



## **County Of Siskiyou**

### **Request for Proposals (RFP) RFP #25-03 – Behavioral Health Division for Driving Under the Influence (DUI) Program**

**Proposals may be mailed, delivered, or emailed to:**

**Sarah Collard, Ph.D.**  
HHSA Director  
County of Siskiyou, HHSA  
1312 Fairlane, Suite A  
[Rfp\\_rfb\\_submissions@co.siskiyou.ca.us](mailto:Rfp_rfb_submissions@co.siskiyou.ca.us)

**Proposals Due by:  
9/19/2025  
4:00 pm**

# **County of Siskiyou Request for Proposals for DUI Program**

The following schedule of events will be followed to the extent achievable; however, the County reserves the right to adjust or make changes to the schedule as needed.

## **Estimated Timeline of Events**

<b>Date</b>	<b>Activity</b>
9/1/25	Release of Request for Proposals (RFP)
9/12/25	Deadline to Submit Questions
9/19/25	Submission of Proposals due by 4:00 PM
9/26/25	Review of Proposals
9/29/25	Notification of Final Selection
TBD	Professional Service Agreement Processed
TBD	Professional Service Agreement Start Date

## **1.0 Preface**

This document constitutes a request for competitive, sealed proposals from qualified organizations or individuals. Siskiyou County Behavioral Health (SCBH) is seeking qualified providers to enter into a purchase of service contract for the provision of Driving Under the Influence (DUI) Program to people in the community. The objectives of the DUI program are to reduce the number of repeat DUI offenses by persons who complete a state-licensed DUI program, and to provide participants an opportunity to address problems related to the use of alcohol and/or other drugs.

Legislation was enacted in 1978 that allowed statewide implementation of programs for multiple DUI offenders. The California DUI program has evolved significantly since the 1970s, shifting from primarily punitive measures to a more rehabilitative approach focused on education and treatment. Initially, laws focused on increasing penalties and restrictions for drunk driving, but the need for comprehensive programs addressing the root causes of DUIs became apparent. This led to the development of various DUI programs, including education and counseling tailored to different levels of offense and level of blood alcohol concentration (BAC). In 1990, the state was authorized to license programs of at least three months duration for first offenders. In 1999, legislation was passed to order individuals convicted of "wet and reckless" to a DUI education program. In 2006, a nine-month program for first offenders with a blood alcohol content of 0.20 or higher was enacted. In fiscal year 2012-2013, 132,737 people participated in California's DUI programs.

According to the California Office of Traffic Safety, 1,355 people were killed in alcohol-involved crashes in 2023, a 55% increase from 2014. However, trends show that these numbers have been steadily decreasing for the past 3 years in part due to stricter DUI laws and expanded DUI programs. These programs are considered effective in reducing repeat DUI offenses, with a 51% decrease in the one-year re-offense rate for first-time DUI offenders between 1990 and 2019.

## **2.0 Scope of Work**

### **Program Development and Responsibility**

The County Board of Supervisors, in concert with the county alcohol and drug program administrators determines the need for DUI program services and recommends applicants to the State for licensure. DHCS licenses programs, establishes regulations, approves participant fees and fee schedules, and provides DUI information.

#### ***Wet Reckless Programs***

A person convicted of reckless driving with a measurable amount of alcohol in their blood must complete a twelve-hour DUI education program.

#### ***First Offender Programs***

A person convicted of a first DUI offense must complete a state-licensed 3-month, 30-hour alcohol and drug education and counseling program. A person convicted of a first DUI offense with a blood alcohol content of 0.20 or higher must complete a state-licensed nine-month, 60-hour alcohol and drug education and counseling program. These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, and reduce or eliminate the use of alcohol and/or drugs.

### **18-Month Programs**

Second and subsequent DUI offenders must complete an 18-month multiple offender program. Program requirements are: 52 hours of group counseling; 12 hours of alcohol and drug education; 6 hours of community reentry monitoring; and biweekly individual interviews during the first 12 months of the program.

### **30-Month Programs**

A county may elect to provide 30-month DUI programs for third and subsequent DUI offenders. Program requirements are: 78 hours of group counseling; 12 hours of alcohol and drug education; 120-300 hours of community service; and close and regular individual interviews.

## **3.0 Submission Requirements**

**Proposal Format:** Proposals must contain the following:

### **1. Cover Letter**

- a. Please provide the Proposer's name, address, and telephone number. The letter must be signed by a representative authorized to enter into contracts on behalf of the Proposer.

### **2. Qualifications**

- a. Provide specific information concerning the Proposer's experience with the services specified in this RFP. Examples of completed projects, as current as possible, should be submitted as appropriate.

### **3. Program Narrative**

- a. **CERTIFICATION OF DRUG AND ALOCHOL COUNSELOR:** Please submit current copies of the licenses of employees of the organization of who will be providing the services. The Department of Health Care Services recognizes the following: California Association for Alcohol and Drug Educators (CAADE), California Association of DUI Treatment Programs (CADTP) or California Consortium of Addiction Programs and Professionals (CCAPP). All non-licensed or non-certified individuals providing counseling services in a substance use disorder program must be registered to obtain certification as an alcohol and other drug counselor by one of the DHCS approved certifying organizations (**Health and Safety Code, Section 11833(b)(1)**).
- b. **LOCATION AND SERVICES TO BE PROVIDED:** Provide the address, hours of operation, and program services, e.g., First Offender program, 3-mo, 9- mo., 18-mo., etc. to be provided at each location. If your organization will be using tele-communication, please describe when and how it will be used and describe all necessary Health Insurance Portability and Accountability Act HIPAA procedures.
- c. **INTAKE INTERVIEW/ENROLLMENT PROCESS:** Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms. Please refer to **Title 9, Section 9848** for specific requirements. **Title 9, §9805 (a)(9)(D)**

- d. FACE-TO-FACE INTERVIEWS: Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made. Please refer to **Title 9, Section 9858** for specific requirements. **Title 9, §9805 (a)(9)(A)**
- e. EDUCATIONAL SESSIONS: Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session. Please refer to **Title 9, §9852** for specific requirements. **Title 9, §9805 (a)(9)(A)**
- f. GROUP COUNSELING SESSIONS: Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session. Please refer to **Title 9, Section 9854** for specific requirements. **Title 9, §9805 (a)(9)(A)**
- g. INDIVIDUAL COUNSELING SESSION: Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions. Please refer to **Title 9, Section 9856** for specific requirements. **Title 9, §9805 (a)(9)(A)**
- h. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM: Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used. Please refer to **Title 9, §9849** for specific requirements. **Title 9, §9805 (a)(9)(E)**
- i. REFERRAL TO ANCILLARY SERVICES: Provide a detailed description of the process to refer participants to ancillary services. Please refer to **Title 9, §9849 (d), and Title 9, §9862** for specific requirements. **Title 9, §9805 (a)(9)(G)**
- j. INTERPROGRAM TRANSFERS: Describe the procedures for transferring participants to and receiving participants who transfer from another state- licensed DUI Program. The description must address both the transfer in and transfer out process. Please refer to **Title 9, §9884** for requirements. **Title 9, §9805 (a)(9)(N)**
- k. PARTICIPANT DISMISSAL POLICY: Describe the policy and procedures for dismissing a participant. Please refer to **Title 9, §9886** for requirements. **Title 9, §9805 (a)(9)(O)**
- l. RE-ENTRY ACTIVITIES: Provide a detailed description of the re-entry phase for 18-month program participants. Please refer to **Title 9, §9851** for specific requirements. **Title 9, §9805(a)(9)(F)**
- m. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE: Please refer to **Title 9, §9805 (a)(9)(H)** for requirements.
- n. PROGRAM FEE REQUIREMENTS: Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify

the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. Please refer to **Title 9, Sections 9878 and 9879 of the CCR** for requirements.

- o. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE: Identify the documentation to be reviewed, frequency and level of staff to perform the review. **Title 9, §9805 (b)(1)**
- p. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF: Provide a copy of the schedule used to verify participant compliance with this requirement. **Title 9, §9805 (b)(1)**
- q. COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file. Please refer to **Title 9, Section 9851 (f)(1)(D-E)** for specific requirements. **Title 9, §9805 (b)**

#### **4. Company Profile**

- a. Provide a brief description of your company, including business structure, address, the total number of employees, overall industry experience, certifications, affiliations, and relevant experience. Support your capacity to perform the services detailed in this RFP.

#### **5. Approach:**

- a. Provide an analysis of the methodology developed to perform all required services and your response to the scope of work as referenced above. Please provide a detailed staffing plan. Explain how your approach to this project aligns with the service practices described above.

#### **6. References:**

- a. Please include at least three (3) references, including name, address, telephone number, and Email, for whom similar services have been provided.

#### **7. Price Proposal:**

- a. Provide a transparent fee schedule that outlines all of the costs associated with the required services, broken down by category of products and services, and all on-going costs for recommended or required services.

The proposal must include all requirements as listed and correlate to the Scope of Work outlined under this RFP.

**Conflict of Interest:** Proposer(s) shall disclose to the County any interest, direct or indirect, which could conflict in any manner or degree with the performance of service required. At the County's discretion, a potential conflict of interest, to the extent it is waivable, may be waived or factored into the final award decisions and/or a modified Scope of Work.

#### 4.0 Selection Process

The proposals received in response to this RFP will be screened by a selection committee. The selection committee will consider only the proposals which have been considered responsive to the RFP. Any proposal that fails to meet the RFP's requirements will be regarded as non-responsive and may be rejected. A proposal, which is in any way incomplete, irregular or conditional, at the County's discretion, may be rejected. The following criteria will be used in the evaluation of the potential consultants:

1. Qualifications
2. Approach
3. Experience and references
4. Proposed costs

The County may meet or interview any or all of the proposers during the evaluation process. A contract will be negotiated with one or more qualified entities selected during the evaluation process. Proposals not selected in the evaluation process may be awarded a contract should negotiations with the selected Proposer(s) prove unsuccessful. The County reserves the right to reject any and all proposals and reserves the right to waive any non-substantive defects in the proposals.

#### 5.0 General Information

Proposals must be submitted by way of mail, hand delivery, and/or electronic means, as described below:

- **Hand Delivery:** Hard copy proposals submitted by hand delivery must be received at Siskiyou County Administration Building, 1312 Fairlane Road, Suite A, Yreka, CA 96097 on or before **September 19, 2025** (ATTN: Sarah Collard, Ph.D., Director) Please note "RFP #25-03 on front of envelope.
- **Mailing:** Hard copy proposals by way of mail must be mailed to Siskiyou County Administration Building, 1312 Fairlane Road, Suite A, Yreka, CA 96097 and postmarked by **September 19, 2025**. Please note "RFP #25-03 on front of envelope.
- **Electronic Copy Submittal:** Submit an electronic copy of the proposal via email. Electronic copies shall be emailed to [RFP\\_RFB\\_Submissions@co.siskiyou.ca.us](mailto:RFP_RFB_Submissions@co.siskiyou.ca.us) and must be received by **September 19, 2025**. Please include "RFP #25-03 in subject line.  
Proposers shall provide One (1) original copy with signature and Three (3) exact copies of the original by hand or mail delivery, as instructed above.  
Proposers submitting proposals electronically will only be required to send one signed copy.  
Proposers are asked to direct all inquiries related to the project(s) to Sarah Collard, Ph. D. by email, [scollard@co.siskiyou.ca.us](mailto:scollard@co.siskiyou.ca.us), or by phone at 530-841-4281.

The County will provide the following to assist the selected entity(s):

- Designate a person to act as the County's point of contact with respect to the work performed under the contract.
- Information, as legally allowed and reasonably attainable, in possession of the County that relates to the requirements of the project(s), or which is relevant for the project(s).
- Facilitate coordination with other entities, local agencies, organizations, and individuals if necessary.
- Advice on the project scope of work.
- Review and validation of project deliverables.

A contract award resulting from this RFP will be made without discrimination on any basis prohibited under state or federal law.

## **6.0 Attachments**

Attachment A:      Driving-Under-The-Influence Program Budget Requirements and Instructions

Attachment B:      MOU to be developed



## **Attachment A**

### **DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET REQUIREMENTS AND INSTRUCTIONS**

#### **GENERAL REQUIREMENTS**

The Department of Health Care Services is responsible for reviewing annual program budgets and cost reports, reference Title 9, Section 9878(h) of the CCR. The Department must ensure program fees are (1) set at an amount sufficient to cover the cost of administering and providing the required services, and (2) used only for the purpose set forth in Chapter 9, Section 11837.4(b)(2), of the Health and Safety Code. Therefore, a budget and standardized fee schedule are required to be submitted to the Department with the application.

If the Driving-Under-the-Influence (DUI) Program facility is multiservice (e.g., residential, nonresidential, prevention, etc.), a separate budget shall be prepared for the DUI Program portion.

DUI Programs are not required to provide separate budgets for first offender, 18-month and 30- month programs that operate at the same location/facility. However, if a single license has been issued for programs that operate at different locations/facilities, a separate budget is required for each location/facility.

#### **GENERAL GUIDELINES**

1. Complete forms DHCS/DUI 7825, 7830, 7835, 7840, and then transfer this information to form DHCS/DUI 7820.
2. Round off all amounts to the nearest dollar.
3. The budget forms are used to report projected costs and revenue.
4. The budget submitted with the application must be for a 12-month period and coincide with the state fiscal year of July through June.

#### **BUDGET SUMMARY**

1. Projected Fee Analysis - Enter the following information for the projected year in the proper corresponding columns.
2. Number of Clients.
  - A. No Fee: Enter the projected number of clients who will not pay any fees on Line 2A.
  - B. Incomplete Fee: Enter the projected number of clients who will pay only a partial fee due to termination or transfer on line 2B.
  - C. Full Fees: Enter the projected number of clients who will pay the full fee on Line 2C.
  - D. Total: Add lines 2A, 2B, and 2C and enter on line 2D.
3. Enter the percentage of total clients that will pay no fees on line 3A, incomplete fees on line 3B, full fee on line 3C and total on line 3D.
4. Enter the total projected amount to be collected for incomplete fees on line 4B, Full fees on line 4C, and total on line 4D.
5. Enter the projected average fee to be collected for incomplete fees on line 5B, full fees on line 5C, and total on line 5D.

6. Estimated Gross Revenue - Enter the amount from line 4D.
7. Personal Services - Enter the amount from line 5, Form DHCS/DUI 7825, Personal Services.
8. Operating Expenses - Enter the amount of Total Operating Expenses from Form DHCS/DUI 7830, Operating Expenses.
9. Equipment Depreciation - Enter the amount from line 2, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
10. Facilities Depreciation - Enter the amount from line 4, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.
11. Estimated Gross Budget - Enter the sum of lines 7, 8, 9, and 10.
12. Profit/Surplus - Subtract line 11 from line 6 and enter the amount.

**Bookkeeper:** Your in-house person who sorts bills, decides what type of expense each bill represents, and so forth.

**Accountant:** The person who is responsible for closing your books, preparing your financial statements and budgets.

**Auditor:** The independent, outside CPA who audits your accounting records. A CPA who can certify his/her statements is required.

## DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

Fiscal Year: \_\_\_\_\_

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients				
3) % of Total Clients				
4) Total Amount to be Collected				
5) Average Fee to be Collected				
<b>6) ESTIMATED GROSS REVENUE</b>			<b>\$ _____</b>	

Cost Summary:

	<u>Amounts</u>
7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ _____
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ _____
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ _____
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ _____
11) <b>ESTIMATED GROSS BUDGET</b>	<b>\$ _____</b>
12) <b>Profit/Surplus</b>	<b>\$ _____</b>

=====

Bookkeeper: \_\_\_\_\_ Auditor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Telephone: \_\_\_\_\_

## **PERSONAL SERVICES**

### **1. Personnel Services**

- A. Position Classification - Enter **all** positions relative to the driving-under-the-influence (DUI) program in column A.
- B. Salary Range - For each position listed in column A, specify the salary range in column B. A salary range shall be shown to include anticipated wage increases for the reporting year.
- C. Number of Months/Weeks or Hours - List the number of months/weeks or hours each position will be filled in column C.
- D. Annual Salary - For each position itemized in column A, enter the total actual salary or the amount of budgeted salary in column D.
- E. DUI Program Percent of Time - Enter the percentage of salary time each position will devote to the DUI program in column E.
- F. DUI Program Annual Salary - Show the total actual DUI Program salary or the amount of budgeted salary for each position itemized under the Position Classification in column F. If DUI Program staff provide services to other programs, personal services costs shall be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program.

**2. Total Salaries** - Enter the sum of all salaries shown in column F.

**3. Staff Benefits** - Enter total staff benefits for a) OASDI, b) Unemployment, c) Health Insurance, d) Worker's Compensation or e) any other benefits under Benefit Costs.

**4. Total Staff Benefits** - Enter the sum of 3a, b, c, d, and e on line 4. A percentage figure may be used in projecting staff benefits budgeted.

**5. Total Personnel Services** - Enter the sum of lines 2 and 4 on line 5.

## DRIVING-UNDER-THE-INFLUENCE PROGRAM PERSONAL SERVICES BUDGET

### 1) PERSONAL SERVICES:

A POSITION CLASSIFICATION	B SALARY RANGE	C # OF MONTH/ WEEKS/ HOURS	D ANNUAL SALARY	E DUI PROGRAM PERCENT OF TIME	F DUI PROGRAM ANNUAL SALARY
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
	\$_____ \$_____				
<b>2) TOTAL SALARIES</b> <span style="float: right;">\$_____</span>					

### 3) STAFF BENEFITS

- |                            |          |
|----------------------------|----------|
| a) Social Security (OASDI) | \$ _____ |
| b) Unemployment Insurance  | \$ _____ |
| c) Health Insurance        | \$ _____ |
| d) Worker's Compensation   | \$ _____ |
| e) Other (specify)         | \$ _____ |

### 4) TOTAL STAFF BENEFITS

(please indicate the %, if used) \_\_\_\_\_% \$\_\_\_\_\_ **TOTAL**

### 5) PERSONAL SERVICES \$\_\_\_\_\_ (Enter on DHCS/DUI 7820R, Line 7)

*NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY.  
APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.*

## **OPERATING EXPENSES**

Operating expenses shall include all other direct cost line items, such as rent, mortgage interest, travel and subsistence, supplies, insurance, contractors, etc. A line item for rent must identify the number of square feet to be utilized for the driving-under-the-influence program, and the cost per square foot. A line item for equipment rental must identify the type of rental equipment. If rental of space is shared, show the prorated amounts and explain the basis of the allocation of costs on DHCS/DUI 7840 (Budget Justification).

Under Contracts, list only those contracts for direct services. Contractor's cost must be fully explained and justified, including the cost per hour and number of hours on DHCS/DUI 7840, Budget Justification.

Staff Education/Training/Travel includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.

You may charge off interest on loans taken out to cover operating expenses or meet payrolls. Please show loan expense under titled "Interest Paid" operating costs.

You may pay for professional association/organizational memberships and professional periodical subscriptions related to alcohol and drug programs.

***NOTE: LINE ITEMS LISTED ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE OPERATING EXPENSES.***

**DRIVING-UNDER-THE-INFLUENCE PROGRAM OPERATING EXPENSES  
BUDGET ANNUAL COST**

Rental of Space = \$_____/sq. ft. x _____ sq. ft. x _____ (time) \$_____	
(If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ _____
Telephone	\$ _____
Insurance	\$ _____
Overhead	\$ _____
Maintenance & Repair of Buildings (Routine)	\$ _____
Maintenance & Repair Office Equipment	\$ _____
Maintenance of Automobile Equipment	\$ _____
Maintenance & Repair other Equipment	\$ _____
Cleaning & Janitorial Supplies/Services	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Printing & Reproduction Services	\$ _____
Postage	\$ _____
Stationery & Office Supplies	\$ _____
Rental of Equipment	\$ _____
Educational Materials	\$ _____
Travel	\$ _____
Staff Education/Training	\$ _____
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ _____
County Program Monitor Costs	\$ _____
State Program Monitor/Approval Costs	\$ _____
Interest Paid	\$ _____
Property Taxes	\$ _____
Other Taxes (specify)	\$ _____
Other (specify)	\$ _____

**TOTAL OPERATING EXPENSES:**

**\$ \_\_\_\_\_**

(enter on DHCS/DUI 7820, line 8)

Please list any other budget items on the lines below

**Detail Budget -Other**

Category Item/Service	Quantity (Year 1)	Cost (Year 1)
Other		
Other		