

State of Colorado

**Colorado Department of Human Services
Office of Behavioral Health**



Request for Proposals # NCRK1411015OBH

November 22, 2013

**Crisis Stabilization Services
Mobile Crisis Services
Crisis Residential / Respite Services**

Published November 22, 2013
TABLE OF CONTENTS

SECTION I: Issue and Timeline

SECTION II: Administrative Information

SECTION III: Background, Overview and Goals

SECTION IV: Statement of Work/Requirements

SECTION V: Response Format

SECTION VI: Evaluation and Award

EXHIBITS:

- A. Sample State Contract**
- B. Sample HIPAA Business Associate Document**
- C. Sample of an Option Letter**
- D. Signature Page (COMPLETE AND RETURN)**

ATTACHMENTS:

- A. Overview of Current Colorado Crisis Services**
- B. Budget Template**
- C. Finance and Data Protocols**

SECTION I

ISSUE AND TIMELINE INFORMATION

A. ISSUING OFFICE:

This Request for Proposal (RFP) NCRK1411015OBH (CDHS) is issued for the State of Colorado (State) by the Department of Human Services (CDHS or Department), through the CDHS Division of Procurement. The CDHS Division of Procurement is the SOLE point of contact concerning this RFP. All communication must be made through the CDHS Division of Procurement.

B. INVITATION TO SUBMIT PROPOSALS:

The State of Colorado is posting this RFP on the Bid Information and Distribution System (BIDS) so that firms that have an interest may submit a proposal in accordance with the terms of this RFP.

C. MEANS OF COMMUNICATION:

In the event that it becomes necessary to revise any part of this RFP, a modification will be published on the BIDS web site at www.colorado.gov/bids. It is incumbent upon Offerors to carefully and regularly monitor BIDS for any such postings.

The CDHS Division of Procurement is the SOLE point of contact concerning this RFP and the procurement process. **All communication for this procurement must be done through the CDHS Division of Procurement point of contact indicated in this RFP and BIDS.**

D. PURPOSE:

This RFP provides prospective firms with sufficient information to enable them to prepare and submit proposals for consideration to satisfy the need for expert assistance in the completion of the goals of this RFP.

E. SCOPE:

This RFP contains the instructions governing the proposal to be submitted and the material to be included therein; mandatory requirements which must be met to be eligible for consideration; and other requirements to be met by each proposal.

F. SCHEDULE OF ACTIVITIES:

		Time (MT)	Date
1	RFP PUBLISHED ON BIDS WEB PAGE www.colorado.gov/bids		November 22, 2013
2	PROSPECTIVE FIRMS WRITTEN INQUIRY DEADLINE (NO WRITTEN QUESTIONS WILL BE ACCEPTED AFTER THIS DATE) See Administrative Information Section A for inquiry details. Email Inquiries: Kim.Bailey@state.co.us	Close of Business 5:00 PM, MT	December 6, 2013
3	Response to written inquiry posted on BIDS System	Close of business 5:00 PM, MT	December 13, 2013
4	PROPOSAL SUBMISSION DEADLINE See Administrative Information Section C for submission.	2:00 PM, MT	January 3, 2014
5	PROPOSAL SELECTION (ESTIMATED/WEEK OF)		January 20, 2014
6	CONTRACT FINALIZED (ESTIMATED/WEEK OF)		February 24, 2014
7	CONTRACT PERIOD: ESTIMATED March 1, 2014 TO June 30, 2014 plus four one-year options to renew (option of the State)		

SUBMIT ONE HARD COPY ORIGINAL (marked "ORIGINAL"), one hardcopy copy (marked "Copy") AND TEN (10) non-encrypted flash/thumb drives containing a complete electronic version of your proposal in Microsoft WORD and EXCEL compatible with Windows 2010 (RFP Proposal in Microsoft WORD and BUDGET in Microsoft EXCEL). Identify thumb drives with the name of your organization, and region(s) for which the proposals are made.

THE ANTICIPATED INITIAL TERM OF THE RESULTING CONTRACT IS MARCH 1, 2014 THROUGH JUNE 30, 2014. THE RESULTING CONTRACT MAY BE RENEWED FOR FOUR ADDITIONAL ONE-YEAR PERIODS AT THE SOLE DISCRETION OF THE STATE, CONTINGENT UPON FUNDS BEING APPROPRIATED, BUDGETED, AND OTHERWISE MADE AVAILABLE, AND OTHER CONTRACTUAL REQUIREMENTS, IF APPLICABLE, BEING SATISFIED.

G. INQUIRIES:

UNLESS OTHERWISE NOTED, PROSPECTIVE OFFEROR MAY MAKE

WRITTEN INQUIRIES VIA E-MAIL (Kim.Bailey@state.co.us) CONCERNING THE RFP TO OBTAIN CLARIFICATION OF REQUIREMENTS. NO INQUIRIES WILL BE ACCEPTED AFTER THE CLOSE OF BUSINESS ON THE DATE INDICATED IN THE SCHEDULE OF ACTIVITIES.

RESPONSES TO OFFEROR'S INQUIRIES WILL BE PUBLISHED AS A MODIFICATION ON THE STATE OF COLORADO BIDS PAGE.

SECTION II

ADMINISTRATIVE INFORMATION

- A. **INQUIRIES:** Unless otherwise noted, prospective offerors may make written, faxed, or e-mail inquiries concerning this RFP to obtain clarification of requirements. E-mail is the preferred method for vendors to submit inquiries. No inquiries will be accepted after the date and time indicated in the Schedule of Activities. E-mail all inquiries to:

E-mail: Kim.Bailey@state.co.us

Clearly identify your inquiries as:

RFP #NCRK1411015OBH, Crisis Stabilization Services Mobile Crisis Services, Crisis Residential / Respite Services, Inquiry.

Response to offeror's inquiries will be published as a modification on the State of Colorado BIDS web page in a timely manner.

- B. **MODIFICATION OR WITHDRAWAL OF PROPOSALS:** Proposals may be modified or withdrawn by the offeror prior to the established due date and time.
- C. **PROPOSAL SUBMISSION:** Proposals must be received on or before the date and time indicated in the Schedule of Activities. Late proposals will not be accepted. It is the responsibility of the offeror to ensure that the proposal is received by the Division of Procurement on or before the proposal opening date and time. Offerors mailing their proposals shall allow sufficient mail delivery time to ensure receipt of their proposals by the time specified. The proposal package shall be delivered or sent by mail to:

Department of Human Services
North/Central Procurement Office
7866 W. Mansfield Parkway
Denver, CO 80235

The State of Colorado Request for Proposal Signature Page **MUST** be signed in ink by the offeror or an officer of the offeror legally authorized to bind the offeror to the proposal.

Proposals which are determined to be at a variance with this requirement may not be accepted. **See the Issue and Timeline Information for the number of copies and non-encrypted flash drives labeled with your organization name of the proposal that must be submitted.**

Proposals must be submitted and sealed in a package showing the following information:

OFFEROR'S NAME

RFP #NCRK1411015OBH, Crisis Stabilization Services Mobile Crisis
Services Crisis Residential / Respite Services
PROPOSAL DUE: January 3, 2014 2:00 p.m., MT

The Division of Procurement desires and encourages that the hardcopy proposals be submitted on recycled paper, printed on both sides. While the appearance of proposals and professional presentation is important, the use of non-recyclable or non-recycled glossy paper is discouraged.

Vendors must be registered with Colorado BIDS by the proposal submission due date and time.

- D. **ADDENDUM OR SUPPLEMENT TO REQUEST FOR PROPOSAL:** In the event that it becomes necessary to revise any part of this RFP, an addendum/amendment will be published on the BIDS web site at www.colorado.gov/bids. It is incumbent upon offerors to carefully and regularly monitor BIDS for any such postings. It is the offeror's responsibility to make known to the Division of Procurement its interest in any addendum/amendment if it has received the RFP in a direct mailing from the Division of Procurement and no addendum has been received by mail.
- E. **ORAL PRESENTATIONS/SITE VISITS:** Offerors may be asked to make oral presentations or to make their facilities available for a site inspection by the evaluation committee. Such presentations and/or site visits will be at the offeror's expense.
- F. **ACCEPTANCE OF RFP TERMS:** A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgment of this condition shall be indicated by the autographic signature of the offeror or an officer of the offeror legally authorized to execute contractual obligations. It is assumed by the offeror's response that it acknowledges all terms and conditions of this invitation for an offer. An offeror shall identify clearly and thoroughly any variations between its proposal and the State's RFP. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.
- G. **PROTESTED SOLICITATIONS AND AWARDS:** Any actual or prospective offeror or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to Clint Woodruff, Director, Division of Financial Services, Colorado Department of Human Services Division, 1575 Sherman St., 6th Floor, Denver, CO 80203. The protest shall be submitted in writing within seven working days after

such aggrieved person knows, or should have known, of the facts giving rise thereto. Reference C.R.S. Title 24, Article 109.

- H. CONFIDENTIAL/PROPRIETARY INFORMATION: Any restrictions of the use or inspection of material contained within the proposal shall be requested prior to the submission of the proposal itself. Written requests for confidentiality shall be submitted, by the offeror prior to the proposal submission date. The offeror must state specifically what elements of the proposal that would be considered confidential/proprietary. The Division of Procurement will make a written determination as to the apparent validity of any written request for confidentiality, the written determination will be sent to the offeror.

Requests that are granted shall use the following format:

- Confidential/proprietary information must be readily identified marked and separated/packaged from the rest of the proposal.
- Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential and proprietary.
- Any information that will be included in any resulting contract cannot be considered confidential.

After award, the offers shall be open to public inspection subject to any continued prohibition on the disclosure of confidential data, C.R.S. Title 24, Article 72, Part 2 as amended.

- I. RFP RESPONSE MATERIAL OWNERSHIP: All material submitted regarding this RFP becomes the property of the State of Colorado. Proposals may be reviewed by any person after the "Notice of Intent to Make an Award" letter has been issued, subject to the terms of C.R.S. Title 24, Article 72, Part 2 as amended.
- J. PROPOSAL PRICES: Estimated proposal prices are not acceptable. Best and final offers may be considered in determining the apparent successful offeror. Proposals shall be firm for a period of not less than One hundred eighty (180) calendar days from the date of award.
- K. EVALUATION: The evaluation will identify the proposals that most effectively meet the requirements of this RFP. The work will be offered to the Offerors whose proposals, conforming to the RFP, will be most advantageous to the State of Colorado, price and other factors considered.

The State of Colorado will conduct a comprehensive, fair and impartial evaluation of each proposal received. First, all proposals will be submitted to the Division of Purchasing for acceptance. The Division of Purchasing will be responsible for ensuring that:

- The Offeror's proposal complied with the due date and time.
- The Offeror's "Colorado Request for Proposal Signature Page" meets content and other requirements.
- The Offeror included the appropriate number of proposal copies and flash/thumb drives.

On the date and time shown on the Request for Proposal Signature Page, the Division of Purchasing will hold a Public Opening of Proposals. The Public Opening will only disclose the names of all Offerors who have submitted a proposal for evaluation by CDHS. Information on costs and qualifications will be available from the Division of Procurement following selection of the winning Offeror.

Evaluation Process:

The Department plans an intensive, thorough, complete and fair evaluation process. Proposals will be evaluated on both the proposed service and the cost of the service. The evaluation will be performed and an award recommendation made to the Division of Procurement by the Evaluation Committee. Members will be selected who do not have a conflict of interest in this procurement. The Committee will be responsible for the evaluation process that will include the following steps:

- Review proposals for any conditions that may disqualify the Offeror and to ensure that required terms and conditions have been met.
- Review proposal content, contact references and assign a preliminary score to each factor for each proposal.
- Determine whether, as part of the deliberations, any Offerors will be invited to participate in discussions with the Committee. (Offerors would be those who, based on preliminary scores, are reasonably susceptible of being selected for the award.) However, proposals may be reviewed and determinations made without discussion. Therefore, it is important that proposals be complete, and Offerors should recognize that opportunity for further explanation may not exist.
- Oral presentations, if required, for invited offerors to demonstrate their proposed service.
- Adjust points or ratings as necessary.
- Best and final offers may take place at the State's option.
- Make final selection recommendation to the Division of Procurement.

- L. **PROPOSAL SELECTION:** Upon review and approval of the evaluation committee's recommendation for award, the Division of Procurement will issue a "Notice of Intent to Make an Award" on BIDS. Fax or email notice will be sent to all offeror's indicating the notice of intent has been posted. A contract must be completed and signed by all parties concerned on or before the date indicated in the Schedule of

Activities. If this date is not met, through no fault of the State, the State, at its sole discretion, may elect to cancel the "Notice of Intent to Make an Award" notice and make the award to the next most advantageous offeror.

- M. AWARD OF CONTRACT: The award will be made to that offeror whose proposal, conforming to the RFP, will be the most advantageous to the State of Colorado, price and other factors considered. Contracts will be awarded by individual regions.
- N. PROPOSAL CONTENT ACCEPTANCE: The contents of the proposal (including persons specified to implement the project) of the successful offeror will become contractual obligations if acquisition action ensues. Failure of the successful offeror to accept these obligations in a contract, purchase document, delivery order or similar acquisition instrument may result in cancellation of the award and such offeror may be removed from future solicitations.
- O. STANDARD CONTRACT: The State of Colorado incorporates standard State contract provisions (General and Special Provisions) into any contract resulting from this RFP. The General Provisions and Special Provisions are available on BIDS.
- P. RFP CANCELLATION: The State reserves the right to cancel this Request for Proposal at any time, without penalty.
- Q. STATE OWNERSHIP OF CONTRACT PRODUCTS/SERVICES:
 - 1. Proposals upon established opening time become the property of the State of Colorado. All products/services produced in response to the contract resulting from this RFP will be the sole property of the State of Colorado, unless otherwise noted in the RFP. The contents of the successful offeror's proposal will become contractual obligations.
 - 2. The State of Colorado has the right to retain the original proposal and other RFP response materials for our files. As such, the State of Colorado may retain or dispose of all copies as is lawfully deemed appropriate. Proposal materials may be reviewed by any person after the "Notice of Intent to Make an Award" letter(s) has/have been issued, subject to the terms of Section 24-72-201 et seq., C.R.S., as amended, Public (open) Records. The State of Colorado has the right to use any or all information/material presented in reply to the RFP, subject to limitations outlined in the clause, Proprietary/Confidential Information. Offeror expressly agrees that the State may use the materials for all lawful State purposes, including the right to reproduce copies of the material submitted for purposes of evaluation, and to make the information available to the public in accordance with the provisions of the Public Records Act.

- R. **INCURRING COSTS:** The State of Colorado is not liable for any cost incurred by offerors prior to issuance of a legally executed contract or procurement document. No property interest, of any nature shall occur until a contract is awarded and signed by all concerned parties.
- S. **PROPOSAL REJECTION:** The State of Colorado reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received and to accept any portion of a proposal or all items proposed if deemed in the best interest of the State of Colorado.
- T. **VENDOR IDENTIFICATION:** The tax identification number provided must be that of the offeror responding to the RFP. The offeror must be a legal entity with the legal right to contract.
- U. **NEWS RELEASES:** News releases pertaining to this RFP shall NOT be made prior to execution of the contract without prior written approval by the State.
- V. **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:**
 - 1. By submission of this proposal each offeror certifies, and in the case of a joint proposal each party, thereto certifies as to its own organization, that in connection with this procurement:
 - (a) The prices in this proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor;
 - (b) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the offeror and will not knowingly be disclosed by the offeror prior to opening, directly or indirectly to any other offeror or to any competitor; and
 - (c) No attempt has been made or will be made by the offeror to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
 - 2. Each person signing the Request for Proposal Signature Page of this proposal certifies that:
 - (a) She/he is the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein and that she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above; or she/he is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that

such persons have not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above, and as their agent does hereby so certify; and she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above.

3. A proposal will not be considered for award where (1)(a), (1)(c), or (2) above has been deleted or modified. Where (1)(b) above has been deleted or modified, the proposal will not be considered for award unless the offeror furnishes with the proposal a signed statement which sets forth in detail the circumstances of the disclosure and the head of the agency, or her/his designee, determines that such disclosure was not made for the purpose of restricting competition.

W. **CONFLICTS OF INTEREST:** The holding of public office or employment is a public trust. A public officer or employee whose conduct departs from his fiduciary duty is liable to the people of the State. Rules of conduct for public officers and state employees:

1. Proof beyond a reasonable doubt of commission of any act enumerated in this section is proof that the actor has breached his fiduciary duty.
2. A public officer or a state employee shall not:
 - (a) Engage in a substantial financial transaction for her/his private business purposes with a person whom she/he inspects, regulates, or supervises in the course of his official duties;
 - (b) Assist any person for a fee or other compensation in obtaining any contract, claim, license, or other economic benefit from her/his agency;
 - (c) Assist any person for a contingent fee in obtaining any contract, claim, license, or other economic benefit from any state agency; or
 - (d) Perform an official act directly and substantially affecting its economic benefit a business or other undertaking in which she/he either has a substantial financial interest or is engaged as counsel, consultant, representative, or agent.
 - (e) Serve on the Board of any entity without disclosure to the entity, the Secretary of State, and his/her employer.
3. A head of a principal department or a member of a quasi-judicial or rule-making agency may perform an official act notwithstanding paragraph (d) of subsection (2) of this section if her/his participation is necessary to the administration of a statute and if she/he complies with the voluntary disclosure procedures under C.R.S. 24-18-110.
4. Paragraph (c) of subsection (2) of this section does not apply to a member of a board, commission, council, or committee if she/he complies with the voluntary disclosure procedures under C.R.S. 24-18-110 and if she/he is

not a full-time state employee.

Reference C.R.S. 24-18-108, as amended.

5. A stakeholder participating in the committee must not have a financial or other conflict of interest that would prevent him or her from impartially reviewing proposals, pursuant to C.R.S. 27-60-103 (3).

X. TAXES: The State of Colorado, as purchaser, is exempt from all federal excise taxes under Chapter 32 of the Internal Revenue Code (Registration No. 84-730123K) and from all state and local government use taxes C.R.S. 39-26-114(a)}. Our Colorado State and Local Sales Tax Exemption Number is 98-02565. Seller is hereby notified that when materials are purchased in certain political sub-divisions (for example - City of Denver) the seller may be required to pay sales tax even though the ultimate product or service is provided to the State of Colorado. This sales tax will not be reimbursed by the State.

SECTION III

BACKGROUND, OVERVIEW AND GOALS

The Colorado Department of Human Services (CDHS) is committed to enhancing the Behavioral Health Crisis Response System to establish a comprehensive, coordinated, easily accessible, culturally competent, and integrated system for people who are experiencing significant behavioral health crises. A comprehensive system will promote universal access to the most appropriate supports and resources as early as possible to decrease the utilization of hospital emergency departments, jails, prisons and homeless programs for behavioral health emergencies. This crisis system will reflect a continuum of care from crisis response through stabilization and safe return to the community with adequate support for transitions to each stage.

In response to the findings and recommendations from the CDHS Office of Behavioral Health House Bill 2010-1032 Behavioral Health Crisis Response Services Study Report, January 2013, and in accordance with Senate Bill 13-266, the CDHS is soliciting competitive proposals from experienced and financially sound organizations to operate crisis services. This RFP has been designed based on input from stakeholders across Colorado through structured stakeholder meetings, a stakeholder survey and input from the Colorado Crisis Response System Advisory Group and the Advocacy Focus Group. Stakeholders include representatives such as State behavioral health and Medicaid staff, community behavioral health providers, hospitals, law enforcement, individuals with behavioral health disorders and their families.

Services: The services to be offered under this RFP are intended to develop a strong, comprehensive crisis system in Colorado that is evidence-based, culturally competent, and builds on existing foundations, with an eye towards innovation. The crisis system components included in this RFP include the development of:

1. Crisis Stabilization Services available 24/7/365 with walk-in capacity to provide services to individuals who are in behavioral health crises and whose needs cannot be accommodated safely in the community or in less restrictive environments. This component includes walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based and culturally competent practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services, pursuant to 27-60-103(1)(b)(II), 2013.
2. Mobile Crisis Services available 24/7/365 to respond to behavioral health crises in the community. This component includes mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis, pursuant to 27-60-103(1)(b)(III), 2013.

3. Crisis Residential/Crisis Respite Services provided in supervised housing or foster home settings to offer additional crisis stabilization and support in a safe and neutral environment. This component includes residential and respite crisis services that are linked to the walk-in crisis services and mobile crisis services and that include a range of short-term crisis residential services, including but not limited to community living arrangements, pursuant to C.R.S. 27-60-103(1)(b)(IV).

Crisis Services are defined as: A collection of integrated services that are available 24-hours a day, seven days a week to respond to and assist individuals in a behavioral health emergency. These services are provided to persons who are in an emergency condition or crisis situation. An individual's need may be such that they require treatment to reduce the likelihood of death, harm to themselves or someone else, serious injury or deterioration of a physical condition or a major setback in their condition or illness. The minimum services to be provided within each of these three (3) components are identified in the table below.

REQUIRED SERVICES	CRISIS SYSTEM COMPONENT		
	Mobile Crisis Services	Crisis Stabilization Services	Crisis Residential/ Respite Services
Crisis response	X	X	X
Triage/Screening	X	X	
Assessment	X	X	X
Psychiatric Assessment		X	X
Treatment Planning		X	X
24/7 Supervision/ Monitoring		X	X
Use of Peer / Family Supports	X	X	X
De-escalation and Crisis Intervention	X	X	X
Seclusion and Restraint		X	
Brief Individual/Family Therapy		X	X
Medication Management		X	X
Coordination with Medical Services	X	X	X
Service Coordination and Referral	X	X	X
Discharge Planning		X	X

In submitting proposals for each crisis system component by region, Offerors are expected to craft their submissions to reflect capacity provided by the existing crisis services in the region and how the proposal innovatively builds upon and leverages system capacity provided by the existing service providers. Attachment A provides an overview of existing crisis services in Colorado. Please note this overview is not intended to provide a complete inventory of existing services, nor the scope and breadth of existing services.

Regions: The location(s) of these components is designed to offer maximum access to individuals in crises throughout the following four regions:

- Northeast Region
- Metro Denver Region
- Southeast Region
- West Slope Region

The Department will select a contractor for each of the geographic service regions for the three (3) crisis system components. Offerors shall propose to provide all three (3) components in one or more geographic service regions. However, the State may select more than one Offeror to provide one or two of the service components within a region. A separate, complete, individualized, and unlinked proposal must be submitted for each geographic service area. This does not preclude the State from awarding multiple or all regions for all service components to a single provider. Additionally, the State reserves the right to negotiate pricing for each service component within each region.

Geographic Service Area	Counties	Population
Northeast Region	Weld, Morgan, Logan, Sedgwick, Phillips, Yuma, Washington, Kit Carson, Cheyenne, Lincoln	361,043
Metro Denver Region	Denver, Boulder, Broomfield, Gilpin, Clear Creek, Jefferson, Adams, Arapahoe, Douglas	2,930,628
Southeast Region	Elbert, Lake, Chaffee, Fremont, Park, Teller, El Paso, Saguache, Custer, Pueblo, Crowley, Kiowa, Otero, Bent, Prowers, Baca, Mineral, Rio Grande, Conejos, Alamosa, Costilla, Huerfano, Las Animas	1,087,705
West Slope Region	Larimer, Moffat, Routt, Jackson, Grand, Summit, Eagle, Garfield, Rio Blanco, Mesa, Delta, Gunnison, Pitkin, Montrose, Ouray, Hinsdale, San Miguel, Dolores, Montezuma, San Juan, La Plata, Archuleta	906,133

Funding:

The Department requires that Offerors submit proposals that innovatively build upon and leverage system capacity provided by the existing services providers within each region.

The available funding for each region is provided in the table below.

<u>REGION</u>	<u>Year 1</u>	<u>Year 2 - 5</u>
Northeast	\$1,579,626	\$4,403,656
Metro Denver	\$3,159,252	\$8,807,314
Southeast	\$1,579,626	\$4,403,656
West Slope	\$1,579,626	\$4,403,656
TOTAL	\$7,898,130	\$22,018,282

Statutory Principles: The behavioral health crisis system created through this request for proposals process must be based on the following principles, pursuant to C.R.S. 27-60-103 (1)(a)(I) through C.R.S. 27-60-103 (1)(a)(VII):

- (I) Cultural competence¹;
- (II) Strong community relationships;
- (III) The use of peer support²;
- (IV) The use of evidence-based practices;
- (V) Building on existing foundations with an eye toward innovation;
- (VI) Utilization of an integrated system of care; and
- (VII) Outreach to students through school-based clinics.

Statutory Proposal Evaluation Criteria: Proposals will be evaluated on, at a minimum, an applicant’s ability, relative to the specific component involved pursuant to , C.R.S. 27-60-103 (2) (a) through (i):

- a) Demonstrate innovation based on evidence-based practices that show evidence of collaboration with the existing systems of care to build on current strengths and maximize resources;

¹ Culturally competent behavioral health services would be developmentally and age appropriate, and would consider cultural factors that may impact treatment including age, ethnicity, linguistic/communication needs, gender, sexual orientation, relational roles, spiritual beliefs, socio-economic status, personal values, level of acculturation and/or assimilation and coping skills. Evidence of training and supervision related to cultural considerations would be documented and cultural considerations would be documented throughout client records.

² Peer support is based on the foundation of "lived experience". This includes first-hand experience in the treatment and recovery of psychiatric, traumatic, and/or substance use challenges that is openly acknowledged and utilized appropriately to offer non-clinical assistance to others to aid in their recovery from severe psychiatric, traumatic or addiction challenges.

- b) Coordinate closely with community mental health organizations that provide services regardless of the source of payment, such as behavioral health organizations, community mental health centers, regional care collaborative organizations, substance use treatment providers, and managed service organizations;
- c) Serve individuals regardless of their ability to pay;
- d) Be part of a continuum of care;
- e) Utilize peer supports;
- f) Include key community participants;
- g) Demonstrate a capacity to meet the demand for services;
- h) Understand and provide services that are specialized for the unique needs of child and adolescent clients; and
- i) Reflect an understanding of the different response mechanisms utilized between mental health and substance use disorder crises.

Standards of Care: Offerors will conform to the existing nationally accepted standards of care and guiding principles as described below for all crisis system components included in this proposal adapted from *Practice Guidelines: Core Elements in Responding to Mental Health Crises (SAMHSA, 2009)* and should address in their response how these will be operationalized, if awarded the contract(s) for such services.

1. **Avoid Harm:** An appropriate response to mental health crises considers the risks and benefits attendant to interventions and whenever possible employs alternative approaches, such as controlling risk sufficiently to allow a period of “watchful waiting.” In circumstances where there is an urgent need to establish physical safety and few viable alternatives to address an immediate risk of significant harm to the individual accessing services or others, appropriate crisis response incorporates measures to minimize the duration and negative impact of interventions used.
2. Intervening in **Person-Centered** Ways: Appropriate Interventions seek to understand the individual, his or her unique circumstances and how that individual’s personal preferences and goals can be maximally incorporated in the crisis response.
3. **Shared Responsibility:** An appropriate crisis response seeks to assist the individual in regaining control by considering the individual an active partner in-rather than a passive recipient of- services.
4. **Addressing Trauma:** It is essential that once physical safety has been established, harm resulting from the crisis or crisis response is evaluated and addressed without delay by individuals qualified to diagnose and initiate needed treatment. There is also a dual responsibility relating to the individual’s relevant trauma history and vulnerabilities associated with particular interventions; crisis responders should appropriately seek out and incorporate this information in their approaches, and individuals should take personal responsibility for making this crucial information available to treatment providers (for instance, by executing advance directives).

5. **Establishing Feelings of Personal Safety:** Assisting the individual in attaining the subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security (perhaps contained in a crisis plan or personal safety plan previously formulated by the individual) and what interventions increase feelings of vulnerability (for instance, confinement in a room alone). Providing such assistance also requires that staff be afforded time to gain an understanding of the individual's needs and latitude to address these needs creatively.
6. **Based on Strengths:** An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only to recover from the crisis event, but to also help protect against further occurrences.
7. **The Whole Person:** An individual with a serious mental illness who is in crisis is a whole person, whose established psychiatric disability may be relevant but may – or may not – be immediately paramount.
8. **The Person as a Credible Source:** An appropriate response to an individual in mental health crisis is not dismissive of the person as a credible source of information – factual or emotional – that is important to understanding the person's strengths and needs.
9. **Recovery, Resilience and Natural Supports:** An appropriate crisis response contributes to the individual's larger journey toward recovery and resilience and incorporates these values. Accordingly, interventions should preserve dignity, foster a sense of hope, and promote engagement with formal systems and informal resources.
10. **Prevention:** An adequate crisis response requires measures that address the person's unmet needs, both through individualized planning and by promoting systemic improvements.

SAMHSA Guiding Principles Include:

1. Timely access to supports;
2. Services provided in the least restrictive manner;
3. Peer support is available and accessible;
4. Adequate time is spent with the individual in crisis;
5. Treatment/recovery plans of service are strength-based;
6. Emergency interventions consider the context of the individual's overall plan of services and employ evidence-based practices when available;
7. Crisis services are provided by individuals with appropriate training and demonstrated competence to evaluate and effectively intervene with problems being presented;
8. Individuals in a self-defined crisis are served and not turned away;
9. Interveners have a comprehensive understanding of the crisis;
10. Helping the individual to regain a sense of control is a priority;
11. Services are congruent/competent with the culture, gender, race, age, sexual orientation, health literacy and communication needs of the individual being served;
12. Individual's rights are respected;

13. Services are trauma-informed; and
14. Recognition that recurring crises may be a sign of problems in how an individual was evaluated and their access to care. Meaningful measures are taken to reduce the likelihood of future emergencies.

**SECTION IV
STATEMENT OF WORK / REQUIREMENTS**

The purpose of this request for proposal (RFP) is to solicit proposals to contract with one or more qualified providers in each of the four (4) regions to meet the needs of individuals experiencing a behavioral health crisis. The components of the behavioral health crisis response system created through this request for proposal process must reflect a continuum of care from crisis response through stabilization and safe return to the community, with adequate support for transitions to each stage. This RFP solicits proposals for three of the State’s crisis system components:

- 1) **Crisis stabilization services** - Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services. Pursuant to C.R.S. 27-60-103 (1)(b)(II).
- 2) **Mobile crisis services** - Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis, pursuant to C.R.S. 27-60-103 (1)(b)(III).; and
- 3) **Crisis respite / residential services** - Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements, pursuant to C.R.S. 27-60-103 (1)(b)(IV).

Offerors must submit a proposal to provide all three (3) components in one or more geographic service regions. However, the State may select more than one Offeror to provide the service components within a region. A separate, complete, individualized, and unlinked proposal must be submitted for each geographic region. Proposals that do not respond to all three crisis system components will be disqualified.

Based on statement of work / requirements for each of the three components, Offeror’s must outline the services that would be provided based on the budget scenario below:

<u>REGION</u>	<u>Year 1</u>	<u>Years 2-5</u>
Northeast	\$1,579,626	\$4,403,656
Metro Denver	\$3,159,252	\$8,807,314
Southeast	\$1,579,626	\$4,403,656
West Slope	\$1,579,626	<u>\$4,403,656</u>
TOTAL	\$7,898,130	\$22,018,282

Offerors should consider and address how they will conform to the nationally accepted standards of care and guiding principles as described in Section III of this document, for each of the three (3) crisis system components included in this proposal.

A. AGENCY DESCRIPTION

The Offeror must provide the following information to demonstrate the necessary resources, skills, and infrastructure to provide the mobile crisis, crisis stabilization, and crisis residential/crisis respite services outlined in this RFP.

Requirement(s):

1. **PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION:** (Provide an index of all documents provided and explanations for documents not provided):
 - a. Articles of Incorporation, executed by the Secretary of State of Colorado, including all By-Laws and amendments. Non-Colorado corporations must register as a foreign corporation to conduct business in Colorado and appoint a resident agent to review process.
 - b. If not incorporated - please note.
 - c. Required licenses (e.g. State, City, etc.) and any necessary permits (including Conditional Use Permits) relating to the proposed facility.
 - d. Certificates of nonprofit status from the State of Colorado and the Federal Government (nonprofit organizations only).
 - e. If the organization is doing business under another name, the Fictitious Business Name Statement filed with the County Clerk and Proof of Publication.
 - f. Corporate organizational chart including all programs and identifying the relationship of all managers to the programs. Include relationship of proposed program/staffing for the requested services.
 - g. Recent audited financial statement, preferably prepared by a Certified Public Accounting firm. If applicable, this should be a copy of the organization's A-133 Audit.
2. Address plans to have a Policy and Procedure manual (P&P) covering daily operations of services and emergencies (e.g. medical, fire, earthquake, flooding, etc.). It is not necessary to have a completed P & P when responding to this RFP; as requested please provide an outline or your plans for the P&P manual. It should address that a completed P&P will be available at the start of an awarded contract. **Limit your response to one (1) page of text.**

3. Describe any performance issues that resulted in an investigation and/or termination of any contract(s) between your organization and any government entity, and/or private organization. For each investigation/termination, include:
 - a. The type of contract, contract term (dates), funding amount, and services provided;
 - b. The issues and circumstances;
 - c. How and when the issues were resolved; and
 - d. Your plans to ensure that the issues will not recur in future contracts.

Limit your response to one (1) page of text.

4. Describe any performance issues or audit findings that were identified by state or federal auditors/reviewers that resulted in an investigation and/or termination of any contract(s) between your organization and any government entity, and/or private organization. Please include:
 - a. The identified performance issue or audit finding;
 - b. The type of contract, contract term (dates), funding amount, and services provided;
 - c. The issues and circumstances;
 - d. How and when the issues were resolved; and
 - e. Your plans to ensure that the issues will not recur in future contracts.

Limit your response to two (2) pages of text.

5. Describe any performance issues in an action against any of your licenses and/or designations. Please include:
 - a. The type of action;
 - b. The issues and circumstances;
 - c. Your plan(s) of correction that addresses how you resolved the issue; and
 - d. When the issues were resolved.

Limit your response to two (2) pages of text.

6. Describe any pending litigation and/or investigation involving the organization.

Limit your response to two (2) pages of text.

B. AGENCY EXPERIENCE/QUALIFICATIONS

The Offeror must meet the following experience requirements:

1. A minimum of two (2) years' experience operating public community-based crisis services, or delivering a broad range of public community-based behavioral health services. This includes a demonstrated understanding of the different response mechanisms utilized between mental health and substance use disorder crises.
2. A minimum of two (2) years' experience defining, measuring, monitoring and managing public behavioral health crisis or other public behavioral health services with demonstrated continuous quality improvement in those services.
3. Management of at least one program similar in scope to one of the three crisis system components included in this RFP.

Requirement: Provide a description of experience for each of the experience requirements listed and specific public programs and services offered by your agency specific to this population. Disclose which agencies your company has contracted with in performing similar work in the past five (5) years. Briefly describe the services and include the address and phone number of the agency that you contracted with: including name, location, key staff, contract dates, and gross contract value, description of services and whether there were any adverse contract actions. **Limit your response to 4 pages of text.**

PROGRAM REQUIREMENTS – CRISIS STABILIZATION SERVICES

This component will provide 24/7/365 walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.

Crisis stabilization services will serve individuals who require 24-hour intensive behavioral health crisis intervention and treatment services for periods of up to five (5) days. These services shall be provided to individuals who are in behavioral health crises and whose needs cannot be accommodated safely in the community or in a less restrictive environment. Crisis stabilization services will serve individuals under voluntary or involuntary legal status who are in need of a safe, secure environment, but are not in need of hospital level of care.

The goal of crisis stabilization services is to promote assessment, stabilization and re-integration back into the community as quickly as possible. Services include: (1) screening and assessment; (2) triage; (3) crisis stabilization (including medication); (4) brief treatment; and (5) linking with follow-up service providers.

C. Eligibility: The Offeror will demonstrate the capacity to meet the demand for services by all individuals experiencing behavioral health crises.

Requirement: Describe how specialized services will be made available for the unique needs of the following populations:

- a. Children, adolescents, adults and older adults;
- b. Persons with co-occurring conditions (including mental health, substance abuse, intellectual/developmental disabilities, physical disabilities and traumatic head injuries);
- c. Persons who present with aggressive behaviors;
- d. Persons who are uninsured or unable to pay for services;
- e. Persons with dementia;
- f. Persons who have co-occurring medical needs; and
- g. Persons who do not reside in the bidder's catchment area, or who are not citizens of Colorado or the United States.

Delineate any limitations to serving individuals with medical or other issues.

D. Access: Offerors must manage crisis response, admissions and regional access to maximize the availability of these services to individuals in crisis throughout the identified region.

Requirement:

1. Describe the process to ensure 24/7 access to crisis stabilization services including walk-in capacity.
2. Discuss how services will be available to individuals throughout the service region. If any services are not available to all parts of a region, clearly identify the parts of the region where services will not be available and explain why.
3. Identify the specific location of crisis stabilization services throughout the region; the capacity of each site; and the population age groups each site will serve.
4. Address how bed utilization will be managed to maximize access to the crisis stabilization services
5. Discuss the medical clearance process, including any internal integrated health services resources.
6. Describe process for accessing psychiatric and medical prescription and other medications 24/7.
7. Describe the process for managing utilization of crisis stabilization services.
8. Provide any historic data regarding access to similar services provided.

E. Services: The Offeror shall provide the following services to meet the demand of individuals in crisis with either mental health or substance use conditions, at minimum, as identified below:

1. Crisis response
2. Triage/Screening (e.g., suicidality and potential for violence)
3. Assessment
4. Psychiatric assessment
5. Treatment planning
6. Monitoring/supervision 24/7
7. Peer/family supports
8. De-escalation and crisis management
9. Behavior management intervention capacity (seclusion and restraint)
10. Brief therapy
11. Medication management
12. Coordination with medical services
13. Service coordination and referral
14. Discharge planning
15. Outreach to students through school-based clinics.

Requirement:

1. Discuss in detail how each of the services identified above will be provided.
2. Discuss commitment and capacity to address aggressive behaviors using non-physical de-escalation techniques. Include additional services that will also be provided.
3. Describe how community-based and natural supports will be maximized in developing sustainable treatment plans.
4. Describe engagement, treatment and discharge planning or referral strategies.
5. Describe the evidence based strategies that will be applied in delivering services;

include staff training, certification, and fidelity monitoring.

- F. Resources:** Offerors will identify the resources that will be available to ensure identified services can be provided.

Requirement:

1. Describe the configuration of the crisis stabilization beds for children/adolescents and adults/older adults. Include discussion of whether these beds are stand-alone or expansion of an existing program. Note whether these are new beds or existing beds being re-purposed for crisis stabilization services.
2. Discuss how psychiatric and other medications will be available and administered 24/7.
3. Discuss telehealth capacity, if available and how it will be used.
4. Discuss arrangements to address facility management needs, including food service, dietary, linen and other ancillary needs.
5. Include additional resources that will also be available.

- G. Staffing:** Offerors will provide details, as a narrative, about how staff qualifications and the corresponding positions will be commensurate with the minimum standards set forth by the Colorado Department of Regulatory Agencies³; staffing patterns; availability of medical staff and utilization of peers and family members as advocates and in the provision of services and ensuring continuity of services.

Requirement:

Describe in detail how you will recruit for and staff the crisis stabilization services, including the location(s) of the staff, number and types of staff for each location and their credentials. Specifically identify mental health, substance use and co-occurring staff.

1. Discuss the availability of medical staff 24/7.
2. Identify how consumers/peers/family members will be integrated into the staffing to perform specific peer support functions and their expected responsibilities.
3. Provide a proposed staffing pattern for services to be provided 24 hours per day seven (7) days per week, for each location if different. Include the location of the administrative operation.
4. Discuss crisis staff selection criteria, which should include assessment of the capacity for empathy, respect and the ability to establish rapport on initial contact. Describe or attach policies/procedures regarding hiring employees, volunteers and interns and the process for background checks.
5. Include an organizational chart depicting the key functional areas, known staff

³ <http://cdn.colorado.gov/cs/Satellite/DORA/CBON/DORA/1251628238000>

and anticipated number of staff (FTEs) for each area.

6. Include the resumes and / or job descriptions of the Director/CEO, and the Clinical and Quality Directors (if different) as well as job descriptions for the direct care staff positions, including those for peer / family member positions
7. Identify which positions require licensure and/or certification.

H. Initial and Ongoing Workforce Development and Training Plan: The Offeror shall provide staff training and development to ensure the competency of staff providing crisis stabilization services.

Requirement:

1. Describe the initial training that will be provided to all crisis stabilization staff. Identify the developer of the curriculum if it was not developed internally. Include efforts to train staff to become co-occurring competent for mental health and substance use disorders as well as knowledgeable in the areas of intellectual/developmental disabilities, traumatic brain injuries and organic brain syndromes such as dementia. Also include efforts to provide training on trauma informed care. Detail the training components, length of the training, and any shadowing; oversight that occurs prior to staff working independently.
2. Indicate how competency standards for staff will be determined and monitored.
3. Describe planned ongoing in-service training including the frequency, mode and types of training. Note specific training plans related to: screening and assessment activities; suicide assessment; sensitivity training; consumer rights; consumer abuse and neglect; standards of care and cultural competency, and any other key training identified by the Offeror.
4. Indicate how, frequency and by whom clinical supervision and performance evaluation will occur for all staff.
5. Indicate what supports will be available for crisis residential and respite staff to assist them and their safety as they manage challenging behaviors, and to ensure the situations they encounter do not adversely affect their therapeutic interventions and performance.

I. Planning and Transition Activities: The Offeror shall complete initial planning and transition activities within 90 days of contract execution (anticipated to be March 1, 2014) and begin roll-out of statewide crisis stabilization services by day 91 of the contract.

Requirement:

1. Describe planning and transition activities that will be undertaken within the first 90 days of the contract to support the development of crisis stabilization services and to inform the crisis system marketing activities. Note: Dedicated crisis services marketing resources are a separate yet integral part of the statewide crisis system development.
2. Include a timeline with anticipated milestones for the initial four (4) month and proceeding twelve (12) month contract periods beginning with the planning activities and detail the planned roll-out of crisis stabilization services throughout the region.
3. Identify planning activities that will occur to link with the crisis hotline and warm line, mobile and residential/respite services.

J. Community Partners: The Offeror shall develop or maintain working relationships and/or partnerships with local community agencies and resources to increase the effectiveness and efficiency of crisis stabilization services throughout the region and to support a robust continuum of care. Pursuant to C.R.S. 27-60-03 (2).

Requirement:

1. Describe the process that will be used to identify local community partners and resources to provide needed supports, services, transportation, etc.
2. Identify anticipated community partners (Including those that will be involved with the statewide crisis hotline and warm line) and the purpose of partnerships with these individuals/agencies. Provide specific examples of partnerships with primary care providers, behavioral health providers, law enforcement and hospital emergency departments.
3. Identify specific anticipated memoranda of agreement or state that such agreements will be obtained to ensure continuity of care and adequate support for service transition.
4. Describe plans to develop partnerships with community providers that allow for making timely referrals and potentially scheduling face-to-face appointments following crisis stabilization services to ensure continuity of care and adequate support for service transition.
5. Describe referral processes that will be used including referrals from and to community partners.

K. Coordination and Collaboration: Coordination of crisis services shall be provided to every individual served. Coordination includes but is not limited to identifying and linking individuals with all available services necessary to stabilize the crisis, ensuring transition to follow-up care and routine care, providing necessary assistance in

accessing those services, and conducting follow-up to determine the need for additional services and supports.

Requirement:

1. Specifically identify these available resources within the region, as well as any other pertinent resources:
 - a. Emergency departments
 - b. Behavioral health crisis response providers, including existing crisis services and new services under this expansion such as the Crisis Hotline Services
 - c. Police, sheriff and emergency medical services
 - d. Behavioral health providers, including but not limited to community mental health centers, detox and other substance use providers, managed service organizations and behavioral health organizations.
 - e. Physical healthcare providers; including but not limited to Federally Qualified Health Centers, School-based Health Clinics, Indian Health Services and Rural Health Clinics.
 - f. School and university health systems
 - g. Domestic violence and victims' services organizations
 - h. Child welfare and child protective services, including but not limited to county departments of human/social services
 - i. Aging and adult protective services
2. Discuss ability to coordinate crisis services across healthcare providers and the behavioral health continuum of services, including but not limited to the sharing of health and treatment information when necessary for the provision of quality services across the continuum of care to employ an integrated healthcare model.
3. Discuss integration with eligible health care entities like Federally Qualified Health Care Centers who can provide medications through the Federal 340B program, to provide a cost effective approach to medications.
4. Detail plans for collaborating and coordinating with the crisis hotline, emergency first responders, emergency departments; etc.
5. Discuss plans to coordinate closely with key community participants / partners, including community mental health and substance use organizations that provide behavioral health services, to support transition and disposition planning. Also discuss plans to coordinate with human services, primary care and other entities to support the disposition of individuals receiving crisis stabilization services who do not have a primary behavioral health disorder.
6. Discuss how you will determine whether to serve someone needing detox through crisis stabilization services or transport them to a specialty detox program.

7. Discuss coordination activities for individuals served from remote communities within the region.
 8. Describe how access to other services and supports will be facilitated, including:
 - a. Insurance/Medicaid benefits
 - b. Other benefit/assistance programs
 - c. Psychiatric hospitalization
 - d. Substance use disorder treatment providers
 - e. Intellectual/Developmental disabilities services
 - f. Physical and medical services
 - g. Peer/family services
 - h. Natural supports
 9. Describe how transportation of individuals in crisis to necessary services will be addressed. Describe available transportation options that are safe, provided in the least restrictive manner possible, and that preserve the dignity of the individual in crisis, whenever feasible
 10. Describe how clinical, medical and medication information will be shared to facilitate safe, effective service delivery across the crisis system.
 11. Attach Letters of Interest/Support and, or Memoranda of Understanding that illustrate these linkages.
- L. Quality Management, Data Reporting, and Evaluation:** Refer to Section JJ and Table 1 for these requirements.
- M. Budget:** Refer to Section KK for budget requirements.

PROGRAM REQUIREMENTS – MOBILE CRISIS SERVICES

Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis. Pursuant to C.R.S. 27-60-103 (1)(a)(III).

Mobile Crisis Services provide a timely face-to-face response to a behavioral health crisis in the community. Mobile crisis teams have the capacity to intervene quickly, day or night, wherever the crisis occurs. Mobile Crisis Services can serve persons unknown to the system and often work closely with police, crisis hotlines, schools and hospital emergency departments. Mobile crisis teams operate 24-hours per day and are responsible for:

- providing community-based crisis interventions;
- providing pre-screening assessments; and,
- managing and controlling access to crisis diversionary services.

Offerors will describe in detail the program design inclusive of all elements identified below for mobile crisis services. Mobile crisis services will be linked to the Crisis Stabilization and Crisis Residential/Respite Services.

N. Eligibility: The Offeror will demonstrate the capacity to meet the demand for services by all individuals experiencing behavioral health crises and requiring mobile crisis services.

Requirement: Describe how specialized services will be made available for the unique needs of the following populations:

1. Children, adolescents, adults and older adults;
2. Persons with co-occurring conditions (including mental health, substance use disorders, intellectual/developmental disabilities, physical disabilities and traumatic head injuries);
3. Persons who present with aggressive behaviors;
4. Persons who are uninsured or unable to pay for services;
5. Persons with dementia;
6. Persons who have co-occurring medical needs; and
7. Persons who do not reside in the bidder's catchment area, who are not citizens of Colorado or the United States.

Delineate any limitations to serving individuals with medical or other issues.

O. Access: Offerors must manage crisis response, admissions and regional access to maximize the availability of these services to individuals in crisis throughout the identified region.

Requirement:

1. Describe the anticipated access and dispatch processes for mobile crisis services. Include the anticipated response time such as within one (1) hour for urban and suburban areas and two (2) hours for rural areas.
2. Describe the process to ensure 24/7 availability of mobile crisis services, irrespective of weather or other environmental conditions.
3. Discuss how services will be available to individuals throughout the service region. If any services are not available to all parts of a region, clearly discuss the rationale for not including part(s) of a region.
4. Describe the process for managing utilization of mobile crisis services including considerations for the prioritization of multiple simultaneous requests for services.
5. Provide any historic data regarding the utilization of mobile crisis services provided in the region, if available.
6. Identify the specific dispatch location(s) of mobile crisis services throughout the region, the capacity of each dispatch site and the population age groups each site will have the capacity serve.

P. Services: The Offeror will describe engagement, treatment and discharge planning or referral strategies to ensure continuity of care and adequate support for transitions. In addition, the Offeror shall provide or arrange for the provision of the following services for people with **either or both mental health and substance use issues when presenting in crisis**, at minimum, as identified below:

- a. Crisis response protocols and any decision response algorithms that are available;
- b. Triage/Screening tools and processes that will be employed;
- c. Assessment tools that will be used, both formal and informal;
- d. Peer/family supports, included in mobile response or dispatch services;
- e. De-escalation and crisis management techniques that will be used; and
- f. Service coordination and referral plans to ensure continuity of care and support for care transitions.

Mobile services should not always result in transport to a crisis stabilization center.

Requirement:

Discuss mobile crisis response protocol, engagement, intervention and referral strategies that will be employed. Also describe the evidence based strategies that will be applied in delivering mobile crisis services. Discuss in detail how each of the services identified above will be provided. Include additional services that will also be provided. Describe how care will be delivered quickly and efficiently as possible with minimal handoffs.

- Q. Resources:** Offerors will identify the mobile crisis resources that will be available to ensure identified services can be provided.

Requirement:

1. Identify the vehicle fleet that will be necessary to provide the proposed mobile crisis services. Specify whether staff will use their own vehicles and receive mileage reimbursement.
2. Identify the vehicle insurance that will be used to cover the fleet and mobile crisis staff.
3. Attest that all mobile crisis drivers will have a current valid Colorado Driver's License.
4. Discuss whether the vehicles will have visible mobile crisis signage or not and reason for this decision.
5. Discuss any telehealth capacity, if available and how it will be used.

- R. Staffing:** Offerors will provide details, as a narrative, about how staff qualifications and the corresponding positions will be commensurate with the minimum standards set forth by the Colorado Department of Regulatory Agencies; staffing patterns; availability of medical staff and utilization of peers and family members as advocates and in the provision of services.

Requirement:

Describe in detail how you will recruit for providing mobile crisis services, including the location(s) of the staff, number and types of staff for each location. Specifically identify mental health, substance use and co-occurring staff.

1. Discuss the availability of medical staff 24/7 and any plans for on-call staff.
2. Identify how consumers/peers/family members will be integrated into the staffing to perform specific peer support functions and their expected responsibilities.
3. Provide a proposed staffing pattern for services to be provided 24 hours per day seven (7) days per week, for each location if different. Include the location of the administrative operation of the mobile crisis services.
4. Discuss mobile crisis staff selection criteria, which should include assessment of the capacity for empathy, respect and the ability to establish rapport on initial contact. Describe or attach policies/procedures regarding hiring employees, volunteers and interns and the process for background checks.
5. Include an organizational chart depicting the key functional areas, known staff and anticipated number of staff (FTEs) for each area.

6. Include the resumes and / or job descriptions of the Director/CEO, and the Clinical and Quality Directors (if different) as well as job descriptions for the direct care staff positions, including those for peer / family member positions
7. Identify which positions require licensure and/or certification.

S. Initial and Ongoing Workforce Development and Training Plan: The Offeror shall provide staff training and development to ensure the competency of staff providing crisis stabilization services.

Requirement:

1. Describe the initial training that will be provided to all mobile crisis staff. Identify the developer of the curriculum if it was not developed internally. Include efforts to train staff to become co-occurring competent for mental health and substance use disorders as well as knowledgeable in the areas of intellectual/developmental disabilities, traumatic brain injuries and organic brain syndromes such as dementia. Detail the training components, length of the training, and any shadowing; oversight that occurs prior to staff working independently.
2. Indicate how competency standards for staff will be determined and monitored.
3. Describe planned ongoing in-service training including the frequency, mode and types of training. Note specific training plans related to: screening and assessment activities; suicide assessment; sensitivity training; consumer rights; consumer abuse and neglect; standards of care and cultural competency, and any other key training identified by the Offeror.
4. Indicate how, frequency and by whom clinical supervision and performance evaluation will occur for all staff. Be sure to describe the staff supervision model that will be used to address the unique aspects of supporting staff in the field who are responding to high risk situations.
5. Indicate what supports will be available for mobile crisis staff to assist them and their safety as they manage challenging behaviors, and to ensure the situations they encounter do not adversely affect their therapeutic interventions and performance.

T. Planning and Transition Activities: The Offeror shall complete initial planning and transition activities within 90 days of contract execution (anticipated to be March 1, 2014) and begin roll-out of statewide mobile crisis services by day 91 of the contract.

Requirement:

1. Describe planning and transition activities that will be undertaken within the first 90 days of the contract to support the development of mobile crisis services and to inform the crisis system marketing activities. Note: Dedicated crisis services marketing resources are a separate yet integral part of the statewide crisis system development.
2. Include a timeline with anticipated milestones for the initial four (4) month and proceeding twelve (12) month contract periods beginning with the planning activities and detail the planned roll-out of mobile crisis services throughout the region.
3. Identify planning activities that will occur to link with the crisis hotline and warm line, residential/respite services and crisis system marketing activities.

- U. Community Partners:** The Offeror shall develop or maintain working relationships and/or partnerships with local community agencies and resources to increase the effectiveness and efficiency of crisis stabilization services throughout the region and to support a robust continuum of care.

Requirement:

1. Describe the process that will be used to identify local community partners and resources to provide needed supports, services, transportation, etc.
2. Identify anticipated community partners (Including with the statewide crisis hotline and warm line) and the purpose of partnerships with these individuals/agencies. Provide specific examples of partnerships with primary care providers, behavioral health providers, law enforcement and hospital emergency departments.
3. Identify specific anticipated memoranda of agreement or understanding that are available or will be sought for partnering and describe the intent of these agreements.
4. Describe plans to develop partnerships with community providers that allow for making timely referrals and potentially scheduling face-to-face appointments following crisis stabilization services.

- V. Coordination and Collaboration:** Coordination of crisis services shall be provided to every individual served. Coordination includes but is not limited to identifying and linking individuals with all available services necessary to stabilize the crisis, ensuring transition to follow-up care and routine care, providing necessary

assistance in accessing those services, and conducting follow-up to determine the need for additional services and supports.

Requirement:

1. Discuss ability to coordinate mobile crisis across healthcare providers and the behavioral health continuum of services, including but not limited to the sharing of health and treatment when necessary for the provision of quality crisis services across the continuum of care.
2. Detail plans for collaborating and coordinating with the crisis hotline, emergency first responders, hospital emergency departments; etc. Discuss how you will work to minimize the use of law enforcement response in crisis situations when there is not a public safety risk.
3. Discuss plans to coordinate closely with key community participants, including community mental health and substance use organizations that provide behavioral health services, to support transition and disposition planning. Also discuss plans to coordinate with human services, primary care and other entities to support the disposition of individuals receiving crisis stabilization services who do not have a primary behavioral health disorder.
4. Identify formal and informal collaborative efforts necessary to conduct effective community crisis response.
5. Specifically identify these available resources within the region, as well as any other pertinent resources:
 - a. Emergency departments
 - b. Existing mobile crisis providers
 - c. Behavioral health crisis response providers, including existing crisis services and new services under this expansion such as the Crisis Hotline Services
 - d. Police, sheriff and emergency medical services
 - e. Behavioral health providers, including but not limited to community mental health centers, detox and other substance use providers, managed service organizations and behavioral health organizations.
 - f. Physical healthcare providers; including but not limited to Federally Qualified Health Centers, School-based Health Clinics, Indian Health Services and Rural Health Clinics.
 - g. School and university health systems
 - h. Child welfare and child protective services
 - i. Aging and adult protective services
 - j. Domestic violence and victims' services organizations
6. Discuss the active engagement of these community entities / participants in provision of coordinated service delivery.

7. Discuss coordination activities for individuals served from remote communities within the region.
8. Describe how access to other services and supports will be facilitated, including:
 - a. Insurance/Medicaid benefits
 - b. Other benefit/assistance programs
 - c. Psychiatric hospitalization
 - d. Substance abuse treatment providers
 - e. Intellectual/Developmental disabilities services
 - f. Physical and medical services
 - g. Peer/family services
 - h. Natural Supports
9. Describe how transportation of individuals in crisis to necessary services will be addressed. Describe available transportation options that are safe, provided in the least restrictive manner possible, and that preserve the dignity of the individual in crisis, whenever feasible

W. Quality Management, Data Reporting, and Evaluation: Refer to Section JJ and Table 2 for these requirements.

X. Budget: Refer to Section KK for budget requirements.

PROGRAM DESCRIPTION – CRISIS RESIDENTIAL AND RESPITE SERVICES

This component covers residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements, pursuant to C.R.S 27-60-103 (1)(a)(IV).

Crisis Residential / Respite Services will provide individuals in crises with support in a calm, protected and supervised non-hospital setting. Crisis Residential/Respite Services allow an individual to stabilize, resolve problems, and link with possible resources for ongoing support.

Crisis Residential/Respite Services may include:

- a. Group residential supports with the capacity to serve more than two consumers at a time. Crisis residences offer short-term (5-14 days) treatment, structure and supervision in a protective environment. Services may be coordinated with ongoing community behavioral health services.
- b. Individual respite supports offering practical and emotional support to facilitate development of a self-management treatment plan and connecting the individual in crisis with ongoing supports and services. Individual respite supports may include in-home crisis respite, peer supports, crisis apartments or family-based crisis homes.

X. Eligibility: The Offeror will demonstrate the capacity to meet the demand for services by all individuals experiencing behavioral health crises with a primary behavioral health (mental health or substance use) diagnosis and do not require more or less intensive and restrictive services.

Requirement:

1. Describe how specialized services will be made available for the unique needs of the following populations: Children, adolescents, adults and older adults;
2. Persons with co-occurring mental health and substance use disorders;
3. Persons demonstrating aggressive behaviors;
4. Persons who are uninsured or unable to pay for services;
5. Persons who have co-occurring medical needs; and
6. Persons who do not reside in the bidder's catchment area.

Delineate any limitations to serving individuals with medical or other issues.

Y. Access: Offerors must manage crisis response, admissions and regional access to maximize the availability of these services to individuals in crisis throughout the identified region.

Requirement:

1. Describe the process to ensure 24/7 access to crisis residential and respite services capacity, including regional access to maximize the availability of these services to individuals in crisis throughout the identified region.
2. Discuss how services will be available to individuals throughout the service region. If any services are not available to all parts of a region, clearly discuss the rationale for not including part(s) of a region
3. Discuss the medical clearance process, including any internal integrated health services resources.
4. Describe process for accessing psychiatric and medical prescription, and other medications 24/7.
5. Describe the process for managing utilization of crisis residential and respite services.
6. Provide any historic data regarding access to similar services provided.
7. Identify the specific location of crisis residential and respite services throughout the region and the capacity of each site and the population age groups each site will serve. Consider innovative in-home respite opportunities.

AA. Services:

The Offeror shall provide or arrange for the provision of the following services, to people with either mental health and substance use issues at minimum, as identified below:

1. Crisis response
2. Assessment
3. Psychiatric assessment
4. Treatment planning
5. Monitoring/supervision 24/7
6. Peer/family supports
7. De-escalation and crisis management
8. Behavior management intervention capacity
9. Brief Therapy
10. Medication management
11. Coordination with medical services
12. Service coordination and referral
13. Discharge planning

Requirement:

Discuss in detail how each of the services identified above will be provided. Discuss engagement, treatment and discharge planning or referral strategies. Also describe the evidence based strategies that will be applied in delivering services. Discuss commitment and capacity to address aggressive behaviors using non-physical de-escalation techniques. Include additional services that will also be provided. Describe how community based and natural supports will be maximized in developing sustainable treatment plans.

BB. Resources: Offerors will identify the resources that will be available to ensure identified services can be provided.

Requirement:

1. Describe the configuration of the crisis residential and respite beds and services for children/adolescents and adults/older adults.
2. Include discussion of whether the identified beds are stand-alone or expansion of an existing program.
3. Note whether these are new beds or existing beds being re-purposed for crisis residential and respite services.
4. Also note if these services will be co-located with Crisis Stabilization Services and if so, how these will be programmatically differentiated and if applicable physically separated.
5. Discuss how psychiatric and other medications will be available 24/7.
6. Discuss telehealth capacity, if available and how it will be used.
7. Discuss arrangements to address food service, dietary, linen and other ancillary needs.

CC. Staffing: Offerors will provide details, as a narrative, about how staff qualifications and the corresponding positions will be commensurate with the minimum standards set forth by the Colorado Department of Regulatory Agencies; staffing patterns; availability of medical staff and utilization of peers and family members as advocates and in the provision of services.

Requirement:

1. Describe in detail how you will recruit for and staff the residential/respite services, including the location(s) of the staff, number and types of staff for each location. Specifically identify mental health, substance use and co-occurring staff.
2. Discuss the availability of medical staff 24/7.
3. Identify how consumers/peers/family members will be integrated into the staffing to perform specific peer support functions and their expected responsibilities.
4. Provide a proposed staffing pattern for services to be provided 24 hours per day seven (7) days per week, for each location if different. Include the location of the administrative operation.
5. Discuss crisis staff selection criteria, which should include assessment of the

capacity for empathy, respect and the ability to establish rapport on initial contact. Describe or attach policies/procedures regarding hiring employees, volunteers and interns and the process for background checks.

Include an organizational chart depicting the key functional areas, known staff and anticipated number of staff (FTEs) for each area. Also include the resumes and, or job descriptions of the Director/CEO, and the Clinical and Quality Directors (if different) as well as job descriptions for the direct care staff positions and those for peer/family member positions.

DD. Initial and Ongoing Workforce Development and Training Plan: The Offeror shall provide staff training and development to ensure the competency of staff providing crisis residential and respite services.

Requirement:

1. Describe the initial training that will be provided to all crisis residential and respite staff. Identify the developer of the curriculum if it was not developed internally. Include efforts to train staff to become co-occurring competent for mental health and substance use disorders. Detail the training components, length of the training, and any shadowing; oversight that occurs prior to staff working independently.
2. Indicate how competency standards for staff will be determined and monitored.
3. Describe planned ongoing in-service training including the frequency, mode and types of training. Note specific training plans related to: screening and assessment activities; suicide assessment; sensitivity training; consumer rights; consumer abuse and neglect; standards of care and cultural competency, and any other key training identified by the Offeror.
4. Indicate how, frequency and by whom clinical supervision and performance evaluation will occur for all staff.
5. Indicate what supports will be available for crisis residential and respite staff to assist them and their safety as they manage challenging behaviors, and to ensure the situations they encounter do not adversely affect their therapeutic interventions and performance.

EE. Planning and Start-up Activities: The Offeror shall complete initial planning and start-up activities within 90 days of contract execution (anticipated to be March 1, 2014) and begin roll-out of statewide crisis respite and residential services by day 91 of the contract.

Requirement:

1. Describe planning and transition activities that will be undertaken within the first

90 days of the contract to support the development of crisis residential and respite services and to inform the crisis system marketing activities. Note: Dedicated crisis services marketing resources are a separate yet integral part of the statewide crisis system development.

2. Include a timeline with anticipated milestones for the initial four (4) month and proceeding twelve (12) month contract periods beginning with the planning activities and detail the planned roll-out of crisis residential and respite services throughout the region.
3. Identify planning activities that will occur to link with the crisis hotline and warm line, mobile and stabilization services.

FF. Community Partners: The Offeror shall develop or maintain working relationships and/or partnerships with local community agencies and resources to increase the effectiveness and efficiency of crisis residential and respite services throughout the region and to support a robust continuum of care.

Requirement:

1. Describe the process that will be used to identify local community partners and resources to provide needed supports, services, transportation, etc.
2. Identify anticipated community partners and the purpose of partnerships with these individuals/agencies. Provide specific examples of partnerships with primary care providers, behavioral health providers, law enforcement and hospital emergency departments, as well as other crisis system providers.
3. Identify specific anticipated memoranda of agreement or understanding that are available or will be pursued for partnering and describe the intent of these agreements.
4. Describe plans to develop strong relationships with community providers that allow for making timely referrals and potentially scheduling face-to-face appointments following crisis residential and respite services.

GG. Coordination and Collaboration: The successful Offeror will demonstrate a plan to coordinate and collaborate with existing service providers in the region. Coordination of crisis services shall be provided to every individual served. Coordination includes but is not limited to identifying and linking individuals with all available services necessary to stabilize the crisis, ensuring transition to follow-up care and routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the need for additional services and supports.

Requirement:

1. Discuss ability to coordinate crisis services across healthcare providers and the behavioral health continuum of services, including but not limited to the sharing of

health and treatment when necessary for the provision of quality services across the continuum of care to employ an integrated healthcare model.

2. Detail plans for collaborating and coordinating with the crisis hotline, crisis stabilization services, mobile crisis services, first responders, emergency departments, inpatient hospitals, assisted living residences, nursing homes, etc.
3. Discuss plans to coordinate closely with key community participants / partners, including community mental health and substance use organizations that provide behavioral health services, to support transition and disposition planning.
4. Discuss plans to coordinate with human services, primary care and other entities to support the disposition of individuals receiving crisis residential / respite services who do not have a primary behavioral health disorder.
5. Identify formal and informal collaborative efforts necessary to conduct effective community crisis residential and respite services.
6. Specifically identify these available resources within the region, as well as any other pertinent resources:
 - a) Emergency departments
 - b) Behavioral health crisis response providers, including existing crisis services and new services under this expansion such as the Crisis Hotline and Stabilization Services
 - c) Police, sheriff and emergency medical services
 - d) Behavioral health providers, including but not limited to community mental health centers, detox and other substance use providers, managed service organizations and behavioral health organizations.
 - e) Physical healthcare providers; including but not limited to Federally Qualified Health Centers, School –based Health Centers, School-based Health Clinics and Indian Health Services and Rural Health Clinics.
 - f) School and university health systems
 - g) Child welfare and child protective services
 - h) Aging and adult protective services
7. Discuss the active engagement of these community entities in provision of coordinated service delivery.
8. Discuss coordination activities for individuals served from remote communities within the region.
9. Describe how access to other services and supports will be facilitated, including:
 - 1) Insurance/Medicaid benefits

- 2) Other benefit/assistance programs
- 3) Psychiatric hospitalization
- 4) Substance abuse treatment providers
- 5) Physical and medical services
- 6) Peer/family services
- 7) Natural Supports

10. Describe how transportation of individuals in crisis to necessary services will be addressed. Describe available transportation options that are safe and preserve the dignity of the individual in crisis, whenever feasible
11. Discuss integration with eligible health care entities like Federally Qualified Health Care Centers who can provide medications through the Federal 340B program, to provide a cost effective approach to medications.
12. Describe how clinical, medical and medication information will be shared to facilitate safe, effective service delivery across the crisis system.
13. Attach Letters of Interest/Support and, or Memorandums of Understanding that illustrate these linkages.

HH. Quality Management, Data Reporting, and Evaluation: Refer to Section JJ and Table 3 for requirements.

II. Budget: Refer to Section KK for budget requirements.

REPORTING REQUIREMENTS

JJ. Quality Management, Data Reporting and Evaluation

The Offeror will implement quality management and improvement plans that support quality operations, quality customer/client outcomes, and data reporting activities; and will share necessary data (as specified by the State and within the successful bidders quality/performance reporting protocol) to support Colorado's crisis system evaluation activities.

Quality Management

Requirements:

Offeror must have a quality improvement program designed to monitor, evaluate, and initiate activities to improve quality and effectiveness of administrative and behavioral health services.

Describe your quality management plan that includes, at a minimum, the following processes:

- i. Clinical quality measurement of performance;
- ii. Identification and response to trends concerning significant events, risks, emergency procedures, critical incidents and grievances;
- iii. Incorporation of documented quality improvement findings into clinical and organizational planning, decision making, and into the development of staff and individual educational programs; and an
- iv. Annual evaluation and revisions to the quality improvement plan as necessary.

Evaluation

Requirements:

1. The successful bidder is required to provide a plan for evaluation that assesses both the process and the outcome of service provision.
2. The following elements are required for the evaluation:
 - i. Aims of the evaluation, including proposed key evaluation outcomes questions.
 - ii. Evaluation framework to assess the aims and outcomes.
 - iii. Evaluation methods including:
 1. Study Design: Describe the study design, including both qualitative and quantitative components when appropriate. For quantitative analysis, the use of comparison or control groups or designs that assess change over time (pre-post) is suggested to enhance the validity of the findings.

2. Study population: Describe the population to be included in the evaluation. Specify inclusion and exclusion criteria for participation in the evaluation, and the recruitment strategy. Include in this section any proposed incentives.
 3. Data sources and data collection methods: Describe the data collection approach to answer key evaluation questions, which may include implementing surveys, analysis of existing datasets, interviews, etc.
 4. Data analysis: Describe the analytic methods that will be used including sample size.
 3. The successful bidder is required to provide an annual evaluation report.
 - i. The following elements are required for the evaluation report that shall be submitted to the Department within 30 days of the end of the contract year. The report should include:
 1. Updates or changes to evaluation plan (if any).
 2. Progress of the evaluation (e.g. describe data collection and reporting efforts) and any issues encountered while conducting the evaluation.
 3. Results and interpretation of those results.
 4. Implications of the evaluation findings for further program implementation and adaptation.
 4. As part of the evaluation, the successful bidder is required to self-monitor and report to the Department the following indicators on a monthly basis, at a minimum, for quality improvement and outcome evaluation in line with CDHS C-Stat Initiative⁴, although not all of these indicators are required as part of the evaluation report:

⁴C-Stat - A management strategy that analyzes performance using the most currently available data. C-Stat allows Divisions within CDHS to pinpoint performance areas in need of improvement and then improve those outcomes, helping to enhance the lives of the populations that CDHS serves and to provide the best use of dollars spent. Through root cause analysis, CDHS can determine what processes work and what processes need improvement. By measuring the impact of day-to-day efforts, CDHS makes informed, collaborative decisions to align efforts and resources to affect positive change.

Table 1 - Crisis Stabilization Services

Indicator	Description
Access to Crisis Stabilization Services	
Timeliness of crisis appointment	<ul style="list-style-type: none"> Percent of walk-ins seen within 1 hour of check-in.
Engagement	
Engagement in treatment and planning process	<ul style="list-style-type: none"> Percent of clients who participated in treatment planning and decisions.
Voluntary engagement in crisis stabilization services	<ul style="list-style-type: none"> Percent of clients who voluntarily engage in crisis services.
Outcomes of Crisis Stabilization Services	
Crisis Stabilization Service critical incident tracking.	<ul style="list-style-type: none"> Crisis stabilization services that result in a critical incident, to be reported in line with OBH Critical Incident policy.
Referrals as a result of a crisis stabilization services	<ul style="list-style-type: none"> Percent of crisis stabilization services that result in (service may result in more than one of the following): <ol style="list-style-type: none"> 1. Law enforcement (911) contact. 2. Mobile crisis service. 3. Respite or residential service. 4. Psychiatric hospitalization. 5. Appointment at an outpatient behavioral health facility. 6. A referral to other appropriate behavioral health service. 7. Action plan making. 8. Follow up call back by crisis center. 9. Involuntary commitment to secure psychiatric facility. 10. Other social service utilization 11. No referral/no further action <p style="margin-left: 40px;">Other referrals appropriate to local regional conditions are to be included.</p>
Suicide risk status reduction across crisis stabilization visit	<ul style="list-style-type: none"> Percent of suicidal clients who reduced their suicidality from the beginning of the service to the end.
Follow through with referral	<ul style="list-style-type: none"> Percent of clients who kept or made an appointment at the service for which they received a referral.
Re-contact rate with crisis service	<ul style="list-style-type: none"> Percent of clients who have had a previous contact with the crisis service.
Customer Satisfaction	
Customer satisfaction with service	<ul style="list-style-type: none"> Percent of customers who rate service as satisfactory.

Table 2 - Mobile Crisis Services

Indicator	Description
Access to Mobile Crisis Services	
Timeliness of mobile crisis service	<ul style="list-style-type: none"> Percent of mobile crisis referrals seen within 24 hours of referral receipt.
Engagement	
Engagement in treatment and planning process	<ul style="list-style-type: none"> Percent of clients who participated in treatment planning and decisions.
Voluntary engagement in mobile crisis services	<ul style="list-style-type: none"> Percent of clients who voluntarily engage in mobile crisis services.
Outcomes of Mobile Crisis Services	
Mobile crisis services critical incident tracking	<ul style="list-style-type: none"> Mobile crisis services that result in a critical incident, to be reported in line with OBH Critical Incident policy.
Referrals as a result of a mobile crisis services	<p>Percent of mobile crisis services that result in (service may result in more than one of the following):</p> <ol style="list-style-type: none"> 1. Law enforcement (911) contact. 2. Crisis stabilization service. 3. Respite or residential service. 4. Psychiatric hospitalization. 5. Appointment at an outpatient behavioral health facility. 6. A referral to other appropriate behavioral health service. 7. Action plan making. 8. Follow up call back by crisis center. 9. Involuntary commitment to secure psychiatric facility. 10. Other social service. 11. No referral/no further action. <p>Other referrals appropriate to local regional conditions are to be included.</p>
Suicide risk status reduction across mobile crisis visit	<ul style="list-style-type: none"> Percent of suicidal clients who reduced their suicidality from the beginning of the service to the end.
Follow through with referral	<ul style="list-style-type: none"> Percent of clients who kept or made an appointment at the service for which they received a referral.
Re-contact rate with crisis service	<ul style="list-style-type: none"> Percent of clients who have had a previous contact with the crisis service.
Customer Satisfaction	
Customer satisfaction with service	<ul style="list-style-type: none"> Percent of customers (either client or family/supporter) who rate service as satisfactory.

Table 3 - Crisis Residential / Respite Services

Indicator	Description
Access to Crisis Residential / Respite Services	
Timeliness of residential/respite services	<ul style="list-style-type: none"> Percent of residential/respite referrals placed within 24 hours of referral receipt.
Engagement	
Engagement in treatment and planning process	<ul style="list-style-type: none"> Percent of clients who participated in treatment planning and decisions.
Outcomes of Crisis Residential / Respite Services	
Residential/respite services critical incident tracking	<ul style="list-style-type: none"> Percent of residential/respite services that result in a critical incident, to be reported in line with OBH Critical Incident policy..
Referrals as a result of a residential/respite services	<p>Percent of residential/respite that result in the following (service may result in more than one):</p> <ol style="list-style-type: none"> 1. Law enforcement (911) contact. 2. Crisis stabilization service. 3. Mobile crisis service. 4. Psychiatric hospitalization. 5. Appointment at an outpatient behavioral health facility. 6. A referral to other appropriate behavioral health service. 7. Action plan making. 8. Follow up call back by crisis center. 9. Involuntary commitment to secure psychiatric facility. 10. Other social service. 11. No referral/no further action. <p>Other referrals appropriate to local regional conditions are to be included.</p>
Suicide risk status reduction across residential/respite services	<ul style="list-style-type: none"> Percent of suicidal clients who reduced their suicidality from the beginning of the service to the end.
Follow through with referral	<ul style="list-style-type: none"> Percent of clients who kept or made an appointment at the service for which they received a referral.
Re-contact rate with crisis service	<ul style="list-style-type: none"> Percent of clients who have had a previous contact with the crisis service.
Customer Satisfaction	
Customer satisfaction with service	<ul style="list-style-type: none"> Percent of customers who rate service as satisfactory.

CDHS intends to bring regional selected offerors together, post-award, to jointly establish detailed specifications for these indicators.

5. In addition to the formal indicators identified above, the following broad categories of data must be captured and reported monthly, at a minimum, at both the client level and aggregate level, where appropriate:

- i. 837 encounters data⁵ must be submitted for all services provided.

⁵ 837 encounters data - The ANSI X12 N 837 format is the HIPAA-compliant file format used for electronic billing of professional medical services.

- ii. For crisis stabilization and respite/residential services only, the Colorado Client Assessment Record (CCAR), and where appropriate, the Drug/Alcohol Coordinated Data System (DACODS) must be completed for all clients receiving services.
- iii. Service characteristics, e.g.,
 - 1. Numbers served by referral source
 - 2. Number admitted to Crisis Stabilization Services
 - 3. Time of referral
 - 4. Time of admission
 - 5. Wait time for service
 - 6. Length of stay/treatment
 - 7. Number of individuals who were held and referred for involuntary commitment (see CRS 27-65 requirements⁶)
 - 8. Restraints and seclusions per patient day; number, type and duration (see CRS 27-65 requirements)
- iv. Client characteristics, e.g.,
 - 1. Demographics
 - 2. Location/residence
 - 3. Client acuity (client status and disposition at initial contact and referral/transfer);
 - 4. Presenting problem
 - 5. Referral source
- v. Service outcomes
 - 1. Barriers to follow-up services
 - 2. Service disposition/referrals
 - 3. Admission denials and reasons for denials/lack of placement;
- vi. Other clinical data for operational and audit purposes

The Department reserves the right to modify these requirements upon execution of a contract with the successful bidder and as necessary to address improving client and operational efficiency, effectiveness and outcomes.

Data Reporting

Requirements:

- 6. Discuss the data system infrastructure, data management processes, statistical analytic software, and real-time data reporting capacity.

Offeror shall maintain a complete and current listing of the database schema and documentation of programs, scripts, and all automated processes that comprise the system. Such information shall be made available to the State whenever

⁶ Care & Treatment for Persons with Mental Illness (C.R.S. 27-65) Rules and Requirements are referenced at the following web address: <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581822229>

requested.

Offeror must describe the proposed system architecture. This shall include all critical components and software versions for the application including the hardware hosting the system, the database, operating system, middleware, web-based application/database servers, authentication servers, log servers and network, encryption levels.

7. Collaborate with the Department to design and develop a behavioral health crisis services data set, considering State of Colorado public behavioral health services data system reporting requirements. Once developed, Offeror shall submit behavioral health crisis services data (client-level and aggregate) on a monthly basis at a minimum. All client level data not specifically mentioned above will be sent via SFTP. Examples of required client data may include critical incident or complaint information.
8. Attach a copy of a simulated data dashboard that will be available to the public and plans for making this and other crisis stabilization services information available to the public. This must include at a minimum all
9. Offeror must create a publicly accessible web-based dashboard that is updated directly from the database on a nightly basis. This dashboard must include any required NOMMS and C-Stat measures as detailed in Tables 1 through Table 3.

The proposed dashboard must not be browser specific rather; the web interface must be browser agnostic and work with commonly used browsers found on Windows or MAC based computer hardware, such as Microsoft Internet Explorer, Safari, Firefox, and Google Chrome.

10. Describe process for reporting critical incidents and sentinel events.
11. Describe policies and procedures for receiving and addressing communications from callers and other stakeholders, including receiving feedback, and resolving complaints and grievances.
12. All data systems must be HIPAA/42CFR Compliant. The system must be HIPAA compliant. HIPAA security standards must address reasonable and appropriate administrative, technical, and physical safe guards to: 1) ensure the integrity and confidentiality of the information within the proposed system itself; 2) protect against any reasonably anticipated threats or hazards to the security or integrity of the information and unauthorized uses or disclosures of the information; 3) monitor compliance by system users.

Offeror will be responsible for assuring that the proposed system will implement all HIPAA required Electronic Protected Health Information (ePHI) security regulations, to include, but not be limited to the following:

- A. Encryption - all encryption mechanisms must support a minimum of 128-bit encryption.
- B. Automatic Logoff - the proposed system must employ inactivity timers or automatic session logoff mechanisms to automatically terminate after a predetermined number of minutes of inactivity to protect ePHI.

It is desirable that the system has an auto-save or recovery function that prevents loss of data should an auto-logoff occur while a worker is updating a screen but has not yet saved or committed the transaction. It is desirable that when the session is re-started, the system would automatically pull up the last screen worked on and repopulate the fields they had entered but not saved to the server.

- 13. Offeror will be required to, in coordination with State, make necessary system modifications and requirements (i.e., adding/modifying data elements, modifying reporting and/or file transfer protocol) within a time period not to exceed 90 days, unless otherwise agreed to by the State.
- 14. Disaster Recovery: Offeror shall have in place processes, policies and procedures related to recovery and continuation of system operations after a natural or human-induced disaster.

Describe your proposed disaster recovery arrangements including: policies and procedures related to production backups, production backup schedules of all critical components, backup rotation and retention/archive schedules, monitoring of completion of backups (e.g., logs), location and description of onsite and offsite storage of backups, transportation of backups, and security of production data and backups including any physical or logical security (e.g. encryption) in use.

15. Standards

Offeror shall comply with all security rules and policies issued by the Colorado Office of Information Security found at: <http://www.colorado.gov/cs/Satellite/OIT-Cyber/CBON/1251575408771>.

- P-CISP-001 Information Security Planning
- P-CISP-002 Incident Response
- P-CISP-003 IT Risk Management
- P-CISP-004 Disaster Recovery
- P-CISP-005 Vendor Management
- P-CISP-006 Network Operations
- P-CISP-007 Systems and Applications Security Operations

- P-CISP-008 Access Control
- P-CISP-009 Change Control
- P-CISP-010 Physical Security
- P-CISP-011 Data Classification, Handling, and Disposal
- P-CISP-012 Personnel Security
- P-CISP-013 System Access and Acceptable Use
- P-CISP-014 Online Privacy
- P-CISP-015 Security Training and Awareness
- P-CISP-016 Self Assessment
- P-CISP-017 Security Metrics and Measurement
- P-CISP-018 Mobile Computing
- P-CISP-019 Wireless Security

Additional OIT Policies and Standards can be found at:
<http://www.colorado.gov/cs/Satellite/OIT-Main/CBON/1251579386760>

Offeror shall create a System Security Plan based on the National Institute of Standards and Technology, NIST SP 800-18. A guide including a template for developing security plans can be found at:
<http://csrc.nist.gov/publications/nistpubs/800-18-Rev1/sp800-18-Rev1-final.pdf>

Offeror must perform both periodic internal and external vulnerability and penetration tests as per Network Operations Policy (P-CISP-006).

Sensitive Data: Data to be contained in the system shall be considered Level 2 and higher as per Policy P-CISP-011, Data Handling and Disposal Policy. Consequently, Offeror must sign and adhere to a CDHS Confidentiality Agreement.

Offeror shall assist the Division in providing necessary information to support the Colorado State Auditor's Office should an audit affecting the system occur.

In the case of a breach of the security and potential or actual loss or compromise of sensitive data Offeror shall immediately notifying the State (Division Director) and its Information Security Center (ISOC). Offeror shall work with ISOC and the Division to recover data and remediate any deficiencies causing a security breach. ISOC contact information can be found at:
<http://www.colorado.gov/cs/Satellite/OIT-Cyber/CBON/1251575408797>

Offeror shall notify all Colorado residents whose sensitive data may have been compromised as a result of a security breach.

16. Meaningful Use: Offeror must have the ability to transmit Electronic Health Records (EHR) to the State and health providers. All EHR transmissions need to comply with Meaningful Use Standards.

17. Functionality: There shall be an ability to scan documents related to the client (court, medical, consent, releases, etc.) and house them within the case or system.

CCAR/DACODS: When appropriate, the Offeror must enter DACODS and/or CCAR information through the state website. DACODS and CCAR are required to be submitted within the same month as the services occurred.

18. Encounter: When appropriate, Encounter data must be sent via a Secured File Transfer Protocol (SFTP) set up by the State. Encounters will be sent in the 837 5010 format. Encounter data must be sent in the same or following month of when the services occurred. Office of Behavioral Health website link to CCAR and Encounter Documentation: <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581450335>

KK. Budget, Auditing and Accounting

Requirement:

Offerors must complete the Budget Template (Attachment B) and provide a Budget Narrative that fully explains and justifies each budget line item for the following periods:

Period I: March 1, 2014 through June 30, 2014

Period II: July 1, 2014 through June 30, 2015

The following line items must be included in the projected budget. Use a separate worksheet, as provided in the template, for each period. Also, on separate pages, explain each budget item in a "Budget Narrative." Be as specific and detailed as possible.

NOTE: Absence of Budget Narratives may be cause for rejection of the bidder's proposal and advancement in the RFP/Selection process.

<u>REGION</u>	<u>Year 1</u>	<u>Year 2 - 5</u>
Northeast	\$1,579,626	\$4,403,656
Metro Denver	\$3,159,252	\$8,807,314
Southeast	\$1,579,626	\$4,403,656
West Slope	\$1,579,626	\$4,403,656
TOTAL	\$7,898,130	\$22,018,282

Some general guidelines for completing the budget template and budget narratives are as follows:

1. Staffing costs (Administrative and Program) and descriptions, should correspond to the Staffing justification requested in this RFP. Include explanations for benefit calculations. Any proposed subcontractor costs should be explained and identified separately. For each staff position proposed, include the title of the position, percentage of time (FTE), monthly salary, number of month's salary requested, and a brief summary of the job description or responsibilities, and minimum qualifications, including education level. The State will evaluate education levels of staffing plans, in relation to total staffing costs.

Administrative costs, which may include indirect costs, are those not directly related to direct services and program costs, and shall not exceed fifteen percent (15%) of the Total Gross Program Costs. For administrative indirect costs, explain and justify the expense and/or percentage allocated. For further guidance on administrative cost, please refer to the section on the Accounting and Auditing Guidelines below.

2. For services and supplies, explain and justify the purpose of each budget line item. Include detail for all items necessary to operate the proposed program effectively including costs for staff recruitment and training. The program may have above average costs for publicity, printing, recruitment, and training. Bidders should specify in detail in the budget narratives the cost basis for each line item, as well as the type and cost of any non-standard items such as telephone systems, computer hardware and/or software, and printing.
3. For services and supplies, explain and justify the purpose of each budget line item. Include detail for all items necessary to operate the proposed program effectively including costs for staff recruitment and training. The program may have above average costs for publicity, printing, recruitment, and training. Bidders should specify in detail in the budget narratives the cost basis for each line item, as well as the type and cost of any non-standard items such as telephone systems, computer hardware and/or software, and printing.
4. First Year One-Time Start-up components must include the cost basis for the item, rationale for why the item is needed for start-up, the month in which the cost is expected to be incurred, and the application/necessity for program operations in the first year.

Revenue:

The services outlined in this RFP will be provided to individuals at no charge. However, some services may be reimbursable by Medicaid, and perhaps other third party payers. The State of Colorado Department of Health Care Policy and Financing current contract for Medicaid mental health services includes “emergency / crisis services” as a covered service. Eligible individuals covered under the Medicaid contract are entitled these services, as defined below:

“Services provided during a mental health emergency which involve unscheduled, immediate, or special interventions in response to a crisis situation with a Member, including associated laboratory services as indicated. Crisis services are flexible, mobile, available 24 hours a day, 7 days a week, available at any location and can range from telephone support to dispatching an on-site emergency team and following up with stabilization services. Crisis services typically include an assessment/first response component and a stabilization/follow-up component. Assessment/first response is the rapid, initial response to an individual who is experiencing a crisis, both to assess the nature of the crisis and identify next steps to address the crisis. Crisis stabilization occurs after assessment and involves the development of an individual crisis treatment plan that includes short-term goals and identifies the immediate services needed to achieve those goals.”

Address current capacity and/or plans to bill insurance for services provided including but not limited to Medicaid. Include examples of any current billing activities, ability to submit encounter data to the Department as flat files and describe the agreements that support these billings. Note: services will be available to all clients/ individuals seeking crisis services regardless of their ability to pay.

Requirement:

Provide a narrative to address capacity and/or plans to bill insurance including Medicaid for covered services, as appropriate, and ability to submit encounter data for billable services to the Department as flat files.

LL. Financial Auditing and Uniform Service Coding Requirements

Financial Audit: The successful Offeror shall have an annual financial audit, prepared at Offerors’ expense, performed by an independent Certified Public Accountant in accordance with the most current requirements included in OBH Accounting and Auditing Guidelines, available at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251569171131> .

The Offeror shall submit the a copy of the audit report to the Department, including

financial statements, management letter, and auditor's opinion letter, for the most recent fiscal year ending June 30th, on or before November 30th.

Requirement:

State the Offeror's willingness to comply with the financial audit requirements.

- MM. Accounting and Auditing Guidelines:** The successful Offeror will be required to comply with accounting and auditing guidelines. Costs in the Administrative category of the budget are those identified as "Indirect Program Administrative and Operating Cost" in the Guidelines. Costs in the Direct category of the budget are those identified as "Direct Service Cost" or "Direct Program Administrative and Operating Cost" in the Guidelines.

These guidelines are available at:

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251873970493&ssbinary=true>

Requirement:

State the Offeror's willingness to comply with the accounting and auditing guidelines.

All services provided pursuant to the Crisis Stabilization Services, Mobile Crisis Services and Crisis Residential/Respite Services RFP must meet all Uniform Services Coding Manual (USCM) requirements. The USCM requirements may be found at:

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251874075021&ssbinary=true>

SECTION V RESPONSE FORMAT

To facilitate an effective evaluation process, proposals must be submitted so if the proposal is printed it will print on 8 1/2 by 11 inch paper and all pages should be numbered in the following manner: page ____ of ____ pages. All acronyms in the proposal must be defined. Failure to provide the requested information may result in disqualification of the proposal. ***Proposals that do not follow the sequence, outline, and response format of this RFP, may be deemed non responsive and disqualified from further consideration.***

A. STATE OF COLORADO REQUEST FOR PROPOSAL SIGNATURE PAGE

Include the State of Colorado Request for Proposal Signature Page. An officer of the offeror who is legally authorized to bind the offeror to the proposal must sign this page in ink.

B. TRANSMITTAL LETTER

Submit a Transmittal Letter on your official business letterhead that:

1. Positively states your willingness to comply with all work requirements and other terms and conditions as specified in this RFP.
2. Identifies all material and attachments that comprise your proposal.
3. Is signed by an individual authorized to commit your organization to the proposed work.
4. States whether the Offeror is a partnership, a non-profit corporation, a Colorado corporation, a non-Colorado corporation, or some other business structure. Non-Colorado corporations must register as a foreign corporation to conduct business in Colorado and appoint a resident agent to review process. If the Offeror is a foreign corporation, a limited liability partnership or a limited liability limited partnership, state that the Offeror currently has a Certificate of Good Standing or Certificate of Existence to do business in Colorado. Proof of such certification shall be provided upon request.
5. States whether the Offeror or any of the Offeror's employees, agents, independent Contractors, or proposed subcontractors have ever been an excluded provider, convicted of any criminal charges or actions involving moral turpitude. If yes, attach an explanation.
6. States that the Offeror's Proposal shall remain valid for a minimum of one hundred eighty (180) days from the date of the award.
7. Discloses all current pending contracts with the State of Colorado and all bids or proposals submitted to the State of Colorado but not yet awarded.
8. Identifies all potential conflicts of interest related to this RFP. If any actual or potential conflicts of interest are identified, provide your plan to mitigate the actual or potential conflict of interest. This includes participation in focus groups or discussions prior to and up to development of this RFP.
9. Vendor disclosure of services identifies if the vendor or subcontractor will perform the services outside the state of Colorado or United States. If this is the case, provide a brief statement explaining why the vendor believes it is necessary or advantageous to perform the services outside the state of Colorado or United States

C. BUSINESS PROPOSAL

The Business Proposal should present a full and complete description of the approach that will be used to carry out the Requirements set forth. The business proposal must use the outline described below. Failure to follow the outline below may result in disqualification of the proposal. **Limit your response to one-hundred (100) pages.**

1. Demonstrated Experience and Capabilities

Restate each requirement set forth in Section IV(A) and (B), followed by a response describing the approach and how the requirement will be met. The Offeror's proposal shall include evidence that it has the knowledge, skills, abilities and experience in the areas identified by the requirements in Section 4.

2. Program Proposal / Work Plan

Use this section to describe the planned approach to be used to meet the requirements described in Section IV of the RFP. Restate each requirement set forth in Section IV followed by a response describing the approach and how the requirement will be met.

Identify the Section number of each requirement. Indicate in detail the scope of services included in your proposal and identify any items requested by the State that are not included in your proposal.

3. Quality Management, Data Reporting and Evaluation

Use this section to describe the planned approach to be used to meet the requirements described in the Section IV of the RFP.

4. Budget

Use this section to describe the planned approach to be used to meet the requirements described in the Section IV of the RFP.

D. ADDITIONAL DATA

Since the preceding sections are to contain information that is specifically requested, the firm may include any additional information considered essential to the proposal in this section. The firm should not include general information publications, such as marketing, directories or client lists. **Limit your response to twenty (20) pages.**

SECTION VI EVALUATION AND AWARD

A. EVALUATION OF PROPOSALS

Proposals will be evaluated on, at a minimum, an applicant's ability, relative to the specific component involved pursuant to , C.R.S. 27-60-103 (2) (a) through (i):

- a) Demonstrate innovation based on evidence-based practices that show evidence of collaboration with the existing systems of care to build on current strengths and maximize resources;
- b) Coordinate closely with community mental health organizations that provide services regardless of the source of payment, such as behavioral health organizations, community mental health centers, regional care collaborative organizations, substance use treatment providers, and managed service organizations;
- c) Serve individuals regardless of their ability to pay;
- d) Be part of a continuum of care;
- e) Utilize peer supports;
- f) Include key community participants;
- g) Demonstrate a capacity to meet the demand for services;
- h) Understand and provide services that are specialized for the unique needs of child and adolescent clients; and
- i) Reflect an understanding of the different response mechanisms utilized between mental health and substance use disorder crises.

The award decision ultimately is a business judgment that will reflect an integrated assessment of the relative merits of the proposals using the factors set forth in the RFP. The Department intends to award the contract to the Offeror whose proposal, conforming to the RFP, will be most advantageous to the Department, price and other factors considered.

The Department plans an intensive, thorough, complete and fair evaluation process. Proposals will be evaluated on both the proposed service and the cost of the service. The evaluation will be performed and an award recommendation made to the Division of Procurement by the Evaluation Committee, pursuant to 27-60-103 (3). Members will be selected who do not have a conflict of interest in this procurement.

Offerors should not assume that they would have an opportunity for oral presentations or revisions of proposals. Therefore, Offerors should submit their most favorable proposal as their initial proposal. If an award is not made based on the initial proposals, Offerors considered most competitive may be provided an opportunity to make an oral presentation. The competitive range determination will be based exclusively on the written proposals. Offerors are therefore cautioned to ensure that their proposals adequately convey a sound approach and a comprehensive understanding of the scope of work requirements.

If proposal revisions are permitted after the conclusion of oral presentations and discussions, the Department will establish a date, in writing, for submission of best and final offers. The purpose of this step would be to submit revisions only, not to submit comprehensive proposal rewrites.

B. SUBMISSION CHECKLIST

Proposals that have met the minimum submission requirements outlined in this RFP will be passed on to the evaluation review committee for further review and consideration.

At a minimum, proposals must:

1. Be submitted by the due date and time.
2. Be submitted by a registered BIDS Vendor
3. Include a completed and signed Signature Page
4. Include a completed and signed Transmittal Letter
5. Be organized, tabbed and formatted per instructions contained within the RFP and all other documents considered to be a part of the RFP.
6. Meet packaging instructions and designated number of copies for all three Crisis System Components.

Proposals that do not meet the criteria of the Submission Checklist, and initial review may be disqualified, and may not be reviewed.

C. GENERAL CRITERIA

Proposals will be rated/scored in the following categories detailed in this RFP:

Category 1 – Administrative and Organizational Structure and Demonstrated Experience and Capabilities - Weight 20%

- Breadth and depth of relevant experience.
- Qualifications and experience of staff, including specialists and consultants to be assigned to the project, minimizing the risks and the greatest potential for meeting or exceeding goals and outcomes.
- Organization, size, and stability of the firm.

Category 2 – Business Proposal – Weight 65%

- Technical criteria - comprehensiveness and appropriateness of the work plan, and (b) realistic time estimates to complete each segment of the work based on staff to be assigned.
- Adequacy and completeness of the proposal with regard to the requirements specified in the RFP.

Category 3 – Budget - Weight 15%

- When considering cost, consider how costs are tied to services that meet or exceed the requirements and expected outcomes. This may include the expertise, and relevant experience of the offeror that will enhance the success of the project and provide minimal risk or need for State resources.
- Proposed price/costs tied to the requirements, and statement of number of hours by level and hourly rate.
- Affordable and within budget.

D. BASIS FOR AWARD

The business and technical factors will be assessed based on the soundness of the Offeror's overall approach and the Respondent's understanding of the requirements. The experience and/or demonstrated capabilities factor will be assessed by considering the extent to which the qualifications, experience and past performance are likely to foster successful, on-time performance. Strategies for meeting expedited implementation timeframes will be assessed based on their reasonable likelihood of success. Assessments may include a judgment concerning the potential risk of unsuccessful or untimely performance, and the anticipated amount of State involvement necessary (beyond that reasonably necessary) to ensure timely, successful performance.

The Offeror recommended for an award must provide (upon request) documentation of financial responsibility, financial stability, and sufficient financial resources to provide the services sought in this RFP. This response must include financial information by which the State may reasonably formulate an opinion about the relative stability and financial strength of the Offeror and a credit rating by a rating service. These statements shall include at least a balance sheet and income statement (including footnotes). These statements must be certified by a certified public accountant (CPA).

The State may disqualify from consideration any Offeror who is involved in bankruptcy proceedings or whose financial condition is deemed to pose a risk to the State for successful performance of the contract.

E. PERFORMANCE OF AWARD

Proposed changes or exceptions to any requirement, or State's Contract Terms and Conditions (Exhibit A), may disqualify Offeror's proposal response from consideration. A completed contract is expected within 30 days following the letter of intent to award. In the event a contract is not signed (through no fault of the State) by the awarded Offeror within 30 days, and barring any protest that may delay the completion of a contract, the State may elect to cease negotiations, withdraw the award, and award to the next most advantageous Offeror.

F. PUBLIC CONTRACTS FOR SERVICES. CRS 8-17.5-101 (EXCLUDED; SECURITIES,

INVESTMENT ADVISORY SERVICES OR FUND MANAGEMENT, SPONSORED PROJECTS, INTERGOVERNMENTAL AGREEMENTS, OR INFORMATION TECHNOLOGY SERVICES OR PRODUCTS AND SERVICES).

Effective May 13, 2008, contractors who enter into or renew a public contract for services with Colorado state agencies or political subdivisions must participate in either the Federal ***E-Verify program***, or the Colorado Department of Labor and Employment Program. For more information see:

E-Verify Program: <http://www.dhs.gov/e-verify> or, **Colorado Department of Labor and Employment Program** and notice forms: Division of Labor:
<http://www.colorado.gov/cs/Satellite/CDLE-LaborLaws/CDLE/1248095356380>