

NOTICE OF FUNDING OPPORTUNITY

Issue Date: October 26, 2021; UPDATED 11/16/21

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|-----------------------|---|
| Project Name: | Intensive Case Management |
| Due Date/Time: | November 26, 2021, 5:00pm |
| 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- Intensive Case Management Services in the subject line

US POSTAL SERVICE: Angela Brink, Administrative Services Manager, 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 contracts 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 Intensive Case Management (ICM) program. If you need this noticed translated into another language please contact us via email at BHContracts@clackamas.us .

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强化病例管理 (ICM) 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

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 Administración Intensiva de Casos (ICM, por sus siglas en inglés). Si necesita esta notificación traducida en otro idioma, por favor, contáctenos por correo electrónico a BHContracts@clackamas.us.

Отдел психического здоровья департамента здравоохранения, жилищного и социального обеспечения округа Клакамас принимает заявления от различных служб и/или организаций, предоставляющих услуги в рамках программы интенсивного социального сопровождения (ICM). Если вам требуется перевод этого уведомления на другой язык, пожалуйста, свяжитесь с нами по электронной почте 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.

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 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 procurement 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 the provide services through an Intensive Case Management (ICM) program.

The FEDERAL funding for this opportunity is the Community Mental Health Block Grant through SAMHSA (Substance Abuse and Mental Health Services Administration). Applicants may apply for up to \$177,180 per year. 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.

Applicants must have a DUNS number, have an active, publicly viewable registration in sam.gov and not be disbarred or suspended.

3. GOAL

The goal of this funding is to provide intensive case management services that help individuals’ ages eighteen (18) and up, who are not eligible for Medicaid coverage, with a diagnosis of nonorganic psychosis, bipolar or long-term decrease utilization of hospitalizations or higher levels of care. Program services for diagnosis of nonorganic psychosis, bipolar or long term depression; with severe functional impairments; who may have complicating medical conditions, co-occurring substance abuse disorders and/or developmental disability; and who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Additionally, ICM services are intended for clients who meet CareOregon Adult Level of Care Utilization Management Guidelines for level D.

4. PROGRAM OVERVIEW

Intensive Case Management (“ICM”) Services include:

- Mental health assessment, level of need determination and treatment planning
- Case management and coordination of care
- Client, family and group therapy based on Evidence-Based Practices
- Integrated Adult mental health and addiction services including case management, supported employment, psychiatric and addiction services
- Flexible and wraparound services
- Recovery orientated and trauma informed mental health services
- In-home and community based services, focused on engaging clients in community settings
- Crisis services during business hours and twenty-four hour/ seven day per week (24/7) response by phone and/or in person by staff who are familiar with the client to deescalate crisis services
- On-site hospital discharge planning, coordination and discharge planning
- Psychiatric assessment and medication evaluation, management, and/or monitoring
- Mental health support services to adult residential facilities and transitional housing programs to authorized clients
- Services for clients with specialized health care needs such as medical and psychiatric comorbidity, developmental disabilities, and chronic homelessness and addiction disorders
- Alignment of service delivery with individual, culturally specific needs of adult and family
- Family support and education
- Substance abuse services
- Other individualized clinically necessary services
- Activities designated to promote symptoms stability and appropriate use of medication; restore personal, community living and social skills; promote and maintain physical health and establish access to entitlements, housing and living independently in the community, work, and social opportunities; and maintain the highest possible level of functioning in the community.

Key Service Delivery Standards

Service delivery standards of ICM include, but are not limited to:

- Assertive outreach
- Engagement of clients in the community
- Use of targeted practices and techniques to engage and motivate clients
- Multidisciplinary team approach
- Smaller staff-to-staff ratios than traditional case management
- A focus on recovery goals

ICM provider shall have a “whatever it takes” community-based service delivery approach and provide services that are flexible, client specific and focused on the client’s recovery goals.

ICM Provider shall attempt to engage clients and provide access for a second appointment within fourteen (14) days of the first visit and an additional two visits after fourteen (14) days to total four (4) clinical visits within the first forty-five (45) days of care.

ICM Provider shall assure access to psychiatric services when medically appropriate. Routine assessments shall be performed to effectively coordinate all treatment, manage medication trials and/or adjustments, monitor for and minimize serious side effects, and provide medical management of all psychiatric problems.

Services provided will be those required to effectively prevent deterioration or stabilize adults who are at risk of injury to self or others due to major mental illness, or a significant impairing emotional or behavioral disorder. The conditions that are covered are outlined by the Oregon Health Plan and have corresponding DSM-5 codes. Services provided to clients shall be community and facility based.

To increase each individual's success in community living, program will operate in close collaboration with families, providers of physical health care, psychiatric inpatient units, alcohol and drug treatment services, law enforcement and parole and probation, housing, social services, shelter services, employment services and educational programs.

ICM provider shall provide referral and coordination of admission and discharge to psychiatric acute care, sub-acute psychiatric care, respite services, residential services, or other acute care or exceptional needs services in cooperation with County Care Coordination staff in Clackamas County. This includes on-site hospital meetings for purposes of intake and discharge planning. ICM provider shall arrange for a post discharge follow-up appointment within seven (7) days of acute/hospital, sub-acute or residential based care discharge.

Services shall meet the fidelity standards in the Evaluating Your Program Appendix Integrated Treatment Fidelity Scale and Score Sheet.

Staffing

ICM provider shall provide clinical care and treatment to adults under the direction of a psychiatrist and by an interdisciplinary team of psychiatrists, registered nurses, psychologist, other qualified mental health professionals, and other relevant program staff within a time frame consistent with standards of good practice and generally recognized by the relevant scientific community as a timely and effective service to prevent, diagnose and treat the mental health condition.

ICM provider shall maintain a maximum caseload ration of 20:1. ICM services are provided by an interdisciplinary team that ensures services availability twenty-four (24) hours a day, seven (7) days per week and is prepared to carry out a full range of treatment functions wherever and whenever needed. ICM provider shall have a "whatever it takes" community-based service delivery approach and provide services which are flexible, client specific and focused on the client's recovery goals.

Crisis Response

ICM provider shall maintain an after-hours crisis response phone number and provide that response number to each County's Call Center Manager in every County they operate in each year on July 1st. ICM provider shall notify Call Center management staff immediately if the after-hours crisis response phone number changes during the course of the year.

Reporting Requirements

All individuals receiving services from these funds must be enrolled and individuals records maintained in the Measures and Outcomes Tracking System (MOTS), as specified in Oregon Health Authority MOTS reference manual, located at <http://www.oregon.gov/OHA/amh/mots/Pages/resources.aspzx> , and the Who Reports in MOTS policy.

ICM Providers shall provide timely and relevant information to County as needed to enable County to submit reports to the State of Oregon on the delivery of services provided under this funding agreement.

ICM Providers will be required to submit a final financial report at the end of the award.

5. ELIGIBILITY REQUIREMENTS

Non Profit Mental Health Organizations services citizen of Clackamas County may apply. Applications must demonstrate the ability to perform the services outlined in the Program Overview and an ability to achieve the following outcomes:

- Reduction of inappropriate acute care admission or other high utilization patterns
- Stabilization of acuity and severity of symptoms
- Reduction of danger to self or others
- Improvement in the level of function
- Stabilization of behavior and conduct
- Strengthening of coordinated community-based services and supports

ICM Providers must comply with Outpatient Services, as described in OAR 309-019-0100 through 309-019-0220, and Community Treatment and Supports, as described in OAR 309-032-0301 through 309-032-0890, as such rules may be revised from time to time; and Maintain a Certificate of Approval for the delivery of clinical services in accordance with OAR 309-008-0100 through OAR 309-008-1600, as such rules may be revised from time to time.

6. EVALUATION CRITERIA

Applications will be evaluated by the sections below;

| | |
|-----------------------|-----------|
| Organization Overview | 20 points |
| Program Narrative | 50 points |
| Budget | 20 points |
| Budget Narrative | 10 points |

7. FUNDING CYCLE AND TIMELINE

| | |
|--|-----------------------------|
| Last day to ask questions | 11/20/2021 |
| Application Due Date | 11/26/2021 5:00 pm (PST) |
| Award Decisions and Notification (estimated) | 12/06/2021 |
| Agreement Start Date (estimated) | 1/1/2022 |
| Agreement End Date | 12/31/2024 |

8. PROGRAM AWARD INFORMATION

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|---|-------------------------------------|
| Funding Source | Community Mental Health Block Grant |
| Number of Awards issued from this announcement | One (1) |
| Minimum and Maximum Award Amount | \$531,540 (36 month) |

9. HOW TO APPLY

Proposals must include;

- a. **APPLICATION COVER PAGE**
- b. **PROGRAM NARRATIVE**
- c. **BUDGET & BUDGET NARRATIVE**

As well as;

- a. Applicant's most recently completed independent audit; if no audit, independent financial review; if no independent review, most recent 990.

“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.”

APPLICATION COVER PAGE

| | |
|--------------|--|
| Date: | |
|--------------|--|

| | |
|----------------------------------|--|
| 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 structure and experience. (20 points)**

- 2. Program Narrative: (50 Points)**
 - a. Describe how your program will provide or arrange for the services described in section 4. Program Overview.
 - b. Describe your staffing model and how it ensures compliance with the necessary caseload, access requirements and 24/7 service delivery.
 - c. How does your organization measure treatment outcomes to ensure effectiveness.
 - d. Describe your crisis response model.

BUDGET

1. Program Budget (20 Points)

Identify all expenses related to this application. Add additional lines as necessary.

| ITEM/EXPENSE | Budgeted Cost |
|---|----------------------|
| Personnel and Fringe (List each position separately and include FTE and fringe rate) | |
| Direct Administrative Costs or Indirect Costs* (provide detail in the budget narrative) | |
| Program Costs Materials/Supplies (Curriculum, incentives, food, etc. List each separately) | |
| Professional fees (provide detail in budget narrative) | |
| Trainings (provide detail in budget narrative) | |
| Mileage (provide detail in budget narrative) | |
| Additional expenses (list each separately) | |
| TOTAL BUDGET | |

*Indirect costs will be paid as follows:

- Applicants without a federally-negotiated rate may claim the federal de minimum rate of 10% of modified total direct costs (MTDC), as defined in 2 CFR 200.1
- Applicants with a negotiated rate, either through a federal agency or another pass through entity, may claim up to the equivalent of 20% of modified total direct costs or their negotiated rate, whichever is less.

2. Budget Narrative (10 Points)

Provide a narrative that clearly explains all sections of the budget (salary/fringe, administrative, program, and any other costs associated with this project).