REQUEST FOR PROPOSAL

ASSESSMENT, DISCHARGE PLANNING, AND
FORENSIC POST-RELEASE PROGRAM USING
CRITICAL TIME INTERVENTION IN WAKE COUNTY

RFP # 2018-105

November 15, 2018

NOTE:
Alliance reserves the right to modify this RFP to correct any errors or to clarify requirements. Any changes will be posted on our website http://www.alliancebhc.org/

Copies of all postings will be emailed directly to anyone who registers with Alliance. To register, please send an email to AllianceRFP@alliancebhc.org with your name and contact information.
Purpose:
Alliance Behavioral Healthcare (Alliance) is a Local Management Entity/Managed Care Organization (LME/MCO) responsible for the delivery of publicly-funded mental health, intellectual/development disabilities and substance abuse services for people living in Durham, Wake, Johnston and Cumberland counties, the ‘Catchment Area’. **Alliance has identified the following Network needs and seeks the following services:**
 Individual assessments, follow up, and discharge planning
 A Forensic Post-Release program utilizing the Critical Time Intervention

Minimum Qualifications:
Only organizations that meet the following minimum qualifications will be considered for this RFP:

- The organization chosen must be an in-network adult service provider that has experience in the provision of forensic services, Critical Time Intervention, and results driven discharge planning in facilities and post release programs. Preference given to agencies with substance use disorder treatment expertise and/or capacity.

- **Good Standing.** All providers or applicants must be in good standing with all applicable oversight entities and continuously meet Good Standing criteria while a member of the Closed Network. This means that the provider or applicant:
  
  (i) is in compliance with the standards and requirements of all applicable oversight entities;
  (ii) has submitted all required documents, payments and fees to the U.S. Internal Revenue Service, the N.C. Department of Revenue, N.C. Secretary of State, the N.C. Department of Labor, and the N.C. Department of Health and Human Services;
  (iii) has not filed for or is not currently in Bankruptcy; and
  (iv) has not had any sanctions imposed against it, including, but not limited to the following:
    - **Any LME/MCO:** Contract Termination for Cause related to services being provided or requested to provide, Referral Freeze, Past Due Overpayment, Prepayment Review, Payment Suspension
    - N.C. Department of Health and Human Services
    - **NC Medicaid** Contract Termination for Cause related to services being provided or requested to provide, Payment Suspension, Prepayment Review, Outstanding Final Overpayment.
    - **DMH/DD/SAS:** Revocation, Unresolved Plan of Correction.
    - **DHSR:** Unresolved Type A or B penalty under Article 3, Active Suspension of Admissions, Active Summary Suspension, Current Intent to Revoke, Active Notice of Revocation or Revocation in Effect.
    - **U.S. Internal Revenue Service:** Unresolved tax or payroll liabilities.
    - **N.C. Department of Revenue:** Unresolved tax or payroll liabilities.
    - **N.C. Department of Labor:** Unresolved payroll liabilities.
    - **N.C. Secretary of State:** Administrative Dissolution, Revocation of Authority, Notice of Grounds for other reason, Revenue Suspension; providers organized as a corporate entity must have a “Current – Active” registration with the NC Secretary of State.
    - **Boards of Licensure or Certification** for the applicable Scope Practice.
    - **Provider’s Selected Accrediting Body**
Providers and applicants are required to disclose any pending or final sanctions under the Medicare or Medicaid programs including paybacks, lawsuits, insurance claims or payouts, and disciplinary actions of the applicable licensure boards or adverse actions by regulatory agencies within the past five years or now pending. The provider’s or applicant’s owner(s) and managing employee(s) may not previously have been the owners or managing employees of a provider which had its participation in any State’s Medicaid program or the Medicare program involuntarily terminated for any reason or owes an outstanding overpayment to an LME/MCO or an outstanding final overpayment to DHHS.

For purposes of this procedure, Alliance considers an action of DHHS, including its divisions and LME/MCOs to be final upon notification to the provider, unless such action is under appeal. For actions by DHHS or LME/MCO under appeal, Alliance may, in its discretion, pend its award or enrollment for up to 90 days to allow for a final resolution or final decision by the NC OAH. If no final decision is rendered in that time period then the provider or applicant is deemed not in Good Standing.

**Timeline:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Public Notice of RFP</td>
<td>11-16-18</td>
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<tr>
<td>Bidder’s Conference</td>
<td>11-26-18 11:00-12:00</td>
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<tr>
<td>WEBINAR: Join Zoom Meeting: <a href="https://zoom.us/j/317986513">https://zoom.us/j/317986513</a></td>
<td>Phone: 1 646 558 8656</td>
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<td>Meeting ID: 317 986 513</td>
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<tr>
<td>RFP Questions submitted</td>
<td>11-28-18</td>
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<tr>
<td>RFP Questions due back to providers</td>
<td>11-30-18</td>
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<tr>
<td>Responses to questions posted on website</td>
<td>11-30-18</td>
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<tr>
<td>PROPOSALS DUE BY 5:00 PM</td>
<td>12-10-18</td>
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**Availability of Funds:**

The awarding of contracts is subject to allocations and available funding. The funding for the services solicited hereunder is available on a non UCR basis. Funds are to be used to provide services to eligible individuals only. Wake County has allocated $725,000 dollars annually for these services. There are no start-up funds available. Recommended breakdown of funds is: Intake Screening and Referral: $225,000, Discharge Planning, $160,000 and Critical Time Intervention, $350,000.

**Scope of Proposal**

Nationwide the number of mentally ill inmates detained in local jails is on the rise. While the crimes committed are often non-violent offenses persons with mental illness and co-occurring disorders tend to be incarcerated longer and possess a high number of risk factors
for re-arrest. Alliance has strong partnerships to address the full spectrum of intercept points from arrest to incarceration to release and re-entry and failure at any of these points affects the whole system and has lasting consequences for the person incarcerated. Alliance is committed to reducing the number of persons who end up in jail instead of treatment by implementing innovative and effective services and supports that are informed by data and research.

The scope of work for this Request for Proposal is to provide an assessment, discharge planning and forensic post release Critical Time Intervention in partnership with the Wake County Detention Center, a 1574 bed facility located in Raleigh. The selected provider is expected to complete assessments, discharge planning, and a Forensic Post-Release program utilizing the Critical Time Intervention model. It is expected that staff will provide comprehensive discharge planning, and will engage consumers within 48 hours of release. The Wake Detention Facility has two separate locations within close proximity and clinical coverage will be needed in both locations. Due to the needs of individuals with substance use issues, preference will be given to providers who have substance use disorder treatment experience and/or are intending to utilize substance use disorder treatment professionals within their staffing model. The service definition for CTI is attached and is incorporated herein by reference.

**Required elements of the programs shall include:**

Intensive case management to assist with access to community resources, coordination with entitlements, access to medication and housing assistance.

- Use of a Criminogenic Assessment Tool
- Comprehensive Clinical Assessment, unless one is available from another provider, and development of the service plan.
- Best practice discharge planning and connecting to services using warm hand offs whenever possible.
- Ongoing work with key stakeholders to facilitate expectations and communication with the goal of moving individuals into community treatment programs and other services and supports.

All staff must have an approved background check completed by the Wake County Sheriff’s office, which can take two or more weeks to complete.

**Post Release Critical Time Intervention**

Critical Time Intervention services must be delivered by practitioners employed by mental health provider organizations that meet the requirements of 10A NCAC 27G, the provider qualification policies, procedures, and standards established by the Department of Health and Human Services. Prior to implementation, the provider organization will ensure that all team members have completed, at a minimum, the Critical Time Intervention training provided by a certified trainer approved by NC DHHS within 60 days of hire.

- This service must be provided by a team of, at a minimum, two full-time equivalent positions (2 FTEs) – a Fieldwork Coordinator/Clinical Supervisor and a CTI worker.
• The Fieldwork Coordinator/Clinical Supervisor must be a full-time, dedicated, fully licensed mental health professional who has at least two years of experience with the knowledge, skills, and abilities required by the population to be served; and must hold any of the following licenses: Licensed Psychologist, Licensed Psychological Associate, Licensed Clinical Social Worker, Licensed Professional Counselor or Licensed Marriage and Family Therapist.
• Other staff members must be at least .50 FTEs dedicated to the CTI team and may be licensed professionals, QPs, APs or Paraprofessional staff, with strong preference for inclusion of a NC Certified Peer Support Specialist with a minimum of two years working with a mental health population.
• The number of staff on a team is flexible, as long as caseload ratios are observed and the maximum caseload for a team does not exceed a total of 70 individuals being served. The maximum caseload ratio for a full-time CTI worker is 1:20. The maximum caseload ratio for a full-time Fieldwork Coordinator/Clinical Supervisor is 1:10. A CTI team may have a total of four staff serving a total of 70 individuals. (SEE Attached Definition)
• It is preferred that the team is staffed or has significant consultation time with a LCAS.

During each phase, admission to the team should be staggered to maintain a caseload of individuals who are in each phase.
• All team members shall receive weekly clinical supervision from the team’s clinical supervisor.
• CTI Teams meet weekly for clinical supervision and to share practical strategies for working with individuals and their complex needs. Each meeting should include the following:
  o Report on previous week’s activities, starting with the to do list from the last supervision meeting
  o Review any new cases/individuals referred to the CTI team
  o Reinforcement of CTI principles and practices
  o In depth discussion of high priority cases, usually between 4-8 individuals. Additionally, each individual should be discussed at minimum once a month
  o Plan for resolving barriers to implementation of CTI
  o Make a “To Do List” for upcoming week.

• At least 60% of program participants will attend a mental health or substance use treatment service (dual if appropriate) for a minimum of 2 visits within 14 days of being opened with the CTI team as evidenced by 2 paid claims in the first 14 days (if utilizing a case-rate service, a minimum of one paid claim within the first 45 days).
• At least 50% of participants in program will attend mental health or substance use treatment service (dual if appropriate) for at least 45 days after being opened with the CTI team as evidenced by a minimum of 4 paid claims in the first 45 days.
• Individuals enrolled with the CTI team (at a minimum through Phase 2) will increase the number of nights housed throughout the program as evidenced by the total number of consumer-reported nights each phase in which the participant self-identified as having housing (vs. nights spent at a shelter and/or on the street). Phase 1 serves as the consumer’s baseline.
• Individuals enrolled with the CTI team (at a minimum through Phase 2) will decrease the number of nights spent in psychiatric or crisis services (i.e. Inpatient hospital, FBC/ADU, ED’s)
and/or decrease the number of nights incarcerated throughout the program as evidenced by total number of nights (obtained via paid claims or CJ Leads Report) each phase spent in a crisis/psychiatric service. Phase 1 serves as the consumer’s baseline. (Note: nights spent in psychiatric/crisis services and/or incarcerated do not contribute to the number of nights’ participant is calculated as “homeless.” See previous target outcome).

- CTI team will achieve a 2.5-3.4 or greater average (Adequately Implemented) on the Bi-Annual CTI Implementation Self-Assessment scales as submitted to DMH/DD/SAS.

Special Conditions:

- Alliance anticipates the need for only 1 provider in Wake County.

Submission Instructions:

- Indicate the Applicant name and RFP number on the front of your proposal envelope or package.
- Include the RFP # on the bottom of each page of your proposal.
- Proposals must be submitted according to the below described Eligible Applicant Proposal Format.
- Proposals must address the questions and items set out on the following pages and must be typewritten and signed in ink by the official authorized to bind the applicant to the provisions contained within the proposal.
- Trade secrets or similar proprietary data which the organization or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by state law and rule if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the proposal that is to remain confidential shall also be so marked in boldface on the title page of that section.
- **One original, signed copy of the proposal plus one electronic version of the response emailed by the deadline to AllianceRFP@alliancebhc.org.** Originals must be delivered in a sealed envelope with the authorization signature page no later than the date and time specified herein.
- Alliance will not be held responsible for the failure of any mail or delivery service to deliver a proposal response prior to the stated proposal due date and time.
- No faxed responses will be accepted or considered.

All proposals must be received by Alliance on or before **5:00 p.m. on December 10, 2018. Late proposals will not be accepted.**

Hand-delivered proposals will be time-stamped and the Applicant will receive a receipt upon delivery. All proposals submitted by the deadline become the property of Alliance Behavioral Healthcare.
Original Proposals shall be mailed and if electronic submission, emailed to:

AllianceRFP@alliancethc.org

Alliance Behavioral Healthcare
ATTN: Healthcare Network Project Manager
PROPOSALS WILL NOT BE ACCEPTED AFTER THE DUE DATE/TIME AND WILL BE RETURNED TO THE PROVIDER.

Questions concerning the specifications in this RFP will be received until 5:00 pm on November 28, 2018. Please submit all questions in writing by e-mail to AllianceRFP@alliancebhc.org. A summary of all questions and answers will be posted by on the Alliance Behavioral Healthcare website at: Alliancebhc.org and emailed to registered providers for this RFP.

Alliance reserves the right to:

- Reject any and all offers and discontinue this RFP process in the sole discretion of Alliance without obligation or liability.
- Award more than one contract.

Eligible Applicants Proposal Format

Proposals shall conform substantially to the following format using tabs to designate sections:

**Section A. Introduction (1 pages max)**

1. Describe why you believe that your organization, from a business, professional, clinical, administrative, financial and technical perspective, should be awarded a contract for the services requested. Describe any distinguishing features Alliance should know about your services and company as well as an overview of your proposal.

2. Describe generally what you are proposing to do under the scope of services.

**Section B. Organizational Background and Expertise (10 pages max)**

Providers shall demonstrate experience and competency in the requested service(s). Stability of past operations is important. This section is intended to assess the organization’s past record of services, compliance with applicable laws, standards and regulations, the qualifications and competency of its staff, the satisfaction of consumers and family members served, systems of oversight, adequacy of staffing infrastructure, use of best practices, and quality management systems as they relate to this RFP.

For this RFP describe your organization’s background and expertise in the following:

1. Provide a detailed implementation plan, including timeline, for the services requested.

2. Please describe best practices for engaging the criminal justice population and for comprehensive discharge planning.
3. Identify your current service location(s) with the physical address and services offered at each site. Please identify the programs and services that qualify your organization to submit proposal.

4. Describe the criminogenic screening tool your agency uses, and why it has been selected.

5. Describe the clinical infrastructure you have locally to address challenges in meeting specific client needs (such as housing and benefits) and/or programmatic needs such as adjustment of a protocol. Please also describe your staff training and clinical supervision plan including the positions responsible for programmatic decision making.

6. How have you demonstrated a meaningful partnership within a multi-system criminal justice environment? What were the key elements that proved successful or presented challenges?

7. Describe how you will address each of the required elements listed in the Scope of Work, including but not limited to assessment, discharge planning, and post release transition and follow up. Please describe model(s) implementation and support.

8. Tell us what differences you anticipate facing working with this population? What challenges do you anticipate in discharge planning?

9. What are your training protocols?

10. Please describe the essential stakeholders you will need to engage to implement these programs successfully, and how you plan to engage the stakeholders throughout the implementation of the program.

11. How will you track and report referrals made to other services and providers?

12. What is your organization’s plan for medical records for the services completed while and individual is still in the jail?

Section C. Management / Administrative Capability (5 pages max)

1. For this RFP, describe how your organization will collect the data generated by the performance indicators, outcomes, survey results, stakeholder feedback to improve the quality of care. What would you identify as key data elements to measure?

2. Provide information about your strategies for recruitment, retention and support of
qualified staffing.

3. Describe how you monitor the program(s) for fidelity with the model(s) you use. Include an example of the fidelity monitoring.

**Section D. Other Attachments**

1. Submit your proposed budget for Fiscal Year 2019 and a 12 month budget for Fiscal year 20 using the attached Budget Request Form. Please include your anticipated expenditures. Expenditures should include full-time equivalent positions both clinical and administrative, and operating expenses. Please identify your reimbursement from Wake County Funds.

**Proposal Evaluation:**

Award of a contract resulting from this RFP will be based upon the application(s) best aligned with the cost, service objectives, and other factors as specified herein. Providers shall demonstrate experience and competency in the requested service(s). Stability of past operations is important.

RFP Proposals will be evaluated using a standardized evaluation sheet for the elements from the RFP outline. Applications will be pre-screened by Provider Network Management to ensure the organization (i) meets the minimum qualifications (ii) has completed all material sections of the RFP, and (iii) is responsive to the questions. Any applicants that are rejected for failing to meet the pre-screen criteria shall be notified in writing along with the reasons why the application was rejected.

Once an application passes the pre-screen process, it will be reviewed by a Selection Committee designated by Alliance which may include Alliance staff, Area Board members, and other stakeholders deemed needed. Reviewers will utilize the Evaluation Tool attached and scores will be calculated from all the reviewers. An interview process may be utilized to gain additional information and pose questions of providers. The evaluation will include the extent to which the Applicant’s proposal meets the stated requirements as set out in this RFP as well as the Applicants’ stability, experience, and record of past performance in delivering such services.

All applicants will receive written notification of the results of the evaluation of their application.

**Contract Award:**

The successful applicant(s) chosen by Alliance will be required to execute a contract or contract amendment that includes a Scope of Work outlining the requirements of this RFP.

Providers shall have a “no-reject policy” for referrals within the capacity and the parameters of their competencies. Providers shall agree to accept all referrals meeting criteria for services they provide when there is available capacity; a Provider’s competency to meet individual referral needs will be negotiated between Alliance and the Provider.
The initial term of any contract awarded hereunder will be through **June 30, 2018.**

**Cancellation of Contract:** Alliance reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon thirty (30) days written notice to the Provider. Any contract cancellation shall not relieve the Provider of the obligation to deliver and/or perform outstanding prior to the effective date of cancellation and transition consumers and consumer’s records.

**Other General Information:**
The following outlines additional information related to the submission of proposals:

- Alliance reserves the right to reject any and all proposals for any reason, including but not limited to false information contained in the proposal and discovered by Alliance.
- Any cost incurred by an organization in preparing or submitting a proposal is the bidder’s sole responsibility. Alliance will not reimburse any bidder for any pre-award costs incurred. All materials submitted to Alliance will become the property of Alliance and will not be returned.
- All proposals are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any organization may be grounds for rejection of that organization's proposal.
- In submitting its proposal, organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Alliance.
- All responses, inquiries, or correspondence relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the organization or organization will become the property of Alliance when received.

The signer of any proposal submitted in response to this RFP certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
Authorization to Submit Proposal

To the best of my knowledge, my organization is able to meet all requirements necessary to apply for the services solicited in RFP # 2018-105. I am submitting the attached proposal, which, to my knowledge is a true and complete representation of the requested materials.

____________________________________________________________
Contact Email and Phone

____________________________________________________________
Print Name

____________________________________________________________
Authorized Signature