

Contra Costa Health, Housing, and Homeless Services Division

Request for Proposal (RFP) Contra Costa Coordinated Entry Project

Published: December 3, 2018

I. General Instructions

Contra Costa Health, Housing, and Homeless Services (H3 or “the County”) is seeking proposals from suitably qualified County and/or community-based providers to participate as contractors for the Contra Costa Coordinated Entry Project. **This Request for Proposal (RFP) will be for two areas of activity, to be awarded jointly: (1) the operation of the Central County Coordinated Access and Referral (CARE) Center and (2) pre-development work for the East County CARE Center (see Section II,G.)** This project will operate in coordination with the rest of the coordinated entry system, which includes Coordinated Outreach, Referral, and Engagement (CORE) teams; other CARE Centers, evening CARE Centers, and CARE Capable Centers; a phone-based access point through 2-1-1; housing navigation, housing location, and diversion services.

Applicants responding to this RFP must submit a proposal that includes the following: a program narrative describing the operational and service delivery program and expected outcomes; program staffing and training; a timeframe for operation; review and evaluation of outcomes; a budget and budget justification; and characteristics and qualifications of applicant agency(ies), including appendices with corporate profiles and resumes/job descriptions. The County will fund the operation of the selected project(s) through the HUD CoC Program. **The initial contract period is 12 months, from 2/1/19 to 1/31/20.** Preparation for implementation should take no more than two months; therefore, applicants must begin program operation within two months of signing a contract with H3.

H3 is expecting to award one contract to cover the services to be implemented through this phase of the Contra Costa Coordinated Entry project. Based on the applications received and community needs, H3 may shift anticipated budget amounts between the supportive services categories listed. Proposals submitted by an agency in collaboration with other agencies will be accepted if the collaborating agencies meet the requirements outlined in this proposal. Any contracts awarded will be based upon the quality of the proposals, organizational capacity of the applicants, and availability of funds. Depending on the number and qualifications of RFP applicants, H3 may, after receiving approval from the H3 Director, move directly to a contract negotiation phase with selected applicant(s).

A. Format, Delivery and Due Date

This RFP and all related materials are available online at the H3 webpage, under the **Funding Opps/Awards** link at: <https://cchealth.org/h3/coc/partners.php>

Please provide one electronic copy as a PDF, additional specifications:

- ✓ Written in Times New Roman in size 12 font
- ✓ Single-spaced pages
- ✓ Margins 1” on all sides
- ✓ All pages consecutively numbered
- ✓ Proposal follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 13-page text limit for Proposal (this does not include appendices).

Electronic copies of proposals in PDF format should be emailed to the following email addresses:

Juliana.Mondragon@cchealth.org and Eric.Whitney@cchealth.org

Electronic submissions are due by **5 pm on Monday, December 31, 2018**. Late proposals will not be accepted and will not be reviewed. There will be no exceptions. No faxes will be allowed.

In order presented, submissions should include the following (see Section III, page 8):

1. Cover Page (see attached, 1-page).
2. A project narrative (5-page maximum) that clearly states the agency's service delivery model. The narrative should also describe how the applicant will operate and manage the project and provide needed support services, as well as include any applicable policies and procedures.
3. A sources and uses budget using the County required detailed budget template. The budget narrative should also include a minimum of 25% match (totaling at least 15% cash match and 10% cash or in-kind match).
4. Please include a budget justification (2-page maximum) that corresponds to the budget and work plan narrative.
5. Details of the agency(ies) who will be managing and operating the project (4-page maximum). Please describe the agency(ies) qualifications relating to the requirements described herein. If the applicant is an agency, please include a corporate profile, along with the resume(s) of staff proposed to implement and evaluate the work plan. If the applicant is partnering with (an)other agency(ies), please specify their function/specific services provided to the program in the program narrative above and include their corporate profiles and staff resume(s) as well.
6. Appendices that include the detailed resumes of all program staff (or job descriptions if staff have not been identified yet) and copies of applicable policies and procedures (no page limit).

B. Applicants' Conference

All interested County and/or community-based providers must participate in a **MANDATORY** phone-based applicants' conference on **Friday, December 7th from 11 am to 12 pm**. Applicants may join the call using the following call-in information:

Dial-in Number: (267) 930-4000

Participant Code: 535-582-537

C. Rules and Considerations

- The cost of developing and submitting a proposal in response to this RFP is the responsibility of the applicants and will not be reimbursed through any contracts resulting from this RFP process or from any other county funds.
- H3 may issue an RFP amendment to provide additional data and/or make changes or corrections. The amendment will be sent to each applicant who attended the mandatory Applicants' Conference. H3 may extend the RFP submission date if necessary to allow applicants adequate time to consider such information and submit required data.
- The RFP process may be cancelled in writing by H3 prior to award if the H3 Director determines cancellation is in the best interest of the County.
- The RFP process and any contract resulting from the process may be cancelled at any time if identified funding becomes unavailable.
- Any contracts awarded as a result of this RFP is subject to pending or perfected protests. The award is subject to cancellation or modification by H3 in accordance with the resolution of any such protest.
- Contractor(s) (whether by contract or county) will be required to participate, through the County, in federally mandated data collection efforts, including participation in the Homeless Management Information System (HMIS).

- Selected contractor(s) must adhere to Contra Costa County’s contracting process, providing all information as requested by H3. Selected contractor(s) will also be informed of the County’s insurance coverage requirements, where applicable, and the process for contract approval (where applicable) by the Board of Supervisors.

D. Additional Information

This RFP and all related materials are available online at the H3 webpage, under the **Funding Opps/Awards** link at: <https://cchealth.org/h3/coc/partners.php>

H3 recognizes additional questions may arise after reviewing this RFP. **In an effort to be fair to all applicants, questions must be submitted in writing by 5 pm on Wednesday, December 5th.** Questions and answers will be addressed during the Applicants’ Conference as well as posted electronically to the H3 website following the Conference. Questions about the RFP should be submitted in writing by email to Juliana Mondragon: Juliana.Mondragon@cchealth.org.

All RFP submissions will be reviewed promptly and H3’s goal is to announce selection(s) or next steps in January, 2019.

Applicants who are not selected may appeal H3’s selection of awardee(s) within three business days of notification. Appeals must be addressed to the H3 Director. Appeals must be in writing and shall be limited to the following grounds:

- The County failed to follow the RFP procedures, which affected the proposal scoring; and/or
- The RFP evaluation criteria were not appropriately applied to the proposal.

The H3 Director will respond to the appeal within two business days and the decision of the H3 Director will be final and not subject to further review.

II. Introduction

A. About Contra Costa Health, Housing, and Homeless Services Division

The Contra Costa County Health, Housing, and Homeless Services Division’s mission is to ensure an integrated system of care from prevention through intervention for homeless individuals and families within our community. We strive to accomplish this through the development of policies and practices, community involvement, advocacy, and the coordination of services that respect human dignity, strengthen partnerships, and maximize resources.

Contra Costa H3 has helped to create a system of care that includes:

- Community Homeless Court Program
- Advocacy
- Outreach services to encampments
- Information and referral services
- Prevention and diversion resources
- Multi-service centers that provide case management and support services
- Housing navigation services
- Emergency shelter
- Transitional housing
- Rapid rehousing
- Permanent supportive housing for adults, youth, and families

B. HUD Definition of Coordinated Entry

In the CoC Program Interim Rule, HUD defines coordinated entry, which is also referred to by HUD as a centralized or coordinated assessment system:

“A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

For additional information on coordinated entry, including the qualities of effective coordinated entry, applicants may review HUD’s Coordinated Entry Resource Page (available at <https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>).

C. Coordinated Entry as a Supporting Strategy of Forging Ahead

Click on the following hyperlink to the Continuum of Care’s 2014 strategic plan update, “Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa’s 2004 Strategic Plan” (available at <http://cchealth.org/h3/pdf/2014-strategic-plan-update-Final-Draft.pdf>). The Coordinated Entry grants awarded by HUD in 2016 and 2017 address one of the strategies in Forging Ahead (see page 20 of the plan). The strategy states that the CoC will “Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time.” This strategy goes hand in hand with a Housing First approach, as well as the Guiding Principle articulated in the plan: “Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.”

In addition, Contra Costa has identified the following key principles for its coordinated entry system:

- **Quality Assurance:** the coordinated entry system must have a mechanism for ongoing, regular quality assurance to ensure consistency in tools, standards, and staff trainings.
- **Access** should be easy, fast, and have immediate engagement.
- **Interdependency:** the coordinated assessment system will promote interdependency
 - **Between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
 - **Between programs and clients**, as clients are connected to the right intervention with choice.
- **Streamline the process** for clients and front line staff by reducing the number of times clients are asked the same questions throughout the system of care.
- **Address Barriers:** promotion of the Housing First approach, connecting the clients with the highest level of acuity to the most intensive housing and service interventions.

The Contra Costa Coordinated Entry and Coordinated Entry Expansion Projects support the full implementation of Contra Costa’s coordinated entry system as a critical strategy to meet both 2014 Strategic Plan Update goals of permanent housing and prevention, as the system will guide access to these interventions for all clients in our system of care.

D. Purpose and Background of the Contra Costa Coordinated Entry System

The Contra Costa Coordinated Entry System for homeless services launched in early 2017. The Contra Costa Continuum of Care, which includes all of the housing and homeless service providers in Contra Costa County, uses the Coordinated Entry System to engage individuals and families in housing and services. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized.

Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). In Contra Costa, we have used it as an opportunity to initiate changes in our homeless response system, shifting from an ad hoc access and assessment process, to a standardized process for all clients with coordinated referrals to prevention, housing, and supportive services.

E. Contra Costa Coordinated Entry Policies & Procedures

The Contra Costa Coordinated Entry Policies and Procedures were adopted by the Contra Costa Council on Homelessness on July 6, 2017, and outline important details about the system, including: purpose and background; key principles; system overview and workflow; roles and responsibilities; access points; prioritization and matching; permanent housing match and referral; data quality and privacy; evaluation and monitoring; fair housing and marketing/advertising; and training.

Applicants are strongly encouraged to review these Policies and Procedures (available here: <http://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>) to inform their operational and service delivery design. Applicants, if selected, will be expected to comply with all outlined Policies and Procedures, including the roles and responsibilities listed for Provider Agencies participating in the Contra Costa Coordinated Entry system.

F. Substance Use Disorder Treatment at CARE Centers

Alcohol and Other Drugs Services (AODS), a program of the Contra Costa Behavioral Health Division, provides a planned, comprehensive approach for providing substance use disorder prevention and treatment services in Contra Costa County. The AODS system of care benefits clients and providers by combining administrative and clinical services in an integrated, coordinated system. The goal is to give clients high-quality, cost effective care in a timely manner.

Contra Costa is a Phase I Bay Area County participating in the Medi-Cal 2020 Bridge to Reform 1115 Drug Medi-Cal (DMC) Organized Delivery System (ODS) Demonstration Waiver. **As such, the successful provider under this RFP will be expected to provide co-located space at the Central County CARE Center for a DMC certified provider agency to provide the American Society of Addiction Medicine (ASAM) Criteria Level 1 and Level 2.1 Substance Use Disorders (SUD) Outpatient Services.**

The proposal must include: (1) a description of how the facility will integrate SUD treatment within the milieu of the **Central County CARE Center** and with other Levels of Care which are part of the SUD System of Care to ensure client flow across levels of care; (2) explain how the physical environment will be transformed to be conducive of therapeutic SUD treatment activities.

The ASAM Criteria uses six unique dimensions, representing different life areas which combined provide guidance for assessment, service planning, and placement decisions; therefore, aligning the patient's severity of SUD illness with the most appropriate and medically necessary treatment level of care. See Appendix A for more information on the regulatory requirements.

G. Coordinated Entry Services to be Provided through this RFP

The following services are to be contracted by H3 through this RFP. Applicants are expected to submit one proposal that covers both of the service categories outlined below: (1) operation of the Central County CARE Center, and (2) pre-development activities for the East County CARE Center. Based on the applications received and community needs, H3 may adjust these anticipated budget amounts.

1. Operation of Central County CARE Center

Overview: The Central County CARE Center has been in operation since early 2017. It operates as one of several physical location in Central County that act as the main entry points to the coordinated entry system, along with Trinity Center (a CARE Center in Walnut Creek), and Monument Crisis Center (a CARE Capable Center specializing in seniors and families in Concord).

Facility: The Central County CARE Center is located at 2047-A Arnold Industrial Way in Concord, adjacent to the County-run Concord Emergency Shelter and Respite Center. The selected provider must execute a lease agreement with the County for the space, which may be negotiated at no cost. However, the provider must budget for necessary operating costs, including utilities, garbage, janitorial, and maintenance costs.

Funding Available: Up to \$395,000 annually, not including contractor required minimum 25% match. All services and operating costs must be accounted for in the budget and staffing proposed.

Hours: The Central County CARE Center must operate 24 hours per day, 7 days per week.

Services to be Provided: Applicants should describe how they will provide the following services:

- General milieu management, including:
 - Intakes
 - Assessments
 - Referrals
 - Food/meal prep
 - Showers
 - Facilities

- Laundry
- Case management services, including:
 - Benefits enrollment
 - Health Care and Mental Health services
 - Housing search assistance and short-term housing resolution
 - Screening and referrals for housing and utility assistance
- Space for co-located staff, including:
 - Drug Medi-Cal Certified Substance use disorder treatment provider
 - Housing Navigators

Capacity: The Central County CARE Center typically sees up to 40 people per day, or approximately 140 unduplicated clients per month. Applicants should describe how their staffing will support the needs of this number of clients.

2. Pre-Development Activities for the East County CARE Center

Overview: The County has secured funding to establish a CARE Center in East County. Currently, there are no CARE Centers or other physical locations serving as entry points to the coordinated entry system in East County.

Facility: The County is leveraging multiple funding streams to either purchase an existing building or construct a building on an available piece of land that is currently available. Depending on the location, the County may also explore co-locating other programs at the site, such as emergency shelter, behavioral health services, or youth-focused services.

Anticipated Budget: Approx. \$30,000 annually (maximum \$45,000 for 18-month project.) This budget is only for pre-development activities as described below. A separate RFP will be issued for the operation of the East County CARE Center.

Services to be provided: As the County works to establish the physical location for the East County CARE Center, this RFP seeks an applicant who can assist with capital build out and program development over an 18-month period leading up to the opening of the East County CARE Center. Applicants should describe their capacity to provide the following services:

- Capital build out, including:
 - Design development and coordination of build out of physical location
 - Acquisition and installation of equipment and fixed assets
 - Property restorations or adaptations
 - Project and financial management
- Program development, including:
 - Identification of physical needs to support programming
 - Analysis of other CARE Center sites to identify lessons learned to inform program design
 - Planning for co-location of additional programs

III. RFP Guidelines

Proposals should conform with the following guidelines. One proposal must be submitted that addresses both (1) the operation of the Central County Coordinated Access and Referral (CARE) Center and (2) pre-development work for the East County CARE Center.

A. Cover Page

- 1) Please complete the attached cover page and submit with RFP.

B. Program Narrative (5-page maximum, 40 points total)

- 1) Describe the operational and service delivery program and the expected outcome. Describe how the services offered will fit into the coordinated entry system. Include a description of the following: the approach and/or service/s; who will provide the approach and/or service/s; the setting where the approach and/or service/s will occur. Please note each supportive services category must have its own proposal.
- 2) Describe program staffing and each staff member's role and/or function in the project. Include the title, FTE, and role in providing service for each staff member assigned to the project.
- 3) Include a description of the training you will provide to program staff.
- 4) Outline the timeframe within which the program will operate, in alignment with the dates stated in the General Instructions section (above).
- 5) Describe how the project will be reviewed and evaluated as well as how the applicant will include the perspectives of stakeholders in the review and evaluation. Provide a brief description of how you would measure program outcomes. As appropriate, include measurement tools. Explain how you will collect both qualitative (i.e., interviews, learning logs, etc.) and quantitative (i.e., demographics, assessment scores, etc.) data in order to capture and document outcomes.

C. Budget (1-page maximum) and Budget Justification (2-page maximum) (20 points total)

- 1) Using the provided budget template, provide a sources and uses budget outlining the expected cost of the project, broken down by major cost categories. Applicants are expected to provide a minimum of 25% match (15% cash required, the remaining 10% can be cash or in-kind) in their budget.
 - a. Cash match may be from a variety of sources, including other federal sources (excluding Continuum of Care program funds), as well as State, County, local, and private sources. Drug Medi-Cal revenue may be used as cash match by Drug Medi-Cal certified agencies.
 - b. In-kind match may include, but is not limited to, information technology or quality management expenses.
 - c. Cash and in-kind match must be used for activities that are eligible under this RFP.
 - d. If two or more agencies apply together for a joint proposal, match funds may be braided at their discretion.
 - e. There are no RFP funds for startup costs.
 - f. If the applicant has a federally negotiated indirect cost rate, they may use that rate in the budget template. If the applicant does not have an indirect cost rate, they may propose a general rate to use, which will be subject to negotiation.

- g. Line items in the budget template are just examples; applicants may expand and add appropriate line items as needed based on program design.

2) Include a budget justification/narrative.

D. Characteristics and Qualifications of Applicant Agency (Contractor or County) (4-page maximum, 40 points total)

- 1) Write a narrative describing the characteristics and qualifications of the applicant agency(ies) who will be operating and managing the delivery of services. Please describe the applicant’s qualifications relating to the requirements described herein. As appendices, please include a corporate profile, along with the resume(s) and/or job descriptions for staff proposed to provide supportive services. Include a description of organizational capacity to serve the target population. If the applicant agency utilizes a fiscal agent, please provide a corporate profile of the fiscal agent, a letter of support, and audited financial statements from the previous fiscal year.

If the applicant is collaborating with an(other) agency(ies), describe the role of each agency in the collaboration and indicate which agency will be the lead. Please include the following as appendices: a letter of commitment from each agency; corporate profiles for each agency; a description of roles for each agency; and staff resume(s) and/or job descriptions of individuals who will be involved in implementing and evaluating the program.

- Eligible applicants may include but are not limited to community-based agencies, faith-based organizations, and for-profit agencies. Please provide the agencies’ Tax Identification Number (TIN) or Employer Identification Number (EIN), if applicable.
 - A corporate profile should be a description of the applicant agency’s TIN/EIN, contact information, brief history, mission/vision/values, management structure/org chart, and overview of existing programs (including locations).
- Applicants must demonstrate a history in working with homeless or imminently homeless individuals, individuals with mental illness and/or co-occurring disorders, and individuals in racially/ethnically diverse settings in the Greater Bay Area, particularly Contra Costa County.
- Ideally, applicants would have an established membership in the Contra Costa Continuum of Care, including a record of attendance at CoC and committee meetings such as Coordinated Entry Committees and Workgroups. However, applicants from outside of Contra Costa County are eligible to apply.
- This is a collaborative process. As such, applicants will demonstrate the readiness/ability to work with H3 and other identified providers to carry out the Coordinated Entry system as partnered subrecipients with shared clients and goals.
- Applicants must be prepared to develop, adopt, and implement any needed guidelines, plans, and protocols to support the proposed supportive services.
- H3 is seeking to fund potential awardee(s) with a track record of leadership in the community, and in developing and maintaining supportive relationships with the defined target population in Contra Costa County.

IV. Method of Evaluation

A. Initial Screening

Proposals will be screened for compliance, completeness and eligibility as they are received. In order to be reviewed, each proposal must meet all of the following criteria. A failure to meet any one of these criteria will cause the proposal to be disqualified. **DISQUALIFIED SUBMISSIONS WILL NOT BE SCORED AND WILL NOT BE FURTHER CONSIDERED FOR THIS CONTRACT.**

1. Proposal was received by due date.
2. All sections of Proposals as outlined in RFP are included within page limit (Excluding Appendices).
3. Appendices are included and are complete.

B. Selection Process

All proposal submissions that meet the initial screening criteria will be reviewed by a panel of RFP reviewers based upon the proposal’s responsiveness to this RFP and the experience and qualifications of the proposed contractor. Through this selection process, RFP reviewers will recommend to H3 selection of the agency/agencies/awardee(s) to *potentially* fund to implement the Coordinated Entry grant. Funding for program implementation will be contingent upon review and approval from the H3 Director.

V. Important Dates

Activities	Dates
Request for Proposals – Posted Online	Monday, Dec. 3, 2018
Deadline to submit written questions about RFP	Thursday, Dec. 6, by 5 pm
Applicants’ Conference (by phone – call-in number on page 2)	Friday, Dec. 7, 11am – 12pm
RFP Proposal Due Date	Monday, Dec. 31, by 5 pm
Awardee Announcement	January 18, 2019

Appendix A: Drug Medi-Cal Organized Delivery System

ASAM Criteria Outpatient Services: Level 1 and Level 2.1 (Intensive Outpatient)

Level 1 (Outpatient) consist of up to 9 hours per week of structured services for adults

Level 2.1 (IOP) consist of 9-19 hours per week of structured services for adults.

Clinical activities under Outpatient Treatment include: assessment (ASI), treatment planning, individual and group visits, collateral, crisis intervention, discharge services, case management, family therapy, and patient education.

Regulatory and Administrative Requirements

SUD services at the CARE Center must comply with following requirements. When formal DMC-ODS Waiver participation is initiated, additional regulatory administrative specific to the Waiver will apply.

- 1) California Code of Regulations Title 9, Division 3, Chapter 5.5. Licensure and Certification- Fees for Outpatient Programs and Residential Alcoholism or Drug Abuse Recovery or Treatment Facilities
- 2) California Code of Regulations Title 9, Division 3, Chapter 8. Certification of Alcohol and Other Drug Counselors
- 3) Code of Federal Regulations: 45 CFR Part 96, Subpart L - Substance Abuse Prevention and Treatment Block Grant
- 4) Code of Federal Regulations:42 CFR Part 54 - Charitable Choice Regulations Applicable To States Receiving Substance Abuse Prevention And Treatment Block Grants And/or Projects For Assistance In Transition From Homelessness Grants
- 5) Code of Federal Regulations:42 CFR Part 2 - Confidentiality Of Alcohol And Drug Abuse Patient Records
- 6) California Health and Safety Code:
 - Division 10.5. Alcohol and drug programs [11975 - 11975]
 - Division 10.6. Drug and alcohol abuse master plans [11998 - 11998.3]
 - Division 10.7. Illegal use of drugs and alcohol [11999 - 11999.3]
 - Division 10.8. Substance abuse treatment funding [11999.4 - 11999.13]
 - Division 10.9. Substance abuse testing and treatment accountability program [11999.20 - 11999.25]
 - Division 10.10. Substance abuse offender treatment program [11999.30]
- 7) California Welfare and Institutions Code: Article 3.2. Drug Medi-Cal Treatment Program [14124.20 - 14124.29]
- 8) California Code of Regulations 51341.1 Title 22, Division 3 Health Care Services, Drug Medi-Cal Substance Use Disorder Services
- 9) Drug Medi-Cal Organized Delivery System Terms and Conditions DHCS Information Notices
 - http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notece_16-005.pdf
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_FAQs_9-25-15_ADA_Compliant.pdf
 - http://www.dhcs.ca.gov/provgovpart/Documents/11.10.15_Revised_DMC_ODS_FACT_SHEET.pdf