The quality of the firm's professional staff assigned to the project is commensurate with project needs.

3. The firm has experience with federal or state programs.

C. Approach

1. Adequacy of staff plan, facilities and resources for the project is reasonable.

2. Ability to provide services within the required time frames.

3. Evidenced-based treatment modality.

4. Effectiveness of treatment modality in reducing recidivism rates.

5. Adequacy of treatment plan.

D. Price, Collection Procedures and Proposal for Program Income

1. Unit cost for treatment modalities.

2. Plan to accommodate indigent and low income offenders.

3. Past effectiveness of collection procedures.

4. The benefits to the City of Wichita to be derived from program income sharing.

E. Oral Presentation

During the evaluation process, the City of Wichita, through the Selection Committee may request, at its discretion, one or all firms to make an oral presentation. Not all firms may be asked to make an oral presentation.

F. Final Selection

The City of Wichita will select a firm based upon the recommendation of the Selection Committee and the approval of the City Manager and City Council.

G. Right to Reject Proposals

Submission of a proposal indicates acceptance by the firm of the conditions of this Request For Proposal. The City reserves the right, without prejudice, to reject any or all proposals.

VII. EVALUATION CRITERIA

Selection of the successful vendor will include but not limited to:

1. The firm has no major external quality control, regulatory, or licensing deficiencies and has a record of quality alcohol and drug treatment services.
2. The firm has experience and expertise based on past projects to carry out the project.
3. The quality of the firm's professional staff assigned to the project is reasonable.
4. The firm has experience with federal and state programs.
5. Adequacy of staff plan, facilities and resources for the project is reasonable.
6. Ability to provide services within the required time frames.
7. Evidence-based treatment modality
8. Effectiveness of treatment modality in reducing recidivism rates.
9. Adequacy of treatment plan.
10. Unit cost for treatment modalities.
11. Plan to accommodate indigent and low income offenders.
12. Past effectiveness with collection procedures.
13. The benefits to the City of Wichita to be derived from program income sharing.
14. EBE/DBE Participation.

VIII. POST AWARD CONDITIONS

1. Before a contract is executed, the firms must submit to the City, an approved Equal Employment Opportunity/Affirmative Action Plan. This does not have to be submitted with the proposal.
2. Prior to execution of a contract, the firm must execute a Certification of a Drug-Free Workplace. This form is not required to be submitted with the proposal.

VIII. GENERAL SPECIFICATIONS

A. PROPOSAL FORMS

All proposals MUST be submitted on the enclosed "Request for Proposal form and signed by an officer or employee authorized to sign proposal. Any exceptions, to the specifications, terms and/or other conditions concerning the proposal, must be noted on the front of the "Request For Proposal" form to be considered. The "Request For Formal Proposal" form is to be submitted in the enclosed pre-address envelope.

Vendors are requested to submit current literature or brochures relating to their bid.

B. LICENSE

Vendors bidding on commodities or services for the City of Wichita must be currently licensed by the City of Wichita or the State of Kansas, where applicable, before a purchase order or contract will be issued.

C. CONTRACT

The successful vendor agrees to enter into a contract with the City, and when required, as per specifications, to furnish bond by a surety company authorized to do business in the State of Kansas.

D. ARBITRATION PROVISIONS

"Notwithstanding anything to the contrary contained in these proposal documents or the contract to be awarded herein, the City shall not be subject to arbitration and any clause relating to arbitration contained in these proposal documents or in the contract to be awarded herein shall be null and void."

E. AWARD

The City reserves the right to accept or reject any or all bids and any part of parts of any bid and to waive formalities therein to determine which is the lowest and best bid. Any bid which is incomplete, conditional, obscure, or which contains additions not called for or irregularities of any kind, may be cause for rejection of the bid. All proposals are awarded subject to a check of the computations shown on the "Request For Proposal" form.

Vendors must guarantee proposal prices for a period of ninety (90) days after the proposal.