

REQUEST FOR PROPOSALS (RFP)
for
Alamance-Caswell-Rockingham Local Management Entity

Crisis Services

Alamance-Caswell-Rockingham LME is requesting proposals from Providers to assume delivery of Walk-In Crisis Services – (Monday - Friday 8am – 5pm excluding weekends and holidays), currently provided by the LME, to Adult/Child MH/DD/SA individuals in Alamance County. Only proposals from currently enrolled providers or providers who are eligible for enrollment by an LME/County Program in the State of North Carolina will be considered. Acceptable and verifiable documentation of corporate endorsement or enrollment eligibility, must accompany the proposal, by the submission date, in order to be considered.

It is anticipated that one contract will be awarded as a result of this RFP, with the transition of services anticipated by **October 1, 2007**. The contract term will begin upon a timely contract execution date and be renewable for additional fiscal one-year terms.

Proposals must be completed on the enclosed form and **may not exceed 15 pages in length**, exclusive of any requested addendums/attachments. An electronic copy of the proposal is available via the ACR website. All questions must be submitted electronically in writing to Alicia Graham, UR/STR Manager at agraham@acmhdds.org by **Friday, July 27, 2007**. Responses to questions will be posted on the website.

Proposals must be received before 5:00 PM; Friday, August 10, 2007 at ACR LME located at 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217. Any proposal submitted after the deadline will not be considered. There are no exceptions to this requirement.

A cover letter signed by the designated leadership of the provider organization, one (1) original and six (6) copies of the Proposal, with attachments, containing the information outlined on the following pages, are to be submitted.

Proposals will be reviewed and rated by a review team that may include, but not be limited to, LME staff, CFAC, and stakeholder representatives. Upon request from the LME, each provider shall submit any additional materials, information and documentation reasonably required by the LME in its evaluation of the Proposals. The evaluators reserve the right to request that the provider orally present or discuss their Proposal for the purpose of clarification.

Upon completion of the evaluation process a recommendation will be made to the Executive Director for approval of the selected Proposal. It is anticipated that notification of award by email to all applicants will occur by **Tuesday, September 4, 2007**.

The Request for Proposals may be cancelled at any time and any or all Proposals may be rejected in whole or in part, when it is determined to be in the best interest of Alamance-Caswell-Rockingham LME. The award of a contract and any allowed renewal or extension thereof, is subject to allocations to be made by local governments and the State of North Carolina and subject to the availability of local, State, and/or Federal funds.

Request for Proposals for Crisis Services

Description of Crisis Services

General Description

The goal of Crisis Services is to assure the safety of and immediate care for consumers in crisis, to maintain the public safety, and to improve access to behavioral health services by diverting consumers in crisis to the least restrictive care possible. This strategy implements the values of the public mental health system, reduces consumer trauma, and reduces the overall cost of mental health care by avoiding unnecessary use of expensive services.

Expectations of the Provider:

1. The crisis provider will provide face-to-face emergency services to persons with mental illness, substance abuse or co-occurring disorders including developmental disabilities between 8-5 pm, Monday-Friday.

The definition of emergency is:

- An emergency is defined as “an acute disturbance in thought, mood or social relationship that requires an immediate intervention as defined by the consumer, family or the community”. This includes persons who are intoxicated or in withdrawal and unable to access services without immediate assistance.
 - An emergency has the potential to rapidly deteriorate and result in a catastrophic outcome.
 - Resources are not available at the time of the occurrence to facilitate an understanding of the situation or support resolution.
 - Emergencies are unscheduled, are not planned, are severe, dynamic, and demonstrate a need for access to a higher level of care.
 - The need for intervention is immediate and there is limited time for decision-making.
 - There is a need to be prepared to change course rapidly with the situation or as new information is available.
 - Emergencies are traumatic for the consumer.
2. The Provider should triage, provide comprehensive assessments, interventions and referral services to those in crisis and provide assessment and referral to non-emergent walk-ins.

3. Logs must be maintained for each request for service and submitted to the LME by the 10th of the each month. Reports shall be submitted on time and show the number of persons requesting services; the number and percent that are determined to need emergent, urgent and routine care and the percentage for which access was available as dictated by the timeliness standard (2 hours for emergent, 48 hours for urgent, and 7 days for routine). Emergent access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care. Urgent is defined as having access or treatment within 48 hours. Routine is defined as having access or treatment within 7 calendar days.
4. The provider is responsible for providing crisis services for new consumers, for established consumers without a primary provider who provides first response, and for established consumers when the capacity of the first responder has been exceeded. If a consumer is known to the system it is expected that the first responder will be contacted to facilitate the crisis management. If the consumer has an established crisis plan the crisis service should be consistent with the established plan. Crisis services do not require prior authorization from the LME, but will be obtained retrospectively within the next working day.
5. The state standard screening form is used for all new consumers and for consumers who have not been screened in six months. Referrals are then made to the appropriate agencies chosen by the consumer. The consumer is given names, contact information and locations of providers to assist in making an informed choice. Warm line transfers are used to make referrals to appropriate sources. All populations are served and expertise in all disabilities should be available. The screening shall be submitted within 5 calendar days of completion to UR/STR Unit. TTY capability, for persons who have a hearing impairment and foreign language interpretation will need to be provided for the purposes of receipt of appropriate information for referral of services at no cost when necessary.
6. The provider shall have the capacity and ability to assess and stabilize the presenting individual.
7. The provider shall be knowledgeable of involuntary commitment procedures and have appropriate staff available to carry out a commitment. The first evaluation should be by a MD or psychologist. A notary must also be available to complete the commitment process.
8. The provider shall work collaboratively and have positive relationships with the LME and community agencies such as: local police, sheriff, magistrates, hospitals, Department of Social Services, Department of Juvenile Justice, Mobile Crisis and schools to optimize services for consumers.
9. A working knowledge of community and state resources is needed so that appropriate referrals can be made. Referrals may be made to respite beds, detoxification settings, halfway houses, outpatient providers, inpatient setting, etc.
10. The provider would be expected to participate in crisis planning for the community and be a participant of the crisis committee to ensure quality services to all consumers in the LME catchment area.

11. In instances where it is clear that a problem is transient and the individual is not in ongoing care and does not require it, short-term outpatient services of up to three visits within a two-week period shall be provided.

In reference to target populations, this RFP targets all ACR consumers and other eligible residents of the ACR catchment area and supports as identified in the RFP. This includes individuals currently enrolled in services, persons in crisis who are not enrolled, and those people who present with a crisis who may be homeless or from another county.

Alamance-Caswell-Rockingham's philosophy regarding 8-5 Crisis walk-in services is that the provider incorporate the following principles into the delivery of services: culturally competent, customer friendly, visible to the community, partnerships with stakeholders, welcoming to all populations, highly qualified, experience and appropriately trained staff, delivery of timely and convenient service, crisis planning done where needed, diversions from state hospitals, emergency departments, jails and detention facilities, and care coordination.

Facilities and Location Expectations:

The location where the LME anticipates this service being provided to the community meets the following criteria:

- Easy to locate by individuals with disabilities and their families.
- Located within Burlington and/or Graham city limits.
- Sufficient parking available at a close distance to the building to allow for easy access by law enforcement.

The building where the service is to be provided must meet the following criteria at a minimum:

- Building must be handicapped accessible.
- Building and/or signage must be clearly visible from the road indicating walk-in crisis services.
- Building must be conducive to providing a crisis service with safety and security of consumers, staff and the community being a focus.
- Separate entrance for law enforcement
- It is not necessary for the building to be licensed unless a service is being provided in the location that requires licensure or the agency's accrediting body requires.
- Preference to have a "safe holding area" that is separate for those who are brought in by law enforcement in restraints or when behavioral issues threaten a person's safety.

Community Collaboration and Education:

It is essential that the provider of the Crisis Service work collaboratively with the community. This collaboration should include presentations, meetings, relationship building, education, advocacy, memberships and other means of bringing the community together to support the Crisis Service and the Crisis Service to support the needs of the community. It is the LME's expectation that the provider selected to provide the 8am to 5pm Crisis Services for Alamance County will be familiar with local resources.

Some examples of these stakeholder resources are as follows:

- Department of Social Services
- Alamance Regional Medical Center
- Alamance-Burlington School System
- Department of Juvenile Justice
- Dispute Settlement Center
- Law Enforcement

Some examples of Community Resources are as follows:

- Allied Churches
- Soup Kitchen
- Drop-In Center
- Women's Resources

In addition, the Crisis Provider must be aware of other providers in the community and the resources they provide for those with mental health issues, developmental disabilities and substance abuse issues.

Related to marketing, the Provider must be willing to:

Advertise the Crisis Service to the community via print, website and presentation.
 Educate the community concerning the provider agency and the service provided.
 Inform the provider community of the service and guidelines for accessing the service.
 Have business cards and directions readily available on website and in written form to distribute.

Qualifications:

Please go to the following link at the Division website for Service Definitions (Non-Enhanced) in order to view the staff qualifications required for the service:

<http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/DMHDDSA%20Service%20Definitions%20Manual%20-%20Revisions%2015%20January%20..pdf>

The above link is for the Service Definitions (1-15-03).

In addition, the following link will explain the current procedures/qualifications for provisionally licensed personnel until 6-30-08.

<http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdefupdates/dmadmh5-22-07update29.pdf>

This above link is for the Implementation Update # 29: Extension of Provisionally Licensed Providers Delivering Reimbursable Outpatient Therapy Service.

Staffing:

Due to the nature of this service and the need for multidisciplinary approach, an RN and physician will need to be available during the service provision hours.

*A Qualified Professional/Licensed Professional will need to be available (on site) during the (8am – 5pm business hours).

Funding:

Quarter	Dates	Number Determined to Need Emergent Care
First Quarter	July 1, 2006 – September 30, 2006	403
Second Quarter	October 1, 2006 – December 31, 2006	356
Third Quarter	January 1, 2007 – March 31, 2007	454
Fourth Quarter	April 1, 2007 – June 30, 2007	331

IPRS dollars are available to be budgeted upon award of contract up to \$175,000, in addition to Medicaid and 3rd party reimbursement available.

Proposal for Crisis Services:

Name of Applicant (Organization Name):

Applicant Address:

Proposal Submitted by (Staff Name and Title):

Date Submitted:

Phone:

Fax:

E-mail:

Designate Status of Profit or Not For Profit (List Board Chair and CEO):

CEO Address:

Phone:

Fax:

E-Mail:

Federal Tax ID#:

Name, Address, Telephone, and Email of Reference in doing this business:

Name, Address, Telephone, and Email of Reference in doing this business:

Name, Address, Telephone, and Email of Reference in doing this business:

Proposal for Crisis Services:

- 1. Experience and Capability of Organization in Providing Crisis Services:** Include a listing of all contracts for the delivery of Crisis Services that the organization currently has and/or has had in the past three years.

Proposal for Crisis Services:

2. Service Design and Implementation: Include proposed project including service organization, activities, and description. Include a timeline for implementation/transition of the service.

Proposal for Crisis Services:

3. Plan for Community Collaboration: What is your plan for community collaboration and coordination with stakeholder, providers and consumers concerning the Crisis Service being a viable resource in the community?

Proposal for Crisis Services:

4. **Internal Measures and Accountability:** Provide specific internal measures that will enable your organization to maintain internal quality controls and accountability.

Proposal for Crisis Services:

5. **Other Relevant Issues:** Applicant may add any additional information deemed necessary to clarify this proposal.

Proposal for Crisis Services:

Attachment Packet

Include the following completed attachments in the proposal (1 original & 6 copies):

- 1) Attachment A- ANTICIPATED EXPENSES FOR SERVICE OPERATIONS FORM**
- 2) Attachment B – ANTICIPATED REVENUE FOR SERVICE OPERATIONS FORM**
- 3) Attachment C- FISCAL CRITERION EVALUATION FORM**
- 4) Copy of Corporate Endorsement (and local endorsement documents, if applicable) or if not endorsed, please attach the documents needed to be enrolled with the LME, which will include:**
 - Certificate of Insurance**
 - License if a facility**
 - DMA Enrollment Letter**
 - Financial Statement**
 - Consumer Rights policy**
- 5) Copy of DMA enrollment letter – include NPI# information**
- 6) Copy of letter granting national accreditation, if applicable**
- 10) Legal: Include any and all details of any pertinent judgment, criminal conviction, investigation or litigation pending against the organization or any of its officers, directors, employees, agents or subcontractors of which the organization has knowledge, or a statement that there is none. ACR LME reserves the right to reject a proposal based on this information.**

Attachment A

ANTICIPATED EXPENSES FOR SERVICE OPERATIONS FORM

(PAGE 1 of 3)

Proposer

Service

OBJECT OF EXPENDITURE		PROPOSED ANNUALIZED BUDGET
120	Salary and Wages	
180	Fringe Benefits	
190	Professional Services	
1XX Personnel Services – Total		
210	Household and Cleaning Supplies	
220	Food and Provisions	
230	Ed., Med., and Agri. Supplies	
240	Construction and Repair Supplies	
250	Vehicle Supplies and Materials	
260	Office Supplies and Materials	
290	Office Supplies and Materials	
2XX Supplies and Materials – Total		
310	Travel and Transportation	
320	Communications	
330	Utilities	
340	Printing and Binding	
350	Repairs and Maintenance	
370	Advertising	
380	Data Processing Services	
390	Other Services	
3XX Current Obligations and Services – Total		
410	Rental of Real Property	
420	Rental of Data Property	
430	Rental of Other Equipment	
440	Service and Maintenance Contracts	
450	Insurance and Bonding	
460	Depreciation	
480	Indirect Costs	
490	Other Fixed Charges	
4XX Fixed Charges and Other Expenses – Total		
510	Office Furniture and Equipment	
520	Data Processing Equipment	
530	Ed., Med., and Agri. Equipment	
540	Motor Vehicles	
550	Other Equipment	
590	Other Structure Improvements	
5XX Capital Outlay – Total		
690	Other Contracts	
6XX Contracts, Grants, Subsidies – Total		
TOTAL PROPOSED PROGRAM EXPENDITURES		

REFERENCE TABLE ~ CHART OF ACCOUNTS

1XX Personnel Services

State Code	State Description	County Code	County Description
120	Salaries and Wages	4002	Salaries – Full Time
		4003	Salaries – Temporary
		4004	Salaries – Other
		4005	Salaries – Overtime
		4006	Salaries – Special Pay
		4051	Salary – Fringe
		4061	Market Adjustment
		4062	Merit Adjustment
170	Board Member Expenses	5310	Board Expenses
180	Fringe Benefits	4021	Insurance – Group
		4022	FICA – Employer
		4023	N.C. Retirement Fund
		4024	Other Retirement Fund
		4025	Longevity Pay
		4026	State Employment Tax
		4027	Workers Comp. Charges
		4028	Unemployment Insurance
		4090	Car Pool Revenue
		4099	Fringe Benefit Pool
190	Professional Services	5301	Professional Fees
		5306	Auditing Fees
		5307	Physician Fees
		5308	Attorney Fees
		5309	System and Efficiency Studies

2XX Supplies and Materials

State Code	State Description	County Code	County Description
210	Household & Cleaning Supplies	6004	Departmental Supplies
220	Food and Provisions	6003	Food Supplies
		6005	Supplemental Food
230	Education, Medical & Agricultural Supplies	6004	Departmental Supplies
250	Vehicle Supplies & Materials	6100	Parts
		6101	Gasoline and Oil
		6102	Tires and Tubes
		6103	Other Vehicle Supplies
260	Office Supplies & Materials	6002	Office Supplies
290	Other Supplies & Materials	6004	Departmental Supplies
		6007	Materials/Maintenance

3XX Current Obligations and Services

State Code	State Description	County Code	County Description
310	Travel and Transportation	5003	Auto Allowance Mileage
		5004	Travel Expense
320	Communications	5005	Postage
		5006	Travel Expense
330	Utilities	5002	Utilities
340	Printing and Binding	5010	Printing and Duplication
		5013	Maintenance and Repairs – Buildings
350	Repairs and Maintenance		
		5014	Maintenance and Repairs – Equipment

State Code	State Description	County Code	County Description
		5015	Maintenance and Repairs – Vehicles
370	Advertising	5403	Recruitment and Investigation
390	Other Services	5312	Miscellaneous Contract Services
		5303	Laboratory Analysis Fees
		5016	Uniform and Linen Rental
		5311	Food Service
		5012	Training and Related
		5101	Consumer Benefits

4XX Current Obligations and Services

State Code	State Description	County Code	County Description
410	Rental of Real Property	5008	Real Estate Rental
420	Rental of Data	5007	Equipment Rental Processing Equipment (Data Processing)
430	Rental of Other Equipment	5007	Equipment Rental
450	Insurance and Bonding	5011	Insurance – Other Group
460	Depreciation	7008	Depreciation Expense
480	Indirect Costs	8002	Building and Grounds – Occupancy
		8003	Motor Vehicle Maintenance Rental
		8004	Data Processing Services
		8100	Administrative Services
		8006	Microfilming Services
		8008	Security Services
		8009	Courier Services
490	Other Fixed Charges/Current Operating Expenses	5009	Dues, Subscriptions and Books
		5404	Other Services
		6009	Books and Materials

5XX Capital Outlay

State Code	State Description	County Code	County Description
510	Office Furniture and Equipment	9005	Furniture and Fixtures > \$500.00
520	Data Processing Equipment	9108	Capital Outlay
540	Motor Vehicles	9006	Vehicles
580	Buildings, Structures and Improvement	9004	Buildings and Improvements
590	Other Structures, Improvements and Capital Outlay	9007	Leasehold Improvements
		6090	Assets Non-Cap <\$500.00

6XX Contracts, Grants and Other Subsidies

State Code	State Description	County Code	County Description
630	Aid to Other Governmental Units	5312	Miscellaneous Contract Services
690	Other Contracts, Grants Subsidies	5102	Purchase of Services
		5105	Foster Home Care – Child
		5106	Foster Parents Association
		5107	Purchase Child Care
		5108	Group Homes – Children
		5314	Contract Agencies
		7501	Transfer to Other Funds
		7503	Intrafund Transfer

8XX Transfer Refunds and Non -Operating

State Code	State Description	County Code	County Description
870	Receivables Written Off	County	Net Against Fee Revenue

ANTICIPATED REVENUE FOR SERVICE OPERATIONS FORM

(Page 1 of 2)

Proposer	Service
REVENUE ACCOUNT DESCRIPTION	PROPOSED ANNUALIZED BUDGET
Unrestricted Cash	
Restricted Cash	
Other	
Special Events	
Endowments	
Trust	
Other	
Collected Through Local Member Units	
Contributed By Association Orgs	
Allocated by Federated Fund Raising Organizations	
United Way	
Other	
Allocated By Unassociated and Non Federated Fund Raising Orgs	
Membership Dues – Individuals	
Assessments and Dues – Local Member Units	
Intra – Agency Sales of Supplies and Services	
Sale of Production	
Sale of Property and Other Assets	
Sale of Staff Services	
Interest	
Dividends	
Other	
Miscellaneous (Specify)	
SUB TOTAL	

ANTICIPATED REVENUE FOR SERVICE OPERATIONS FORM
of 2)

REVENUE ACCOUNT DESCRIPTION	PROPOSED ANNUALIZED BUDGET
General Contributions and Donations	
LME Program Subsidy Requirement	
Allocated by Federated Fund Raising Organizations	
Other Government Purchase of Service	
Medicare	
Medicaid	
SSI and SS	
Grants from Governmental Agencies	
HMO/PPO Revenue from Title XIX-AFDC Clients	
HMO/PPO Revenue from Non – Title XIX Clients	
Membership Dues	
Program Service Fees – Other	
Program Service Fees – Client Collections	
Program Service Fees – Insurance	
Intra-Agency Sales of Supplies and Services	
Revenues from Disposal of Assets	
Investment Income	
Gains (and Losses) on Investment Transactions	
Revenues from Disposal of Assets	
TOTAL PROPOSED PROGRAM REVENUES (PG 7)	
TOTAL PROPOSED PROGRAM REVENUES (PG 8)	
TOTAL REVENUE	
TOTAL PROPOSED EXPENDITURES (PG 2)	
NET RESULTS FROM PROGRAM OPERATIONS	

FISCAL CRITERION EVALUATION FORM

(Page 1 of 1)

Proposer

Service

***Please complete the following using information contained in your most recent financial audit (FY03).**

PROGRAM FINANCIAL MEASURE	RESULT
(%) Of Administrative Overhead Built Into Program Budget – (%)	
Organizations Unrestricted Fund Balance/Line of Credit – (% of Total Budget and \$)	
Current Ratio (Current Assets/Current Liabilities)	
Operating Cash Flow Ratio (Cash Flow From Operations/Current Liabilities)	
Net Working Capital Ratio (Net Working Capital/Current Assets – Current Liabilities)	
Debt To Equity Ratio	
LME Total Contract Amount As (%) Of Total Organization Budget – (%)	
Demonstrated Use of Sliding Fee Scale – (Y/N)	
Demonstrated Collections From 3 rd Party Payors – (Y/N)	