Request for Proposal

Access Center and Mobile Crisis

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| Funding Opportunity Title | Rural Mental Health Access Center |
| Due Date for Applications | May 8, 2018 by 11PM |
| Estimated Number and Type of Awards | One |
| Anticipated Funding | $2,500,000 over grant period |
| Cost Sharing / Match | $250,000  |
| Project Period/Period of Performance | 7/1/2018 through 6/30/2020 |

Proposal Package

Attachment A: In-Kind Forms

 Attachment B: Minimum Data Set

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A. Information and Background

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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 core and core plus mental health services including crisis services.

Local Program

Iowa Code 2015, Chapter 331, Part 6, Mental Health and Disability Services-Regional Service Systems charges designated mental health and disability service regions to develop evidence=based community supports, core and core plus services to advance the treatment and inclusion of individuals with persistent mental illness in their communities. April 18, 2017 Senate File 504 was passed and required Regions to submit community service plans addressing complex needs individuals’ mental health services to DHS by October 16, 2017 that included:

* Planning and implementation time frames,
* Assessment tools to determine effectiveness in achieving the department’s identified outcomes for success in the delivery of, access to, and coordination and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability, and substance use disorder needs.
* Financial strategies to support the plan including combined funding from different sources, especially Medicaid.

The CROSS Region completed the 504 workgroup sessions and submitted the region’s plan for addressing service delivery, access, and continuity of services for individuals with complex mental health, substance use disorder and disability needs. An integral part of the CROSS Region’s plan is to facilitate the creation of an access center that will provide assessment, evaluation and medical clearing of individuals seeking emergency psychiatric care, and will also include the following services, 23-hour hold beds, subacute, crisis stabilization residential services, peer support counseling, warm line, mobile crisis services and coordination services to link with the ACT and ISTART programs operating within the region.

B. Purpose

It is the purpose of this Request for Proposal (RFP) to solicit a respondent(s) to implement an Access Center that will provide crisis assessment, evaluation and medical clearing of individuals seeking emergency psychiatric care and will also include:

* Psychiatric Subacute Services,
* 23-hour hold beds,
* Crisis stabilization residential services,
* Peer support counseling,
* Peer warm line,
* mobile crisis services,
* Care coordination services, and
* Development of policies and procedures to work closely with the CROSS RHD ACT program and ISTART programs operating within the region.

CROSS expects the successful implementation of the access center and coordination of services will:

* Improve access to crisis services,
* Reduce the utilization of medical emergency departments for mental health crisis,
* Reduce incarceration of individuals in crisis,
* Improve the quality of crisis care for individuals seeking mental health crisis services,
* Reduce inpatient hospitalization of individuals with a mental health or substance abuse disorder; and
* Improve outcomes for complex needs individuals with mental health, substance abuse and disability.

CROSS also expects the utilization of evidenced-based practices(EBP) as part of the access center’s operational structure. The EBP’s thought to be most relevant are:

* Strength Based Case Management (To be utilized with Crisis Stabilization Residential Services, Sobering Center, 23-hour hold beds until referral to other appropriate services can be obtained.) (*i.e. ACT, ISTART, IHH, waiver or habilitation services)*.
* Integrated Co-Occurring Disorder Treatment
* Family Psycho-education
* Illness Management Recovery (Utilized with Crisis Stabilization Residential Services and Peer Support Counseling services.) (The intent is for peer support specialists to take the IMR training and be involved in implementation.)

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C. Eligibility Information

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

* 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-Chapter 24(225C); Iowa Code Chapter 135G; Iowa Administrative Code 481 Chapter 71; and the CROSS Region Management Plan and its revisions.
* The Agency must be able to submit the required data set in CROSS approved format to the CROSS CEO on a quarterly basis.
* 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 contacted by CROSS during the proposal review and selection process.
* Your Agency must locate the Access Center within the CROSS Region.
* Include a statement attesting that Access Center grant funding will not be used to supplant any existing crisis or mental health programming.

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any state or federal department or agency.

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**Applicant Organization Types**

1. If your organization is a nonprofit entity **one** of the following documents must be included in the RFP to prove nonprofit status (not applicable to state, local government entities):
* A letter from the IRS stating the organization’s tax-exempt status under section 501(c)(3);
* A copy of a currently valid IRS Tax exemption certificate;
* Statement from a state taxing body, state attorney general or other appropriate state official certifying that your organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
* A certified copy of the organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
* If the applicant is an affiliate of a parent organization, a copy of the parent organization’s IRS 501(c)(3) Group Exemption letter.
1. A consortium of providers may apply for this grant. Only one consortium member will serve as the applicant of record and you as the applicant organization are required to meet the ownership requirements listed above. Other consortium members do not have to meet the ownership and geographic eligibility requirements.
2. For-profit organizations are not eligible to be the applicant organization but are eligible to be consortium members. Nonprofit organizations that support the delivery of mental health care are eligible consortium members and applicants. Examples of eligible consortium member entities include hospitals, mental health centers, Federally Qualified Community Health Centers, primary care service providers, substance abuse service providers, social service agencies, and emergency services providers.
3. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a Memorandum of Understanding/Agreement (MOU/A).
4. For the purposes of this grant program, a consortium is defined as an organizational arrangement among two or more separately owned local or regional health care providers in which each member has their own EIN number and has a substantial role in the project.

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**Management Criteria**

The applicant organization (if awarded, will be the awardee of record) must have financial management systems in place and must have the capability to manage the grant. Your organization must:

* Exercise administrative and programmatic direction over grant-funded activities;
* Be responsible for hiring and managing the grant-funded staff;
* Demonstrate administrative and accounting capabilities to manage the grant funds; Have at least one permanent staff at the time a grant award is made; and
* Have an Employer Identification Number (EIN)from the Internal Revenue Service.

**Cost Sharing/Matching**

The applicant should provide $250,000 of in-kind match as part of the cost sharing for this project. In-kind or matching contributions are donations of goods, facilities, or services used to meet the matching requirement for this RFP. You may use property, facilities, cash from your agency or a consortium member if you have created a consortium for this project. The in-kind match should only include allowable donations per 2CFR 200 Uniform Guidance. See especially, 200.306 Cost sharing or matching (b), (d)-(j).

Use the templates, or similar form, in attachment A.

All in-kind items reported must:

* Be provided by the grant recipient, or consortium member.
* Be for allowable costs and activities that were included in your approved project budget.
* Be supported by documentation that corroborates the fair market value of the goods or services provided.

**Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this notice.

Any application that fails to satisfy the deadline requirements referenced in H. Decision Process will be considered non-responsive and will not be considered for funding under this notice.

Note: Multiple applications from an organization are not allowable.

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**Program Requirements**

Iowa Administrative Code 441-Chapter 24, Iowa Administrative Code 481-Chapter 71, Iowa Code chapter 135G, See attachments A, B, C, and D.

Reporting Requirements:

 Data Collection

* The Agency will collect and report participant data to the CROSS CEO on a quarterly basis. The reports will include the minimum data set in Attachment B.
* Quarterly submission will also include data requirements for each service component and fidelity reports for each evidenced-based practice.
* Financial reports indicating all expenditures, accounts payable, income from all sources, in-kind contributions, accounts receivables, and a balance sheet.

 Reports

* The Agency will submit regular reports to CROSS CEO on progress as required by contract.
* The Agency will participate with CROSS Administration in measuring, reporting, and evaluating the Center.
* The Agency will provide CROSS Administration or its designee access to all necessary data and data sources required for completion of the evaluation process.
* 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.

Record Keeping

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

Governing Board

The Access Center shall have a governing Board comprised of, at a minimum, voting members from the following areas:

* Two members from the Agency’s governing Board,
* CEO and one Board member from the CROSS Region,
* One member from law enforcement, and
* One provider of Home and Community-Based Services.

In addition to the voting members there will be two ex-officio, non-voting members with lived experience or a family member of an individual with lived experience.

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D. Application and Submission Information

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.

1. Responses will contain, in the following order:

* 1. Proposer Eligibility and Qualifications
	2. Scope of Work
	3. Proposed Budget
	4. Proposed Budget Narrative

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E. Scope of Work

Purpose: Development of an Access Center

Population Served: Age Group: 18 years and older.

Diagnostic Group: Individuals in crisis that may also have a mental health or serious mental health or substance use disorder (SUD) need, or disability including complex needs.

Scope: Hours of operation will be 7 days a week, 24 hours a day for 365 days a year.

* + All individuals will be medically screened and appropriate referrals and/or transfers for medical treatment if deemed necessary;
	+ Individuals needing inpatient psychiatric hospital-level of care, the Center shall locate a bed in an appropriate facility and have transportation arranged from the access center. When deemed appropriate, the committal process shall be initiated, and the individual appropriately transported to the inpatient facility.
	+ Provide person-centered mental health and SUD assessments by appropriately licensed/credentialed professionals, including withdrawal management and peer support services, based on a comprehensive assessment;
	+ Provide or arrange to provide necessary physical health services;
	+ Provide linkages to needed services such as housing, employment, shelters etc.; and
	+ Provide individuals care coordination through a strength-based case management model that involves outreach, advocacy and robust coordination between case manager and individual with successful navigation and warm handoffs to the next service provider.

Individuals remaining at the center for treatment:

* Are medically stable;
* Do not need inpatient psychiatric hospital-level of care; and
* Do not have alternative, safe, effective services immediate available to them
* Shall be served on a no eject, no reject basis;

The Access Center Provider shall:

* + Be accredited for crisis-response services under 441-24 (225C) including twenty-four-hour access to crisis response, crisis assessment and evaluation, twenty-four-hour access to crisis response, warm line, 23-hour crisis observation and holding, crisis stabilization residential, mobile crisis and licensed as a mental health sub-acute provider;
	+ Be a licensed SUD treatment provider or have a cooperative agreement with and immediate access to SUD treatment services;
	+ Develop relationships with law enforcement, judiciary, and providers in the region and contracting regions to develop referral and committal procedures for individuals referred for assessment, treatment or referral to inpatient psychiatric care.
	+ Obtain contracts with the Managed Care Organizations (MCOs) for Medicaid reimbursable services by opening date.

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Service Component Description:

**Twenty- four Hour Access to Crisis Response – Crisis Evaluation and Assessment (441-24(225C)**

The purpose of 24-hour response is to provide access to crisis screening and assessment to de-escalate and stabilize the crisis. When the assessment indicates, a stabilization plan is developed to support the individual’s return to a prior level of functioning.

Crisis evaluation consists of two components: crisis screening and crisis assessment.

* Crisis screening determines the presenting problem and appropriate level of care.
* Crisis assessment determines the precipitating factors of the crisis, the individual and family functioning needs, and the diagnosis if present and an initial stabilization plan and discharge plan.

Eligibility for this service:

* Adult aged 18 or older.
* Individual experiencing a mental health crisis or emergency.

**Sub-Acute Services (Iowa Code Chapter 135G and IAC 481-71)**

CROSS has pledges for slots from two other regions to provide a total of 7 sub-acute beds for the access center.

Subacute mental health services are intended to be short-term, but over 24 hours, intensive, recovery-oriented services designed to stabilize an individual who is experiencing a decreased level of functioning due to a mental health condition as defined in Chapter 71.13(2).

Will be licensed through the Iowa Department of Inspections and Appeals for subacute care facilities as defined in Iowa Code Chapter 135G and Iowa Administrative Code 481-Chapter 71. The application process will follow Iowa Administrative Code 441-25.117-118(7).

Eligibility for this service:

* Adult aged 18 or older.
* Determined appropriate for the service by a mental health assessment; and
* Determined to not need inpatient acute hospital psychiatric services.

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**Crisis Stabilization Residential Services (CSRS) 441-24(225C)**

CSRS are a short-term services in a facility based setting designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and are provided in organization-arranged settings of no less than 3 and no more than 16 beds. The goal of CSRS is to stabilize and reintegrate the individual back into the community. CSRSs are designed for voluntary individuals who need a safe, secure environment less intensive and restrictive that an inpatient hospital. CSRS have the capacity to serve more than two individuals at a time. Must meet all applicable local, state and federal regulations and IAC rule 481- 57.50(135C) for operating another business or activity in the facility.

Eligibility for this service:

* Adult aged 18 or older.
* Determined appropriate for the service by a mental health assessment; and
* Determined to not need inpatient acute hospital psychiatric services.

The CSRS must be accredited under 441-24 (225C).

**23-Hour Crisis Observation and Holding 441-24 (225C)**

Twenty-three-hour observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than a hospitalization. Twenty-three-hour crisis observation and holding services may be a stand-alone service or embedded within a CSRS. Twenty-three-hour crisis observation and holding chairs can be utilized.

Eligibility for this service:

* Adult 18years of age or older; and
* Meets the standards for eligibility in 24.25(1) and admission criteria in 24.37(1).

 The service must be accredited under 441-24(225C)

**Mobile Crisis 441-24 (225C)**

Crisis response staff provide on-site, in-person intervention for individuals experiencing a mental health crisis. The mobile response staff provide crisis response services in the individual’s home or at locations in the community. Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes from dispatch.

Eligibility for this service:

An individual experiencing a mental health crisis or emergency where a mental health crisis screening is needed to determine the appropriate level of care. No age requirement.

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**Peer Support Counseling and Warm Line (441-24.35(225C)**

(These are two separate but related services)

The vision the region has for this service is to provide a walk-in access for individuals with mental health or substance abuse needs seeking recovery or struggling with maintaining recovery and needing support in improving their mental and physical wellbeing. Peer Support Specialists can also be incorporated in staffing the CRS and mobile crisis if they meet the staffing requirements for those services.

Peer Support Counseling: Provides peer to peer support for clients to assist them in reaching and maintaining their personal recovery goals. The Peer Support Specialist can serve as an advocate, provide information, help access community resources, and model competency in recovery and wellness. Peer Support Specialists promote skills for improving mental and physical wellbeing and increasing resiliency.  They promote self-determination and support peers in maintaining relationships and increasing a higher level of control and satisfaction over their lives.

Warm Line: A peer operated warm line is a non-crisis service an individual can access to talk with someone with lived experience with mental, behavioral health and trauma issues. The line provides a resource for individuals experiencing emotional distress but are not in crisis. The warm line provides non-judgmental listening, nondirective assistance information, referral, and triage when appropriate.

The service is for adults 18 years of age or older.

The service must be accredited under 441-24(225C).

The Peer Support Specialist working in these programs must have the Certified Mental Health Peer Support Specialist (CMHPS) certification through the Iowa Board of Certification or through the Peer Recovery Specialist (PRS). The Peer Support Specialist should have access to a licensed mental health professional during shift hours.

**Collaboration:** The success of the Access Center in serving the community will in part rely on the development and strength of relationships among law enforcement, judiciary, hospitals, clinics, behavioral health providers, and other regional programs. The Access Center will work closely with law enforcement and judiciary in developing processes for those individuals requiring a mental health committal to an inpatient psychiatric hospital.

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F. Funding

The total amount of funds available over the two-year period of this grant is $2,500,000.

The fiscal year for this grant shall run from July 1 through June 30th of any given year.

Program funds will be available after the RFP process has been completed and a contract negotiated and signed.

Funds will be released on a quarterly basis based on the work plan, start-up costs and progress on the work plan.

The Agency will meet with the CROSS CEO monthly to review progress, financial reports and funding needs during the start-up period.

The grantee will work with CROSS to obtain contracts for services from other mental health regions.

Any funds not utilized by the end of the fiscal year shall be returned to CROSS within 30 days of the end of the fiscal year.

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G. Proposal Evaluation Criteria

A total of 3275 points will be awarded for the written response to the RFP in the following categories:

1. Agency Qualifications (250 points)
2. Services to be Provided (1955 points)
3. Electronic Medical Record and Data Collection System(s) (100 points)
4. Sustainability Plan (500 points)
5. Collaboration (120 points)
6. Budget Detail and Narrative (200 points)
7. Agency Performance on current and past projects and contracts (100 points)
8. Optional Interview (50 points)

The Agency must demonstrate throughout the service array a commitment to the recovery model and the no eject-no reject policy for complex-needs individuals with challenging behaviors.

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A. Agency Qualifications (Total points for this section 250 points)

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 consortium applications should describe the qualifications of each of the agencies in the consortium.

The proposal should describe and document the Agency's experience with and/or strategy for:

* + 1. Providing services to adult persons with mental illness, substance abuse, disability and individuals with complex needs who are in crisis and may display challenging behaviors. (15)
		2. Developing new services that meet state or national accreditation standards and reimbursement eligibility through Medicaid, Medicare and other third parties. (20)
		3. Providing mental health, substance abuse, or other health related services spanning a broad geographic area. (25)
		4. Engaging complex needs persons for whom standard services are not successful with intervention and de-escalation strategies. (20)
		5. Providing 24-hour 7 days a week face-to-face crisis response. (20)
		6. Providing crisis screenings, assessments and intervention with individuals who experience mental illness, substance abuse, disability and/or complex needs individuals. (20)
		7. Providing evidenced-based practices including those evidence-based practices that require ongoing fidelity measurement. (15)
		8. Providing integrated co-occurring disorder treatment, illness management recovery, family psycho-education, and strength-based case management evidenced based practices. (20)
		9. Providing and Supervising peer support services. (20)
		10. Providing services that promote community tenure and/or reduce recidivism (include outcome data that demonstrates current program performance where available). (20)
		11. Interfacing with the criminal justice system including police, the Department of Corrections, jails, and courts associated with the mental health committal process. (25)
		12. Interacting with the financial entitlement programs to access benefits for eligible persons. (10)
		13. Working with affordable housing providers, public housing authorities, and other housing resources to secure housing. (20)

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B. Services to Be Provided

This section provides a comprehensive frame work and description of all aspects of each Access Center component. It should explain in detail how each service component will be implemented while being succinct, self-explanatory, and well organized so reviewers can understand the proposed plan of implementation.

24 Hour Access to Crisis Response with Crisis Screening and Assessment (Total 255 points)

1. Place of service (10)
* Describe how the place of services meets coding requirements for billing purposes, and
* Geographic location, with access routes for region counties and contracting regions.
1. Staff Composition, Roles, Hours of Operation, and Training

 In this section describe how the Agency will staff and structure the Access Center to meet the staffing requirements for crisis screening and assessment to de-escalate and stabilize the crisis meeting Chapter 24 requirements. This also includes medical clearing if the assessment indicates the need for psychiatric inpatient hospitalization.

1. Describe how the Agency will staff and structure the center to provide 24 hours a day, 365 days a year face-to-face crisis response and intervention. (include disciplines, position titles, qualifications, number of positions and full-time equivalents for this project.) (20)
2. Describe the eligibility and entry criteria for a recipient of crisis response services. (10)
3. Describe how the agency will provide medical clearance service for those recipients of service who after assessment need psychiatric inpatient level of care. (20)
4. Describe how the agency will integrate and coordinate care. (15)
5. Describe the structure for development, implementation, and dissemination of a discharge, action and follow-up plan for the recipient of crisis services. (15)
6. Describe how the Agency will provide accessibility of services for minority and non-English speaking persons. (10)
7. Describe your Agency’s plan for incident reporting for the access center and each of the Center’s service components that will meet each component’s unique requirements. (10)
8. Describe the Agency's plan to outreach and engage psychiatric hospitals, local hospitals and their emergency departments, law enforcement, judiciary, community, region and other programs to facilitate and coordinate care. (20)

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1. 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 the Agency’s ability to meet start-up timelines specified in section H. (30)
2. Describe in detail the training needs of program staff, including specific staff competencies and practice guidelines needed to implement crisis services. Include sources of training and an approximate schedule. (20)
3. Center location, accessibility, and capacity:
4. Describe how your Agency plans to acquire space and the location for the Access Center. (One location, multiple locations, etc.) (20)
5. Describe funding resources that will be utilized to develop the physical location of the Access Center. (In-kind, grants, other financing) The region will work with the Agency to develop funding streams. (20)
6. Describe how the Agency will work with local governments, agencies and community organizations to develop the physical location of the Access Center. (15)
7. Describe how the Agency will ensure building health, safety and fire codes are met for the components of the Access Center. (10)
8. Describe the ow your agency will develop an emergency preparedness plan for the center and the services associated with the center. (10)
9. Describe any experience your Agency has had in developing physical facilities. (15)

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Sub-Acute Services (Total of 320 points)

This sub-section describes how the agency will meet the application and licensing requirements as laid out in Iowa Administrative Code 481-Chapter 71, Iowa Code chapter 135G, and 42 CFR 483.364(b).

1. Describe the purpose of the sub-acute unit. (30)
2. Provide a description of the target population and limitations on resident eligibility. (20)
3. Provide a description of the services this component will provide, including the resources needed to provide each of the services, including staff. (40)
4. Provide a description of how the Agency will work with human services agencies to facilitate continuity of care and coordination of services to residents. (20)
5. Describe how the Agency will maintain the sub-acute beds as a distinct part of the Access Center. (20)
6. Provide a job description for the Administrator of the Sub-Acute facility. (This individual may also be the administrator for the Access Center facility.) (10)
7. Provide a staffing plan that demonstrates compliance with 481-71.12(135G). (20)
8. Provide a description of the processes for admission, assessment, treatment planning, discharge planning, and crisis intervention. (30)
9. Describe the facility’s use of restraints and the seclusion room for emergency and crisis intervention. (20)
10. Describe staff training and education to reduce the need for restraints and emergency use of the seclusion room. (20)
11. Describe any relevant previous experience your Agency has in providing this level of service. (20)

1. Describe how your agency will collect data of admissions, re-admissions, diagnosis, discharge, length of stay, length of stay if unable to find placement after recommended discharge and including an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
2. Describe how your agency will incorporate the data and trend analysis into the performance improvement system. (30)

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Crisis Stabilization Residential Services (CSRS) (Total points for this section 290)

This sub-section describes how your Agency will meet the regulatory program requirements for this service and integrate the service into the overall plan for the Access Center.

1. Describe how the agency will structure and organize this service for de-escalation and stabilization within the Access Center structure. (30)
2. Describe the staffing composition, credentialing, utilization and where possible efficiencies within the CSRS and other services within the Access Center. (30)
3. Describe the staffing structure to meet the 365 day/24 hour a day requirement. (10)
4. Describe how your agency will meet the local, state and federal regulations for building and safety requirements for public facilities. (20)
5. Describe the living and sleeping areas for individuals utilizing this service. (20)

1. Describe how medication management will be conducted and meet 441-24.40 (225C) within the CSRS. (20)
2. Describe the eligibility requirements for recipients of the CSRS. (10)
3. Describe how skill building, peer support and family support peer services with be utilized. (40)
4. Describe the evidenced-based practices that will be used in the provision of these services. (40)
5. Describe how your agency will collect data of admissions, re-admissions, diagnosis, discharge, length of stay, length of stay if unable to find placement after recommended discharge and including an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
6. Describe how your agency will incorporate the data and trend analysis into the performance improvement system. (30)

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23 Hour Crisis Observation and Holding (Total points for this section 320)

This service is designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization. This sub-section describes how your agency will meet the regulatory requirements and incorporate 23-hour crisis observation and holding into the Access Center’s array of services.

1. Describe how the agency will incorporate 23-Hour Observation and Holding within the Access Center structure. (30)
2. Describe the staffing composition, credentialing, utilization and where possible efficiencies in conjunction with the other services within the Access Center. (30)
3. Describe the staffing structure to meet the 365 day/24 hour a day requirement. (10)
4. Describe how your agency will meet the three key components: a comprehensive history; a comprehensive examination; and medical decision-making of moderate complexity. (30)
5. Describe how medication management will be conducted and meet 441-24.40 (225C). (20)
6. Describe the eligibility and admission requirements for recipients of the 23-Hour Observation and Hold. (10)
7. Describe how coordination services and peer support services with be utilized. (40)
8. Describe the evidenced-based practices that will be used in the provision of these services. (40)
9. Describe how your agency will meet the local, state and federal regulations for building, fire and safety requirements for public facilities. (20)
10. Describe the occupancy areas for individuals utilizing this service. (20)
11. Describe how your agency will collect data of admissions, re-admissions, diagnosis, referrals, length of stay, length of stay beyond 23 hours and reasons, discharge locations, and including an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
12. Describe how your agency will incorporate the data and trend analysis into the performance-improvement system. (30)

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Mobile Response (Total points for this section 300)

This service is designed to provide on-site, in-person intervention for individuals experiencing a mental health crisis. The services are provided in the individual’s home or at locations in the community. This sub-section describes how your agency will meet the regulatory requirements and incorporate Mobile Response into the Access Center’s array of services.

1. Describe how the agency will incorporate Mobile Response into the Access Center service array. (30)
2. Describe the staffing composition, credentialing, utilization and where possible efficiencies in conjunction with the other services within the Access Center. (30)
3. Describe the staffing structure to meet the 365 day/24 hour a day paired response and response time requirements. (20)
4. Describe how your agency will meet the service, referral and follow-up requirements for this service. (30)
5. Describe the eligibility requirements for this service. (10)
6. Describe how coordination services and peer support services will be utilized. (40)
7. Describe the evidenced-based practices that will be used in the provision of these services. (40)
8. Describe the training staff will receive, and how staff safety will be ensured. (30)
9. Describe how your agency will collect data and track response time from initial dispatch, the time to respond to dispatch when a team is already in response; diversion from or admission to hospital, correctional facilities and other crisis response services. Describe how your agency will ensure the data is reported to DHS within 60 days of the close of the fiscal year. Also include an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
10. Describe how your agency will incorporate the data and trend analysis into the performance improvement system. (30)

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Warm Line (Total number of points for this section 260)

A peer-operated warm line is a service where individuals can speak with someone that has lived experience with mental, behavioral health and trauma issues. The line provides a resource for individuals experiencing emotional distress. This sub-section describes how your agency will meet the regulatory requirements and incorporate a warm line into the array of Access Center services.

1. Describe how the agency will incorporate a Peer- run warm line into the Access Center service array. (30) a
2. Describe the staffing composition, credentialing, utilization and where possible efficiencies in conjunction with the other services within the Access Center. (30)
3. Describe the staffing structure to meet the warm line regulations and ensure 365 days a year, 12-hour a day access to the service and peer access to a mental health professional. (20)
4. Describe how your agency will receive calls remotely through telephones or computers or within the Access Center organizational structure. (30)
5. Describe the eligibility requirements for this service. (10)
6. Describe how a peer support specialist will be utilized. (40
7. Describe the training staff will receive. (30)
8. Describe how your agency will collect demographics, the represented reason for calling and outcome of call in addition to call answer times, duration of calls, and number of calls dropped, lost or terminated. Also include information on how you will approach an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
9. Describe how your agency will incorporate the data and trend analysis into the performance improvement system. (30)

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Peer Counseling (Total number of points for this section 210)

Provides peer to peer support for clients and assists them in reaching and maintaining their personal recovery goals. This sub-section describes how your agency will incorporate peer counseling utilizing peer support specialist and family peer support specialists in the Access Center.

1. Describe how the agency will incorporate Peer Support Counseling into the Access Center service array. (30)
2. Describe staff qualifications and training for peer support specialists and family support peer specialists. (30)
3. Describe the staffing composition, staffing patterns, and where possible efficiencies in conjunction with the other services within the Access Center. (30)
4. Describe this 5 day a week, 8 hour a day service, supervision, and how access to a mental health professional during operational times will be made available if needed. (20)
5. Describe the eligibility requirements for this service. (10)
6. Describe the ongoing training staff will receive. (20)
7. Describe how your agency will collect data of encounters, return encounters, referrals, referral follow-up, hospitalizations, medication compliance, housing, employment and health indicators. Include how you will produce an analysis of data trends, looking at effectiveness and appropriate corrective action. Also, describe the quarterly data submission to the region. (40)
8. Describe how your agency will incorporate the data and trend analysis into the performance improvement system. (30)

C. Electronic Medical Record and Data Collection System (Total points 100)

In this section identify the type(s) of health information technology implemented, expanded or strengthened for this project:

1. Computerized laboratory functions
2. Electronic clinical applications
3. Electronic medical records
4. Health information exchange
5. Telehealth / telemedicine

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D. Sustainability Plan (This section is worth 500 points)

1. Describe a 5-year plan for sustaining the Access Center and the associated service array.
2. While CROSS understands that ongoing support for this initiative may be challenging in our rural community, the awardee must consider how the startup funded programs will be sustained beyond the contract period of this 2-year grant. The prospect of long-term impact from this start up grant is greatly increased if the potential for sustainability is considered during the planning phase of the project. CROSS recommends that you think about ways to diversify funding sources (instead of solely relying on grant and region funding). You should describe the strategies that will be utilized to achieve the desired sustainability of the project as a result of the startup funding.
3. Sustainability strategies include a variety of sources of support and do not depend on regional or one- source funding to maintain program activities. Incorporate diverse strategies that include absorption of some activities by consortia partners (i.e. a partner takes on a grant-funded activity beyond the grant period as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, and other grant and charitable contributions. You should describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by consortium members.
4. CROSS understands the sustainability plan may evolve as the project is implemented. However, the prospect of being financially able to continue the project is increased if strategies for sustainability are identified during the planning stages of the project. You should describe how realistic and feasible the proposed sustainability plan is for your agency.
5. As part of receiving the grant, the awardee is required to submit a final 5-year sustainability plan during the third quarter of the second year of the grant period.

 Work Plan

1. You must submit a detailed work plan that describes the planned activities and steps necessary to accomplish each of the Access Center components and goals. Use a timeline that includes each activity and identifies the responsible staff and/or consortium member. As appropriate, identify meaningful support and collaboration with key stakeholders and collaborations in planning, designing, and implementing all activities.
2. You should provide a clear and coherent work plan that aligns with the project’s goals and objectives. To accomplish this, you are strongly encouraged to present a matrix that illustrates the project’s goals, strategies, activities, and measurable process and outcome measures.
3. The work plan must outline the organization and/or individual responsible for carrying out each activity and include a timeline for all two years of the grant. CROSS is aware that the work plan may change as the project is implemented. However, a project’s likelihood of success is increased if there is a thorough and detailed work plan in the planning stages.

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 E. Collaboration (Total number of points for this section 120.)

1. Describe the Agency's plan for developing collaborative working relationships with local police jurisdictions, hospitals, and community health clinics, jails, housing authorities, community services, and CROSS Service coordinators, and MCOs. (40)
2. Describe the Agency's plan to collaborate with local providers, tertiary hospitals, IRSH homes, and DHS. (40)
3. Provide a description of the process that will be implemented for involving families, natural supports, ISTART, and ACT with the individual in the conceptualization, planning, implementation and evaluation of the individual's recovery plan. (40)

 F. Budget Detail and Narrative (Total number of points for this section 200)

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

* 1. Provide a program budget for each service component of the Center.

 Narrative:

1. Describe how the budget sufficiently supports the proposed response to the requirements of the RFP.
2. Describe how records will be maintained identifying the source and application of funds provided.
3. Describe how the budget supports the workplan and sustainability plan.
4. Describe how your agency will operate within generally accepted accounting principles.
5. Describe the Agency’s capacity to manage the financial, billing, and financial records for the Access Center.

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 G. Agency Performance on Current and Past Projects and Contract

 (Total points for this section 100)

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.

H. Optional Interview (Total points for this section 50)

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)

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**I. Decision Process**

Only those proposals that meet the minimum requirements stated in Section C. will be reviewed by panel of raters selected by the CROSS Administration. The responses will be rated according to the points specified in Evaluation Criteria above.

It is tentatively scheduled that within two weeks after the response deadline, the rating panel will meet. At that meeting, the panel will:

* Review each member's independent ratings of the responses
* Tabulate scores for each proposal
* Generate for those tabulated scores a final ranking.

 **PROPOSED SCHEDULE - SUBJECT TO CHANGE**

|  |  |
| --- | --- |
| **Date** | **Action** |
| February 1, 2018 | Release of RFP |
| February 13, 2018 10AM to 12PM | Bidder’s Conference at CROSS\* |
| February 27, 2018 by 4 PM | Deadline for Question Submittal |
| March 6, 2018 by 4PM | Deadline for letter of intent submission\*\* |
| March 13, 2018 by 4PM | CROSS Question Response Released |
| May 8, 2018 by 11PM | Submission Deadline |
| May 22, 2018 | Evaluation of written Proposals Interviews (if conducted) |
| June 4, 2018 | RFP awarded |
| June 6, 2018 | Contract Negotiation |
| July 1, 2018 | CROSS begins contracting with Agency |
| July 1, 2018 through June 30, 2019 | Agency begins implementing work plan, conducts monthly meetings with CEO on progress and budget. Funds will be distributed quarterly.  |
| July 1,2019 through June 30, 2020 | Access Center is opened, and operations begin. Agency continues to meet with CROSS CEO on progress and budget. Funds will be distributed quarterly |

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| --- | --- |
| \*Bidder’s Conference | Will be held at Decatur County Community Services Office, 201 NE Idaho St., Leon, Iowa 50144Phone: 641-446-7178 Fax: 641-446-8208 |
| \*\* Letter of Intent | The letter of intent should include: * Name of Agency
* Contact Information: Address, email, phone, and fax.
* Contact Person
 |
| Send Letter of Intent by March 6, 2018 by 4PM | Kathy Lerma, CEO201 NE Idaho St.Leon, Iowa 50144 or email to Kathy.Lerma@crossmhds.org or fax: 641-446-8208 |

**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.

Aspects of this proposal may change as the Iowa Legislature reviews the State’s 504 workgroup recommendations and passes further mental health legislation.

**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. Contract negotiations may incorporate some of 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.

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