

NOTICE OF FUNDING OPPORTUNITY: ASSERTIVE COMMUNITY TREATMENT SERVICES

February 10, 2022

Project Name:	Assertive Community Treatment Services
Due Date/Time:	February 25, 2022
Contact:	Angela Brink, Behavioral Health Administrative Services Manager

Submit Proposal by EMAIL or US Mail

EMAIL: BHContracts@clackamas.us, email submissions must have **Notice of Funding Opportunity-Assertive Community Treatment Services**

US POSTAL SERVICE: BHD Contracts, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045

Respondents are encouraged to submit a response anytime during the NOFO announcement period; do not wait until the due date and time. Proposals will be reviewed as they are received to determine award and subrecipient agreements will be issued immediately so that services may begin as quickly as possible.

Clackamas County's Health Housing and human services Department's Behavioral Health Division is seeking applications from agencies and /or organizations the provide services through an Assertive Community Treatment (ACT) program. If you need this noticed translated into another language please contact us via email at BHContracts@clackamas.us.

Se motiva a quienes respondan a que envíen su respuesta en cualquier momento durante el periodo del anuncio de NOFO; no esperen hasta la fecha y hora de vencimiento. Las propuestas se revisarán conforme se reciban para determinar la asignación, y los contratos se emitirán inmediatamente para que los servicios empiecen tan pronto como sea posible.

La División de Salud de la Conducta del Departamento de Salud, Vivienda y Servicios Humanos del Condado de Clackamas busca solicitudes de agencias y/u organizaciones que ofrezcan servicios a través del programa de Tratamiento Comunitario Asertivo (ACT, por sus siglas en inglés). Si necesita esta notificación traducida en otro idioma, por favor, contáctenos por correo electrónico a BHContracts@clackamas.us.

Заявителям рекомендуется отправлять предложение в любое время в течение периода действия Уведомления о доступности финансирования (NOFO); не дожидайтесь крайней даты и времени. Предложения будут рассматриваться по мере их поступления для определения грантов, а договоры будут заключены незамедлительно, чтобы обслуживание могло быть предоставлено как можно быстрее

Отдел психического здоровья департамента здравоохранения, жилищного и социального обеспечения округа Клакамас принимает заявления от различных служб и/или организаций, предоставляющих услуги в рамках программы активного лечения по месту жительства (АСТ). Если вам требуется перевод этого уведомления на другой язык, пожалуйста, свяжитесь с нами по электронной почте BHContracts@clackamas.us.

鼓励受访者在 NOFO 公告期间随时提交回复；不要等到截止日期和时间时提交。收到提案后将对其进行审查以确定是否授予合同，并将立即签发，以便尽快开始服务。

克拉克默斯县的健康住房和公众服务部的行为健康部正在寻求通过积极社区治疗 (ACT) 计划提供服务的机构和/或组织的申请。如果您需要将此通知翻译成另一种语言，请通过电子邮件联系我们 BHContracts@clackamas.us。

1. ANNOUNCEMENT AND SPECIAL INFORMATION

Respondents are required to read, understand, and comply with all information contained within this Notice of Funding Opportunity (“NOFO”). All Proposals are binding upon the Respondents for sixty (60) days from the Proposal Due Date/Time.

All questions regarding this NOFO are to be directed to BHContracts@clackamas.us. Respondents may not communicate with County employees or representatives about the NOFO during the competitive process until the Clackamas County Behavioral Health Division has notified Respondents of the selected Proposals. Communication in violation of this restriction may result in rejection of a Proposal.

2. INTRODUCTION

Clackamas County’s Health Housing and Human Services Department’s Behavioral Health Division is seeking applications from agencies and/or organizations that provide fidelity Assertive Community Treatment (ACT) services.

The FEDERAL funding for this opportunity is the Community Mental Health Block Grant through SAMHSA (Substance Abuse and Mental Health Services Administration; Assistance Listing Number: 93.958). Applicants may apply for up to \$59,475.12 per year; the provider will be paid a capacity payment/per slot, three (3) total. The anticipated start date for funding agreements is January 1, 2022. Funding may potentially continue through

December 2024, depending upon satisfactory performance and continuing availability of funding.

3. GOAL

The goal of this funding is to provide fidelity ACT services to Clackamas County residents who do not qualify for Oregon Health Plan. ACT services are designed to reduce or eliminate the debilitating symptoms of SPMI and prevent acute episodes. The aim is to integrate clients with SPMI in their communities, support recovery principles, and enhance their ability to live independently.

4. PROGRAM OVERVIEW

The ACT program is an evidence-based practice for adults who experience severe and persistent mental illness (“SPMI”) as defined in OAR 309-019-0105. ACT is a fidelity community-based treatment model that uses a multi-disciplinary team which prioritizes small client to staff ratios. The program will need to meet all criteria listed in the ACT Program Operations Standard, OAR 309-019-0242. Clients enrolled in ACT must be eighteen (18) years or older and meet admission criteria as described in OAR 309-019-0245. ACT services are time-limited and intensive, with multiple treatment contacts per week, and may include, but are not limited to:

- Hospital discharge planning
- Case management
- 24/7 in-person crisis intervention and mobile crisis services
- Psychiatric services and symptom management
- Nursing services,
- Individual placement and supported employment services
- Housing services
- Mental health and substance use disorder services
- Life skills training
- Peer support services

The Provider must demonstrate that they can maintain staffing levels to ensure a minimum staff to client ratio of at least one (1) FTE for every ten (10) clients, not including support staff and psychiatrist. This staffing ratio is to support services twenty-four (24) hours a day, seven (7) days a week.

ACT services must correspond to the ACT Fidelity Scale as modified by the Oregon Center of Excellence for Assertive Community Treatment and adhere to National Program Standards for ACT Teams and operate within the ACT Program Operations Standards as defined in OAR 309-019-0242. If at any time the applicant does not receive a minimum score of 114 on any fidelity review, or does not meet minimum operational requirements as defined by the Oregon Center of Excellence for Assertive Community Treatment and OAR 309-019-

0242, then the applicant will have ninety (90) days to make improvement in order to retain certification, in compliance with OAR 309-019-0240. Services and activities are to be provided in a trauma informed and culturally aware and informed manner.

Applicant may only deliver those ACT services to clients for which it is licensed and certified to provide. Applicant shall meet Continued Fidelity Requirements as defined in OAR 309-019-0235.

Applicant must deliver those ACT services to clients for which it is licensed and certified to provide, and shall meet Continued Fidelity Requirements as defined in OAR 309-019-0235.

5. STAFFING

Applicant must demonstrate it can maintain staffing levels to ensure a minimum staff to client ratio of at least one (1) FTE for every ten (10) clients, not including support staff and psychiatrist.

Staffing shall include a minimum:

- 0.5 FTE Licensed Medical Professional
- 2 FTE Qualified Mental Health Professionals
- 1 FTE Employment Specialist
- 1 FTE Peer Support Specialist
- 1 FTE Registered Nurse

Applications must demonstrate sufficient numbers of staff to provide treatment, rehabilitation, and support services twenty-four (24) hours a day, seven (7) days a week.

6. REPORTING REQUIREMENTS

ACT provider must collaborate with County's designated liaison to ensure clients receive the frequency and intensity of service that is clinically indicated, including monthly updates on the program census, access, capacity and staffing due on or before the 5th of the month.

ACT provider must demonstrate how it collects and maintains clinical outcomes data utilizing at least one of the clinical outcome measures provided by the Oregon Center of Excellence for Assertive Community Treatment. Outcome data must be electronically submitted to the appropriate entity and at the appropriate frequency as designated by OHA.

Applicant must submit all reports as required and per the frequency required by the Oregon Health Authority, Oregon Center of Excellence for Assertive Community Treatment, and any other entities as directed by Clackamas County, OHA, or OCEACT.

PROGRAM PERFORMANCE MEASURES

1. ACT Provider shall send deliverables to COUNTY's designee by dates as indicated in this Exhibit.
2. Program Performance Measures:
 - A. Annually provide fidelity score, number of clients served, and percentage of payment that was encountered.
 - B. Submit fidelity review results to COUNTY at the end of the 6th month of each contract term.
 - C. Submit census reporting by the 15th of each month.
 - D. Provide weekly report to COUNTY regarding availability of intake slots and whether any client was placed on a waitlist. If placed on a wait list, ACT Provider will collaborate with COUNTY to develop an interim treatment plan until ACT is available.
 - E. Submit quarterly outcome measures BY 15th day of each Quarter which will include:
 - I. Number of unique clients served;
 - II. Fidelity score; and
 - F. Complete MOTS reporting
3. ACT Provider shall cooperate with COUNTY in the location of, diversion from, and authorization of psychiatric inpatient treatment services, sub-acute services, respite services and alternatives in less restrictive levels of care whenever possible. ACT Provider will assist in the development of community-based services.
4. ACT Provider shall collect and maintain self-report outcomes assessment(s), per regionally agreed upon outcomes tool instructions, at intake, and as appropriate per selected measure.

7. ELIGIBILITY REQUIREMENTS

Applicants must have a DUNS number, have an active, publicly viewable registration in sam.gov, not be disbarred or suspended, and must hold certification as a fidelity ACT program through Oregon Center of Excellence for ACT (OCEACT).

ACT services must correspond to the ACT Fidelity Scale as modified by the Oregon Center of Excellence for Assertive Community Treatment and adhere to National Program Standards for ACT Teams and operate within the ACT Program Operations Standards as defined in OAR 309-019-0242. If at any time the program does not receive a minimum score of 114 on

any fidelity review, or does not meet minimum operational requirements as defined by the Oregon Center of Excellence for Assertive Community Treatment and OAR 309-019-0242, then the program will have ninety (90) days to make improvement in order to retain certification, in compliance with OAR 309-019-0240.

8. EVALUATION CRITERIA

Organization Overview	25 Points
Program Narrative	25 Points
Staffing Plan and Development	25 Points
Quality Assurance and Data Collection	25 Points

9. FUNDING CYCLE AND TIMELINE

Last day to ask questions	
Application Due Date	
Award Decisions and Notification (estimated)	
Agreement Start Date (estimated)	
Agreement End Date (<i>projects must be finalized by 12/31/23, unless extended by amendment</i>)	
Final Reporting Due Date	

10. PROGRAM AWARD INFORMATION

Funding Source	CMHP MHS20
Number of Awards issued from this announcement	1 (One)
Anticipated Award start and end dates (duration??)	January 1, 2022– December 31, 2023 Duration: 2 Years
Minimum and Maximum Award Amount	\$59,475.12 Annual value, \$178,425.36 Maximum Value
Payment Structure	Quarterly payments for a 3-slot reserve. Subrecipient must invoice County quarterly.

11. NON-DISCRIMINATION DISCLOSURE

Per the Civil Rights Act of 1964, no person shall, on the basis of race, color, or national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any County program, service or activity.

12. HOW TO APPLY

Each application must contain;

- a. APPLICATION COVER PAGE
- b. PROGRAM NARRATIVE, ATTACHED

Submit with Application:

- a.** Applicant's most recently completed independent audit; if no audit, independent financial review; if no independent review, most recent 990.
- b.** Most recent OCEACT Fidelity review, and confirmation applicant is currently certified as a fidelity ACT provider
- c.** A statement as to whether there are any outstanding lawsuits against applicant.
- d.** A list of federal awards applicant currently manages to include:
 - a.** Awarding agency
 - b.** Name of federal program
 - c.** Assistance Listing Number (formerly CFDA)
 - d.** Amount of award

Proposals are to be emailed to BHContracts@clackamas.us. If mailed or hand delivered, the proposal must be submitted to Angela Brink, Administrative Services Manager, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045. Proposals received after the Proposal Due Date/Time will not be considered.

All potential awardees will be subject to a risk assessment as required per federal regulations prior to receiving their award.

APPLICATION COVER PAGE

Date:	
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Legal Organization Name	
Alternate name/acronym	
Address	
Website	
Phone	
Executive Director Name	
Email and Phone	
Oregon Business Registry Number	
Federal Employer ID Number (EIN)	
DUNS Number	
Program Contact Name	
Email and Phone	
Fiscal Contact Name	
Email and Phone	
Funding Amount Requested	

With my signature, I certify the following:

1. The above information is correct;
2. I am authorized by the governing board of the applicant organization to submit this grant proposal;
3. The organization is in good standing with the IRS, retains its 501(c)(3) tax exempt status, and is further classified as a public charity and not a private foundation, or is a public agency or school district;
4. The organization does not discriminate on the basis of race, religion, sexual preference, sexual orientation, physical circumstances, or national origin;
5. The organization agrees to submit quarterly progress reports and final progress reports.
6. The organization agrees to submit proof of insurance at the levels required by county.

Signing Authority Name (printed)

Title

Signature

Date

PROGRAM NARRATIVE

Directions: Answer each component of every question completely. Responses to each question will be valued as shown below, for a total score of 100 points.

1. Organization Overview (25 points)

2. Program Narrative: (25 Points)

- a. Describe how your program will provide or arrange for the services described in section 4. Program Overview.
- b. Describe you maintain and ensure ACT Program Operations Standards

3. Staffing plan and Development (25 points)

4. Quality Assurance and Data Collection (25 points)