REQUEST FOR PROPOSAL

PROJECT 3AII: BEHAVIORAL HEALTH CRISIS STABILIZATION
CRISIS STABILIZATION SERVICES EXPANSION

DATE:
MARCH 9TH, 2016
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UPDATED: APRIL 11, 2016

CNY CARE COLLABORATIVE
109 OTISCO STREET 2ND FLOOR
SYRACUSE, NEW YORK 13204

PROJECT 3AII: BEHAVIORAL HEALTH CRISIS STABILIZATION
CRISIS STABILIZATION SERVICES EXPANSION

Timetable of Key Events:

Opportunity Announced	Wednesday	3/9/2016		
Q&A Forum and Submission Deadline	Thursday	3/24/2016		
Answers Posted	Monday	3/28/2016		
Proposal Due	Thursday	~~4/7/2016~~	~~4/21/2016~~	5/12/16
Awards Announcement (Tentative)	Monday	~~5/9/2016~~	~~5/23/2016~~	6/10/16
Contract Deadline (Projected)	Friday	~~6/6/2016~~	~~6/20/2016~~	6/30/16
Service in Place no later than		~~9/1/2016~~	~~9/20/2016~~	9/30/16

Inquiries:

From the issuance of this Request for Proposal (RFP) until contractors are selected, all contacts with the personnel of The Central New York Care Collaborative, Inc. (CNYCC), except as otherwise specified herein, must be made through:

Kelly Lane
CNYCC Project Manager
Via Email Only: kelly.lane@cnycares.org
Email Subject Line: '**Crisis Stabilization Services Expansion RFP Inquiry**'

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1. Summary and Background

Introduction

Central New York Care Collaborative, Inc. (CNYCC) is a New York not-for-profit corporation created to serve as the lead entity for the Performing Provider System (PPS) implementing the DSRIP program in six Central New York counties: Cayuga, Madison, Lewis, Oneida, Onondaga, and Oswego. As such, CNYCC is the lead of a collaboration of more than 1,400 healthcare and community based service providers working together to create a better system of care for all patients in our region -- specifically focused on the Medicaid and uninsured individuals.

Through a New York State initiative called the Delivery System Reform Incentive Payment (DSRIP) program, CNYCC is striving to integrate services, collaborate on patient care, improve regional healthcare quality and lower the costs of care over a five year period.

One of the eleven projects selected by CNYCC is the Behavioral Health Community Crisis Stabilization Project (3aii). The overarching goal of this project is to provide readily accessible behavioral health crisis services. This will allow access to the appropriate level of service and care, supporting rapid community-based de-escalation of the crisis. This project seeks to support and enhance outcome-focused community-based services so that emergency and hospital based care will be reserved for the most acute of needs. It is also a goal of this project to support and enhance services that meet patient's needs in the least restrictive environment, minimizing disruption from supports, community, and family networks. Imperative throughout this project is the leverage of existing services. It will be through this identified network of services and support that the PPS will be able to capitalize on the wide range of expertise in the development of innovative solutions to community needs. It will be through these solutions that DSRIP's triple aim of better care, better health and lower cost is achieved.

Purpose and Funding Availability

The purpose of the Crisis Stabilization Services Expansion RFP is to initiate a comprehensive, intentionally linked network of crisis services. These services are to be consumer-driven and community-based, with services being provided in the least restrictive/traumatic of environments. It is the intent of this RFP to fund projects that will fulfill DSRIP project requirements of having fully functioning mobile crisis teams that provide services to the entire PPS geographic region (Cayuga, Lewis, Madison, Oneida, Onondaga, and Oswego Counties) as part of a broader, coordinated, comprehensive response to crisis services. Furthermore, this RFP seeks to address the lack of community-based respite as an alternative to emergency room crisis care for non-acute crises and/or as a support to ensure that crises do not escalate to a higher level of need.

CNYCC is issuing this RFP to provide startup funds for projects. CNYCC is estimating that a total of $2,751,458 will be available for the development of this program to serve 100% of the PPS network geographic area.

Term of Contract

The contract awarded to the successful applicants as a result of this RFP will be in the form of a single lump sum. The awardees will be expected to cooperate with an abbreviated but rigorous contract development process which will culminate in an anticipated contract start date of 6/8/2016.

ELIGIBLE APPLICANTS

Eligible applicants include:

- Social services and health services agencies incorporated as a not-for-profit corporation;
- Local government agencies;
- For-profit organizations/corporations;
- Tribal organizations;
  and
- Other 501(c)(3) organizations, including but not limited to community and faith-based organizations

2. PROJECT SPECIFICATIONS

PROJECT SPECIFIC REQUIREMENTS

Applicants will describe their ability to meet (currently, or as part of expansion) the mobile crisis and crisis respite service delivery models described on page 6 and 7. While these models are displayed separately, this project requires intentional linkages between the two. Applicants may choose to focus their proposal on one or both models. CNYCC reserves the right to broker partnerships based on submitted proposals.

Applicants, through proposals, must comply with all applicable and appropriate regulatory bodies, as well as all local, state and federal laws and regulations.

Awardees must be willing to participate in a multi-county network to support community-based crisis stabilization. Participation will include but will not be limited to a regional learning collaborative.

Funded projects will be required to meet all project requirements associated with the Behavioral Health Crisis Stabilization Project (3aii), including the Health Information Technology requirements.

Service Delivery Models

Mobile Crisis Services
Target Population & Service Availability
➢ Adults in crisis ➢ 365/24/7 ➢ Phone and Face to Face services provided ➢ Un-scheduled availability ➢ Face to Face response time will be based on need, but will not exceed 24 hours; Phone services provided for immediate needs.
Service to be Offered by the Project
Interventions delivered through: Needs Adapted Treatment Model & Intentional Peer Support Model with staff being cross-trained in both models. Services to include: ➢ De-escalation, mediation, safety planning, aftercare planning, linkages to community services, client assistance, comprehensive assessment, assessment for eligibility for enhanced treatment (below), follow up and support, consultation with a physician or other qualified providers to assist with the individual's specific crisis and plans for the individual's future. ➢ Assessment and Screenings: Evidence based and appropriate for target population and setting. ➢ Linkages to least restrictive care: o Primary Care o Outpatient o Short-term residential stabilization o Observation ➢ Transportation to community services ➢ Enhanced Mobile Treatment and Support for individuals with psychosis-related crises o Intentional Peer Support and Needs Adaptive Treatment models o Provided as often as needed for up to 1 year o Duration of follow up will be determined by the individual/family o Target of follow up could be individual service recipient, provider and/or natural supports, but nothing done without individual being aware ~~o~~ Staffed by certified peers, psychiatrist or psychiatric nurse practitioner, licensed behavioral health provider ~~social workers, and family therapist~~ o Follow up could include post-inpatient follow up if need exists in the community and partnerships are in place
Staffing Requirements
➢ ~~Bachelors and~~ Masters level staff ➢ OMH/OASAS Certified Peer o Certification required within 6 months of hire ➢ Face to face services provided by 2 staff members; 1 of which must be a certified peer
➢ Enhanced Treatment provided by certified peers, psychiatrist, masters level providers experienced with family work ➢ Face to face services provided by 2 staff members; 1 of which must be a certified peer
NOTE: To support intentional linkages, staff sharing across service delivery models (mobile crisis/crisis respite) is preferred.

Crisis Respite Center
Target Population & Service Availability
➢ Adults in crisis ➢ Phone support line – shared with mobile crisis ➢ 365/24/7
Service to be Offered by the Project
Interventions delivered through: Intentional Peer Support Model. Services to include: ○ Provide a 100% voluntary, warm, safe, and supportive homelike environment that encourages community and family network connection. ○ Onsite peer support during the respite stay (up to 7 days per episode) ○ Health and wellness coaching ○ Relaxation techniques to help reduce stress, anxiety, emerging panic or feelings of losing control ○ Coordinating with primary care, Health Home or other BH providers (on-site or through referrals) ○ WRAP (Wellness Recovery Action Plan) planning ○ Wellness activities ○ Family support ○ Conflict resolution ○ Ongoing communication between the consumer, crisis respite staff, natural supports, and the individuals' established mental health providers to assure collaboration and continuity in managing the crisis situation and identifying subsequent support and service systems ○ Collaboration with the individuals, BH providers, and natural supports to make recommendations for modifications to the recipients' plan for care and treatment. ➢ Linkages to least restrictive care: ○ Primary Care ○ Outpatient ○ Short-term residential stabilization ○ Observation
Staffing Requirements
➢ OMH/OASAS Certified Peer ○ Certified Peers must be on site when residents are present ○ Certification required within 6 months of hire ➢ Program Director ○ Program Director must be available on call
NOTE: To support intentional linkages, staff sharing across service delivery models (mobile crisis/crisis respite) is preferred

Point of Entry into Service:
For each model, there will be multiple points of entry into service.

Mobile Crisis:

- Hospitals/ED
- Mental Health or Substance Abuse Services Provider
- Central Triage Assessment Line
- Self-Refer
- Family or Friend

Respite:

- Hospitals/ED
- Mental Health or Substance Abuse Services Provider
- Central Triage Assessment Line
  - Self-Refer
  - Family or Friend

Support Line

- Central Triage Assessment Line
  - Self-refer
  - Family or Friend

Demonstrated Relationships

In addition to meeting service delivery elements, applicants must describe how relationships with the following entities will be established or maintained:

- Other community-based crisis services
- Access to CPEP or specialty psychiatric services for needs beyond the scope of service provided above
- Emergency rooms and hospitals
- Community mental health services, substance use services, and primary care providers for ongoing, whole person care
- Health Homes
- Criminal justice system, law enforcement, first responders
- Central Triage *This service has not yet been established, but solid relationships will be required as it will be one of a number of points of entry into the above service delivery models.

PROJECT TIMELINE:

Awards Announcement (Tentative)	Monday	~~5/9/2016~~	~~5/23/2016~~	6/10/16
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3. REQUIRED CONTENT

Each proposal must include the following information:

- A discussion of how the work will:
  - Encompass CNYCC goals of regional collaboration,
  - Address cultural competence and health literacy, and
  - Support the overall goal of the reduction of unnecessary hospitalizations.
- A history of the organization and a description what makes their agency uniquely qualified to offer this service.

- A detailed description of your organization's experience with similar projects including a listing of any current projects of this same type.
- A description of the geographic region that your proposal seeks to serve. Include a description of community need for these services and a description of existing crisis stabilization services.
- Describe your agency's experience in working with this target population/area and the process which will be put in place to ensure current licensing protocols.
- Describe how you will fulfill the activity as identified in this RFP.
- Describe your plan for implementation that includes milestones, deadlines and task owners relating to:
    - Hiring, training, and the establishment and maintenance of continuous a supervision plan, including peer supervision
    - Development of policy and procedures for screening, treatment, referral, linkage, follow up
    - Physical space alterations
    - Acquiring materials
    - Promotion of the new service and approaches to building community partnerships, including but not limited to those mentioned in Project Specific Requirements on starting on page 6 and the active maintenance of partnerships and linkages between service models.

- Identify any existing staff that would be assigned to work on this project. Define the capacity in which each person would be working, and describe the qualifications, education, training, expertise, and experience that qualifies these individuals to work on this project.
- Describe plans for service continuation through sustainable funding streams.

Successful proposals will demonstrate the following qualities:

- Geographic coordination
- The expansion of existing services and clear, intentional linkages to any new elements.
- Community and leadership support of a shift to peer-provided service model

If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Additionally, all costs included in proposals must be all-inclusive to include any outsourced or contracted work. Any proposals which call for outsourcing or contracting work must include a name and description of the organizations being contracted.

All costs must be itemized to include an explanation of all fees and costs. The Budget Outline must be completed on the provided budget template. The completed Budget Outline should be labeled "Attachment 1" and appended to the completed proposal.

4. Proposal Guidelines/RFP Format

Applicant Responsibilities

It is the applicant's responsibility to meet the entire intent of these specifications. Applicants shall carefully examine the terms of this document and shall judge for themselves all the circumstances and conditions affecting their RFP. Failure on the part of any applicant to make such examination and to investigate thoroughly shall not be grounds for any declaration that the applicant did not understand the terms and conditions herein. CNYCC shall not be liable for any costs associated with the preparation, transmittal, or presentation of any response or materials submitted in response to the RFP.
It is the responsibility of each applicant to:

- Examine the RFP documents thoroughly;
- Consider federal, state and local laws and regulations that may affect your proposal.
- Visit the site and examine schematics to become familiar with local conditions that may affect your proposal, if appropriate.

Format

In order to be considered, all proposals will be formatted as followed:

- 10 numbered pages, not including Cover Sheet or attachments
- Double spaced, 1" margins
- 12 point, Times New Roman font

All proposals must include, be clearly labeled, and organized in the following order:

- Cover and Applicant Information Sheet
- Required program details
- Project Specific Requirements
- Attachment 1: Budget Outline
- Attachment 2: Organization Chart with proposed changes under this project clearly identified
- Attachment 3: Fiscal Audit
- Attachment 4: Position Description and Resumes
- Attachment 5: LGU Letter of Support

Proposal Submission Process

All proposals in response to this RFP are due by 5pm EST ~~4/7/2016~~ ~~4/21/2016~~ 5/12/2016 via **Electronic submission.** Please provide a scanned, signed, PDF version of your proposal submitted via email to Shana Rowan at shana.rowan@cnycares.org .

In addition, please submit a hard copy of the proposal with original signature and three full copies via mail to

ATTN: Shana Rowan
CNY Care Collaborative
109 Otisco Street, 2nd Floor
Syracuse, NY 13204

Any proposals received after this date and time will not be considered. All proposals must be signed by an official agent or representative of the company submitting the proposal.

THIRD PARTY REVIEW

CNYCC will utilize a third party reviewer to conduct and fair, objective, and extensive evaluation of all proposals.

Upon notification, the contract negotiation between CNYCC and the awarded applicants will begin immediately.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFP. All contractual terms and conditions will be subject to review by CNY Care Collaborative legal representation and will include scope, budget, schedule, and other necessary items pertaining to the project.

5. EVALUATION, DATA AND REPORTING REQUIREMENTS

All awarded applicants will be required to collect and share agency, program, client, and cost data to demonstrate:

- program usage, effectiveness, and quality
- client outcomes
- fidelity to the funded models
- cost savings through the reduction of hospitalization/emergency room use for stabilization
- active and ongoing participation in community relationships and collaborations

Actively Engaged Patients
Awardees will be required to submit:

- Weekly cumulative totals via Performance Logic Webform
- Monthly patient rosters uploaded through a secure file transfer protocol (SFTP). Rosters will contain patient name, CIN or Subscriber ID, encounter date and service provided.

Project Specific Measures
Awardees will be required to submit additional data as identified by CNYCC in the Project Specific Data Dictionary.

Learning Collaborative
Awardees will be required to attend and participate in a regular CNYCC sponsored learning collaborative designed to support funded applicants during implementation as well as create an environment of data-driven care.

CNYCC Defined
Awardees will be required to submit additional data as identified by CNYCC.

6. BUDGET

Please use the Budget Outline in the attached spreadsheet to describe cost. Scope of services should be directly related to the articulation of community need. The completed outline should be labeled "Attachment 1" and appended to the proposal.

NOTE: All costs and fees must be clearly described in each proposal.

7. PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be complete and include all of the following criteria:

- Overall proposal suitability: proposal must meet the scope and needs included herein and be presented in a clear and organized manner
- Organizational Experience: Applicants will be evaluated on their experience as it pertains to the scope of this project
- Previous work: Applicants will be evaluated on examples of their work pertaining to the nature of the work described
- Value and cost: Applicants will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project
- Technical expertise and experience: Applicants must provide descriptions and documentation of staff technical expertise and experience. Append resumes of current staff who would complete functions under this project and job descriptions for any new positions
- Sustainability: Applications will be evaluated on the plan for service continuation after the project end date
- Letter of Support from the LGU in the county/counties of proposed operation

APPENDIX A

APPLICANT COVER & APPLICANT INFORMATION SHEET

BEHAVIORAL HEALTH CRISIS STABILIZATION (3AII)
CRISIS STABILIZATION SERVICES EXPANSION RFP

CNYCC RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS

The undersigned hereby certifies that he/she has examined and fully comprehends the requirements and intent of the Notice, Information, Specifications and RFP for **Crisis Stabilization Services Expansion, and** offers to fulfill the activities as shown on the attached RFP for the cost specified in the budget section.

I hereby certify that the information in this proposal is correct to the best of my knowledge, and that I am an official of the organization identified below authorized to sign and submit this proposal.

Organization Name

Mailing Address

County/Counties Served in Proposal

Type or Print Name

Title

Authorized Signature

Date

Additional Contact Information

Name/Title

Email

Name/Title

Email

Name/Title

Email

Name/Title

Email

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