



*State of Delaware*  
**The Department of Services for  
Children, Youth and Their Families**

# **RFP# CYF16-03**

**Request for Proposals  
For Professional Services  
Bid under Title 29 Chapter 69 Section 6981**

**SERVICE COMPONENTS**

**MOBILE CRISIS SERVICES - STATEWIDE**

**INFORMATIONAL BIDDERS CONFERENCE: Thursday June 2, 2016 at 10:00 am ET**

**PROPOSALS DUE: Thursday July 21, 2016 by 2 pm ET**

**The RFP schedule is as follows:**

Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at [herbert.bolles@state.de.us](mailto:herbert.bolles@state.de.us) by **COB July 14, 2016** to ensure a response prior to proposal due date.

**Thursday  
June 2, 2016**

A bidders' conference will be held on **Thursday, June 2, 2016, at 10:00 a.m.** at:  
Delaware Youth & Family Center  
1825 Faulkland Road

**Multi-Purpose Facility (this is not the Administration Building but nearby)**

- **No eating or drinking** in this facility except water
- You must sign-in and out
- A security key card is required to access the employee restrooms

Wilmington, Delaware 19805

**Thursday,  
July 21, 2016  
by 2:00 PM  
ET**

A limited number of interested parties may call in to **audit** the bidders' conference. Attendance in person is strongly recommended over call in. Call in as follows:

- Dial-in #: 712-432-1212
- Meeting ID: 990-305-432

**DSCYF is not responsible if you are unable to connect or if the quality of your connection is poor.**

**PROPOSAL  
DELIVERY:**

Please submit 1 original proposal marked "ORIGINAL". Please submit 8 copies of your proposal marked "COPY". Please submit **1 electronic copy of your proposal on CD, DVD or flash drive.**

Proposals **must be delivered by 2:00 PM ET on Thursday, July 21, 2016.**

**Proposals arriving after 2:00pm ET will not be accepted.**

**You are encouraged to double-side copy/print your proposals.**

Express Courier or hand deliver the sealed bids as follows:

State of Delaware  
Ryan Bolles, Grants and Contracts  
1825 Faulkland Road  
Wilmington, DE 19805

Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address the address above.

The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.

As soon as possible

The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. While DSCYF reserves the right to contact bidders for additional information proposals are expected to be able to stand alone based upon the written information submitted.

As soon as possible

Decisions are expected to be made and awards announced as soon as possible. Initial notification to all bidders will be by email.

## Mobile Crisis Response Services

### **I. Introduction**

The Delaware Department of Services for Children, Youth and their Families' (DSCYF) Division of Prevention and Behavioral Health Services (DPBHS) is committed to providing a comprehensive behavioral health system for children and families as we continually strive to fulfill our vision: "Resilient Children and Families living in Supportive Communities."

DPBHS's goal is to achieve positive and sustainable outcomes for children and families. Our mission is: "To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care." DPBHS embraces System of Care (SOC) approaches, and seeks providers that value and practice the following core principles:

1. Practice is individualized and includes Strengths-Based Solutions;
2. Services are Appropriate in Type and Duration;
3. Care is Child-Centered, Youth-Guided and Family-Focused;
4. Care is Community-Based and least restrictive;
5. Care is Culturally Competent;
6. Care is Seamless, within and across Systems; and
7. Care is planned and managed within a team-framework which includes the child; the family and whatever natural and systems supports that are available to them.

The objective of this Request for Proposals (RFP) is to improve client outcomes by providing an enhanced Mobile Crisis Service, which is currently called Child Priority Response Services.

DPBHS has identified several ways in which the existing Child Priority Response (CPR) Service can be improved. Objectives for the future Mobile Crisis Services include closer alignment with current best practices in the field, improved integration with the continuum of behavioral health treatment services, improved integration with DPBHS prevention and other community-based family and natural support services, and fuller alignment with DSCYF's current System of Care approach. The improved approach should focus on addressing root causes of crises and include appropriate non-crisis and warm line services for children, youth and their families as well as rapid response and risk assessment, de-escalation and stabilization of acute crises, and referral to other appropriate service(s) in order to prevent unnecessary hospitalization or removal from home. It is the expectation that these additional components to this service will improve individual and family functioning and resiliency and avoid occurrence of crisis in the future. Reduction in hospitalization and in recurring crises will be key evaluative factors in assessing the success of this approach and the performance of the successful bidder(s).

DPBHS expects the outcome of this RFP to result in one or more contracts for statewide behavioral health crisis intervention services that embody the SOC principles, as well as current best practices described elsewhere in this RFP, attachments and links. Bidders can respond for the full state or to one or more catchment areas (New Castle, Kent, Sussex Counties).

### **Evidence-Based Practices**

Bidder responses should demonstrate the Bidder's ability and experience with evidence-based clinical interventions and practices, and propose how such practices will be utilized to effectively provide the requested services. The empirical support for these approaches should be shown to effectively meet the diverse physical, emotional, cognitive, and behavioral needs of children experiencing a behavioral health crisis and their families in their local community.

Bidders should identify the specific evidence-based clinical intervention(s), practice(s) and assessment tools to be used in the proposed services, how staff is/will be trained in their use and how staff skills will be sustained.

## **Award Term**

DSCYF expects that successful bidder(s) can anticipate a relationship of up to five years. Contracts are subject to annual funding reauthorization and contingent upon satisfactory performance. **The first contract period is anticipated to begin October 1, 2016.**

## **II. Scope of Services**

### **Background**

DPBHS provides a continuum of community-based treatment services through state-operated and contracted service providers. A comprehensive list of DPBHS' current community-based mental health and substance use treatment services can be found in Appendix A. DPBHS does not guarantee the continuation of any service on the current list, as it is currently defined or delivered.

DPBHS emphasizes the importance of keeping youth in their homes and schools and seeks crisis services that support this mission to serve youth who are experiencing a behavioral health crisis in the community. Research shows that positive outcomes for youth are achieved when treatment is provided in home and community settings. Research also demonstrates that, in addition to the underlying trauma that may contribute to precipitation of a crisis and the stress and trauma associated with the crisis episode, the experience of removal from the home and hospitalization can constitute additional trauma.<sup>1</sup> For this reason, DPBHS seeks proposals that offer interventions that support and safely maintain youth in these settings a top priority, specifying necessary intervention, treatment and support services to make this goal achievable.

The value of mobile crisis services for improved patient outcomes (notably reductions in hospitalization) has been well established in research literature. Scott (2000) studied 131 psychiatric emergency situations, 73 handled by a mobile crisis team and 58 handled by police, and found 50% fewer hospitalizations when handled by the mobile crisis team over regular police intervention (28% versus 55%). Both consumers and police officers gave positive ratings to the mobile crisis program.<sup>2</sup> DPBHS believes that mobile crisis intervention services play a critical role in the array of services to support children and families within an effective System of Care.

### **Best Practices**

There are three basic components of crisis services: (1) evaluation and assessment, (2) crisis intervention, de-escalation, and stabilization, and (3) follow-up planning.<sup>3</sup> Stroul and Goldman (1990) identified common characteristics of community-based crisis services:

- They are available 24/7 to provide screening, evaluation, intervention and support.

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<sup>1</sup> Cohen, L.J., "Psychiatric Hospitalization as an Experience of Trauma." *Archives of Psychiatric Nursing* 1994 Apr; 8(2):78-81; Everett, B., Gallop, R., *The Link Between Childhood Trauma and Mental Health: Effective Interventions For Mental Health Professionals*. Thousand Oaks, Calif.: Sage Publications, 2000, pp. 50-51.

<sup>2</sup> Scott, R.L., Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services* 2000 Sep;51(9):1153-6

<sup>3</sup> Burns, B.J., Hoagwood, K., and Mrazek, P.J. (1999) Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2 (4), 199-254.

- They have the common purpose to avert hospitalization if appropriate, and stabilize the situation in the least restrictive appropriate setting.
- Services are short-term. Services focus on identifying and prioritizing precipitating factors, and mobilizing youth and families to develop new ways of coping. Services include evaluation, assessment, intervention and stabilization as well as follow-up planning, focusing on problem solving and new coping skills.
- Immediate and extended families are involved as much as possible in all phases of treatment.
- Staff share characteristics such as high ability to be adaptable and flexible, high levels of skill and competence, high degree of energy and commitment, ability to establish relationships quickly and then let go, and the ability to work in a team.
- Because they tend to be brief, crisis programs do not exist in isolation and are usually integrated into a larger system of care.<sup>4</sup>

### **Child Priority Response Services**

DPBHS is now soliciting bids to replace its current **Child Priority Response Services (CPRS)** Crisis service. This service is being provided by 3 CPRS teams—one in each catchment area (New Castle, Kent, Sussex Counties). This section serves only as a description of the current service for informational purposes, and **bidders should be aware that DPBHS does not require the current structure to be maintained; DPBHS is open to creative, effective approaches.**

The current CPRS provides mobile 7-day per week, 24-hours per day coverage for DPBHS’s published crisis telephone hotline number. To enable the CPRS to provide 24/7 crisis services, 24-hour phone coverage is necessary. Traditionally, there are few calls between midnight and 8 am and of these calls, only a minority of calls need an immediate response.

Currently CPRS provides the following services:

- An Emergency mental health/substance abuse/suicide assessment.
- Maintains and staffs a 24-hour call center that screens calls, dispatches clinical teams, and provides informational and referral services to the community.
- Up to 30 day intensive mental health intervention for clients who might benefit from this brief service. Currently, it is expected that after an emergency assessment, the CPRS program will provide (if recommended) treatment until a more appropriate level of care can be obtained, but no longer than 30 days. Speed of connection to next service will be evaluated.
- Case management for clients not already open with DPBHS. Length of time not to exceed 30 days. Speed of connection to next service will be evaluated.
- Consults to parents/foster parents/legal guardians and provides clinical interventions as needed (in the case of foster parents, note comments on DFS Warm Line on page 4).

The purpose of the current CPRS program is to respond to calls via DPBHS’ hotline phone number, to quickly evaluate the child’s mental health status and to provide the necessary mental health services needed to stabilize and to bring the child to their pre-crisis mental health status, or to arrange for safe alternative care. There is an expectation that most (80%) Assessment and Treatment of CPRS clients will take place in the community (home, community centers, and other safe locations).

DPBHS is open to creative and effective approaches, however proposals should include certain key characteristics DPBHS believes are vital to its enhanced approach and/or essential for effective crisis services, as follows:

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<sup>4</sup> Stroul, B.A., & Goldman, S.K. (1990). Study of community-based services for children and adolescents who are severely emotionally disturbed. *Journal of Mental Health Administration*, 17 (1), 61-77.

Key aspects of the enhanced approach embodied in this RFP include (1) an expanded definition of what constitutes a crisis, as described in Target Population below, (2) more focus on short- and long-term planning beyond the immediate crisis and ensuring connection to a variety of appropriate services, supports, and formal and informal resources, in order to strengthen individual and family functioning and resiliency, (3) greater attention to identifying and addressing underlying causes that contribute to crises, in order to prevent future recurrence., (4) DFS contracts with a provider who offers a warm line to assist foster parents in addressing behavioral issues. The respondent will effectively coordinate with said warm line on calls that involve foster families, (5) collaboration with the DFS Office of Evidence-based Practices regarding consultations that may benefit foster families and DFS staff, (6) coordination with adult mobile crisis services provided by DHSS as appropriate, to provide services for parents as needed.

Enhancing the client's/family's coping skills as well as identifying and strengthening their natural support network is an integral part of this program's philosophy.

Another important component of the enhanced approach will be community outreach and building public awareness of the service. Bidders should describe how they would plan and implement an effective, ongoing outreach and awareness campaign, in concert with DPBHS, to market the service as an alternative to hospital Emergency Department (ED) services.

### **Target Population**

The target population is children under the age of 18 who are experiencing a mental health crisis. Bidders should note that the term crisis as used here is intended to describe conditions and circumstances more broadly than as the term has often been traditionally used from a clinical or legal standpoint. In its practice guidelines for crisis services, the **Substance Abuse and Mental Health Administration (SAMHSA)** writes:

Too often, public systems respond as if a mental health crisis and danger to self or others were one and the same. In fact, danger to self or others derives from common legal language defining when involuntary psychiatric hospitalization may occur—at best, this is a blunt measure of an extreme emergency. A narrow focus on dangerousness is not a valid approach to addressing a mental health crisis. To identify crises accurately requires a much more nuanced understanding and a perspective that looks beyond whether an individual is dangerous or immediate psychiatric hospitalization is indicated.

While behaviors that represent an imminent danger certainly indicate the need for some sort of an emergency response, these behaviors may well be the culmination of a crisis episode, rather than the episode in its entirety. Situations involving mental health crises may follow trajectories that include intense feelings of personal distress (e.g., anxiety, depression, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior) or catastrophic life events (e.g., disruptions in personal relationships, support systems or living arrangements; loss of autonomy or parental rights; victimization or natural disasters).

Because only a portion of real-life crises may actually result in serious harm to self or others, **a response that is activated only when physical safety becomes an issue is often too little, too late or no help at all in addressing the root of the crisis. And a response that does not meaningfully address the actual issues underlying a crisis may do more harm than good.**<sup>5</sup> *[Emphasis added]*

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<sup>5</sup> “Practice Guidelines: Core Elements For Responding To Mental Health Crises (SAMHSA, 2009), pg. 3. <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

Thus, what constitutes a crisis necessitating services cannot be narrowly and precisely defined, and should be informed by the child's and caregiver's definition of the situation as a crisis. For example, a parent may request hospitalization for their child, but the child may not have clinical symptoms that rise to the level to warrant admission. Nevertheless, in the broader view described by SAMHSA above, a crisis still exists, and without some appropriate intervention, continued turmoil or escalation of the situation is possible, perhaps even likely. While hospitalization may be inappropriate, a skilled crisis response may be very beneficial.

In addition, crises often involve a chronic problem, which "flares up" and turns into a crisis. If steps are not taken to address the chronic problem beyond merely de-escalating the immediate crisis, this can lead to an indefinite cycle of periodic crises and interventions, and including connection to appropriate treatment if indicated.

Therefore, a successful bidder should describe how it will ensure that in addition to assessing, de-escalating and stabilizing the immediate crisis, underlying causes are identified and examined, and a long-term stabilization plan is developed with the family and put in place, addressing the specific factors causing or influencing the development of the crisis, both personal/internal to the child and systemic/environmental.

Lastly, after conducting an assessment there are some crises which require hospitalization. In these situations, seamless transition from the community to a psychiatric hospital will be a key component of an effective mobile crisis service.

## **Service Components**

### **Mobile Response & Stabilization Services:**

The first phase of services under this RFP is the receipt of a call by the hotline. Once a call has been judged to merit a response, services delivered under this RFP will entail intervention that follows a series of distinct phases: mobile response, assessment, and de-escalation; stabilization management, and; transition services. Mobile Response services are the intensive, therapeutic and rehabilitative crisis intervention services provided during the initial 72 hours (spanning up to four days), by CPRS staff, after the referral is received. These services are intended to provide assessment, short-term stabilization of a crisis situation that requires intervention to address the presenting behavior, to prevent the disruption of the individual's current living arrangement and to ensure the immediate safety of the child/youth and his or her family/caregiver. Stabilization/Transition services follow the mobile response services and are an extension of this service. Stabilization/Transition services focus on the monitoring and management of appropriate formal and informal mental/behavioral health and support services for a period of up to four weeks, inclusive of the initial 72 hours of Mobile Response services. Maximum length of service is 30 days.

#### **1. Hotline/Warm line**

A statewide crisis hotline with warm line services answered by trained, skilled professionals is an integral component of the crisis program. The successful bidder will maintain a 24-hour per day, seven-day per week crisis hotline. The hotline is answered by trained personnel, who will triage the call to determine whether or not it appears to be a crisis meriting a response (either in person or through telephone consultation). The crisis hotline and warm line staff will provide information, screening, triage, intervention, support and referrals to callers 24-hours per day, seven days per week.

Hotline/warm line staff must be capable of assessing child/adolescent crisis situations, when appropriate promptly transferring calls to clinical staff for more thorough assessment and intervention, and in other cases offering warm line support, advice and appropriate referrals. For calls that involve foster families, staff should coordinate and collaborate as appropriate with the Foster Care Warmline (which gives foster parents advice and techniques on managing challenging behaviors, parenting questions, etc.) to respond to the situation. Extra lines and instruments should be available for initiating rescue procedures or calls to other agencies/services without interrupting the crisis call. The crisis program must include up-to-date telephone equipment to meet the needs of the program. Cross-referenced directories, electronic database of services/providers and other aids should be immediately accessible at all times, and bidders should discuss innovative solutions for comprehensive and up-to-date listings of community resource/service and how to refer/connect clients. There should be more than one crisis worker on duty at times when historical call volumes warrant, so that all calls are answered immediately. There should be well-developed procedures to increase staff capacity should there be a sudden influx of calls. Spanish-speaking staff and/or Spanish-language interpreters should be readily available at all times, or a separate number for calls in Spanish. A range of language interpretative services should be available when needed. Bidders should describe how the deaf/hearing impaired will be served, either through TTY/TDD for Deaf/Hearing-Impaired or other appropriate technology/procedures.

## **2. Mobile Response (Response, Assessment, De-Escalation)**

Primarily, the mobile response system is a face-to-face delivery of service at the site of the escalating behavior, whether this is in the child's home, a group home or another living arrangement, including resource and foster family homes, as coordinated with DFS warm line. The successful bidder(s)—in consultation with DPBHS—will develop a system of immediate response interventions based upon a standard of care and will deliver mobile response services. Services will be provided for up to 72 hours by trained, experienced staff that will in the most urgent cases respond within one hour from the time of initial call to the site of the escalating behavior. Services will be available on a 24-hour/day, 365 days/year basis. De-escalation of behavioral and emotional issues will be provided, appropriate validated assessment tools will be completed and Individualized Crisis Plans (ICP) will be developed.

Bidders should note that DPBHS does not require that the crisis responders work from a central office. Administrative and facilities cost reductions achieved by non-traditional organizational and logistical approaches are encouraged. Bidders should also note that DPBHS does not require all staff to be full time. DPBHS is seeking a reduction in administrative overhead to enable increased investment in front line response.

The assessment tools used will vary in length, detail and focus based on the nature and urgency of the crisis. In cases where intervention and de-escalation is vital to ensure safety, a very brief screening tool may be appropriate, with more thorough assessment to follow within 24-72 hours if follow-up services are needed. Assessments should be evidence-based, strengths based, trauma informed, and be able to identify the chronicity of behaviors or interactions. Additionally, these tools should include risk assessment and safety planning. Not all of these elements must be present in all tools used, e.g. a brief risk screening tool to be used in an acute crisis situation likely could not meet all of these criteria; but to the greatest extent possible DPBHS favors the use of comprehensive tools that meet these criteria.

Mobile response staff should be thoroughly trained in the theory, techniques and current best practices in suicide prevention, trauma, youth engagement and de-escalation, including current research findings related to culturally informed approaches for engagement and de-escalation with

youth whose heritage is a racial/ethnic minority, and who reside in both urban and rural environments.

### **3. Stabilization**

Stabilization services will be delivered as specified in the ICP (modified periodically as necessary), for up to four weeks in the community, by trained, experienced staff. The services designated in the ICP will include intensive therapeutic and rehabilitative interventions as well as informal support resources. Services to stabilize the escalating behavior, to prevent hospitalization, to support children, families and caregivers and to develop a community-based support system for them that will remain in place when crisis stabilization ends. Note: total length of service is 30 days, from assessment to discharge.

### **4. Transition**

Transition services refer to the process of preparing the child and family to disengage from direct services by CPR staff and to continue with the services, resources and supports identified in the ICP. Thus, ensuring that the connection has been made (utilizing a warm handoff whenever possible and practical), and following up to determine that the connection is fully made (not merely the first appointment kept) and the service, resource or support is appropriate and productive. When these connections have been made and the situation seems fully stabilized, the active CPR case will be closed and the transition will be complete.

### **5. Collaboration with the public and public charter schools, community centers and child serving organizations:**

DPBHS is primarily seeking to offer a child, youth and family responsive service.

Children spend considerable time in schools and after school activities, and to the extent possible within resources, bidders will be asked to respond to crises that occur in these settings.

Bidders are the back-up, rather than primary responders, for the school's crisis response team and the licensed school personnel and contracted mental health, substance use and co-occurring personnel working in school settings. Bidders are the back-up, rather than the primary responders, for after school programs that have behavioral health staff or contractors.

Bidders are not expected to resolve issues that are the responsibility of the school, including but not limited to classroom management.

Bidders cannot transport a child.

When it is determined that it is most appropriate that a staff member from the crisis team respond in person to a school, community center or other child-serving organization, the bidder will need to communicate to the organization that:

- Services are voluntary and parental permission is required.
- Family involvement is critical and the referring school or organization should contact the family immediately to meet the provider at the location.
- The provider is not authorized to transport children.

Winning bidder(s) will establish, in consultation with DPBHS, service standards with regard to documentation and recordkeeping, minimum staff qualifications for various tasks, response times for different levels of crisis, etc. Bidders should be aware that DPBHS expects providers of this service to

respond within similar time frames as the DHSS Adult Mobile Crisis Teams, which for crises that require an immediate face-to-face response, “the Mobile Crisis teams consistently respond within an hour of the initial phone call.”<sup>6</sup> All proposals should describe criteria of a call that would require this level of immediate response.

### **Location of Service**

It is expected that responses will be provided primarily in client homes, or in other locations in the community, except in cases where client convenience, safety issues or some other compelling consideration warrant service delivery in an agency office or other non-community setting.

### **Proposal Narrative - minimum requirements:**

*Description of the Agency or Practice* - Provide an overview of the organization and describe the administrative, clinical and fiscal infrastructure that can support the volume of business being proposed. A description including relevant data and outcome work describing the agency’s/practice’s experience and success in providing the services being bid upon must be included.

*Treatment Philosophy* - Explain the philosophy of the organization and how this philosophy is consistent with *System of Care Principles*. Describe how this philosophy is used in the program and is consistent with evidence based practice. Describe the evidenced based practices that will be utilized.

*Staffing* - Describe staff qualifications and the staffing patterns of the program and the hiring criteria to be used for the clinical staff. In describing the staffing patterns of the program, include the relative availability and involvement of the various mental health disciplines, especially psychiatry. Describe how unlicensed and licensed staff will be supervised and how this will be documented. Describe any special training that is/will be consistently offered to staff, including topics such as safety, de-escalation techniques, care coordination, risk management and suicide prevention, trauma-informed care, post-intervention, person-centered care, recovery resiliency, and cultural competency.

Also include the following:

- Whether part-time staff are to be used, how full-time and part-time staff will be supervised, with specific discussion of staffing and supervision for evening and weekend hours.
- The process of training and orientation for staff, including the minimum topic areas covered with each staff person.
- Once a worker has established a rapport and level of trust with a client, it can be important that whenever possible, subsequent follow-up contact and appointments continue with the same worker, and that appointments/commitments are kept. However, the nature of crisis intervention services can make this difficult, as the worker may be unexpectedly called away to deal with another crisis call. Steps should be taken to prevent this kind of disruption as much as possible. Therefore, bidders should describe a staffing pattern and program structure which will allow to the greatest extent possible the same worker who responded to a call to reliably follow up with the family and keep any appointments, without being called away to respond to another new call.

*Evaluation/Quality Assurance* – Describe how the effectiveness of the services provided under this RFP

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<sup>6</sup>Division of Substance Abuse and Mental Health, DHSS. (2015). *Third Progress Report on Implementation of the Settlement Agreement Between the U.S. Department of Justice and the State of Delaware*. Dover, DE, page 35. <http://dhss.delaware.gov/dhss/DSAMHProgressReportJuly%202015.pdf>

will be evaluated and quality assurance/improvement will be effected. Include proposed measures (focusing on outcomes—such as percentage maintained in previous home setting, new entry into crisis services or hospitalization/out-of-home placement within 30 days of being active with crisis services, measures of individual and family functioning—rather than process, to the greatest extent possible) for evaluation and proposed procedures and process—such as audio review of a sample of recorded phone calls for quality assurance. Certain process measures and benchmarks should be proposed, such as minimum time within which calls should be answered, mobile response time depending on level of severity/urgency, minimum time within which full assessments are completed and elapsed time until client begins referred services.

## **PROPOSAL STRUCTURE**

### **III. Proposal Content**

DPBHS seeks to purchase mental health, substance abuse, and co-occurring treatment services from prospective treatment service providers that offer services in alignment with system of care core values to provide care that is child-centered, youth-guided, family-driven, community-based, and culturally competent using evidence-based practice(s) in its program models. It is recommended that Bidders thoroughly review this RFP. The proposed services should utilize evidence-based practices or innovative approaches that have been shown to meet the individual client needs of clients with complex and challenging behavioral health needs. The proposed services should be geographically accessible to a child’s family and community with the intent to enable family involvement in care. Proposed services must include specific references to the segment(s) of the service populations to be served including exclusion criteria if applicable.

#### **Narrative**

The narrative section of the proposal should include an overview of the organization and a description of its current or proposed administrative, clinical, and fiscal infrastructure. The Bidder should include any relevant data and outcomes that demonstrate their experience, success, and innovation in providing the services being proposed. The proposal must show the agency or organization’s intent and capability to collaborate with community partners, schools, families, and other key stakeholders to provide connections to natural supports within the client’s network.

Proposals should include information on services the provider currently offers and median length of stay for those services.

#### **Agency/Organization Description**

1. The agency/organization’s description provides the RFP Review Committee with an overview of the agency/organization’s current structure and its ability to effectively provide the proposed service(s). To provide a comprehensive description for the RFP Review Committee, DPBHS is requiring all responses to (at a minimum): Briefly describe the organization’s history, include information such as date of inception, purpose, major growth or development, current professional / service affiliations, etc.;
2. Describe the organization’s experience and qualifications to provide treatment services and / or treatment support services for children with diverse cultural and ethnic backgrounds and with a focus on children with challenging behavioral health needs. Include the organization’s experiences and effectiveness with clients in intact families, those in foster care, and those who have been involved with juvenile justice;
3. Describe the organization’s adoption of system of care and trauma-informed care principles and practices.
4. Experience and/or knowledge of managed care procedures and requirements;

5. Description of quality monitoring and quality improvement process used or proposed to be incorporated;
6. Status and plans for use of electronic health record technology / systems (if applicable);
7. Description of the organization's structure, shall include:
  - a. Corporate board structure and members (if applicable);
  - b. Executive leadership team and qualifications;
  - c. Staff organizational chart; and
  - d. Definitions and responsibilities of each position (licensed and non-licensed) including supervisory mode and frequency.
8. Description of Organization's administrative and fiscal management structures;
9. Accreditation history (if applicable), including a copy of the last accreditation survey report and self-study report if the accreditation report was completed over 18 months prior to this proposals due date;
10. List one or more purchasing organizations served by the proposing agency (if applicable). Include contact name and phone number and type of service(s) contracted;
11. List all State of Delaware and Federal contracts currently held or held in the past three (3) years (if applicable). Include a contact name and phone number, the name of State or Federal Agency contracted with, and the type of service(s) provided;
12. Current DSCYF contracted providers must include their most recent DSCYF monitoring reports and Quality Improvement Plans; and
13. If you are a provider that does not currently contract with DSCYF but does contract with a division or department of government in Delaware or a different state, previous monitoring reports and Quality Improvement Plans must be submitted.
14. Identify any sanctions, legal actions, licensing corrective actions and current or pending litigation that the organization is currently (now or within the past 2 years) experiencing

Contracting standards and Provider Qualifications are included in Appendix VI-4.

### **Service Description(s)**

The RFP Review Committee requires the Narrative Service Description to clearly articulate the proposed service(s) offered, and the target population(s) to be served. If the response includes questionnaires, forms, or other documents, please submit them as an appendix. The responses should be clear, specific, and address all areas/subjects requested.

Service Descriptions must include, at a minimum:

1. A clear and specific description of your service population;
2. Criteria for admission, continued stay, and discharge;
3. Basis for recommended scope and intensity of service(s) to be provided;
4. Proposed service delivery options (locations and times), service capacity and geographic accessibility;
5. Service implementation plan, include possible need to transition clients from current services to proposed services (if appropriate);
6. Detailed description(s) of the treatment approach (or approaches) to be used to meet the needs of the population(s) to be served with details, including at a minimum:
  - a. Evidence-based practice(s) and/or innovative approaches to be used, and the specific needs targeted in approach;
  - b. Expected treatment outcomes for each service including median length, frequency, and intensity of service elements. DPBHS seeks highly individualized services with variable service lengths, in contrast to our current program-based and predictably scheduled

services. Thus, we are seeking increased flexibility and adaptability on the part of service providers. This is a key component of this RFP;

- c. Identification of a specific process and/or assessment tool(s) used for determining necessary treatment for individual child and family needs and for progress toward achieving treatment goals;
  - d. Psychiatric services and medication prescribing practices;
  - e. Describe the Trauma-Informed Care approach and how it will be utilized in program design, policies, training and in the delivery of services;
  - f. Detailed description of the transition planning and discharge process that is child-centered and youth-guided with family, school, and community engagement, including coordination / collaboration with community based resources;
  - g. Description of efforts to increase continuity of care and avoid disruptions, and reduce the need for out of home or hospital services;
  - h. Description of crisis planning and services;
  - i. Define reportable events and the process of handling the incidents; and
  - j. Define cultural competency and describe the efforts to implement and maintain a culturally diverse staff and culturally acceptant environment.
7. Proposed exclusion criteria for admission or participation of the service population(s) and the criteria used to justify the exclusion; and
  8. Narrative descriptions of client service scenarios for the service(s) being proposed.

### **Cost Specifications**

Contract(s) awarded from this RFP will be reimbursed at the approved Delaware Medicaid State Plan rates including H2011 for Crisis service at \$89.52 (per 15 minutes). This rate is based on the Medicaid cost-based rate methodology which allows providers to invoice for face-to-face sessions. This methodology considers training, travel, phone follow-up and phone collateral contacts, documentation time, and other similar activities to be non-billable time that is built into the rate for the service.

Billing guidance for Crisis service limits billable sessions, subject to clinical necessity:

- A maximum of six units of Crisis service in the first 24 hours.
- No units, subject to clinical necessity, after 72 hours of service. Additional service time beyond 72 hours would be billable at Outpatient rates.

Respondents are required to indicate projected annual billable sessions and cost for the Crisis services being proposed. Basis for the projections including a respondents experience or reliance on data from other jurisdictions providing similar services should be cited.

Submission of a proposal constitutes acceptance by the bidder of the Medicaid rate as total compensation for Mobile Crisis Services as described above. The successful bidder(s) must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State's option, without imposing any additional fees, costs, or conditions.

## **IV. Proposal Review**

Proposals will be evaluated and rated by DPBHS, DSCYF staff and possibly other qualified professionals. DSCYF reserves the right to include non-DSCYF reviewers on the panel. Rating of proposals will be conducted on the following criteria:

**Responses must have these mandatory requirement to be considered:**

All DSCYF Forms included in Appendix C of this RFP:

- Bidder Fact Sheet (available in MS Word format for editing where this RFP is posted)
- Assurances
- Certifications, Representation, and Acknowledgements
- Employing Delawareans Report

<b>Criteria for Evaluation/Rating of Proposals:</b>	<b>% Scale</b>
Past performance/experience/qualifications in providing treatment services and / or treatment support services as indicated by reviews of accrediting body and/or state agencies, and/or State Medicaid offices, and/or other appropriate supporting documentation. Include experience in providing high quality Community-based Treatment / Treatment Support Services or similar services, as demonstrated by outcome measures.	25%
Appropriateness and quality of the proposed service model or approach considering: - the individual needs of the identified population, - use of evidence-based or other innovative practices, - use of a System of Care approach, and - incorporation of trauma-informed care.	35%
Quality of staffing plan, including credentials, training policies and practices, etc.	20%
Quality assurance and continuous improvement plan, including outcome and other measures for assessing service effectiveness.	20%
<b>Total</b>	<b>100%</b>

## **APPENDIX A**

### **DPBHS COMMUNITY-BASED TREATMENT SERVICES**

Below is a brief overview of DPBHS' treatment service continuum. DPBHS has developed a continuum of services to accommodate the children and families that are served. Providers offer services statewide with extended hours to make services available for those with varying needs.

#### **Outpatient Services, Mental Health**

Outpatient therapy is an individualized treatment which provides services in the least restrictive environment possible (office, home or community settings) to address a wide variety of concerns, from behavior problems, relational conflicts to mood issues like depression or anxiety. Presenting problems and symptoms are the focus of treatment, with discharge when the child is stable and treatment goals have been reasonably achieved. Outpatient therapy is intended to restore and enhance the child's capacity to find solutions, identify and utilize available resources. Family members and/or other caregivers are encouraged to participate in these services. Outpatient therapy providers will continually assess client needs and make referrals to community resources as appropriate as the client's needs change. Length of stay will vary based on the individual's needs.

#### **Outpatient Services, Substance Abuse**

Outpatient therapy is an individualized treatment which provides services in the least restrictive environment possible (office, home or community settings) to address a wide variety of concerns, from substance use, behavior problems, and relational conflicts to mood issues like depression or anxiety. Presenting problems and symptoms are the focus of treatment, with discharge when the child is stable and treatment goals have been reasonably achieved. Outpatient therapy is intended to restore and enhance the child's capacity to find solutions, identify and utilize available resources. Family members and/or other caregivers are encouraged to participate in these services. Outpatient therapy providers will continually assess client needs and make referrals to community resources as appropriate as the client's needs change. Length of stay will vary based on the individual's needs.

#### **Therapeutic Support for Families (TSF)**

Therapeutic Support for Families provides psycho-educational, therapeutic and supportive services for parents/ caregivers and child who are participating in treatment services from the Division of Prevention and Behavioral Health Services. TSF services are delivered in conjunction with other medically necessary treatment services. TSF goals will be included in the child and family's treatment plan and will include the projected frequency and length of service along with the specific interventions and activities (with purpose) to be incorporated in the attainment of these goals. TSF services will provide parent education and skill building services for identified caregivers and child and therapeutic intervention and support for child and families as they strive to achieve treatment success.

TSF services may be provided individually or in family and/or group settings. TSF services are tailored to meet the unique needs of the child and family. Often these services will be required during specific times of day (such as in the morning, evening or bedtime) so availability of resources must allow for services to be provided at the times identified by the caregiver. Structured outings and activities should be scheduled which include both the child and caregivers, allowing them to demonstrate acquisition of skills and

practice applying these skills in real life situations with support and coaching from the TSF, as appropriate. These services are delivered by trained, skilled paraprofessionals. Length of stay will vary based on the individual's needs.

### **Dialectical Behavior Therapy (DBT)**

Dialectical Behavior Therapy is an evidence based outpatient service. It has been empirically validated for adults and the emerging literature shows great promise for treating adolescents. This has been an effective treatment for a variety of conditions such as borderline personality disorder, depression, post-traumatic stress disorder (PTSD), substance abuse, self-injurious behaviors and eating disorders. Treatment is used to aid adolescents in managing problem behaviors (self-harm, self-injury, suicidal planning, gestures, actions, impulsive decision making, and avoidance) used maladaptive to manage stressful life situations. Treatment includes 24/7 phone coaching, 2 group sessions per week, individual, family and parent groups. Average length of stay is 6 to 12 months.

### **Multi-Systemic Therapy (MST)**

Multi-Systemic Therapy is a home-based intensive family and community-based treatment that addresses multiple aspects of serious conduct related behavior in adolescents. MST typically targets chronic, aggressive youth who are at high risk of out-of-home placement. MST recognizes that many "systems" (family, schools, neighborhood/community, and peers) play a critical role in a youth's world and impacts their behavior. Each system requires attention when effective change is needed to improve the quality of life for youth and their families.

MST strives to promote behavior changes in the youth's natural environment, using the strengths of each system to facilitate change. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change. Interventions promote responsible behavior among family members and are present-focused, action-oriented and developmentally appropriate. In addition, the interventions target specific, well-defined problems and are designed to require daily or weekly effort by family members. They incorporate strategies that promote treatment generalization and long-term maintenance of therapeutic change. Service is available 24/7 (on call system). Average length of stay is 3 to 5 months with an average of 2-4 hours of direct service per week.

### **Family Based Mental Health Services (FBMHS)**

The Family Based Mental Health Services are designed to service children between 3 and 17 years of age and living with their parents, guardians, or caretakers and have a serious mental illness or emotional disturbance. These children are also at risk for out-of-home placement into residential treatment facilities, psychiatric hospitals or foster placements due their symptomatic behaviors and/or the dysfunction of the family system that contributes to the behaviors. Family Based Mental Health Services (FBMHS) are able to treat these children and adolescents in their homes, communities and schools thus allowing the youth to remain in the home.

FBMHS is a team delivered service rendered in home, community and school settings. It is designed to integrate mental health treatment, the family, family support services, the surrounding system, and casework so that families may continue to care for their children and adolescents with a serious mental illness or emotional disturbance in their home. These children and adolescents experience depression, anxiety, chronic acting out behaviors, aggression, social, coping and skill deficits, drug and alcohol abuse,

and school truancy. These children are frequently described as “hard to manage” by their parents. Often times, their personality traits and their parents’ management skills are frequently in conflict with each other which lead to a youth/family’s involvement with multiple systems. Services are available 24 hours per day and 7 days a week via on call therapist from the FBMHS program. Average length of stay is 32 weeks.

### **Functional Family Therapy (FFT)**

Functional Family Therapy is a short-term, family-focused, community-based treatment for youth who are either “at risk” for, or who manifest, antisocial behavioral problems such as conduct disorder, oppositional defiant disorder, disruptive behavior disorder, violent acting-out and substance abuse disorders. Co-morbid behavioral or emotional problems, such as anxiety or depression, may also exist as well as family problems, such as communication and conflict issues. FFT has been applied to a wide range of families with at-risk, pre-adolescent and adolescent youth in various multi-ethnic, multicultural contexts. Interventions are conducted at home, in school, in or outpatient settings and at times of transition, from a residential placement.

FFT incorporates specific intervention phases which include engagement, motivation, assessment, behavior change and generalization. FFT is designed to improve within-family attributions, family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Parenting skills, youth compliance, and the complete range of behaviors (cognitive, emotional, and behavioral) domains are targeted for change based on the specific risk and protective factor profile of each family. FFT provides approximately 2.5-3 hours of service weekly which includes face to face and collateral contact, travel, case planning. Average length of stay is 3 to 4 months.

### **Day Treatment, Mental Health**

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate treatment for children or adolescents with moderate to severe behavioral health disorders who are unable to fulfill the functional requirements without this level of intensive service.

The program is available as clinically appropriate and is open approximately 250 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the youth’s natural environment. Average length of stay is 1 to 3 months.

### **Day Treatment, Substance Abuse**

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate treatment for children or adolescents with moderate to severe behavioral health disorders who are unable to fulfill the functional requirements without this level of intensive service.

The program is available as clinically appropriate and is open approximately 250 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the youth’s natural environment. Average length of stay is 1 to 3 months.

### **Partial Hospital Program (PHP)**

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate intervention for seriously disturbed children or adolescents who are unable fulfill the functional requirements of his developmental stage without this level of intensive service. Average length of stay is 1 to 2 weeks.

### **Inpatient Hospital**

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored, and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DPBHS continuum of services. Average length of stay is 3 to 10 days.

### **Residential Treatment, Mental Health**

Residential Treatment Center (RTC) service provides a 24 hour, supervised, residential living arrangement with intensive psychiatric services for children and adolescents with Mental Health and Substance Abuse disorders that impair their ability to be successful in community settings. Youth requiring RTC services are diagnosed with varying Mental Health disorders and may present with as a risk to themselves or others, require intense supervision, have difficulty self-regulating their behaviors and have not been successful in the less intensive treatment services.

Services will be delivered in a trauma informed environment in conjunction with other evidence based practices. The focus of treatment is to resolve the primary presenting problems that necessitated the youth's need for this type of structured residential treatment service. Average length of stay is 3 to 5 months.

### **Residential Treatment, Substance Abuse**

The Joint Commission accredited residential treatment services purchased under this Contract comprise one element of the continuum of mental health treatment services provided by the DEPARTMENT'S DPBHS for children and adolescents. Services at this level are characterized by the provision of a 24-hour residential living environment, which is deliberately designed to create a structured therapeutic milieu, and which forms the basic foundation around which clinical treatment services are organized and integrated. Within the residential treatment level of the DPBHS continuum, programs and services are differentiated along several key dimensions:

- The restrictiveness of the milieu, in terms of both the physical characteristics of the environment and its proximity to the community;
- The nature and extent of clinical resources deployed in support of the milieu;
- The ratios of child care staff-to-clients, and the nature and extent of client supervision and care provided; and
- The extent to which educational services are provided within the program, versus reliance upon the public school system.

Length of stay will varying based on the individual's needs.

### **Transition Service**

Transition Services are ancillary services provided in preparation for a child's return home from a residential facility and continue, with the same residential provider, after the child has transitioned back to the home. Services are designed to work with the family and child prior to discharge. The service will

identify natural and community supports and plan for these resources to be utilized to promote positive transitions home. Average length of stay is 3 to 4 months.

### **Residential Transition Support Service (RTSS)**

Residential Transition Support Service provides supervised, supported care, including overnight, for youth with emotional disturbance or behavioral health issues. Transition Support Service may provide: short-term stabilization; a safe, structured environment for youth awaiting placement. Youth utilizing these services must be active with DPBHS and the use of the service must support a positive transition to an appropriate longer-term service or placement; Occasional periods of overnight care for youth who are active with the provider's Residential Transition Service. The use of this service can significantly reduce stress in the family, enhance the family's ability to keep their child/youth at home in the community, and prevent or delay the use of more restrictive behavioral health services for the child. The use of a Transition Support Services may be planned in advance or be offered as an option in emergent situations; and should **not** to be used in lieu of a crisis residential services, inpatient care or residential treatment. These beds are not designed to provide 1:1 supervision and should not be considered for youth requiring this level of observation. Average length of stay is 1 to 3 days.

### **Crisis Response and Intervention**

Crisis staff receive crisis calls directly from the published crisis number and respond in-person to crises as appropriate. Crisis response begins with the first face-to-face contact response with a youth experiencing a mental health emergency involving up to three contacts (face to face interactions) within a 72 hour period. Crisis intervention services continue for up to four weeks. Crisis services are community based (home, school) intensive ( an unlimited number of contacts per week, with 24-hour availability), short term therapeutic intervention to assist the child and their family to improve coping mechanisms, identify and address the issues that precipitated the crisis, and plan in conjunction with DPBHS for further treatment if necessary. Average length of stay is 2 to 4 weeks.

### **Crisis Residential Bed**

Crisis residential service provides a temporary supervised setting which provide safety, supervision and treatment and for a child in a crisis situation. Average length of stay is 1 to 3 days.

**APPENDIX B**

**DPBHS HISTORICAL SERVICE DATA**

**CENSUS BY SERVICE GROUP TYPE, STATE FY 2013-15**

**Department of Services for Children, Youth and Their Families  
 Division of Prevention and Behavioral Health Services  
 Census by Service Group Type**

**Ethnicity:<All>**

**Gender:<All>**

**Race:<All>**

		<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>County</b>	<b>Service_Type Service</b>			
<b>Kent County</b>		565	626	608
	Community Based	297	313	371
	Crisis Services	340	375	332
	Residential & Inpatient Hospi	175	226	245
<b>New Castle County</b>		1591	1508	1253
	Community Based	1068	947	806
	Crisis Services	581	563	479
	Residential	311	357	354
<b>Out of State</b>		71	62	42
	Community Based	38	40	27
	Crisis Services	39	29	18
	Residential	33	33	15
<b>Sussex County</b>		732	766	680
	Community Based	506	487	430
	Crisis Services	362	414	352
	Residential	168	188	171
<b>Unkown</b>		86	126	219
	Community Based	10	11	17
	Crisis Services	55	76	182
	Residential	14	15	20
<b>Total</b>		3047	3088	2803
	Community Based	1921	1798	1652
	Crisis Services	1377	1457	1363
	Residential	701	819	805

**Department of Services for Children, Youth and Their Families**  
**Division of Prevention and Behavioral Health Services**  
**PBHS 180 Day Client Post-Discharge Outcome Outcome Summary**  
**Outcome All - takes into account all outcomes after a service discharge**  
**Totals are service episodes and includes ad uplicated count of clients with multiple crisis episodes**

**Service Text:Crisis Intervention MH**

<b>Outcome</b>	<b>Client Aged Out befroe 180 days</b>	<b>No Additional Services Received w/ Cause</b>	<b>Return to Higher Intensity Service</b>	<b>Return to Lower Intensity Service</b>	<b>Return to Similar Intensity Service</b>	<b>Total</b>	<b>% Maintained in Lower Intensity Services</b>
<b>Fiscal Discharge Year</b>							
2013	41	207	319	762	359	1688	53%
2014	43	28	300	1034	377	1782	60%
2015	36	8	290	998	335	1667	61%

**Units of Crisis Service (hours); Face-to-face encounters**

<b>Fiscal Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Hours	7037	6617	5953

**Crisis Service Average Length of Stay (days service is open)**

<b>Fiscal Discharge Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Days	15.8	13.2	12.7

**CRISIS INTERVENTION, MH, UNDUPLICATED CLIENT COUNT BY ZIP CODE, FY 2013-15**

Department of Services for Children, Youth and Their Families

Division of Prevention and Behavioral Health Services

Census By ZipCode

Population: Clients who received services based on billing data.

Operational Definition: Total unduplicated count of clients for time period displayed in report.

Service:Crisis Intervention MH

State Fiscal Quarter:<All>

Gender:<All>

Team Leader Name:<All>

Race:<All>

Provider Name:<All>

Ethnicity:<All>

State Fiscal Year	2013	2014	2015	Total
<b>Kent County</b>	<b>340</b>	<b>375</b>	<b>332</b>	<b>859</b>
00000	2	0	0	2
19701	0	2	0	2
19702	1	0	0	1
19703	0	1	1	2
19709	1	1	1	3
19713	1	0	0	1
19720	4	3	1	8
19734	1	1	0	2
19752	1	0	0	1
19801	0	1	1	2
19805	1	0	0	1
19808	1	0	1	2
19809	0	0	1	1
19810	0	1	0	1
19899	0	1	0	1
19901	82	101	76	221
19904	67	58	56	154
19933	0	1	0	1
19934	11	12	19	39
19936	2	1	3	5
19938	8	11	9	21
19940	0	1	1	2
19941	0	0	2	2
19943	19	20	23	54
19945	1	0	1	1
19946	8	6	7	20
19947	0	2	0	2
19948	1	0	0	1
19950	1	4	3	7
19951	1	0	0	1
19952	26	24	19	58
19953	6	10	6	19
19954	2	4	1	7

Kent County (continued)

<b>State Fiscal Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total</b>
19955	2	0	0	2
19956	1	0	0	1
19960	3	1	2	6
19961	0	1	1	2
19962	19	23	22	55
19963	19	23	25	59
19964	1	1	2	4
19966	0	0	1	1
19967	0	1	0	1
19968	1	0	0	1
19973	3	2	0	5
19977	27	41	29	83
19979	2	1	1	3
19980	1	0	0	1
22611	0	1	0	1
23606	0	2	0	2
UNK	13	12	17	40

<b>State Fiscal Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total</b>
<b>New Castle</b>	<b>581</b>	<b>563</b>	<b>479</b>	<b>1383</b>
00000	0	0	1	1
08069	0	1	0	1
10709	1	0	0	1
10720	0	1	0	1
18069	0	1	0	1
18901	0	1	0	1
19010	0	0	1	1
19701	33	26	25	77
19702	60	62	54	155
19703	19	9	12	36
19706	3	3	3	8
19707	1	2	0	3
19709	22	14	15	46
19711	26	19	20	58
19713	30	24	22	70
19720	91	81	77	212
19730	1	0	0	1
19734	10	7	1	17
19801	42	46	27	102
19802	58	47	44	136
19803	3	4	3	9
19804	19	21	17	50
19805	74	94	77	213
19806	0	2	1	3
19807	1	2	0	3
19808	26	20	16	54
19809	7	17	12	36
19810	19	10	6	30
19901	2	4	2	6
19904	2	1	6	9
19934	1	1	0	2
19938	0	1	0	1
19941	0	1	0	1
19947	2	1	1	3
19956	0	1	1	1
19958	0	1	2	3
19960	2	0	1	3
19962	1	0	0	1
19963	1	0	1	2
19966	3	2	1	4
19971	2	0	1	2
19973	1	0	0	1
19977	3	6	3	10
21801	0	1	0	1
UNK	15	29	26	69

State Fiscal Year	2013	2014	2015	Total
<b>Sussex County</b>	<b>362</b>	<b>414</b>	<b>352</b>	<b>909</b>
11158	1	0	0	1
18069	0	1	0	1
19701	1	0	0	1
19706	1	1	1	1
19713	1	1	2	2
19720	1	2	0	2
19802	1	0	0	1
19804	0	0	1	1
19901	5	3	3	8
19904	1	0	1	2
19930	0	1	0	1
19933	16	17	6	35
19934	2	0	0	2
19938	1	0	0	1
19939	12	7	5	21
19940	10	3	4	16
19941	9	4	5	18
19943	2	1	0	3
19944	0	1	0	1
19945	9	15	10	27
19946	3	3	0	6
19947	22	36	23	71
19950	11	14	8	29
19951	2	2	2	5
19952	2	5	1	7
19953	0	1	0	1
19954	1	0	0	1
19956	25	28	28	67
19957	0	1	1	1
19958	27	21	22	56
19960	19	19	15	42
19962	1	2	0	3
19963	12	19	19	44
19966	46	59	60	136
19967	0	2	1	3
19968	14	17	12	37
19970	4	3	3	8
19971	10	11	15	31
19973	76	84	74	187
19975	9	17	8	29
19977	0	1	0	1
21673	0	0	1	1
32539	0	0	1	1
32701	1	0	0	1
76110	1	0	0	1
UNK	3	12	20	34
<b>Unknown / Not identified</b>	<b>94</b>	<b>105</b>	<b>200</b>	<b>372</b>
UNK	94	105	200	372
<b>Total</b>	<b>1377</b>	<b>1457</b>	<b>1363</b>	<b>3523</b>

APPENDIX C:

REQUIRED BIDDER'S FORMS  
AND INSTRUCTIONS

## DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES

### *Submission Instructions*

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*Failure to follow Departmental procedures may disqualify a bidder organization.*

#### **I. FORMAT**

Proposals must be printed on 8 1/2" x 11" paper and should be formatted with 1" margins using size 12 Times New Roman font. To be considered responsive all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. Binders, color graphics and extensive attachments are unnecessary. Double-side copying is strongly encouraged.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposals. The successful bidder must be in compliance with all licensing requirements of the State of Delaware if applicable.

Bidders may be called, only at the discretion of the State of Delaware, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

#### **II. QUESTIONS**

All questions shall be submitted as instructed on page 2 of this RFP. RFP updates and answers to substantive content questions will be posted on the State's solicitation portal at [www.bids.delaware.gov](http://www.bids.delaware.gov). Please check for updates regularly.

#### **III. ETHICS LAW RESTRICTIONS**

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

#### **IV. PROPOSALS BECOME STATE PROPERTY**

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

#### **V. RFP AND FINAL CONTRACT**

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

#### **VI. PROPOSAL AND FINAL CONTRACT**

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if the price guarantee period has expired.

#### **VII. MODIFICATIONS TO PROPOSALS**

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a

previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

#### **VIII. COST OF PROPOSAL PREPARATION**

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

#### **IX. EVALUATION REQUIREMENTS AND PROCESS**

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum number of points as stated above for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The Proposal Review Committee reserves the right to:

- Select for award or for negotiations, a proposal other than that with the lowest costs.
- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any bidder and negotiate with more than one bidder at the same time. The Department reserves the right to award with more than one bidder.

All proposals shall be evaluated using the same criteria and scoring process. The criteria stated previously in the RFP shall be used by the proposal review committee to review proposals. Bidders may be scheduled to make oral presentations in support of their written proposals. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

#### **X. REJECTION OF PROPOSALS**

DSCYF reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support.

Any proposal called "not accepted" will mean that another proposal was deemed more advantageous or that all proposals were not accepted. Respondents whose proposals were not accepted will be notified as soon as a selection is made, or if it is decided, that all proposals are not accepted.

Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format or content.

**XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES**

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest costs
- Waive or modify any information, irregularities, or inconsistencies in proposals received
- Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified
- Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

**XII. STANDARDS FOR SUBCONTRACTORS**

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's work plan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime bidder will be the State's primary contractor.

**XIII. CONTRACT TERMINATION CONDITIONS**

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days' notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

**XIV. NON-APPROPRIATION**

In the event that the State fails to appropriate the specific funds necessary to continue the contractual

agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

**XV. FORMAL CONTRACT AND PURCHASE ORDER**

The successful firm shall promptly execute a contract incorporating the terms of this RFP (unless renegotiated in the contract) within twenty (20) days after the award of the contract. No bidder is to begin any service prior to approval of a State of Delaware Purchase Order properly processed through the State of Delaware. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once the successful firm receives it.

**XVI. INDEMNIFICATION**

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

**XVII. LICENSES AND PERMITS**

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

**XIII. INSURANCE**

Bidder recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the bidder's negligent performance under any resulting contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the bidder in it negligent performance under any resulting contract.

The bidder shall maintain at its own cost for the term of any resulting contract and all extensions such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the Department of Services for Children, Youth and Their Families.

During the term of any resulting contract, the successful bidder will, at its own expense, also carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
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And at least one of the following, as outlined below:

b.	Medical or Professional Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
c.	Misc. Errors and Omissions	\$1,000,000 per occurrence / \$3,000,000 aggregate
d.	Product Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate

The successful bidder must carry (a) and at least one of (b), (c), or (d) above, depending on the type of Service or Product being delivered.

If the contractual service requires the transportation of DSCYF clients or staff, the successful bidder shall, in addition to the above coverages, secure at its own expense the following coverage:

a.	Automotive Liability (Bodily Injury)	\$1,000,000 per occurrence / \$3,000,000 aggregate
b.	Automotive Property Damage (to others)	\$25,000

The bidder shall provide a Certificate of Insurance (COI) as proof that the bidder has the required insurance. The COI shall be provided prior to DSCYF prior to any work being completed by the awarded bidders(s).

The Department of Services for Children, Youth & Their Families shall be named as an additional insured.

Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provision.

**IX. NON-DISCRIMINATION**

In performing the services subject to this RFP, the firm agrees that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

**X. COVENANT AGAINST CONTINGENT FEES**

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

**XI. CONTRACT DOCUMENTS**

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Vendor Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

**XII. APPLICABLE LAW**

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

**XIII. SCOPE OF AGREEMENT**

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.



**PLEASE SIGN AND SUBMIT WITH THE PROPOSAL**

**ASSURANCES**

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Centers for Medicare and Medicaid Services (CMS).

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

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Name of Organization's Authorized Administrator

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Signature of Authorized Administrator

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Date

**PLEASE SIGN AND SUBMIT WITH THE PROPOSAL**

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- Within the past five (5) years neither your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor has been the subject of a Federal, State, or Local government suspension or debarment

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

\_\_\_\_\_  
Name of Organization's Authorized Administrator

\_\_\_\_\_  
Signature of Authorized Administrator

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND SUBMIT WITH THE PROPOSAL**

EMPLOYING DELAWAREANS REPORT

RFP No. CYF 16-03

RFP Title: MOBILE CRISIS SERVICES

Bidder Name:	
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As required by House Bill # 410 (Bond Bill) of the 146<sup>th</sup> General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1.	Number of employees reasonable anticipated to be employed on the project:	
2.	Number of such employees who are bona fide legal residents of Delaware:	
3.	Percentage of such employees who are bona fide legal residents of Delaware:	
4.	Total number of employees employed by the bidder:	
5.	Total percentage of employees who are bona fide resident of Delaware:	
If subcontractors are to be used:		
1.	Number of employees who are residents of Delaware:	
2.	Percentage of employees who are residents of Delaware:	

“Bona fide legal resident of this State” shall mean any resident who has established residence of at least 90 days in the State.