



Request for Proposals

CASE MANAGEMENT PROGRAM

RFP 2021-01CM

PART I Description of Opportunity

A. Key Dates

Release Date:	October 15, 2021	
Due Date:	November 15, 2021 Proposals must be received by 5:00 PM PST.	
Proposal Contact:	Sunny Russell, Behavioral Health Care Coordinator Phone: 360.995.2625 Email: sunny.russell@tmbho.org	
Timeline for Selection:	Question and Answers Period	October 15-November 5
	Proposal Review/Evaluation Period	November 16-December 10
	BH-ASO Governing Board Review Period	November 18-November 26
	RFP Award Notification	December 15
	Contract Negotiation and Execution	December 16-December 30
	Contract Executed (Estimated Date)	December 30
	Services Intended to Begin	January 1, 2022
RFP Exhibits and Attachments	Exhibits A: Letter of Submittal B: IS Questionnaire C: Budget Proposal	

B. Overview

Thurston Mason Behavioral Health Administrative Service Organization (TMBH-ASO) is seeking proposals for Intensive Case Management (ICM) and Housing Case Management (HCM) Services. These programs will provide substance use disorder assessments and/or case management services to adults to reduce their risk for future justice involvement and support their entry into recommended substance use disorder and/or mental health treatment. An additional goal is to increase access to housing for individuals involved in behavioral health treatment, including those exiting institutions.

Populations to be served include adults in Thurston County identified by law enforcement/corrections, emergency room staff and/or treatment professionals as being at risk of

incarceration due to their mental illness and substance abuse. Additionally served will be adults participating in behavioral health treatment identified by the preceding agencies and other Treatment Sales Tax funded program staff as being at risk of homelessness and/or incarceration due to their mental illness and substance abuse.

TMBH-ASO is initiating this RFP consistent with existing procurement policy to:

- Provide fair and equitable treatment for those interested in bidding on TMBH-ASO Contracts or otherwise providing goods and services.
- Help guard against fraud and favoritism when awarding TMBH-ASO Contracts or purchasing goods and services.
- Advance the goal that TMBH-ASO Contracts are to be performed satisfactorily, efficiently at the lowest cost to the public, and that purchasing practices maximize the value received when spending public funds.

C. Eligible Organizations

1. Proposals for a case management services provider will be accepted from organizations that are Department of Health (DOH) licensed Behavioral Health Agencies that are in good standing in Washington State.
2. The Bidder must be able to provide services in compliance with:
 - a) Thurston-Mason BH-ASO's Contract on General Terms and Conditions;
 - b) Thurston-Mason BH-ASO's policies, procedures, protocols, guidelines, and instructions provided or referenced herein, and any successors, amended or replaced.

D. Funding

The Case Management Services Program is supported through funding from the Thurston County Treatment Sales Tax (TST) Program.

E. Contract

The successful bidders will be expected to sign a contract with Thurston Mason BH-ASO for the delivery of services they are awarded, which includes the General Terms & Conditions and a Business Associate Agreement. The Contractor will be required to submit their written business continuity/disaster recovery plan (BCDR) for technology hardware and software.

Thurston Mason BH-ASO is seeking a Case Management Services provider for the anticipated contract performance period defined in the table below.

Contract Renewal: Thurston Mason BH-ASO may opt to renew the contract beyond the initial period of performance, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

Please note, the dates below are estimated and may be adjusted, as necessary, in order to comply with procedural requirements associated with the RFP, contracting process, and funder specifications. The actual contract date will be established by a completed, approved, and fully executed contract. TMBH-ASO contracts require approval of the TMBH-ASO governing board and funding source approval may be required.

Period	Start Date	End Date
Period of Performance	1/1/2022	12/31/2022
Renewal Period #1	1/1/2023	12/31/2023

F. Number of Awards

Thurston Mason BH-ASO anticipates making one (1) Case Management Services award as a result of the Request for Proposals process.

G. Subcontracting

Thurston Mason BH-ASO is seeking Case Management Services that will be provided directly by the organization applying for funding through the RFP. Applicants must be able to enter into a contract with Thurston Mason BH-ASO and provide evidence of coverage acceptable to Thurston County Risk Management Division and the Thurston Mason BH-ASO Governing Board.

H. Expenses

RFP funding may be used for:

- Hiring and training the case management services team.
- Costs for computers and phones for the case management services team.
- Basic office supplies and equipment.
- Purchase of field-based case management supplies and equipment to securely transport confidential information.
- Staff travel and transportation costs, including vehicle lease.
- Indirect costs up to 10%.

RFP funding may not be used toward any of the following:

- Leased space.
- Vehicle purchase.

I. RFP Questions

Questions about the Request for Proposals (RFP) can be emailed to inquiries@tmbho.org until November 5, 2021, at 5:00 PM PST. No calls please.

- Email address: inquiries@tmbho.org
- Recommended subject line: Case Management RFP

RFP questions and answers will be posted on the Thurston Mason BH-ASO website at <https://www.tmbhaso.org/notices-information> and will be updated each time a new question and answer are recorded so all Bidders will have access to view all questions and answers.

PART II Scope of Services

A. Services Overview

1. Co-Occurring Disorders Intensive Case Management (ICM)

General Description

The contractor will provide Co-Occurring Disorders Intensive Case Management (ICM) services to support stabilization and recovery of individuals with a mental health and substance use disorder diagnoses. Case managers will provide a single point of contact for participants and utilize the nationally recognized 4-Quadrant Model to classify severity of disorder and level of care coordination needed. Case managers will conduct outreach to identify eligible individuals, identify needed treatment services, utilize Motivational Interviewing techniques to maintain participant engagement while awaiting access to treatment, and act as liaison with other providers to link participants with needed support services. ICM will serve individuals in crisis and focuses on providing access to treatment in the least restrictive setting possible.

The contractor will use Thurston County TST funding to provide substance use disorder assessments and/or case management services to adults to reduce their risk for future justice involvement and support their entry into recommended substance use disorder and/or mental health treatment. Thurston County TST funds are provided to purchase 2.0 FTEs in staff support needed to operate the ICM service.

These services will use the Global Appraisal of Individual Need Short Screen (GAIN-SS) assessment form to determine if an individual meets the Access to Care Standards (ACS) criteria for services. A Chemical Dependency Professional, using results of the ACS assessment and information from the intake process, will work with community services providers to determine appropriate and available care. Treatment staff will be trained in Motivational Interviewing techniques.

Evidenced-Based or Promising Practices

The contractor will use the following evidence-based or promising practices as part of the treatment model used to deliver the services purchased by this agreement.

Name of Practice	Description
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Motivational Interviewing	Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues.
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Acceptable documentation of implementation of best practices will be provided for the period of January 1, 2021, to December 31, 2021 by February 15, 2022 and will consist of:

- Documentation of training in Motivational Interviewing within 60 days of hire for program staff.

Performance Measures

The contractor will collect data and report on the following measures on a quarterly basis. Performance measures and targets are subject to change.

Intensive Case Management		
HOW MUCH?	Demographics	<p>The following demographics should be collected for every <u>unduplicated</u> client served for the contract year, including clients who carried over from the previous year and all new enrollments for the contract year. Reported in the 4th quarter only.</p> <ul style="list-style-type: none"> • Gender Identity (Male, Female, Transgender, Other Identity, choose not to respond) • Age Group (0-14, 15-17, 18-24, 25-54, 55+ years old) • Race (White, Black or African-American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiple Races, Other, choose not to respond) • Ethnicity (Non-Hispanic/Non-Latino, Hispanic/Latino, choose not to respond) • Zip Code (98501, 98502, 98503, 98506, 98512, 98513, 98516, 98530, 98531, 98576, 98579, 98589, 98597, Transient/ Homeless, Other, choose not to respond)

Intensive Case Management		
	Clients served	<p>The number of clients who received program services each quarter, including clients who were enrolled at the start of each quarter (caseload carryover) and <i>all</i> new clients each quarter. Clients re-admitted to the program after a formal exit are considered new enrollments.</p> <ul style="list-style-type: none"> • <i>Receive program services</i>: A client who meets with a care coordinator, case manager, or referral service in the program. • Target: 200 annually
	Number of Assessments	The number of assessments conducted by a licensed mental health or chemical dependency professional each quarter.
HOW WELL?	Referrals to Treatment & Treatment Engagement	<p>The number of clients referred to behavioral health treatment each quarter.</p> <p>&</p> <p>The number of clients who engaged with behavioral health treatment during the current quarter of reporting, reported quarterly.</p>

2. Housing Case Management (HCM)

General Description

The contractor will provide Housing Case Management (HCM) services to support stabilization and recovery of individuals with a mental health and substance use disorder diagnoses. Funding provides temporary rent subsidies, transportation assistance, and housing-focused case management services to clients involved with Thurston County TST-funded or other behavioral health services, including those who have recently exited or are in the process of exiting institutions. Case managers will provide a single point of contact for participants and utilize Motivational Interviewing techniques to maintain participant engagement in treatment, and act as liaison with other providers to link participants with needed support services.

A function of the Housing Case Management program will be to provide Rapid Rehousing (RRH) Rent Subsidies. RRH quickly moves households from homelessness into permanent housing by providing temporary rent subsidies and housing-focused case management services. Individuals experience a reduced time being homeless while being connected to resources and support in their community.

Providing Housing Case Management services to adults will reduce their risk for future justice involvement and support their recovery. Thurston County TST funds are provided to purchase the at least 2.0 FTE staff support needed to provide the Housing Case Management services as

well as temporary rent subsidies. The goal is to increase access to housing for individuals involved in behavioral health treatment, including those exiting institutions.

Evidenced-Based or Promising Practices

The contractor will use the following evidence-based or promising practices as part of the treatment model used to deliver the services purchased by this agreement

Name of Practice	Description
Motivational Interviewing	Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues.

Acceptable documentation of implementation of best practices will be provided for the period of January 1, 2021, to December 31, 2021 by February 15, 2022 and will consist of:

- Documentation of training in Motivational Interviewing within 60 days of hire for program staff.

Performance Measures

The contractor will collect data and report on the following measures on a quarterly basis. Performance measures and targets are subject to change.

Housing Case Management		
HOW MUCH?	Demographics	<p>The following demographics should be collected for every <u>unduplicated</u> client served for the contract year, including clients who carried over from the previous year and all new enrollments for the contract year. Reported in the 4th quarter only.</p> <ul style="list-style-type: none"> • Gender Identity (Male, Female, Transgender, Other Identity, choose not to respond) • Age Group (0-14, 15-17, 18-24, 25-54, 55+ years old) • Race (White, Black or African-American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiple Races, Other, choose not to respond) • Ethnicity (Non-Hispanic/Non-Latino, Hispanic/Latino, choose not to respond) • Zip Code (98501, 98502, 98503, 98506, 98512, 98513, 98516, 98530, 98531, 98576, 98579, 98589, 98597, Transient/ Homeless, Other, choose not to respond)
	Clients served	<p>The number of clients who received program services each quarter, including clients who were enrolled at the start of each quarter (caseload carryover) and <i>all</i> new clients each quarter. Clients re-admitted to the program after a formal exit are considered new enrollments.</p> <ul style="list-style-type: none"> • <i>Receive program services:</i> Any form of housing case management (e.g., resource assistance, employment resources) • <i>Eligibility:</i> Individuals must receive mental health and/or substance use disorder treatment at the time they receive housing case management services. • Target: 250 annually
	Housed with Rental Assistance	<p>The number of clients placed into temporary or permanent housing using the program’s rental assistance funds each quarter.</p>
	Average Waitlist Size	<p>The average number of clients on the waitlist due to program capacity at the end of each month, reported each quarter.</p>

Housing Case Management		
HOW WELL?	Average Months of Rental Assistance	<p>The average number of months of rental assistance received by clients exiting the program each quarter.</p> <ul style="list-style-type: none"> Extensions for rental assistance are approved on a month-to-month basis, not to exceed an additional 3 months (6 months total). Client must continue to be engaged in mental health or substance use treatment, actively seek employment or financial benefits, actively coordinating with case manager, compliant with landlord’s rules, and individual’s own resources are not sufficient for rent (rent is less than or equal to 50% of client’s total gross income)
IS ANYONE BETTER OFF?	Pay Rent with Own Resources	<p>The number and percentage of clients who exited the program each quarter who were able to pay rent with their own resources.</p> <ul style="list-style-type: none"> <i>Own Resources</i>: Rent payment is less than (or equal to) 50% of the client’s total gross income.
	Return to Homelessness	<p>For the program clients who exited in the year 2022, the number and percentage who have returned to a shelter or transitional housing within 6 months. All return to homelessness data should be calculated at the end of the contract year and reported in Q4.</p>

B. Service Requirements

TMBH-ASO seeks an organization who has demonstrated expertise in working with and meeting the needs of those most vulnerable in our community, and who understands the unique needs of individuals who are homeless. Experience working with and navigating the regional programs for the homeless, as well as knowledge of the local community needs, ability to coordinate with multiple stakeholders, and understand the needs of the diverse groups within the homeless population, are preferred.

The Case Management Services secured through the Request for Proposal (RFP) provides the following types of services:

1. CO-OCCURRING DISORDER INTENSIVE CASE MANAGEMENT

- 1.1. The Contractor shall provide Co-Occurring Disorders (COD) Intensive Case Management Treatment Services to individuals in accordance with RCW 70.96A, WAC 246-341 and the American Society of Addiction Medicine Criteria (ASAM).
- 1.2. The Contractor shall ensure that the COD Intensive Case Manager be certified as a Washington State Substance Use Disorder Professional (SUDP) or Substance Use

Disorder Professional Trainee (SUDPT) under the supervision of an approved supervisor in accordance with WAC 246-341.

- 1.3. The Contractor shall ensure that the COD Intensive Case Manager be trained in Motivational Interviewing (MI) techniques and that the principles of MI are used.
- 1.4. The Contractor shall ensure:
 - 1.4.1. The GAIN-SS screening tool is used for conducting the integrated comprehensive screen on all new patients and that the GAIN-SS scores are documented in the clinical record.
 - 1.4.2. If the results of the GAIN-SS are indicative of the presence of a co-occurring disorder, this information shall be considered in the development of the treatment plan including appropriate referrals.
 - 1.4.3. Documentation of the quadrant placement during the assessment process and again on discharge is documented in the clinical record.
- 1.5. The Contractor shall ensure that all COD Intensive Case Managers:
 - 1.5.1. Provide client located substance use disorder screening and assessment, crisis intervention services, ongoing face-to-face outreach, and follow-up to facilitate an individual's access to appropriate care placements and services.
 - 1.5.2. Assist clients with accessing medical, substance use disorder, and/or mental health treatment services as clinically appropriate.
 - 1.5.3. Coordinate with primary care physicians and other programs operated through the federal government including federally qualified health centers, Indian health programs, and veterans' health programs which the person is eligible.
 - 1.5.4. Coordinate as appropriate with therapeutic courts, drug courts, mental health courts, city and county jails, and the Department of Corrections.
 - 1.5.5. Coordinate with local offices of the Washington State Economic Services Administration to assist the person in accessing and remaining enrolled in those programs to which the individual may be entitled.
 - 1.5.6. Advocate for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery.
- 1.6. In addition to the above requirements, the Contractor shall ensure the following specific requirements for community-based COD Intensive Case Management:
 - 1.6.1. The Contractor shall employ 2.0 FTE COD Intensive Case Manager to provide a minimum of 200 adults with Co-Occurring Disorders Intensive Case Management services in Thurston County who:
 - 1.6.1.1. Have substance use disorder and/or mental health diagnoses; and
 - 1.6.1.2. Have a history of high utilization of first responder services or are involved in the criminal justice system.

- 1.6.2. By June 30, 2022, the proportion of participants engaged into treatment will meet or exceed 70%.
- 1.6.3. Coordinates as needed with local Hospital Emergency Department, Evaluation and Treatment Centers, and other treatment providers.

2. HOUSING SUPPORT CASE MANAGEMENT

- 2.1. The Contractor shall employ 2.0 FTE Housing Support Case Managers to provide a minimum of 250 adults with Housing Support Case Management services in Thurston County.
 - 2.1.1. Priority shall be given to individuals referred by the COD ICM Case Manager; or
 - 2.1.2. Are referred by another Thurston County TST-funded programs or city/county jail; and
 - 2.1.3. Are enrolled or enrolling in mental health and/or substance use disorder treatment services.
- 2.2. Within available resources, individuals enrolled in treatment services may be directly referred for Housing Support Case Management.
- 2.3. The Contractor shall ensure that the Housing Support Case Manager be trained in Motivational Interviewing techniques and that the principles of Motivational Interviewing are used.
- 2.4. The Contractor shall ensure that the Housing Support Case Manager:
 - 2.4.1. Provides ongoing phone contact, face-to-face outreach, and case management upon placement in stable housing, as clinically appropriate, for a period of 90 days.
 - 2.4.1.1. The contractor may request, in writing, up to an additional 90 days when an individual is complying with program expectations and remains at risk of homelessness due to inability to fully cover their rent.
 - 2.4.2. Assists clients with accessing medical, substance use disorder, and/or mental health treatment services as clinically appropriate.
 - 2.4.3. Coordinates as appropriate with therapeutic courts, drug courts, mental health courts, city and county jails, and the Department of Corrections.
 - 2.4.4. Coordinates with local offices of the Washington State Economic Services Administration to assist the person in accessing and remaining enrolled in those programs to which the individual may be entitled.
 - 2.4.5. Advocates for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery.
 - 2.4.6. Provides case management services to clients who are participating in the Rapid Rehousing program.

3. RAPID REHOUSING RENT SUBSIDIES

- 3.1. The Contractor shall provide Rapid Rehousing (RRH) rent subsidies for individuals that meet the following criteria:
 - 3.1.1. Priority given to individuals who have or will be exiting a system of care program (institutions);
 - 3.1.2. Individuals experiencing, or at imminent risk of homelessness;
 - 3.1.3. Individuals referred by the Thurston County TST-funded COD ICM Case Manager, any other Thurston County TST-funded programs, or city and county jails; and
 - 3.1.4. Individuals enrolled or enrolling in mental health or substance use disorder treatment services.
- 3.2. RRH quickly moves households from homelessness into permanent housing by providing temporary rent subsidies and housing-focused case management services. Individuals experience a reduced time being homeless while being connected to resources and support in their community.
- 3.3. The Contractor shall:
 - 3.3.1. Enter clients served into the state Homeless Management Information System (HMIS) database (or its successor) under a separate program name titled: "Thurston TST Rapid Rehousing".
 - 3.3.2. Have policies and/or procedures for rent assistance that include, at a minimum:
 - 3.3.2.1. A clear description of the process for determining rent subsidy and household's share of rent and utilities.
 - 3.3.2.2. A written policy that specifies whether utility/rent deposits should be returned to the household or to the agency. If deposits are returned to the agency a written procedure for recording the return as program income is also required.
 - 3.3.2.3. Any requirement for households to report changes in income prior to recertification and how changes in income will impact tenant rent share.

4. REPORTING REQUIREMENTS

- 4.1. The Contractor shall meet the following reporting requirements:
 - 4.1.1. Participate in planning and coordination meetings with TM BH-ASO throughout the duration of the Contract.
 - 4.1.2. Participate in the development of performance measures and evaluation of the project with TMBH-ASO.
 - 4.1.3. Participate in on-site monitoring visits as required by TM BH-ASO.
 - 4.1.4. Provide special reports as requested and provided by TMBH-ASO.

PART III Proposal Submission

A. Letter of Submittal

A letter of submittal is required. Letters will not be scored as part of the Request for Proposals (RFP) process, see Exhibit A, Letter of Submittal.

Letter of submittals are due by November 5, 2021, no later than 5:00pm PST and should be submitted by email to the address below.

- Email address: contracts@tmbho.org
- Recommended subject line: Case Management RFP Letter of Submittal

B. RFP Submission Requirements

Please submit the proposal in either a Word or PDF document. A complete proposal submission includes the following:

1. Exhibit B IS Questionnaire
2. Proposal Narrative
3. Exhibit C Budget Worksheet

All information must be presented in the same order and format as described in the RFP. There is no minimum or maximum page limit. The recommended font size for the proposal narrative is Calibri 12 with single paragraph spacing. TMBH-ASO encourages detailed, yet succinct responses that demonstrate the organization's qualifications, experience, and ability to perform the services described in the RFP.

Complete proposals are **due by November 15, 2021, no later than 5:00pm PST** and should be submitted by email to the address below.

- Email address: contracts@tmbho.org
- Recommended subject line: Case Management RFP

C. Proposal Narrative

Please provide a response to the following items in the order presented:

1. Basic Information
 - a. Applicant Organization's Name.
 - b. Address of Organization.
 - c. Organization's Chief Executive Officer.
 - d. Behavioral Health Agency license number and Administrator's Name.
 - e. Point of Contact for Proposal's Name, Title, Telephone Number and Email.
2. Funding Request
 - a. Total amount of funding requested for the January 1, 2022 -December 31, 2022, period of performance for case management services.

- b. If awarded and renewed, anticipated amount of funding requested for the January 1, 2023 -December 31, 2023, time period for case management services.
- 3. Qualifications
 - a. Describe the organization's qualifications to provide case management services as outlined in this RFP.
 - b. Describe the organization's qualifications to serve clients with unmet behavioral health and/or substance abuse needs and who have experienced significant trauma.
- 4. Experience
 - a. Describe your organization's experience and approach in operating Co-Occurring Disorders Intensive Case Management (ICM) Treatment Services, Housing Case Management (HCM) or similar program, if any.
 - b. Describe the organization's experience serving marginalized communities, with a focus on housing stability and placement.
 - c. Describe the organization's experience working with individuals and agencies on issues of care coordination, confidentiality and privacy (e.g. HIPAA, Releases of Information).
- 5. Approach to Services
 - a. Describe the organization's approach to advancing racial equity and how this would influence or contribute to the ICM and HCM program.
 - b. Describe how the organization views case management services as an added value to the Thurston and Mason communities.
 - c. Describe which evidence-based practice(s) the organization commits to implement for the ICM and HCM services. Describe the training needs of project staff to implement the evidence-based practice(s) the organization plans to develop.
 - d. Describe how funds will be allocated to implement evidence-based practices.
 - e. Describe the expected approach or options to facilitate or coordinate access to housing resources for ICM/HCM program participants.
 - f. Describe the expected approach to facilitate or coordinate access to mental health, substance use services, health care providers, housing providers, and any other providers deemed important for the target population.

Part IV Proposal Evaluation

A. Criteria for Selection

Proposals will be reviewed using the following criteria:

Criteria	Item	Points Available	Points Given
1	Qualifications and experience to provide case management services and ability to serve clients with unmet behavioral health needs.	15	
2	Experience with and approach to increasing housing stability, facilitating housing placement, provision of temporary rent subsidies	15	
3	Experience working with populations the program intends to serve	15	
4	Overall approach to service provision	15	
5	Experience working with/plans to implement evidence-based practices.	10	
6	Approach to partnerships with social service providers, funding sources, community stakeholders.	10	
7	Approach to advancing racial equity	10	
9	Budget request	10	
Total Score		100	

B. Process for Selection

A team of local stakeholders will review all complete proposals submitted by the proposal due date. An interview may be requested.

Budget Worksheet

Provide detailed budget and staffing information per **Exhibit C – Budget Worksheet**. Please note, there are two tabs in this worksheet for completion. Indirect costs up to 10% can be requested.

TMBH-ASO has budgeted an amount not to exceed **\$550,000.00** per year for this project. TMBH-ASO may reject any proposal in excess of that amount. Any contract awarded is contingent upon the availability of funding.