



**REQUEST FOR PROPOSALS (RFP #2010-009)
CRISIS SERVICES**

This RFP is issued by COASTAL PLAINS COMMUNITY MHMR CENTER (CPMHMR), an agency, authorized by Article 5547-203 of the Texas Revised Civil Statutes Annotated (1965), as amended, establishes the duties and authority of the community centers of mental health and mental retardation services. This RFP contains the requirement that all applications must meet to be considered by CPMHMR for selection. Failure to conform to requirements of the RFP will result in rejection of the application without any further consideration. The applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

Coastal Plains Community MHMR Center is seeking to contract with a single service provider (agency/organization) to deliver crisis services for our 9 county area, including - Live Oak, Bee, San Patricio, Aransas, Duval, Kleberg, Jim Wells, Brooks and Kenedy counties

- 24 Hour Crisis Hotline Services
- Evening/ Weekend/ Holiday Crisis Rehabilitation Services, including Mobile Crisis Outreach Services:

Providers selected will not be employees of CPMHMR. CPMHMR will not withhold any income tax, unemployment insurance, social security or any other withholdings or make available to the provider any benefits (sick leave, vacation).

Contact Person: All inquiries about this RFP should be directed to:
Dan Donnelly, Director of Mental Health Services
200 Marriott Drive
Portland TX 78374
(361) 777-3991

Submission of Completed Application:
All original applications must be returned to the following address by July 30, 2010 at 5:00 p.m. CST.

Theresa Guerra, Director of Authority Functions
200 Marriott Drive
Portland TX 78374

CONFIDENTIAL: RFP#2010-009 -DO NOT OPEN IN MAILROOM!

Incomplete applications will not be considered.

Electronically submitted applications will not be considered; however, applications may be modified by electronically submitted notice, provided such notice is received prior to the time and date set for the application closing.

COVERED SERVICES

- Crisis Hotline Services -
 - 1) Provide continuously available telephone service that provides information, support, referrals, and screening and intervention that responds to callers 24 hours per day, 7 days per week.
 - 2) This service dispatches Crisis Rehabilitation case workers as needed.

- 3) Agency providing hotline services is accredited by the American Association for Suicidology.
- 4) Provide documentation of hotline services on a progress note form approved by the Local Authority.
- 5) Send, by fax or email, the assessment documentation to the CPMHMR on-call supervisory staff by 9 am the following morning.

- Crisis Rehabilitation Services, including Mobile Crisis Outreach Team services.

Holiday Hours

	MCOT Services	Regular Crisis Services
12 Hours	8:00 A.M. - 8:00 P.M.	12 Hours 12:00 A.M. - 8:00 A.M. 8:00 - P.M. - 12:00 A.M.

Non-Holiday Hours

Monday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Tuesday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Wednesday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Thursday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Friday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Saturday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 4:00 P.M.
Sunday	12:00 P.M. - 12:00 A.M.	12:00 A.M. - 12:00 P.M. (noon)

- 1) During the above-described time frame the contract service provider will be available to respond to telephone and/or pager.
- 2) Individual service providers are credentialed as QMHP-CS
- 3) At the direction of CPMHMR on-call supervisory staff, the contract service provider will provide face-to-face assessment and triage services within one hour.
- 4) The contract service provider will assess the identified individual and consult with CPMHMR on-call supervisory staff for the purpose of establishing appropriate disposition.
- 5) The contract service provider will be responsible for facilitation of the determined disposition and will see it through to completion.
 - a) Identify appropriate hospital
 - b) Secure warrant, if needed
 - c) Secure transportation to local, state facility
 - d) Facilitate referral for out-patient services
- 6) Provide documentation of crisis assessment services on a progress note form approved by the Local Authority.
- 7) Send, by fax or email, the assessment documentation to the CPMHMR on-call supervisory staff by 9 am the following morning.

DEFINITIONS:

Crisis Rehabilitation Services - interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness or serious emotional disturbance and to prevent admission of an individual to a more restrictive environment. Crisis intervention services include:

- 1) an assessment of dangerousness of the individual to self or others;
- 2) the coordination of emergency psychiatric care services
- 3) behavior skills training to assist the individual in reducing stress and managing symptoms;
- 4) problem-solving;
- 5) reality orientation to help the individual identify and manage their symptoms of mental illness;

- 6) and providing instruction and structure to the individual in adapting to and coping with stressors.

Mobile Crisis Outreach Team (MCOT) services - MCOTs are clinically staffed mobile treatment teams that can provide prompt face-to-face crisis assessment / intervention services for individuals in the community. These services are designed to reach individuals at their place of residence, school and/or other community-based safe locations at peak service times as described above.

Qualified Mental Health Professional-Community Services (QMHP-CS) - A staff member who is credentialed as a QMHP-CS who

- 1) has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major as determined by the LMHA in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or
- 2) is a registered nurse; and
- 3) has demonstrated and documented competency in the following areas:
 - a) Abuse, Neglect & Exploitation
 - b) Consumer Rights and Confidentiality
 - c) HIV / AIDS Infection Control Workplace & Confidentiality Guidelines
 - d) Safety & Emergency
 - e) Cultural Competency
 - f) Screening & Crisis Intervention
 - g) Suicide/Homicide Precautions
 - h) Interactions with individuals who have special physical needs such as hearing or visual impairments
 - i) Safe Management of verbally and physically aggressive behavior
 - j) Behavior Management
 - k) Psychoactive Medication/Pharmacology
 - l) Charges for Community Based Services
 - m) Basic CPR, Basic first aid and seizures
 - n) Community Support Service Availability
 - o) Advocacy for individual
 - p) Crisis prevention and management
 - q) The nature of severe and persistent mental illness and serious emotional disturbances
 - r) The Uniform Assessment /TRAG
 - s) The RDM UM Guidelines
 - t) Skills training techniques
 - u) The treatment of co-occurring psychiatric and substance use disorders as described in Chapter 411, Subchapter N

ESTIMATED AMOUNT OF SERVICE REQUIRED*

Duval / Jim Wells Counties - 243 Activations Annually
Live Oak / Bee Counties - 196 Activations Annually
Brooks County - 43 Activations Annually
San Patricio County - 156 Activations Annually
Aransas County - 52 Activations Annually
Kleberg / Kenedy Counties - 145 Activations Annually

*Number of activations based on services June 1, 2009 - May 31, 2010

SPECIFIC APPLICATION REQUIREMENTS

To achieve a uniform review process CPMHMR requires that applicants submit the following:

- 1) Completed application (attachment 1) including plan to provide services

- 2) Completed Assurances and Certifications form (attachment 2)
- 3) Proof of accreditation from the American Association for Suicidology
- 4) Proof of professional insurance in the amount of \$1,000,000.00 per claim and \$2,000,000.00 annual aggregate.

CONTRACT PREREQUISITES

- 1) No history of criminal convictions that would contraindicate contractual relationship as evidenced by criminal history check
- 2) No history of confirmed client abuse, neglect or client rights violations by administrators or individual providers
- 3) No history of Medicaid/Medicare sanctions
- 4) Individual providers must have reliable transportation and a favorable driving record as evidenced by DPS drivers license check
- 5) Crisis employees must live in an area that allows one hour response time to crisis calls

AWARD CRITERIA

The following criteria will be weighed to determine the best value

Risk Profile (15 Points)

Quality Management (15 Points)

Background and experience as provider (30 points)

Cost effectiveness and best value of the proposed services (30 Points)

Value added services (10 points)

**ATTACHMENT 1
CRISIS INTERVENTION SERVICES AGENCY APPLICATION**

Agency: _____

Owner: _____

SSN#/TIN: _____

Years of operation: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Certification # if a Historically Underutilized Business: _____

Billing Manager: _____

Phone Number: _____ Fax Number: _____

Other Business Locations in this Market Area:

1. _____

2. _____

Organization Structure: Name of Director/President/CEO, include a list of the names and titles of the organizations key personnel, attach a copy of organizational chart if necessary.

Other Owners/Partners:

	Name	% Ownership	If Corporate, List Organization
1.	_____	_____	_____
2.	_____	_____	_____

Describe your background experience as a provider of mental health services. Include

- 1) your history of working with persons with serious and persistent mental illness who are experiencing a psychiatric crisis.
- 2) your experience providing/supervising Mental Health Rehabilitation services
- 3) your experience providing/supervising Crisis Hotline services

Describe your organizations experience working with various ethnic groups.

Description of your Quality Management and Quality Assurance efforts to insure continuous improvement in the quality of services provided to individuals with a mental illness. (Any process you have to discover and track errors, to receive communication from clients with respect to satisfaction with service and resolution of complaints, documentation of any accreditation/licensing evaluations completed in the past 24 months).

Describe the financial stability of your company, including the resources necessary to guarantee your ability to deliver the proposed services at the proposed fees.

Risk Profile

1) Do you or anyone working in your organization who are providing services have any felony convictions?

Yes No

- 2) Have you or any of your employee's had any validated client abuse, client neglect, or client rights violation claims in the past five years. Yes No
- 3) Have you or any of your employee's had a professional license suspended or revoked? Yes No
- 4) Have you or any of your employee's had Medicaid or Medicare sanctions? Yes No
- 5) Has the organization/partnership/business been placed on vender hold within the past five (5) years by any funding agency Yes
- 6) For any answers "yes" to questions 1 through 6, please, attach a detailed explanation.
- 7) Attach proof of liability insurance, minimum \$1,000,000 per claim and \$3,000,000 annual aggregate.
- 8) List any lawsuits or litigation involving your organization during the past five years. Provide details.

Attach a plan to deliver the Crisis Services to Coastal Plains Community MHMR Center's consumers beginning September 1, 2010 including:

- A description of Hotline services
- A description how Crisis Rehabilitation services will be provided within one hour in our 9 county service area, specifically listing service locations
- A fee proposal
- Any ancillary or additional services that you will provide at no cost, if any

Note: In order to provide services to consumers in all of our nine (9) counties it may be necessary to award a contract to more than one provider. If your organization is unable to cover all nine counties, please submit a proposal for the locations that you are able to cover.

Note to applicant: Coastal Plains MHMR completes a credentialing process and will verify any certifications and /or accreditations prior to completing a contract. You have the right to review this information. You also have the right to correct any erroneous information that the Center receives for the purposes of Credentialing.

Applicant Signature

Date

ATTACHMENT 2 ASSURANCES AND CERTIFICATIONS

I understand that I, or my organization, known collectively as "Offeror", must comply with each of the assurances listed below if awarded a contract in response to this solicitation. I am legally authorized to bind my organization to the following assurances, as signified by my signature at the end of this section. I understand that my failure to sign this section and certify all of these assurances may result in disqualification of this proposal.

- 1) Offeror has made no attempt nor will make any attempt to induce any person or firm to submit or not submit a proposal.
- 2) Offeror will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, described in this proposal who will perform any labor or services.
- 3) Offeror will comply with all federal statutes relating to nondiscrimination. These include but are not limited to Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis of race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), which prohibits discrimination on the basis of handicaps; the American with Disabilities Act of 1990 (Public Law 101-336); and all amendment to each, and all requirements imposed by the regulations issues pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
- 4) Offeror certifies that neither it nor its officers or employees is involved in other activities or relationships with other persons that cause Offeror to be unable or potentially unable to render impartial assistance or advice to CPMHMR, or that impair or might impair the Offeror's objectivity in performing work under the contract or that cause Offeror to have an unfair competitive advantage.
- 5) Offeror accepts the terms, conditions, criteria and requirements set forth in the RFP.
- 6) Offeror accepts CPMHMR's sole right to cancel the RFP at any time CPMHMR so desires.
- 7) Offeror accepts CPMHMR's sole right to alter the timetables for procurement as set forth in the RFP.
- 8) Offeror agrees that no claim will be made for payment to cover costs incurred in the preparation of the submission of the proposal or any other associated costs.
- 9) Offeror owes no funds to CPMHMR or the State of Texas for unresolved audit exceptions. An unresolved audit exception is an exception for which the Offeror has exhausted all administrative and/or judicial remedies and has failed to comply with any resulting demand for payment.
- 10) Offeror agrees that all processes and products resulting from this contract award will be the property of the State of Texas.
- 11) Offeror agrees to ensure that information about individuals served by CPMHMR will be kept confidential according to federal and state laws and regulations.
- 12) Offeror certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state Agency or agency.
- 13) Offeror, if it is a corporation, is either not delinquent in its franchise tax payments to the State of Texas, or is not otherwise subject to payment of franchise taxes to the State of Texas.
- 14) Neither Offeror nor any member of Offeror's staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Offeror awarded this contract.
- 15) Offeror has not retained or promised to retain an entity or used or promised to use a consultant that has participated in the development of the specific criteria for the award of this contract or that will participate in the selection of the successful Offeror awarded this contract.
- 16) Offeror agrees to provide CPMHMR with information necessary to validate any statements made in this proposal, as requested by CPMHMR, including but not limited to, allowing access for on-site observation, granting permission for CPMHMR to verify information with third parties, and allowing inspection of Offeror's records. Offeror understands that failure to substantiate any statements made in the proposal as requested by CPMHMR may result in disqualification of the offer.

- 17) As provided by Texas Family Code, Section 231.006, a child support obligor who is more than 30-days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan. Offeror certifies that it is not ineligible to receive the payments under this contract and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
- 18) Offeror certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
- 19) Neither Offeror nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public employee in connection with the submitted offer.
- 20) Offeror certifies that none of the funds paid by CPMHMR pursuant to any contract resulting from this RFP will be used to pay any person for influencing or attempting to influence an officer or employee of any agency, a member, officer or employee of Congress or the state legislature or for obtaining any federal or state contract.
- 21) Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
- 22) Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding 10-year period.
- 23) Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding 10-year period.

Person to contact regarding inquiries:

Name _____ Title _____ Phone _____

Signature of Applicant

Date