

## Request for Proposal

### **Assertive Community Treatment (ACT)**

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#### **Proposal Package**

Attachment A: Assertive Community Treatment Fidelity Scale and Protocol

Attachment B: State of Iowa ACT Program Standards (12/18/03)

Attachment C: RFP ACT Budget Detail

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## A. Information and Background

### State Program

Iowa Code 2015, Chapter 331, Part 6, Mental Health and Disability Services-Regional Service Systems charges designated mental health and disability services regions to develop evidence based community supports to advance the inclusion of individuals with persistent mental illness in their communities.

### Local Program

The County Rural Offices of Social Services (CROSS) plans to facilitate the implementation of an ACT Team. Regional ACT funds will be utilized to serve adults with serious and persistent mental illness who are residents of the CROSS region. The overarching goal of establishing an ACT program is to provide eligible persons with coordinated support services to enable them to live in the community in the least restrictive environment, with minimal dependence on and use of public safety and acute care resources. The ACT program is consistent with the CROSS Administration priorities of recovery based mental health services, increasing individual employment, and reducing criminal justice involvement.

The CROSS Regional values/goals for the ACT Team is:

- Services are person-centered, support recovery, and are not coercive;
- Individuals and family members are involved in planning, both at the region and local levels;
- Independent housing and employment for individual are priorities; and
- Services must result in sustained overall reduction in hospital utilization.

CROSS expects that the successful implementation of an ACT team will create an alternative resource that will allow for the planned reduction of residential care facility beds, allowing these resources to be used for crisis, transitional, respite and sub-acute services.

## ACT Model

ACT is an evidence based service-delivery model, with the primary goal of recovery through community treatment and habilitation. It serves individuals with the most challenging and persistent problems. Priority is given to people with schizophrenia, other psychotic disorders, and bipolar disorder. Individuals with primary diagnoses of dementia, intellectual disability, or substance, personality, or organic disorders, are not the intended recipients.

The program provides psychiatric services, case management, supportive counseling and psychotherapy, housing support, substance abuse treatment, employment support, and rehabilitative services. 24 hour crisis support is included, as is team involvement with hospital admissions and discharges.

The team is assertive, not coercive. Care is based in the community and is intensive and frequent. Team members also meet with individuals in the individual's support network. Patient retention is high, and there is no time limit on receiving ACT services.

With a low staff to patient ratio, a typical team consists of:

- ACT leader
- Psychiatrist
- Psychiatric nurses
- Employment specialists
- Substance abuse specialists
- Certified Peer Specialist
- Program assistant
- Additional mental health professionals

Programs that adhere most closely to the ACT model are more likely to get the best outcomes.

## **B. Intent**

It is the intent of this Request for Proposal (RFP) to solicit a respondent(s) to implement an ACT Team that will serve a minimum of 40 individuals who have a severe and persistent mental illness and are:

1. Currently hospitalized or are at risk of being hospitalized, or
2. Incarcerated and due to be released in the County Rural Offices of Social Services region; or
3. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available; or
4. Having significant difficulty maintaining a safe living situation and/or meeting basic survival needs or residing in substandard housing, homeless or at imminent risk of becoming homeless; and
5. Residing in the CROSS region or a resident of the CROSS region living in a residential facility outside the region.

## C. Minimum Application Requirements

1. Each Minimum Qualification and item in the Evaluation Criteria will be addressed. Organize responses in the same order as the items are shown in the RFP.
2. Responses will be prepared simply and economically, providing a straightforward and concise, but complete and detailed description of your ability to meet the requirements outlined in this document. Emphasis will be on the completeness of content.
3. The response must use standard size type (a font size of no less than 12 points) and must be on 8.5 X 11-inch white paper.
4. Responses will contain, in the following order:
  - a. Proposer Qualifications
  - b. Scope of Work
  - c. Proposed Budget
  - d. Proposed Budget Narrative

## **D. Proposal Qualifications**

The following are the minimum requirements the proposer, hereafter referred to as the Agency, and must demonstrate in order to continue in the proposal review process. AGENCIES THAT FAIL TO MEET THESE REQUIREMENTS WILL NOT BE REVIEWED

- A. The Agency must be able to provide services in compliance with PL 101-645 Title V, Subtitle B; Part 438 Balanced Budget Act (BBA); 45 CFR Health Insurance Portability and Accountability Act (HIPAA), Pacts 160 and 164; the Iowa Code section 249A.4 Chapters 77-79; Iowa Administrative Code (ARC 441-77.38(249A)); and the CROSS Administration Policies and Procedures and its revisions.
- B. The Agency must be able to submit the required data set in CROSS approved format to the CROSS CEO on a monthly basis.
- C. The Agency must submit with the proposal a transmittal letter signed by an individual authorized to legally bind the organization to fulfill the RFP requirements. The letter will include a statement indicating the legal entity, licensure, and tax status of the organization(s) responding to the RFP, and the name, title, mailing address, telephone, and fax number of the individual(s) to be contracted by CROSS during the proposal review and selection process.
- D. Include a statement attesting that ACT funding will not be used to supplant any existing housing or mental health programming.

## Scope of Work

### 1. Goal

To implement a high fidelity ACT project, promoting recovery through community treatment and habilitation that will result in a reduction in the utilization of acute and institutional services.

### 2. Number of Program Individuals to be served

The Agency must enroll 50 or more individuals with a minimum average of 50 unduplicated individuals per ACT program by December 31, 2017 and thereafter.

### 3. Definitions

- a. See Attachment B, Iowa ACT Standards (Draft 12/18/03)

### 4. Program requirements

- a. The ACT Team will maintain fidelity and credentialing to receive Medicaid reimbursement. The ACT Fidelity Scale that CROSS is supporting is the Dartmouth Assertive Community Treatment (DACT) scale (Attachment A). The State of Iowa ACT program standards are included as Attachment B Use of the ACT evidence based practice kit by Substance Abuse and Mental Health Services (SAMHSA) is expected.

- b. The successful bidder(s) for this Request for Proposals (RFP) will demonstrate an ability and willingness to effectively integrate the use of the practice of Interactive Journaling® into the delivery of services to the target population.

Interactive Journaling (IJ) is an experiential and reflective writing process by which clients experiencing various mental health issues are guided and motivated toward positive life change. It is included in the National Registry of Evidence-based Programs and Practices (NREPP), SAMHSA's searchable online database of empirically-supported mental health and substance use interventions.

Interactive Journaling encompasses elements from the Trans-theoretical Model of Change (TMC) and Motivational Enhancement Therapy (MET). The TMC views behavior change as a process involving several stages beginning with pre-contemplation and progressing through contemplation, preparation, action, maintenance, and finally termination. MET is a directive, non-confrontational, therapeutic approach whereby clients are led through the process of assessing their current situation and determining what strategies might be employed to assist them in identifying and achieving behavior change. Motivational Interviewing, a component of MET, is a style of communication that operates on the premise that clients are best suited to achieve change when motivation comes from within themselves, rather than being imposed by the clinician.

IJ builds on this foundation through guided questioning strategies and graphic-enhanced text designed to aid clients in examining the emotions and thoughts surrounding maladaptive behaviors via the Journaling process.

An MET approach is appropriate for clients with a drug or alcohol use disorder or other mental health condition and may facilitate their progression through the various stages of change included in the TMC.

Service providers will document in their treatment plans and patient progress notes how the practice of Interactive Journaling is being delivered and the patient responses. In addition to the Interactive Journals provided to the clients, the IJ systems provide Facilitator Guides for the staff delivering services, which enable implementation with fidelity. Some level of staff training on delivering the practice of IJ is expected and should also be documented in the response to the RFP.

## 5. Collaboration

- a. The Agency shall establish collaborative working relationships with families, identified natural supports and individuals to enlist their involvement in the ongoing planning and evaluation of ACT services.
- b. The Agency shall establish collaborative working relationships with law enforcement, community-based organizations involved in service delivery to the target population including faith communities, drop-in centers, meal programs, shelters, health clinics, and other similar organizations, as well as the local emergency rooms, and Designated Crisis Responders (DCRs) and/or Designated Mental Health Professionals (DMHPs).
- c. The Agency shall participate in the planning and collaboration of local continuum of care committees affecting ACT individuals.
- d. The Agency shall develop and maintain productive working relationships with housing providers that provide housing for the ACT individuals.
- e. The Agency shall establish collaborative working relationships with mainstream education and employment services, such as the Work Source Centers, the Division of Vocational Rehabilitation and Community Colleges.

## 6 Reporting Requirements

### a. Data Collection

- i. The Agency will collect and report participant data to the CROSS Administration Information System according to the CROSS Administration Policies and Procedures and the contract.
- ii. The Agency will collect and report quarterly outcome measures as determined by consensus of Iowa ACT teams. Current measures can be found on the Iowa Consortium for Mental Health website.

## 7. Reports

- a. The Agency will submit regular reports to CROSS Administration on progress as required by the contract.
- b. The Agency will participate with CROSS Administration in measuring, reporting, and evaluating the project.
- c. The Agency will provide CROSS Administration or its designee access to all necessary data and data sources required for completion of the evaluation process.
- d. Failure to submit required reports within the time specified may, result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.

## 8 Record Keeping

- a. The Agency will maintain records that adequately identify the source and application of funds provided for financially assisted activities.

## 9 Fidelity Scale Ratings - The agency will use the DACTS to assess if the proposal follows the ACT Model.

- a. The Agency will engage an external review group to administer the DACTS assessment of the ACT fidelity scale
- b. The Agency will submit to CROSS a copy of the annual external review within 30 days of completion.

## Timeline for Project Start-Up

### Schedule of Activities

<b>Date</b>	<b>Action</b>
June 1, 2016	Release of RFP
June 6, 2016 10AM to 12PM	Bidders Conference at CROSS*
June 8, 2016 by 4 PM	Deadline for Question Submittal
June 10, 2015	Deadline for letter of intent submission**
June 15, 2016	CROSS Question Response Released
July 5, 2016	Submission Deadline
July 12-13, 2016	Evaluation of written Proposals Interviews (if conducted)
July 26, 2016	RFP awarded
August 1 to 10, 2016	Contract Negotiation
August 15, 2016	CROSS begins contracting with ACT
August 22, 2016 thru September 30, 2016	Provider Development of ACT infrastructure, including recruitment, hiring and team building activities.
October 1, 2016 thru December 31, 2016	ACT teams are staffed and fully trained
December 1, 2016 thru March 30, 2017	Initiate identification, engagement and enrollment of ACT program individuals.

\*Bidders Conference will be held at the Decatur County Community Services Office, 201 NE Idaho St., Leon, Iowa 50144 phone: 641-446-7178 Fax: 641-446-8208

\*\* Letter of Intent should include the following:

- Name of Agency
- Contact Information
- Contact Person

The Letter of Intent should be sent to: Decatur County community Services Office  
201 NE Idaho St.  
Leon, Iowa 50144  
Attn: Kathy Lerma

OR email: [deccpcc@decccs.org](mailto:deccpcc@decccs.org) by 5pm June 10, 2016

## **F. Funding**

The annual amount of funds available for the Project will depend on the Agencies projected start-up costs and progressive enrollment of pre-screened CROSS funded individuals currently supported in residential care facilities. The Agency must provide a letter of support from each of the designated Managed Care Organizations stating their willingness to add this service to their contract for members they determine eligible. The intent of the terms of the negotiated contract with the winning bidder will be to cost settle the first year of operation to ensure the sustainability of the service.

### **1. Operating Expenses**

- a. The Agencies will use a modified Financial and Statistical Report for Purchase of Service Contracts provided by CROSS for a partial year budget and a second report for the period.
- b. Negotiated start-up costs (not to exceed two months of operating expense) will be allocated after a properly executed contract. The proposal for startup activities and costs should be included in the RFP annual budget for the period 2016.

### **2. Availability of ACT Funds**

- a. Program start-up funds will be available after the RFP process has been completed and a contract negotiated and signed.
- b. CROSS will guarantee reimbursement at the Medicaid rate for all clients assigned to an Agency ACT team for the period of intake until the Agency secures MCO credentialing and is able to bill Medicaid for the individual.
- c. The Agency agrees to only accept CROSS designated referrals until credentialed and able to receive Medicaid reimbursement for applicants.

## **G. Proposal Evaluation Criteria**

A total of 1150 points will be awarded for the written response to the RFP in the following categories:

1. Agency Qualifications (225 points)
2. Services to be Provided (440 points)
3. Housing (155 points)
4. Evidence Based/Promising Practices to be provided (50 points)
5. Collaboration (70 points)
6. Budget Detail and Narrative (110 points)
7. Agency Performance on current and past projects and contracts (50 points)
8. Optional Interview (50 points)

### Agency Qualifications

Points in this category will be awarded based on the extent to which the Agency can demonstrate experience with the identified areas described below. Proposals representing conjoint or consortium applications should describe the qualifications of each of the agencies in the consortium.

The Agency must demonstrate a commitment to the recovery model and willingness to implement recovery-based practice guidelines and recovery training/coaching for staff.

The proposal should describe and document the Agency's experience with:

1. Providing services to adult persons with mental illness who are transitioning from institutional care, including state and local hospitals, and jails. (10)
2. Providing mental health services in the geographic area, e.g. rural, in which the ACT Team will operate. (10)
3. Engaging difficult-to-serve persons for whom standard case management services are not successful with intensive outreach and engagement strategies. (15)
4. Providing 24-hour 7 days a week face-to-face crisis response. (10)
5. Provision of multidisciplinary team services for individuals who experience mental illness. (10)
6. Provision of evidenced-based practices including those evidence-based practices that require ongoing fidelity measurement including ACT, Integrated Dual Diagnosis Disorder Treatment, Family Psycho Education and Inclusive Customized Employment. (15)
7. Providing integrated co-occurring disorder treatment. (15)

8. Providing comprehensive assessment services including co-occurring disorder/assessment (10)
9. Provision of services that promote community tenure and/or reduce recidivism (include outcome data that demonstrates current program performance where available). (20)
10. Interfacing with the criminal justice system, including police, the Department of Corrections, other jails and courts, (20)
11. Interacting with financial entitlement programs to access benefits for eligible persons (10)
12. Working with affordable housing providers, public housing authorities, and other housing resources to secure housing. (20)
13. Development of housing resources, procuring subsidies and capital housing projects (20)
14. Providing housing support services. (20)
15. Providing culturally relevant services to diverse populations. (10)
16. Involving program individuals and their families in the conceptualization, planning, implementation and evaluation of mental health services. (10)
17. Involving program individuals and their families in the conceptualization, planning, implementation and evaluation of mental health services. (10)

## Services to Be Provided

Points in this category will be awarded for complete, coherent and realistic descriptions of the services to be provided. Proposals must demonstrate that the agency understands the ACT model with high fidelity. Please respond to each of the content areas below. Proposals should describe, in detail, the agency's plan for each of the area's below.

### Staff Composition, Roles, Hours of Operation, and Training:

1. Describe how the Agency will staff and structure the ACT team to provide a low participant to staff ratio and provide services seven days a week 365 days per year. Include the number of staff scheduled each day and how many hours they are scheduled. (30)

2. Describe how the Agency will staff and structure the ACT team to provide 24/7 weekly face-to-face crisis response and intervention. (20)

3. Describe how the agency will utilize a team approach to sharing caseload responsibility. (10)

4. Describe the Agency's plan to outreach and engage persons from CROSS, local psychiatric hospitals, local jails, residential facilities, and other persons who are high utilizers and at risk of hospitalization at CROSS. (20)

5. Describe the activities and tasks staff will perform during non-traditional hours (Saturdays, Sundays, holidays).(20)
6. Describe the role and responsibility of the paid peer counselors on the team.(20)
7. Describe the role and responsibility of the nurse and psychiatrist on the team.(10)
8. Describe the Agency's staffing plan, including disciplines, position titles, qualifications, number of positions, and full time equivalents, for this project.(10)
9. Describe the Agency's program start-up, team building and staff training activities. Provide a program implementation schedule, including start-up to full implementation. Describe Agency's ability to meet start-up timelines specified in section H. The CROSS Region will work collaboratively with the ACT Team to identify training resources.(20)
10. Describe in detail the training needs of program staff, including specific staff competencies and practice guidelines needed to implement the ACT model. Include sources of the training and an approximate schedule.(20)

#### Program Size, Location and Intensity:

1. Describe the geographical area or areas in which the ACT Team will operate and how services might meet the needs of persons from different parts of the region. (20)
2. Describe the Agency's plan for service intensity or amount of face-to-face time with each individual per week.(20)
3. Describe the Agency's plan for frequency of contact or number of face-to-face contacts for each individual per week.(20)
4. Describe Agency's plan to serve individuals being referred outside the area the ACT is implemented.(15)

#### Admission and Discharge Activities:

1. Describe how the Agency will be involved with individual hospital admissions and discharges. Describe how the Agency can effectively transition attributed CROSS members currently funded in residential care facilities.(15)
2. Describe the Agency's criteria for graduating and transitioning individual from the ACT Team and how it will affect their housing.(20)

### Team Communication and Planning:

1. Describe how the Agency will structure team meetings and communication among team members regarding client status. (15)
2. Describe how the Agency will conduct recovery training, coaching and treatment planning and who will be involved. (20)

### ACT Services:

3. Describe the Evidence Based Practices/Promising Practices to be delivered to individuals. (25)
4. Describe how protective payee services will be structured for individual. (10)
5. Describe how treatment issues related to older adults will be addressed. (10)
6. Describe how the recovery model will interface with the ACT model. (20)
7. Describe the range of treatment philosophies and intervention strategies that will be used by the Agency in response to homeless persons with a mental illness and co- occurring mental illness and substance abuse. (15)
8. Describe the Agency's plan to assist individual to make connections and to integrate into their new community and neighborhood. (15)
9. Describe the Agency's plan to assist individual in strengthening existing and building new natural supports in their community. (15)
10. Describe how the Agency will provide employment and/or education services, the employment model and practices that will be utilized, including at what point in the engagement/enrollment process employment/education is introduced to the participant. (15)
11. Specify the nature of any services that are to be subcontracted, the service(s) and the subcontractor(s), if any. (10)
12. Describe how the Agency will assist individuals in learning the skills necessary to meet their obligations as tenants. (10)
13. Describe how the Agency will provide dental and medical/health assessments and services. (10)
14. Describe the Agency's plan to ensure transportation is available to ACT individuals for scheduled and emergency appointments. Include the Agency's capability to transport. (15)
15. Describe how the Agency will assist individuals with their medication management needs. (10)

16. Describe how the Agency will provide accessibility of services for minority and non- English speaking persons. (10)
17. Describe how the Agency will provide gender, age, ethnic and culturally relevant services and address related factors such as geographic and economic environments. (15)
18. Describe how the Agency will assist and expedite eligible individual in obtaining income support services, including food stamps, Supplemental Security Income, Medicaid benefits and/or other entitlements. (10)

Housing:

1. Describe if any of the Agency's existing housing resources will be specifically identified for ACT individuals. (20)
2. Describe the Agency's expertise and experience in developing subsidized housing. (20)
3. Describe the Agency's plan to develop, acquire and/or partner with a housing provider or property owner for new long-term housing resources. Include a detailed plan on how housing costs will be subsidized for individuals in ACT, including but not limited to, housing authority vouchers. (30)
4. Describe how the Agency will provide, develop and/or partner for transitional housing in the event permanent housing is unavailable. (15)
5. Describe the Agency's plan to partner with harm-reduction (abstinence encouraged) housing resources. (15)
6. Describe the Agency's plan and budget amount to provide emergency and planned respite for program individuals who need to leave their housing unit on short notice, either temporarily or permanently. (20)
7. Describe the housing support services that will be provided to clients to ensure they meet the obligations of tenancy and integrate successfully with their surrounding community. (20)
8. Describe the Agency's plan and budget amount for an emergency repair fund for housing unit repairs incurred by tenants. (15)

Evidence-based/Promising Practices:

Points in this category will be awarded based on the understanding of evidenced-based/promising practices and the likelihood of the being successfully integrated. Practices that should be considered in this group should include but may go beyond SAMSHA's Evidence-based Practices of Integrated Dual Disorder Treatment, Customized Employment, Illness Management and Family Psycho-Education.

The Agency should demonstrate a commitment to evidence-based practices and a willingness to implement evidence-based guidelines, train staff to the practices and monitor fidelity to these standards.

Proposals should describe the Agency's plan of each of the areas below:

1. Describe which evidence-based practices the agency believes are feasible in this ACT program at the existing funding level. (10)
2. Describe how the Agency will staff and structure their staff to meet the ACT requirements and the evidence-based practice standards. (10)
3. Describe the Agency's start-up plan and time-schedule for each of the evidence-based practices within the ACT.
4. Describe the training needs of program staff to implement each of the evidence-based practices the Agency commits to develop within the ACT. (10)
5. Describe how the funds will be allocated to implement evidence-based practices within the ACT. (10)

Collaboration:

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1. Describe the Agency's plan for developing collaborative working relationships with local police jurisdictions, hospitals, and community health clinics, jails, local DSHS CSO offices, homeless service providers, and CROSS Service coordinators, Designated TCM providers and Administration. (20)
  2. Describe the Agency's plan to collaborate with mainstream and other employment and education programs/services. (20)
  3. Provide a description of the process that will be implemented for involving families, natural supports and ACT individual in the conceptualization, planning, implementation and evaluation of the individual's recovery plan. (20)

Budget Detail and Narrative:

1. Provide an annualized (12-month period) Line Item Budget.
2. Provide detailed information of the staffing configuration and the costs for proposed staffing as required in Attachment B. (25)
3. Specify the source and amount of any funds and resources to be used from other sources. (25)

Describe how the budget sufficiently supports the proposed response to the requirements of the RFP. (15)

1. Describe how records will be maintained identifying the source and application of funds provided. (10)
2. Identify any start-up funds needed to implement the program, including a training budget.(10)
3. Provide a program budget per Attachment C. (15)

## Agency Performance of Current and Past Projects and Contracts

Points will be awarded in this area based on Agency performance as reflected in site visit performance information, success in implementing new projects according to award specifications, demonstrated fiscal management, and demonstrated compliance with contract reporting requirements. (50)

## Optional Interview

If a selection cannot be made based on the written proposal evaluation and the agency performance rating alone, CROSS Administration shall elect to interview the top two or more Agencies. Interviews will be worth 50 points. If interviews are conducted, the final award would be based upon the total points awarded for the written evaluation, Agency performance and the oral interview. (50)



## **I. General Procurement Information**

### **RFP Amendments**

CROSS may, at any time before execution of a contract, amend all or any portion of this RFP. CROSS will mail any RFP amendments to you. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in line shall be controlling.

### **Retraction of this RFP**

CROSS is not obligated to contract for the services specified in this RFP. CROSS reserves the right to retract this RFP in whole, or in part, and at any time without penalty.

### **Rejection of All Proposals**

This RFP does not obligate CROSS to contract for services specified herein.

### **Most Favorable Terms**

Cross reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms that the proposer can put forward. There will be no best and final offer procedure. CROSS reserves the right to contact a bidder for clarification of its proposal.

The proposer should be prepared to accept this RFP for incorporation into a contract from the RFP. Contract negotiations may incorporate some or the entire proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to CROSS.