

# **Public Health – Dayton & Montgomery County Request for Proposal (RFP)**

## **County-Wide Needs, Gaps, and System Barriers Analysis of Behavioral Health Services**

### Section 1 General Information

Public Health – Dayton & Montgomery County (Public Health) is requesting proposals from qualified and duly licensed individuals/firms to conduct a county-wide needs, gaps, and barriers analysis of behavioral health services to include an assessment of integrated primary care and behavioral health service capacity and accessibility of services within Montgomery County, Ohio. Public Health also requests that the individual/firm develop a plan that summarizes the findings of the analysis and recommends strategies aimed at improving behavioral health services and the integration of primary and behavioral healthcare services. This plan will support initiatives related to the Behavioral Health priority identified in the 2016-2019 Montgomery County Community Health Improvement Plan.

Additional specifics will be addressed in Attachment “A”, Scope of Work. Attachment “B”, Terminology, defines terms found in the RFP.

### Section 2 Required Elements of Proposal

In responding to this Request for Proposal, it is extremely critical that all elements of the following sections are fully addressed. Proposals should provide straightforward, concise information that satisfies all requirements. Interested bidders shall submit their proposals in two separate areas:

#### I. Technical consisting of the following:

- (1) An Implementation Plan for the effort as described in Section 1 and the Scope of Work. This shall consist of the bidder’s approach to satisfying the above requirements. The Plan shall not merely state that the work will be performed in accordance with Section 1 and Scope of Work, but shall specifically outline the actual work proposed by the bidder. This subsection shall contain a master program schedule to include: detail task schedules depicting the time frame to accomplish the effort described in Section 1 and the Scope of Work; monthly status reports chronicling the contractor’s progress; cost performance reports showing the contractor’s actual expenditures to budget and performance progress to schedule; technical reports; and a final project report.
- (2) A description of the bidder’s experience related to services required as described in Section 1 and the Scope of Work. Additionally, the bidder shall submit references of organizations for which the offeror has conducted needs, gaps, and system barrier analyses. Include a reference list providing the description of services, length of service, the organization name,

organization size, program results developed and the effectiveness of that program, point of contact, address, and current telephone number.

- (3) A description of the bidder's expertise in data analysis, survey methodology, and system-level evaluation.
- (4) Resumes and professional biographies must be provided for each professional individual (not just key personnel) the bidder plans to utilize to accomplish the effort, including subcontractors, if any. In addition, signed letters of commitment for proposed key personnel not currently employed by the bidder are required. Note prior to replacing key personnel, the contractor shall demonstrate to the satisfaction of Public Health that the qualifications of the prospective replacement personnel are equal to or exceed the qualifications of the key person being replaced. Additionally, please provide a proposed project and team organizational chart highlighting the chain of command.
- (5) Describe any specific niche or unique capability that you or your organization can provide for this proposal. Identify any market leading attributes that you possess that would be uncharacteristic of typical providers of this service.

II. Cost Proposal. Cost proposals shall be accurate, complete, and well documented. The cost proposal shall include all elements of cost such as, but not limited to, direct labor, labor overhead, material, other direct costs including travel, sales general & administrative, and profit incorporated into a fully costed rate. All appropriate categories of labor that would be required for completion of Section 1 and the Scope of Work with proposed rates remaining constant throughout the contract performance period must be included. Indicate corresponding number of hours to complete the tasks. Where possible, indicate the percentages for labor overhead, sales general & administrative, profit, and all other rates. A listing of tasks to be performed at your office and tasks to be performed off-site (Public Health) with associated costs for both locations are also required.

Provide in the following matrix format your fully loaded costing rate by skill set required to accomplish this project. You will be expected to provide monthly actual cost and corresponding hours incurred to track progress to expected timelines as well as to support your invoice.

<u>Position</u>	<u>Fully Costed Rate/Hr.</u>	<u>Hours Projected</u>	<u>Total Hrs.</u>	<u>Memo: Remote Hrs.</u>
Project Mgr.				
Other Professionals				
Technical				
Clerical				
Other				
Number of on-site visits		_____		

All cost should be included in the aforementioned fully costed rate. Identify the number of on-site visits and associated hours you have included under remote hours. A schedule of proposed visits shall be included.

The contractor shall be responsible for providing all equipment such as computers, printers, and software to perform the effort.

If the services are to be performed at Public Health's facility, Public Health shall provide working space, furniture, fixtures and utilities as may be required.

Cost proposals should specify Milestones and Deliverables that gauge progress to the completed Community Health Improvement Plan. Milestones and Deliverables must be specific, measurable, achievable, realistic, and timely.

In addition to the above, your proposal should include the following information:

- An overall plan with time estimate for completion of all work required.
- An overall description of the method you will use to complete the project requirement.
- Detail the type of data Public Health and community health partners must provide you in the context of this project, and in what type of format.
- Proposed process necessary to address the objectives of this project, including any tools and resources utilized to develop recommendations for improvement.

For purposes of estimating, the expected start date of this effort is February 1, 2017 with a performance period extending through June 30, 2017.

Proposals must be addressed as follows:  
Public Health – Dayton & Montgomery County  
Attn: Paul Clark  
117 South Main Street  
Dayton, Ohio 45433

Proposals are due and must be received to the office cited above no later than **1:00 p.m. Eastern Daylight Saving Time, December 30, 2016**. Bidders may submit proposals by electronic mail addressed to: [pclark@phdmc.org](mailto:pclark@phdmc.org); in the subject line of the message please insert "Response 2016RFP\_Gap Analysis."

All potential bidders are requested to acknowledge receipt of this Request for Proposal along with their positive or negative intent to submit a proposal within seven (7) days after receiving this Request for Proposal.

Any communications regarding this request for proposal must be directed only to Paul Clark. Failure to comply with this restriction on communications may be cause for elimination of any bidder from consideration for award.

### Section 3 Compliance

Bidder must comply with all applicable federal, state and local laws, rules and regulations, and applicable program certification and/or accreditation standards.

#### Section 4 Audits

The books, records, documents, and accounting procedures and practices of the bidder relevant to this contract shall be subject to examination by appropriate local and state agencies.

#### Section 5 Subcontractors

Subcontractors used to fulfill any portion of the responsibilities outlined in this RFP are required to be identified by the bidder, along with their qualifications and licenses. Describe in detail the exact role the subcontractor is to play within this agreement. Public Health reserves the sole right to approve or reject any/all proposed subcontractors.

#### Section 6 Employees

Public Health will reserve the right to request the removal of any bidder(s) employees from the performance of this contract if in the judgment of Public Health, such removal shall be necessary in order to protect the interests of Public Health.

#### Section 7 Amendments

The Contract shall not be varied except by an instrument in writing properly executed subsequently to the execution of the Contract by both parties.

#### Section 8 Contract Term

The contract term will be from the date of the contract commencement until contract completion or June 30, 2017, with possibly options for renewal. Bidder will work diligently to complete entire project and specifications as quickly as possible.

#### Section 9 Contract Assignment

The bidder will not, during the terms of this contract, or any renewal or extensions thereof, sell, assign, transfer, or subcontract any part thereof without prior written consent of Public Health; and should the bidder become insolvent, or if proceedings in bankruptcy shall be instituted by or against the bidder, the remaining or unexpired portion of the contract shall, at the election of Public Health, be terminated.

#### Section 10 Contract Termination

Public Health may terminate with or without cause the Contract by giving the bidder (or subcontractor) not less than fourteen (14) calendar days written notice of the intention to terminate as of the specified date. If the contract is terminated by Public Health for any reason, it is the obligation of the bidder that the bidder must continue operation of the service until the date specified. In the event of such a cancellation, the bidder shall be entitled to payment, determined on a pro-rated basis, for work or services satisfactorily performed.

## Section 11 Contract Specifications

Bidder must fully complete requirements as listed in RFP and Statement of Work documents. If bidder takes exception to any provision of this RFP, these exceptions must be clearly identified by Section in the bidder's response to this RFP and bidder's proposed alternative must also be provided in the response. Bidder may not take a "blanket exemption" to this entire RFP. If any bidder takes a "blanket exemption" to this RFP or does not provide any alternative language then the bidder's proposal may be disqualified from further consideration. Public Health reserves the right to disallow any exceptions to this RFP.

## Section 12 Compensation and Fees

Bidder will provide an invoice for the project work as approved project milestones are completed.

## Section 13 Additional Bidder Qualifications and Evaluation Criteria

Bidder will provide information regarding its organization or self and experience in delivering similar professional consultation and services as outlined in these bid requirements. Bidder must be able to document prior focus group facilitation; familiarity with Public Health and public agencies associated operations; and any previous experience working with public agencies.

## Section 14 MBE/WBE/DBE/Hub Zone/Veteran Owned/8(a)

Public Health- Dayton & Montgomery County is committed to ensuring that certified minority owned business enterprises (MBE); women-owned business enterprises (WBE); disadvantaged business enterprises (DBE); Hub Zone businesses; Veteran Owned Businesses; and U.S. Small Business Administration 8(a) certified businesses are afforded equal opportunities to compete for and participate in doing business with Public Health-Dayton & Montgomery County. Please send copies of all current certifications as part of your response for this RFP.

## Section 15 Bid Evaluation

All bid proposals will be evaluated against two factors in descending order of importance:

- (I) Technical
- (II) Cost

Final selection of successful offers will be made upon the basis of an integrated assessment of the technical and cost areas, compliance with Section 1 and the Scope of Work, and the overall benefit and cost to Public Health.

## Section 16 RFP is Not an Offer

Neither this RFP document nor any subsequent discussions between bidder and Public Health-Dayton & Montgomery County shall give rise to any commitment on the part of Public Health-

Dayton & Montgomery County or confer any rights on the proposer unless and until a contract is fully executed by all parties. The contract and subsequent purchasing documentation will represent the entire agreement between the parties and will supersede all prior negotiations, representations, or agreements, alleged or made between the parties. Public Health-Dayton & Montgomery County shall assume no liability for any costs incurred by the proposer or for payment of any services under the terms of the contract until the successful proposer is notified that the contract and subsequent purchasing documentation has been accepted and approved by Public Health-Dayton & Montgomery County, and Montgomery County, Ohio auditors.

## Attachment “A”

### Scope of Work

Contractor shall conduct a county-wide needs, gaps, and barriers analysis of behavioral health services to include an assessment of integrated primary care and behavioral health service capacity and accessibility of services within Montgomery County, Ohio. Additionally, the contractor shall develop a plan that summarizes the key findings of the analysis and identifies evidence-based strategies that can be implemented to improve behavioral health services. This complete plan supports initiatives identified in the action plan developed to address Behavioral Health as priority in the 2016-2019 Community Health Improvement Plan. The recommendations will be used to improve behavioral health service delivery within the county. The Contractor will share their final report with Public Health, the Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County, Ohio, and community stakeholders.

The Contractor will be responsible for assuring that the analysis includes input from community stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, addiction prevention and treatment providers, emergency medical service providers, juvenile court, local agencies and institutions, and consumers of behavioral health services.

The Contractor will be responsible for achieving the following objectives:

1. Identify stakeholders of the behavioral health system.
2. Identify the need for behavioral health services by evaluating the prevalence of mental health and substance abuse disorders within Montgomery County.
3. Identify the most vulnerable populations who have multiple needs and are most at-risk for developing substance abuse and addiction issues within Montgomery County.
4. Conduct a cost-benefit analysis of the current behavioral health services in Montgomery County.
5. Compare Montgomery County’s behavioral health services with the services offered by an Ohio county with comparable characteristics.
6. Assess the current availability and adequacy of supports, services, and facilities to meet the need for behavioral health services within Montgomery County by:
  - a. Identifying the services, supports, and facilities available in the county;
  - b. Identifying gaps in behavioral health service coverage, i.e. appointment wait time; provider availability (distribution and number);
  - c. Identifying gaps in prevention services, i.e. accessibility, availability, locale;
  - d. Identifying differences in adequacy of access, availability, and delivery of services for youth and adults with behavioral health needs;
  - e. Engaging with the community to determine the needs and barriers of the consumers;
  - f. Consulting with primary care and behavioral health providers;
  - g. Assessing the availability of prevention and early intervention services for behavioral health;
  - h. Identifying areas of treatment needing improvement; and

- i. Identifying areas of after-care needing improvement.
7. Assess the availability of behavioral health providers that accept new patients with private insurance and the availability of providers accepting public insurance, both Medicaid and Medicare.
8. Assess the adequacy of communications between the public and private systems of behavioral healthcare services.
9. Assess the adequacy of current integrated physical and behavioral healthcare services.
10. Assess the adequacy and availability of current physical and behavioral healthcare services for those incarcerated in Montgomery County Corrections Facilities.
11. Develop a plan that includes a summary of the findings of the analysis and presents recommended evidence-based strategies that contain specific goals and objectives to improve behavioral healthcare services and the integration of physical and behavioral health services within Montgomery County, Ohio.
12. Provide recommendations on implementing the plan the identifies:
  - a. System-partners and community leaders responsible for implementing the plan;
  - b. Required policy changes; and
  - c. Estimated costs and funding source.
13. Prepare and submit monthly progress status reports including Contractor time sheet.

## Attachment “B”

### Glossary

1. **After-care:** behavioral health care services designed to achieve continuity of care. After-care services can include peer support, case and care management, and other supportive services.

2. **Behavioral Health:** mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include alcohol and substance use disorders; problem gambling disorder; and serious psychological distress, suicide, and mental disorders.

3. **Behavioral Health Services:** services that include prevention, intervention, treatment, and aftercare services designed to address behavioral health issues

4. **Integrated Care:** the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach for caring for people with multiple healthcare needs. (SAMHSA Center for Integrated Health Solutions)

5. **Primary Care:** patient’s main source for regular medical care; typically a patient’s first contact and coordinator of continuing care; provides the patient with preventative and curative care;