



# CICS

Supporting Individuals. Strengthening Communities.

## **Request for Proposals for MOBILE CRISIS SERVICES**

### **I. Introduction:**

Central Iowa Community Services (CICS) is announcing this Request for Proposals (RFP) for the following counties: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren.

### **A. Service Description:**

CICS is seeking a provider to provide Mobile Response Services in compliance with Iowa Administrative Code Chapter 441-24.36. Mobile Response means:

A mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.

CICS intends to select one provider agency that will:

- Use the format that has been developed by Foundation 2. (CICS will purchase the program and training for the selected provider.)
- Work collaboratively with CICS, Foundation 2, and other community partners to coordinate care effectively within a trauma informed, multi-occurring capable system of care.
- Have capacity to provide treatment for residents in need of mobile response in a variety of community based settings.
- Provide services for culturally diverse populations.
- Use person-centered planning.
- Can implement services by January 1, 2018.

A response to this request indicates an organization's interest in providing the services described herein, but does not obligate CICS to any contractual agreement. CICS reserves the right to pursue contracts for this service with any agency deemed by CICS to meet the service needs of the local community and reserves the right to reject any and all proposals.

### **Scope of Work**

- Treatment engagement, referral, and follow-up
- Screening, assessment, and crisis intervention services
- Brief outpatient intervention due to an individual's behavioral health needs
- Care Coordination as necessary to promote accessibility of integrated behavioral health services, including communication with medical providers, arrangement of transportation, scheduling of appointments and other related activities
- Provision of educational information for consumers about behavioral health topics
- Collection of data for use in evaluation program impact, outcomes and performance
- Participation in ongoing program evaluation, continuous quality improvement efforts, and development of plans for long-term financial sustainability

The selected provider will offer coverage 24 hours a day 365 days a year. This will be done with one or more mobile crisis teams of no less than two providers, trained according to requirements of Iowa Administrative Code Chapter 24. The team will be dispatched to the identified scene when an individual with behavioral health needs can benefit from services.

Preferred experiences and treatment capacity elements include:

- Knowledge of behavioral health system and local community resources
- Accessibility of services in a timely manner (1 hour)
- Experience and supervisory infrastructure that can include evidence-based practices such as but not limited to: Motivational Interviewing, Trauma-Informed Care, Dialectical Behavior Therapy, Assertive Community Treatment, Illness Management and Recovery, Mental Health First Aid, and the use of Community-based Positive Behavior Supports
- Demonstrated partnership strengths and responsiveness
- Experience with primary care collaboration

#### **B. Conditions:**

CICS shall follow a competitive selection process, which is a formal process established to compare provider qualifications, terms, conditions, prices of equal or similar services, and historical outcome data to determine the best candidate from whom to purchase services. The successful candidate shall demonstrate quality of services, ability to meet performance measures, support from the Community Service Directors in the site(s) served, and a proven track record of providing quality follow along services that minimize displacement of individuals with disabilities.

This competitive process allows individual providers as well as a consortium of providers to apply. A consortium applying to serve multiple sites must designate one provider to act as the fiscal agent, and all providers in the consortium must provide a letter of support for the fiscal agent in the proposal. Creative alignment of services and partnerships are encouraged in this RFP.

#### **Establishment, Development, or Expansion Allowances:**

Proposals may request compensation for staffing, other ongoing expenditures, and development or expansion costs as necessary for providing the services identified that would not otherwise be reimbursable by other funders.

## **II. Proposal Requirements:**

The purpose of these services is to develop and enhance programming that shall promote integration of people with disabilities into the community. The funds through this grant are to be used for initial and additional staffing and costs of the program and initial and additional equipment. Applicants must be private or public not-for-profit organizations that specialize in providing services to individuals with disabilities.

Proposals that fail to demonstrate the above evidence shall be determined as not having met the requirements of the grant and, therefore, shall not be considered in the bid process.

#### **A. Eligible Applicants:**

All providers are eligible to apply for this grant. Applicants that do not currently have a contract must also obtain a contract with CICS for the services to be rendered in this grant.

Applicants that do not have the appropriate accreditation under Iowa Administrative Code 441.24 must provide evidence within three months of the start date of the organization's application for accreditation. Applicants that do not have the accreditation must comply with all CICS Program Review expectations until accreditation



is secured. CICS Program Reviews require the applicant to meet quarterly with CICS Administrative Team, and apply the recommendations for improvement provided by the Team.

Should an applicant fail to obtain appropriate accreditation within twelve months, the funding shall be discontinued unless the delay is caused by the accrediting agency.

**B. Goals and Objectives:** 15 points possible

Applicants must identify the goals and objectives that shall be met in measurable terms. Applicants should address not only outcomes but activities that shall lead to individuals stabilizing in their environment. Proposals that address creative measures and actions to try and curb this trend are encouraged. Goals and objectives must be written that address:

1. Service delivery plan.
2. Outcomes expected per year.

**C. Planned Activities:** 15 points possible

Describe the planned activities that shall enhance the applicant's ability to meet the stated goals and objectives as well as address the following:

1. Describe the plan to develop sustainability.
2. Describe the proposed method of accessing continued funding.
3. Describe the proposed sustainability timeframes.

**D. Budget and Budget Narrative:** 20 points possible

The allowable costs for this grant are salaries and benefits along with equipment and other costs that are necessary to establish the project. The budget must provide line item costs for each cost noted, and the rate of match required by the project.

The Budget Narrative should align with the budget and concisely describe the nature of the line item cost in the budget and shall provide justification and a rationale for the line item requested.

**E. Consistency with Attachment A and Experience:** 50 points possible

Proposals shall state how they will provide services consistent with requirements identified in Attachment A.

In addition, the applicant shall describe:

1. Experience with Crisis Services
2. Knowledge of Suicide intervention
3. Documentation of Community Collaboration
4. Experience with community based services/in-home services

**F. Contract Period:**

Starting no later than January 1, 2018 and ending June 30, 2018. Renewable annually, at the discretion of CICS, based upon outcomes and availability of funds.

**III. Contracting Clauses:**

**A. Monitoring, Review and Payment:** The purpose of monitoring is to assist the successful applicant in:

1. Complying with the terms and conditions of the contract and applicable laws and regulations.
2. Preventing non-compliance by identifying and resolving potential problems by providing constructive and timely feedback.
3. Making progress toward the expected results and outcomes.
4. Reducing fiscal or program risks as early as possible.
5. Determining a need for technical assistance.
6. Determining if the contract should continue.



The following summarizes the expectations and timeframes for monitoring:

1. The contractor shall submit progress reports concerning the progress and contractor performance on the goals and objectives on a quarterly basis.
2. The contractor shall submit invoices and billings monthly.
3. The contractor shall submit updated summary reports of work with the clients served monthly.
4. The contractor shall participate in all on site contract reviews which shall include at least one per year where the financial and programming performance is reviewed.
5. The contractor shall follow recommendations cited by the review.
6. The contractor shall correct identified deficiencies or findings by CICS staff and submit progress reports to any such corrective action plan.

**B. Contract Specifics:**

This section is for information only. The contractor shall be required to abide by the actual CICS contract that will be signed by the contractor and CICS.

Either party may terminate the contract according to the terms of the contract. The contractor agrees to indemnify and hold harmless CICS, shall maintain insurance and shall be an independent contractor according to the terms of the contract.

The contractor, its employees, agents and subcontractors shall comply with all applicable federal, state, and local laws, rules, including without limitation, all laws applicable to the prevention of discrimination in employment and the use of targeted small businesses as vendors or suppliers. The contractor, its employees, agents and vendors shall comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under this contract.

**C. Purchasing Requirements:**

The contractor agrees that any equipment purchased under this grant shall do so as efficiently and effectively as possible and make every reasonable effort to ensure that the commitment of public funds obtains the most value for the money spent. Competition for the purchase of equipment should be fair, open and objective. Misappropriation or abuse of this process shall result in the contractor reimbursing CICS for the funds used in the purchase price.

**D. Persons Served:**

Referrals will come from community partners, including but not limited to law enforcement and healthcare providers, including local hospitals and clinics, or individuals and/or their families accessing crisis services through the Foundation 2 Crisis Line that CICS funds. The contractor shall serve all individuals referred.

**IV. Proposal Process:**

Date by when RFP sent out to applicants:	August 1, 2017
Date by when proposals must be submitted to CICS:	September 22, 2017
Date by when proposals shall be reviewed by CICS:	September 29, 2017
Date by when successful applicants shall be notified:	October 6, 2017
Date by when contract is mailed to successful applicant:	October 6, 2017
Date of final contract approval by CICS:	October 26, 2017
Date when the grant begins:	January 1, 2018

Questions should be submitted by e-mail to Central Iowa Community Services at [Russell.wood@cicsmhds.org](mailto:Russell.wood@cicsmhds.org) by 4:00 pm on August 31, 2017. No questions should be directed to any other CICS staff members or governing



board members. An e-mail summary of responses to all questions will be sent by 4:00 pm on September 8, 2017 to all who have submitted questions or requested to receive updates.

Providers that are interested in receiving updates should register for updates by emailing contact information to Russell Wood at [Russell.wood@cicsmhds.org](mailto:Russell.wood@cicsmhds.org).

Proposals must be submitted to: Russell Wood, CICS Planning Officer  
[Russell.Wood@cicsmhds.org](mailto:Russell.Wood@cicsmhds.org)  
PO Box 58  
Hampton, IA 50441

Upon receipt of all submissions, CICS will review and may contact respondents for additional information, clarification, interview and any other steps necessary to select a provider for this service. Recommendations will be provided to the CICS Governing Board for final approval. CICS reserves the right to decline any and all applications and may choose to not award the contract.

#### **V. Standards for Review of Applications:**

Each proposal shall be reviewed according to the established number of points possible, the quality of the proposal in addressing the areas, and the outcomes achieved historically.

**CICS reserves the right to decline any and all applications and choose to not award a grant.**

### **ATTACHMENT A**

#### **IOWA ADMINISTRATIVE CODE REFERENCES:**

(For reference only.)

**441—24.24 (225C) Standards for crisis response staff.** All crisis response staff shall meet the qualifications described in this rule. Additional staff requirements are described in each service.

**24.24(1) Performance benchmark.** Qualified crisis response staff provide crisis response services.

**24.24(2) Performance indicators.**

a. One or more of the following qualifications are met:

(1) A mental health professional as defined in Iowa Code section 228.1.

(2) A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.

(3) A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.

(4) An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.

(5) A peer support specialist with a minimum of one year of experience in behavioral or mental health services.

(6) A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.

(7) A registered nurse with a minimum of one year of experience in behavioral or mental health services.

(8) A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of department-approved training).

b. Documentation in staff records to verify satisfactory completion of department-approved training including:



- (1) A minimum of 30 hours of department-approved crisis intervention and training.
- (2) A posttraining assessment of competency is completed.

**441—24.36 (225C) Mobile response.** 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. Staff work in pairs to ensure staff safety and the safety of the individual served. A single staff member may respond if another person who meets one of the criteria listed in paragraph 24.24(2) "a" will be available on site. Twenty-four-hour access to a mental health professional is required.

**24.36(1) Performance benchmark.** Mobile response services are delivered to individuals in crisis in a timely manner.

**24.36(2) Performance indicators.**

- a. Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care. If the mobile response staff already are responding to another call, staff explain to the caller that there may be a delay in receiving a mobile response and offer an alternative response.
- b. Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes from dispatch. If the mobile response staff are responding to another request, there may be a delay in receiving mobile response and an alternative response should be provided.
- c. Data is collected to track and trend response time from initial dispatch, the time to respond to dispatch when a team is already in response; diversion from or admission to hospitals, correctional facilities and other crisis response services. The data for each fiscal year is reported to the department within 60 days of the close of the fiscal year.
- d. When an action plan is developed, a copy is sent within 24 hours, with the individual's signed consent, to service providers, the individual and others as appropriate.
- e. The following information is documented in the individual's service record:
  - (1) Triage and referral information.
  - (2) Reduction in the level of risk present in the crisis situation.
  - (3) Coordination with other mental health resources.
  - (4) Names and affiliation of all individuals participating in the mobile response.
- f. A follow-up appointment with the individual's preferred provider will be made, and mobile response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.

