

REQUEST FOR LETTERS OF INTEREST



Enhanced Treatment and Residential Services for Persons with Complex Needs

RFI Number: 2017-005

County of San Mateo Behavioral Health and Recovery Services

Release Date: April 12, 2017

Responses must be Received

by **5:00 p.m.** Pacific Standard Time on **May 3, 2017**

**REQUEST FOR LETTERS OF INTEREST
FOR
ENHANCED TREATMENT AND RESIDENTIAL SERVICES FOR
PERSONS WITH COMPLEX NEEDS**

Interested respondents must register online with the County at
<http://www.smchealth.org/bhrs/rfp>

Responses must be submitted to:

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Attn: SUSANN REED, CONTRACT MANAGER
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403

By 5:00 p.m. Pacific Time on Wednesday, May 3, 2017

RESPONSES WILL NOT BE ACCEPTED AFTER THIS DATE AND TIME

Note regarding the Public Records Act:

Government Code Sections 6250 *et seq.*, the California Public Record Act, defines a public record as any writing containing information relating to the conduct of the public business. The Public Record Act provides that public records shall be disclosed upon written request and that any citizen has a right to inspect any public record unless the document is exempted from disclosure.

Be advised that any contract that eventually arises from this Request For Letters of Interest is a public record in its entirety. Also, all information submitted in response to this Request For Letters of Interest is itself a public record **without exception**. Submission of any materials in response to this Request For Letters of Interest constitutes a waiver by the submitting party of any claim that the information is protected from disclosure. By submitting materials, (1) you are consenting to release of such materials by the County if requested under the Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless the County for release of such information.

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SECTION I – GENERAL INFORMATION

A. STATEMENT OF INTENT

San Mateo County is conducting a survey through the Request for Letters of Interest (RFI) process to determine whether organizations and/or individuals are interested in submitting proposals at a later date to contract with the County to provide a program of enhanced housing, treatment, and supportive services tailored to the needs of individuals with serious mental illness who are being discharged from inpatient psychiatric hospitalization, including State hospitalization, and are difficult to place and/or maintain in the community due to complex needs.

If sufficient interest is demonstrated, the County may issue an RFP. The information in this RFI is in no way final nor does it represent what may be contained in a future RFP. This RFI does not constitute a commitment to issue an RFP, award a contract, or pay any costs incurred in the preparation of a response to this request.

SECTION II – SCOPE OF WORK

A. DESCRIPTION

BHRS is considering implementing a new, enhanced program that would meet the complex needs of difficult-to-place individuals discharging from inpatient psychiatric hospitalization (Private, County or State Hospital) and those in the community for whom a comprehensive community-based program to meet their specific, complex needs does not currently exist. The program would serve 18 clients at any given time. The males of this target population share a similar diagnostic and behavioral profile that is different from the diagnostic and behavioral profile shared by the females of this population. The age range for both males and females is expected to be 25 to 45 years of age. Housing, treatment and support services of the enhanced program will be expected to be tailored to the specific needs of these two profiles. Housing types may consist of congregate living or single occupancy housing. However, if congregate housing is utilized, it is BHRS's expectation that males and females will not reside in the same congregate living home. The goal of the program would be to promote and support client movement along the recovery continuum toward greater independence by creating an environment in which they are encouraged to participate in building and practicing life skills essential for community living including, but not limited to, meal planning, food preparation, cleaning, chores, self-care/hygiene, taking medications, community engagement/outings, recreation, managing money, self-advocacy, and how to be a good tenant, while also participating in specialized behavioral health treatment. Below is a general breakdown of the anticipated diagnostic and behavioral profiles of the two target populations and the expected support service and clinical treatment needs of each:

- **Male Housing Units**
Projected number of clients – 12
Setting – Rural/remote setting strongly preferred

Target Behaviors – aggressive, assaultive and/or sexualized behaviors
Diagnoses include: Schizoaffective Disorders, including Bipolar type, Schizophrenia, Polysubstance Dependence, Antisocial Personality, Neurocognitive Impairment, Diabetes
Legal Status of Clients: All clients will be LPS conserved, 25% may be Registered Sex Offender /290 Registrants, 25% may be Murphy status.
Recommended Therapeutic Modalities: Cognitive Behavioral Therapy, Moral Reconciliation Therapy, Behavior Modification, Wellness Recovery Action Plan (WRAP) development, Neurosequential Model of Therapeutics (NMT), Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing, Co-Occurring Recovery Groups, Trauma Informed Care, and Medication Management, which may also involve the use of medication algorithms.
Community Living Support Services: Structured daily schedule of activities that includes meal planning and preparation, laundry, cleaning, other chores, life skills building, recreation, exercise, community outings, peer support.

- **Female Housing Units**

Projected number of clients – 6

Setting – Urban/Suburban is ok

Behaviors - high suicidal ideation, self-injurious behaviors, high impulsivity and poor coping skills.

Legal Status of Clients: LPS conserved

Diagnoses include: Bipolar Disorder, Post Traumatic Stress Disorder, Major Depression, Borderline Personality Disorder, Substance Use Disorder

Recommended Therapeutic Modalities: Dialectic Behavior Therapy, WRAP development, NMT, EMDR, Motivational Interviewing, Co-Occurring Recovery Group, Trauma Informed Care, and Medication Management, which may also involve the use of medication algorithms.

Community Living Support Services: Structured daily schedule that includes meal planning and preparation, laundry, cleaning, other chores, life skills building, recreation, exercise, community outings, peer support.

Staffing Recommendations for both Male and Female Clients: For congregate living homes occupied by four or more persons, BHRS would require at least two staff to be present in each house when clients are present on the premises between the hours of 8 am – 8 pm, and at least one staff to be present in each house from 8 pm to 8 am (to provide 24-hr supervision daily). For clients living in single occupancy housing or congregate homes of three or fewer clients, BHRS would require one staff person to be present on the premises 24 hours per day when clients are on the premises.

The following staff positions are recommended for the program; however, it is the function, not the title of each that should be considered by respondents. Respondents may suggest other staff titles or a re-alignment of the functions between staff positions as long as all of the functions listed below are represented in the staffing model and all functions are performed by appropriately qualified staff. Respondents may consider any combination of position types or FTEs in order to meet the 24 hour in-home supervision requirement described above:

Residential Services Staff – on-site staff to operate the housing, which may include assisting with shopping, assisting with menu planning and/or meal prep, managing chore schedule/assignments.

Activity Coordinator – plan and manage structured daily activity schedule, conduct life skills coaching, lead physical activities/exercise and recreation, plan and lead outings

Case Manager – to assist with appointment scheduling, benefits, linkage to community resources

Clinician – to provide treatment groups and individual therapy

Visiting RN/LVN – to provide support to diabetic clients, medication administration as needed, consultation and support

Psychiatrist to provide medication management

Peer Support Worker with Alcohol and Other Drug training, to assist with development of WRAPs, escort groups on outings, escort to 12 Step Meetings in the community, act as peer mentor

Other expectations: The contractor will be expected to hold the lease on any congregate living homes. If congregate living homes are utilized, all beds in the home will be dedicated exclusively to this target BHRS population. If a client decompensates and requires acute hospitalization or a short stay in Psychiatric Emergency Services, the goal is to return the client to the home upon stabilization.

Please address the following questions regarding the scope of work:

1. In your opinion, how should the program be configured? Is there an existing program model that could be enhanced for this purpose? If so, what is the model and the enhancements it would require to meet the needs of this target population? Please be specific in describing the recommended program model, including services that would be provided, service settings, and the staffing types, ratios and FTEs.
2. Based on the abovementioned target population and their unique needs, are there additional evidence-based therapeutic interventions and/or support

- services that you feel should be included? Please be specific about the intervention and whether it would be intended for the male target population, female target population, or both.
3. Are there other issues or concerns BHRS should take into consideration, such as geographic program locations, office-based vs. in-home services, start-up costs, implementation timeline, other?

B. FUNDING

BHRS is exploring various reimbursement mechanisms for this program, which BHRS estimates will cost between \$80,000 and \$90,000 per client per year.

1. Please indicate your level of interest and any concerns you may have for the following funding options for this program:
 - (a) Capitation or Case Rate – service provider is paid a capitated rate per client per month for each enrollee in the program. The provider would be expected to provide and pay for all clinically necessary housing, psychiatric, treatment and support services for all enrollees.
 - (b) Fee for Service
 - (c) Cost reimbursement
 - (d) Some combination of a, b, or c above.
2. Please estimate the annual cost of the pilot program as described herein. If the respondent recommends a program that significantly differs from that described in this RFI, please estimate the cost of the respondent's recommended program.

SECTION III – GENERAL TERMS AND CONDITIONS

Register at <http://www.smchealth.org/bhrs/rfp>. All potential respondents must register at the County website to receive important updates about the RFI process and to submit responses.

Read all Instructions. Read the entire RFI and all enclosures (if any) before preparing your response.

Questions and Responses Process. Submit all questions relating to this RFI via email to Susann Reed at sreed@smcgov.org.

All questions must be received no later than 4:00 p.m. on Friday, April 21, 2017. Responses to questions will be posted on the County's website.

Responses to questions, as well as any warranted changes to the RFI, will be posted on the County's website: <http://www.smchealth.org/bhrs/rfp>. It is the responsibility of each respondent to check the website for changes and/or clarifications to the RFI prior to submitting a response. A respondent's failure to do so will not provide a ground for protest.

Miscellaneous. This RFI is not a commitment or contract of any kind. The County reserves the right to pursue any and/or all ideas generated by this RFI.

SECTION IV – RFI RESPONSE CONTENT AND SUBMISSION PROCEDURE

This section describes the general RFI procedure used by the County, and the remaining sections of this RFI list detailed requirements.

A. LETTER OF INTEREST - CONTENT

Provide a response on your letterhead that includes the address, voice and facsimile numbers, and e-mail address of the contact person or persons. List the name of each person authorized to represent the respondent in negotiations. Letters of interest must provide a statement that addresses the following:

- Qualifications of your organization – include a statement of the extent of experience and history working with the target populations and/or providing the services requested or similar services. With the history, include the length of time in business, and any experience working with public agencies. Describe how this program will fit into your overall organization.
- Service methodology – describe your service model and approach to addressing the service needs of the target population, your approach to working collaboratively with multi-agency partners, and the geographic area of the County, if applicable.
- Size of organization – number of employees, organizational chart, how many of the employees are full time or contracted/consultant personnel.
- Professional qualifications – if applicable, list the professional qualifications held by your agency and/or personnel.

B. SUBMISSION PROCEDURES

General Instructions: All proposals shall be typewritten or prepared on a computer using 12 point, Times New Roman font. Pages shall be consecutively numbered, including any exhibits, charts, and/or other attachments. There are no page limits.

Responses: The RFI response shall be submitted in either of the following accepted formats:

1. Electronically via email to: Susann Reed, Contract Manager
sreed@smcgov.org, or
2. Paper copy through the postal service to:

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Attn: SUSANN REED, CONTRACT MANAGER
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403

All responses must be received by the stated date and time in order to be considered for review. The County will not be responsible for and may not accept late responses due to slow internet connection.

RFI Response Due Date: Responses must be received by **5:00 p.m. on Wednesday, May 3, 2017.**

Additional Contact Information: Should you have questions about the RFI process you may contact the following individual:

Susann Reed – Contract Manager, sreed@smcgov.org, 650-573-2226.