

REQUEST FOR PROPOSALS

Mobile Substance Abuse Screening/Testing Services

Date Issued:

May 22, 2018

Proposals Due:

12:00 PM

June 7, 2018

Bidders must submit four (4) hard copies in a sealed envelope entitled:

**Mobile Substance Abuse
Screening RFP**

**Licking County Commissioners
Office**

**c/o Bev Adzic, 20 S. 2nd Street
4th Floor, Newark, Ohio 43055**

NOTE: Four (4) hard copies must be received by the submission date at the address listed above in order to be considered. Faxed or emailed proposals will not be accepted.

Bidders' Conferences

2:00 PM on May 29, 2018

OhioMeansJobs|

Licking County

998 East Main Street

Newark, Ohio 43055

PURPOSE AND BACKGROUND

Licking County Job & Family Services (LCJFS) is responsible for a variety of social service programs, including, but not limited to, child protective services. LCJFS, like many agencies in the state and across the country, has observed a steady increase in the number of children entering substitute care over the past few years. This is due to several factors, including the increasing number of child abuse or neglect cases that involve alcohol or drug abuse. LCJFS's children services staff routinely have the need for substance abuse screening services during the course of working with families. LCJFS is currently accepting Proposals for substance abuse screening services.

SCOPE OF WORK

The selected Provider(s) will be required to provide mobile testing services frequently throughout Licking County, including 24-hour emergency on-call testing. In addition to mobile testing, LCJFS is also interested in fixed testing sites, such as a clinic/health care office, for some of its cases.

For standard/routine testing, the provider shall collect urine specimens and provide at least a ten (10) panel Testing Profile.

Alternative methods of substance abuse testing may be considered, such as oral swabs, contingent upon costs, timeliness of results, reliability, and legal admissibility.

Specialized screenings may be requested by LCJFS for Suboxone, synthetic marijuana, and alcohol on a *pro re nata* basis, if not included in the standard/routine 10 panel.

The selected provider(s) shall ensure that all specimen collections are conducted following a chain-of-custody form and process to ensure the integrity of the specimen to be tested.

Upon request of LCJFS, the Provider shall provide an immediate express screen and inform LCJFS of the results. The Provider, at the request and only at the request of LCJFS, shall reconfirm the results through an independent SAMHSA certified laboratory.

All test results will be forwarded to LCJFS in a confidential manner. Test results shall be provided to LCJFS in writing with positive results reported quantitatively.

Provider(s) and each provider's staff must be appropriately trained and licensed, as required by law, to conduct such testing. Provider(s) and each provider's staff must also successfully pass appropriate background checks.

PROPOSALS

Proposals must be submitted using the attached proposal specification response form. Additional pages may be attached to the form as needed.

REQUEST FOR PROPOSALS LIMITATIONS

This request for proposals does not commit Licking County Job and Family Services to award a contract or to pay any costs incurred in the preparation of a proposal. Licking County Job and Family Services reserves the right to accept or reject any or all Proposals received, to negotiate services and costs with proposers, to award contracts to one or multiple providers, or to cancel in part or in entirety this request for Proposals.

All Proposals submitted will remain the property of Licking County. Contracts awarded shall not be effective beyond June 30, 2019. However, Licking County Job and Family reserves the right to renew contracts annually for up to a maximum of two additional years through June 30, 2021, based on performance and availability of funds.

Issuance of this request for proposals and the subsequent selection of proposals does not imply nor guarantee the availability of funds.

If a contract is awarded, the proposal specification response form shall become part of the contractual agreement.

Proposals must be submitted in strict accordance with submission instructions. Any Proposals failing to follow the entire proposal submission may be disqualified from consideration.

SUBMISSION INFORMATION

Proposals must be submitted in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration.

Proposals are Due no later than 12:00 PM on June 7, 2018

Bidders must submit four (4) copies of the proposal specification response form in a sealed envelope entitled:

Mobile Substance Abuse Screening RFP
Licking County Commissioners' Office
c/o Bev Adzic
20 South 2nd Street, 4th Floor
Newark, Ohio 43055

Proposals received after this time will not be considered. Unsolicited materials received after the deadline date will not be added to previous submissions and will not be considered.

Faxed or emailed proposals will not be accepted.

Proposals must be **received** by the Commissioners' Office by the date/time listed above.

CONTACT INFORMATION

Questions concerning this RFP may be directed to:

Nathan Keirns, Program Planner
Licking County Job & Family Services
Nathan.Keirns@jfs.ohio.gov
740.670.8726

Substance Abuse Screening Proposal Specification Response Form

Please complete this form as a response to the request for proposals for Mobile Drug Screening/Testing Services. This form is required to respond to the request for proposals. Respondents may attach additional pages to the form, as necessary.

4 copies of this form must be **received** in hardcopy no later than 12:00 PM on June 7, 2018, Licking County Commissioners Office c/o Bev Adzic, 20 S. 2nd Street 4th Floor, Newark, Ohio 43055.

NAME of business or company submitting this proposal.

NAME and **CONTACT INFORMATION** for questions regarding this response.

MAILING ADDRESS of business or company (include city and zip code).

Is your company able to provide all services as outlined in the request for Proposals, including the 10 panel drug screen with express results, specialized screenings, and laboratory confirmation of testing? Yes_____ No_____

If no, please explain: _____

Please provide the list of drugs/substances included in your company's 10 panel screen:

Is your company able to provide mobile drug screens at various locations across Licking County, including private residences, on a 24 hour basis, 365 days per year? Yes_____ No_____

If no, please explain: _____

If yes, what is your company's response time to requests for mobile testing in the field: _____

In addition to providing mobile testing services, does your company offer drug testing at fixed sites in Licking County? Yes_____ No_____

Please list all testing sites your company offers in Licking County, if applicable, providing the address, hours of operation for testing, whether the site has walk-in hours for drug testing or if an appointment is necessary. For mobile service, provide contact information.

Address	Hours of Operation	Walk -in hours or appointment required
Mobile service contact information	Hours of Operation	

Please describe your company’s per test unit rates for urinalysis:

- 10 panel drug screen with express results – mobile service \$ _____
- 10 panel drug screen with express results – walk-in/ office service \$ _____
- Specialized screenings (Suboxone, synthetic marijuana, alcohol) \$ _____
- Third party laboratory confirmation of testing \$ _____
- Rate for mobile testing when specimen not available (such as customer cannot produce sample, customer refusal, or cannot locate customer). \$ _____

How long would mobile staff person wait for customer to produce sample in field? _____ minutes

How many attempts would customers be provided to produce sample at testing site location? _____ minutes

Please describe your company’s per test unit rates for alternative (non-urinalysis) method:

Identify screening method (e.g., oral swab): _____

Indicate substances detected through this method: _____

Are results quantifiable? Yes _____ No _____

- 10 panel drug screen (amount of time until results available _____) – mobile service \$ _____
- 10 panel drug screen (amt of time until results available _____) – walk-in/office service \$ _____
- Specialized screenings (Suboxone, synthetic marijuana, alcohol) \$ _____
- Third party laboratory confirmation of testing \$ _____
- Rate for mobile testing when specimen not available (such as customer cannot produce sample, customer refusal, or cannot locate customer). \$ _____

Company _____

ATTACHMENT 3
Proposal Rating & Evaluation Rubric

POINTS	APPLICANT RESPONSE	SCORE	COMMENTS
Max = 3	Provider offers at least a 10 panel screen that includes common substances		
Max = 3	Provider is willing/able to provide mobile services throughout the county on a 24 hour, 365 day basis		
Max = 3	Amount of time to respond to requests for mobile testing is reasonable		
Max = 3	Provider also has fixed site(s), such a clinic or office, for walk-in testing services		
Max = 3	Provider can provide results in a reasonable amount of time		
Max = 3	Provider can provide specialized services when requested		
Max = 3	Provider can provide laboratory confirmations when requested		
Max = 3	Proposal meets all requirements established in RFP		
Max = 3	Proposed unit rates are reasonable		
Max = 27	Total Score out of 27		