

REQUEST FOR PROPOSAL (RFP)

Crisis Stabilization Community Based Services (CSCBS)

INQURIES AND PROPOSALS SHOULD BE DIRECTED TO:

Mae Hingtgen, CEO

MH/DS of the East Central Region

210 Jones Street, Suite 205

Dubuque, Iowa 52001

(563) 239-0013

mhingtgen@ecriowa.us

**I. Purpose**

The Mental Health and Disability Services of the East Central Region (hereinafter referred to as ECR) is a 28E-organized governmental agency comprised of nine counties in East Central Iowa. These counties are: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn, which define the regional boundaries of ECR. ECR is responsible for setting policy and funding priorities for mental health and disability services for children and adults as assigned by the Iowa Legislature. For more information regarding Iowa’s mental health and disability service regions, please consult: <https://dhs.iowa.gov/mhdsproviders/providers-regions/regions> and for more information about the ECR, consult the region’s website at [www.ecriowa.org](http://www.ecriowa.org).

The purpose of this RFP is to solicit bids for a contractor or contractors to provide Crisis Stabilization Community Based Services for adults and/or children pursuant to Iowa Administrative Code 441-24.38 (225C). ECR is seeking creative, high-capacity partners to implement models of Crisis Stabilization Community Based Services (hereinafter referred to as CSCBS) linked to patient-centered, coordinated health and behavioral health services that can help stop the revolving door for vulnerable, high utilizers of services.

It is the intent of the region to implement CSCBS for both adults and children. Bidders to this proposal have the opportunity to choose if they would like to submit a proposal to serve one or both population groups. Bidders shall include startup cost for the program in the completed proposal. The selected provider must be willing to accept reimbursement for fee for service set forth in Attachment A.

**Time Line/Procurement Table**

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| --- | --- |
| **Event** | **Date** |
| ECR issues RFP to eligible MH/DS providers  | March 8, 2021 |
| ECR posts RFP on region’s website  | March 8, 2021 |
| Questions submitted by | March 19, 2021 |
| ECR responds to questions by | March 31, 2021 |
| Bidder proposals due | April 15, 2021 |
| ECR announces notice of intent to award and enters into contract negotiations | May 1, 2021 |
| Execution of contract | May 20, 2021 |
| Anticipated start date of services | July 1, 2021 |

All proposals that are submitted shall be in effect for a period of sixty (60) days after the date of submittal.

**Questions, Requests for Clarification, and Suggested Changes**

Providers who intend to bid on this RFP are invited to submit written questions, requests for clarifications, and/or suggestions for changes to the specifications of this RFP (hereafter “questions”) by the due date and time provided in the Procurement Timetable. Providers are not permitted to include assumptions in their Bid Proposals. Instead, they shall address any perceived ambiguity regarding this RFP through the question and answer process. ECR prefers to receive questions by electronic mail. The provider may wish to request confirmation of receipt from the CEO to ensure delivery.

Written responses to questions will be posted at http://ecriowa.org/updates/ by the date provided in the Procurement Timetable.

ECR assumes no responsibility for verbal representations made by officers or employees unless such representation is confirmed in writing and incorporated into the RFP. In addition, ECR’s written responses to questions will not be considered part of the RFP. If the ECR determines that changes to this RFP are necessary, ECR will issue an amendment.

**Duration of Contract**

The ECR anticipates executing a one-year contract to begin July 1, 2021 and ending June 30, 2022 with consideration for annual renewal.

**Communication and Submission of Bids**

The sole point of contact regarding the RFP from the date of issuance until selection of the successful bidder is:

 Mae Hingtgen, CEO

 MH/DS of the East Central Region

 210 Jones Street, Suite 205

 Dubuque, Iowa 52001

 (563) 239-0013

 mhingtgen@ecriowa.us

Proposals shall be received by the CEO by the time and date specified in the Procurement Timetable via email submission only. Proposals shall be submitted in a Word document with embedded tables for timelines and budget. A provider’s failure to submit their proposal prior to the deadline will cause their proposal to be disqualified. Late proposals or amendments will not be opened or accepted for evaluation.

**II. Project Scope and Specifications**

ECR is seeking eligible and qualified providers to implement models of the Crisis Stabilization Community Based Services Program (CSCBS) short term services. The goal of CSCBS is to stabilize the individual within the community. CSCBS is designed as a voluntary service for individuals in need of a safe, secure location that is less intensive and less restrictive than inpatient hospitalization. CSCBS is designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and will be provided where the individual lives, works, or recreates. Individuals will receive CSCBS services including, but not limited to, psychiatric services, medication, counseling, referrals, peer support and linkage to ongoing services. The duration for CSCBS is expected to be provided for up to five (5) days for each individual served. Should additional time be needed for stabilization purposes past the five-day limit, requests for such will be considered on a case-by-case basis by ECR.

**Eligible Applicants**

Bidders must be in good standing with their state licensing/accrediting authority(s) and must be current providers of Medicaid funded services. Providers with experience delivering crisis services are strongly encouraged to submit a proposal.

ECR intends to implement this service for adults and children within the nine-county area. ECR will accept applications from individual organizations and will also allow organizations to partner and apply as a team of organizations to propose stronger program models. Provider agencies may propose to provide CSCBS for adults only, children only, or adults and children. Applicant teams consisting of multiple organizations should identify an eligible provider to serve as the lead applicant and fiscal agent. This identified provider should be willing to serve as the primary contact for the application as well as for the program. The lead applicant may be either a provider of community mental health services to vulnerable and low-income populations, or an organization that has the capacity to coordinate and oversee the delivery of all program elements.

**Program Overview**

CSCBS is intended for adults and children seeking support to resolve brain health and co-occurring needs during a crisis. The goal of CSCBS is to provide safe, secure and structured crisis stabilization services in the least restrictive location, meeting the needs of the individual. CSCBS is a voluntary service which requires a mental health assessment for eligibility and an individualized support plan. CSCBS is not a residential placement; it is support that takes place where the person is located with the goal of stabilizing the individual within the community, if possible. CSCBS will not only provide step-down services from emergency department or acute care services, it will also provide access for step-up services from community providers to address a crisis before requiring presentation at an emergency department. The program will place emphasis on crisis management, as well as economic empowerment and self-sufficiency.

Staffing requirements of CSCBS include:

* a designated director or administrator who is responsible for the management and operation of CSCBS;
* at least one licensed nurse practitioner, physician assistant, or psychiatrist is available 24 hours, 365 days per year;
* mental health professionals with expertise appropriate to the individual’s needs to provide services.

Contact between a mental health professional and the client must occur at least one time per day. Additional services will be provided by crisis response staff *at a minimum of one (1) hour per day*, including but not limited to skill building, peer support or family support peer services. CSCBS requires a stabilization plan to be made collaboratively with the individual. This plan will include admission, treatment planning, intervention, and criteria for discharge. A treatment summary will also be required. This summary will be developed with the individual’s involvement. This will include intensive discharge planning to link the identified person to natural supports and community resources needed for ongoing recovery. CSCBS staff will follow-up daily with the person until referral appointments take place.

With CSCBS, documentation required includes the number of days an individual receives crisis stabilization services and the reason for the delivery of services if services are requested past the 5 day-mark. Documentation in individual records will document daily contact with a mental health professional, additional services provided, medication record, individual choice verification, and readmission data. Incident reports will be filed when staff are notified that an incident has occurred.

Bidders should also include and propose:

* The process for dispatch of the CSCBS team
* The number of people on the CSCBS team, their roles, and their qualifications
* The process for coordination or hand-off from Mobile Crisis Outreach (MCO), if involved
	+ The process in which MCO teams assess and refer to CSCBS to determine if the person is safe in the current environment, if the person needs to be referred to Crisis Stabilization Residential Services or Sub-Acute services, or be admitted for inpatient hospitalization
	+ If the person is safe in the environment, the process for notification of the CSCBS team
* The criteria for when the CSCBS team will or shall remain with the client and/or at which point the person will be referred to a higher level of care, if stabilization is not possible in a reasonable amount of time or the person becomes a danger to self or others, which may necessitate hospitalization

**Target Population**

The target population for this program includes adults and children who meet the following criteria:

* Determined appropriate for the service by a mental health assessment
* Determined to not need inpatient acute hospital psychiatric services

The target populations are likely to exhibit the following characteristics:

* People who have or are thought to have a mental health diagnosis that hinders their ability to successfully live in their own community without undue stressors and exhibit symptoms such as homelessness, inadequate mental health care, family and relationship problems, and/or financial duress, all of which may lead to the person becoming a danger to themselves or others

• Have complex needs that may include a chronic behavioral health condition, a co-occurring substance abuse disorder or other complex needs

* Are high utilizers of crisis health services

The initial eligibility criteria for admissions into the program are that the candidate be a resident of the counties represented by ECR, is willing to accept treatment voluntarily, and/or have guardians willing to sign an Authorization to Release. This authorization allows information pertaining to their stay to be shared and discussed with the region, the resident’s family doctor and/or the resident’s mental health provider, persons identified as part of the resident’s treatment team, and any other persons or entities requested by the regions and/or the provider.

**Non-Exclusion Language**

Participants will be accepted into the program regardless of institutional history, drug and alcohol use and criminal history. However, if an individual has history with self-harm or harm to others, a denial of referral may occur. Referral denials will be reported to the ECR. Referral denials to CSCBS services will be limited to the following reasons:

* History of fire setting and arson
* Violence with a weapon in the community
* Current homicidal or suicidal ideation

Criminal sexual offending history

*The following reasons are NOT valid reasons for a rejection of a referral:*

* History or non-compliance with medication
* History of violence within an institutional or semi-institutional environment
* History of drug and alcohol usage
* Criminal history
* Lack of daily living skills or hygiene issues

**Measurable Outcomes**

ECR will be requiring successful bidders to participate in and contribute to a quality outcomes measurement effort. This will help understand in what ways and to what extent well the services are helping people. ECR will provide a process and outcomes evaluation methodology for providers to use post-award. Process evaluation will document program operations activity/timelines, and demographics of people served. Outcomes evaluation will document effects the CSCBS services have on people served and the community.

Post award, ECR and the Project Evaluation Committee will work with providers to identify key data to be collected and how it will be collected, timelines, etc., for regular evaluation throughout the project. There may be additional data that the Department of Human Services wishes to collect; ECR will provide information as it becomes available. Providers will be responsible for submitting an annual report of their program activities to ECR within 30 days of the end of each year’s contract, and a final comprehensive performance report at the end of the three-year contract period. Bidders should provide a statement in their proposal that agrees to participate in the evaluation activities for this project to provide required annual and final performance reports to ECR.

**Cost Structure**

The provider will be paid through a fee for service cost structure for days used (attachment A). Referrals taken outside of the region will not be paid for by the ECR. It will be the responsibility of the provider to collect reimbursement for the service provision from the region in which the client has residency.

**Accreditation**

The provider will be or become accredited under Chapter 24 and structure the CSCBS program under IAC 441-24.38 (225C). The provider will bill and accept payment from Medicaid in full and not be entitled to an offset from ECR.

**Other Terms**

Any person may be referred from referral sources such as, but not limited to, providers of MH/DD services, Regional Social Workers, Emergency Rooms, Federal Qualified Centers, Community Mental Health Centers, Mobile Crisis Teams, Schools, and Coordinators of Disability Services. When regional funding is being requested, the CSCBS provider will assist the person in completing the ECR application for services and the CSN release. If admission is after hours, the application and CSN release shall be provided to ECR’s intake office within 1 business day. If admission is during office hours, the CSCBS provider will assist in the enrollment process and contact the ECR’s Intake office for possible referral to a Regional Social Worker.

**Cultural Competence**

Research suggests that there is a disheartening trend among mental health professionals in that many are less willing to lend their services to marginalized ethnic and cultural groups. Often, people from non-majority cultures find programs off-putting and hard to access. They avoid getting care, stop looking for care, or—if they manage to find care—they drop out. Cultural competence means that the responsibility to tailor care to different cultural groups belongs to the provider, not to the consumer.

For this effort, providers will provide services that are responsive to the cultural concerns for people living in the East Central region, including those that speak other languages, that have diverse cultural histories, traditions, religions, beliefs; and for people that have diverse gender identities and sexuality, and cultural/ethnic values. Other diverse groups to be considered include people from rural and urban areas, and people with physical or developmental disabilities.

**Expectations:** The provider must describe and implement the following culturally-appropriate efforts in providing CSCBS services. These expenses may be incorporated into the startup costs line items in the budget:

* Translate forms and brochures into languages / cognitively-accessible editions (low reading level with images and large print versions) as needed
* Offer to match a consumer with a practitioner who has a similar background
* Have ready access to trained or natural-support interpreters
* Ask clients about their cultural backgrounds and identities
* Incorporate cultural awareness into clients’ assessment and treatment
* Tap into natural networks of support, such as the extended family and community groups that represent the client’s culture
* Reach out to religious and spiritual organizations to encourage referrals or act as another network of support

**III. RFP Conditions**

**Modification or Withdrawal of Proposals**

A modification of a proposal already received will be accepted by ECR only if the modification is received prior to the proposal due date or is specifically requested by ECR. All modifications shall be made in writing and executed and submitted in the same form and manner as the original proposal.

A provider may withdraw a proposal already received prior to the proposal due date by submitting to ECR in the same manner as the original proposal, which is a written request for withdrawal executed by the Provider’s authorized representative.

This provision for modification and withdrawal of proposals may not be utilized by a provider as a means to submit a late proposal and, as such, will not alter ECR’s right to reject a proposal.

**Communication**

To ensure continuity of communication, bidders may only contact ECR’s CEO regarding this RFP from the issue date of this RFP until announcement of the successful bidder. Any bidder shall not contact other ECR staff concerning this RFP. The CEO will respond only to questions regarding the bidding/procurement process.

Bidder agrees that ECR will contact all submitted references to obtain any and all information regarding Bidder's performance.

**Acceptance/Rejection of Proposals**

ECR reserves the right to reject any or all proposals for sound business reasons. ECR reserves the right to negotiate contracts with one or more Providers, and to accept that proposal or modified proposal which, in its judgment, will be most advantageous to the region, price and other evaluation criteria considered. ECR reserves the right to consider any specific proposal which is conditional or not prepared in accordance with their instructions and requirements of this RFP to be noncompetitive. ECR reserves the right to waive any defects or minor informalities/irregularities in any proposal, which do not materially affect the proposal or discredit other applications.

**Amendments to RFP**

ECR reserves the right to amend the RFP at any time. Any amendments to or interpretations of the RFP shall be described in written addenda. ECR shall provide copies of addenda to the providers officially known to have received the RFP.

**Cost of Preparing Bid Proposal**

The costs of preparation and delivery of proposals are solely the responsibility of the bidder

**Personnel**

In submitting their proposals, providers are representing that the personnel described in their proposals shall be available to perform the services described, barring illness, accident or other unforeseeable events of a similar nature. Furthermore, all personnel shall be, at all times, the sole employees of the service provider, and will not be employees or agents of ECR.

**Authorized Signature**

All proposals must be signed by an individual authorized to bind the organization/ collaborative to the provisions of the RFP.

**Additional Terms and Conditions**

ECR reserves the right to add terms and conditions during contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluations.

**Time for Executing Contract and Damages for Failure to Execute**

In the event any provider whose proposal has been accepted shall fail or refuse to execute the contract as hereinbefore provided, ECR may, at its option, determine that such bidder is in breach of the contract and that ECR shall be entitled to liquidated damages as provided below.

The damages to ECR for such breach shall be the amount of difference in the total cost between the failed offer and that of the next offer that is most advantageous to the designated region. In addition, damages will include any other expenses involved, including legal fees, in connection with a delay in execution of a new contract, as well as any other damages permitted by law.

**Evaluation Committee**

An Evaluation Committee will be established for the purpose of developing a process and outcomes evaluation methodology, and to review annual and final performance reports from provider/providers. The Evaluating Committee may include officers, employees, and agents of the region.

**Cancellation of Procurement**

ECR reserves the right to cancel the RFP for sound business reasons at any time before the contract is fully executed and approved.

**IV. Application and Submission Information**

Bidders must address each area of program design and service delivery in their proposal. Bidders should organize responses in the same order as the items are shown in the RFP. Responses should be prepared simply and economically, providing a straightforward and concise description of the agency’s ability to meet the requirements outlined in this document and in accordance with Chapter 24 accreditation requirements for CSCBS. Bidders should aim for a response that is no more than 10 pages, including the timeline, budget, and budget narrative, but will not be penalized for additional length of response if required to explain in full detail the proposed plan (especially if collaborative organizations are working together). The proposal must use standard size type (a font size of no less than 12 points), normal margin settings, single spaced, and must be on 8.5x 11 inch white paper.

* Responses will contain, in the following order:
1. Bidder eligibility, staffing roles, and staffing qualifications
2. Scope of work
3. Structure of service provision
4. Statement of agreement to participate in evaluation efforts and to provide performance reports to ECR
5. Timeline for implementation of services
6. Proposed line-item budget
7. Proposed budget narrative

**Scope and Structure of Service sections should include descriptions of:**

* Staff composition, roles, hours of operation, and training (include disciplines, position titles, qualifications, number of positions and full-time equivalents for this project.).
* How the agency will staff and structure the Crisis Stabilization Community Based Services to meet the staffing requirements for crisis screening and assessment to de-escalate and stabilize the crisis meeting Chapter 24 requirements.
* How the bidder will staff and structure the CSCBS to provide 24 hours a day, 365 days a year face-to-face crisis response and intervention.
* The eligibility and entry criteria for a recipient of CSCBS.
* How the bidder will integrate and coordinate care.
* The structure for development, implementation, and dissemination of a discharge action and follow-up plan for the recipient of services.
* How the bidder will provide cultural competency approaches and accessibility of services for minority, non-English speaking, and people that have low reading/low vision levels.
* The bidder’s plan for incident reporting.
* The bidder'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.
* The bidder’s program start-up, team building and staff training activities. Provide an implementation schedule, including start-up to full implementation and the bidder’s ability to meet start-up timelines of July 1, 2021.
* 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.
* How skill building, peer support and family support peer services will be utilized.

Proposals must be submitted via email by 5:00 pm on the submission date to:

Mae Hingtgen, CEO

 MH/DS of the East Central Region

 mhingtgen@ecriowa.us

**ATTACHMENT A**

**SERVICE DEFINITIONS AND RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chart of Account** | **Service Description** | **Unit of Service** | **Rate** |
| 44312 | Crisis Stabilization Community Based Services Start Up Costs | One Time | To be determined based on approval of line-item budget. |
| 44312 | Crisis Stabilization Community Based Services (CSCBS) S9485 | Daily | $360.19 |

|  |
| --- |
| **OTHER TERMS:**The Medicaid/MCO rate will be honored. Contract modifications may be executed through a written agreement between ECR and Provider. Provider will submit to ECR an itemized invoice with supporting documentation of expenditures for CSCBS start-up costs.CSCBS start-up costs may include essential itemized expenses identified in the proposal and negotiated with the region.Provider will notify designated ECR staff within 24 hours of CSCBS admission or next business day if admission occurs on weekend or holiday. If another funding source is unavailable, ECR will initially fund three (3) days of CSCBS. Provider will submit required paperwork to ECR for the funding authorization process. |