REQUEST FOR PROPOSAL (RFP)
LARIMER COUNTY COLORADO
200 W. OAK ST., SUITE 4000
FORT COLLINS, COLORADO

PROPOSAL NUMBER: P19-18
DESCRIPTION: Behavioral Health Services Center Provider
RECORDING DATE: 6/13/2019

The Board of Larimer County Commissioners will be receiving sealed proposals at the office of the Purchasing Director, 200 W. Oak Street, Suite 4000, Fort Collins, Colorado, up to 2:00 P.M. (our clock), on Thursday, June 13, 2019 at which time they will be recorded, but not publicly opened, to consider entering into a contract with one (1) Behavioral Health Services Center Provider.

Larimer County is seeking the right Contractor who is capable and enthusiastic about providing a continuum of behavioral health treatment and crisis services and administrative management at a new behavioral health services center in Larimer County.

Planned services in the facility include:

- 24-hour walk-in crisis/assessment services
- Medical screening, triage and clearance
- Crisis stabilization unit (CSU)
- Treatment for adult substance use conditions and disorders including:
  - Withdrawal and intoxication management, including "social detoxification" [ASAM level 3.2-WM], medically monitored [ASAM level 3.7-WM], and ambulatory [ASAM level 1-WM and 2-WM] withdrawal services
  - Induction of MAT
  - Outpatient Medication Assisted Treatment (MAT) (ASAM Level 1)
  - Referral and connection to outpatient services (ASAM Level 1). Intensive Outpatient Services (ASAM Level 2.1) and Partial Hospitalization Services (ASAM Level 2.5) managed in the community
  - Short term intensive residential treatment for substance use disorder (assumed ASAM level 3.5 and/or 3.7)
- Care coordination to facilitate continuity of care and connection to community-based services for those receiving treatment within the facility, based on individual needs

The Award Vendor will engage in the Phase 1 planning, design and building of the facility over the next two years. They will also play a crucial role in Phase 2 design, community-wide behavioral health improvement, wellness and other related, long-term program development for a Behavioral Health Campus.

RFP documents are available online at Rocky Mountain e-Purchasing at www.bidnetdirect.com/colorado, and on the Larimer County Purchasing site at www.larimer.org/bids.

All questions regarding this RFP must be emailed to Christal Bateman, Purchasing Agent, at cbateman@larimer.org. Questions are due no later than 10:00 a.m. (our clock) May 30, 2019. Please call Christal Bateman at 970-498-5956 to verify receipt of your questions. No questions will be accepted after the date and time referenced above. All questions received will be answered after the date and time referenced above. All questions received will be answered via Addendum only. Addenda will be published online at Rocky Mountain e-Purchasing at www.bidnetdirect.com/colorado, and on the Larimer County Purchasing site at www.larimer.org/bids.

NOTE: Unauthorized contact with any other County employees regarding this RFP may result in disqualification of your Proposal.
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PART I: OVERVIEW - BACKGROUND AND PURPOSE

A. Background

Present State of Behavioral Healthcare Needs

In 2015, mental disorders and substance use disorders together represented the leading cause of disease burden in the U.S., surpassing cancer and cardiovascular disease.\(^1\) Approximately one in five adults in the U.S. experience mental illness in a given year.\(^2\) According to the 2017 Colorado Health Access Survey, 7.6 percent of Coloradoans did not get the mental health or substance use services they needed.\(^3\) In 2017 Colorado ranked in the top ten for suicide death rates.\(^4\)

In Larimer County, an estimated 41,000 residents have a mental illness and 30,000 have a substance use disorder.\(^5\) In 2016, more than 26,000 residents in Larimer County who needed behavioral healthcare services did not receive services.\(^6\) In 2017, the Larimer County Coroner reported 75 deaths classified as suicides.\(^7\) Across the county, 17.1 percent of adults reported having poor mental health.\(^8\)

From 2017 Healthy Kids Survey data from Larimer County (Region 2), 31.2 percent of students (9th-12th grades) reported they felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities.\(^9\) Nearly 16 percent of students seriously considered attempting suicide, 13 percent made a plan about how they would attempt suicide, and 5.7 percent attempted suicide one or more times over the prior 12 months. A majority of those reporting feelings of sadness or hopelessness and suicidal ideation identified as lesbian, gay, or bisexual.

Larimer County had 53 overdose deaths in 2017, according to the county coroner, with the leading causes of overdose being prescription opiates (n=13) and other prescription drugs (12).\(^10\) Other drugs included methamphetamine (3), heroin (3), meth and heroin (7), and fentanyl (4). Synthetic opioid-related overdoses increased significantly between 2016 and 2017, with rates in 2017 estimated to be at 2.1 deaths per 100,000 residents.\(^11\) From 2013-2017, there were 93 prescription opioid-related overdose deaths in Larimer County.

The high volume of persons experiencing behavioral health crises arising from mental health, addiction, and related needs are increasingly challenging healthcare and criminal justice systems in communities across the country.\(^12\) Mental illness and substance use drive a disproportionate number of avoidable emergency department (ED) encounters,\(^13\) and contribute to repeated involvement with criminal justice, emergency

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5 Changing the Paradigm: Larimer County Community Master Plan for Behavioral Health (August 2018)
6 Ibid
9 Colorado Department of Public Health & Environment, 2017 Healthy Kids Colorado Survey Results (HSR 2), https://drive.google.com/file/d/1rcdCI0ubeF9VK8793FtNIPIAL6i4UwzQ5/view
10 Office of the Larimer County Coroner, 2017 Annual Report
11 Colorado Department of Public Health & Environment, 2017 Larimer County Opioid Profile, https://drive.google.com/file/d/1RQs7LS_cIkbnMbt2V2VxDuIhXJ7jogb/view
13 Ibid
response, and other safety net systems. Behavioral health prevention, treatment, and recovery support services offer diagnosis and treatment but people suffering from substance use and/or mental health challenges often have limited access to the health care system due to insufficient available resources or other barriers.

Stakeholder Efforts to Address Behavioral Health in Larimer County and a Plan for Changing the Behavioral Health Paradigm

For the past twenty years, Larimer County has been working to address these challenges. A group of 35 organizations and consumer advocates, called the Mental Health and Substance Use Alliance (MHSU Alliance), was convened in 1999 to restructure how mental illness and substance use disorder services are provided in the Larimer County community. This study culminated in the report, *What Will It Take?: Solutions for Mental Health Service Gaps in Larimer County*. Among the recommendations outlined in the report was the development of a behavioral health services center to serve as a hub for select mental health and substance use disorder services and coordination of care.

Larimer County presented the study’s recommendations at more than 300 meetings with stakeholders and engaged national and local behavioral healthcare experts in designing a plan for behavioral health in the County. Stakeholders included licensed providers in behavioral health and primary care, consumers, family members of consumers, representatives of city and county government agencies, representatives from the education sector and community-based organizations, and other interested community members. A public survey was completed by more than 600 respondents in the community. In August 2018 the *Larimer County Community Master Plan for Behavioral Health: Changing the Paradigm* was completed.

This Master Plan for Behavioral Health lays out a strategic plan to positively impact behavioral health in the County with support of a 20-year investment funded through a tax initiative passed in 2018. This effort is rooted in a collaborative, community-building approach to the health and wellness of Larimer County citizens.

Larimer County established a Vision, Mission and Goals for changing the behavioral health paradigm in the County:

**Vision**

A collaborative effort of diverse community stakeholders have identified gaps in service and developed an efficient and effective continuum of affordable, accessible behavioral health care to enable our community the opportunity for improved well-being.

**Mission**

To ensure accessible behavioral health care is available when it is needed, providing the right level of care at the right time, every time.

**Goals**

- Enhance community-based services to shift from an acute-care model to a recovery-based model of care
- Improve access to behavioral health services in both rural and urban areas
- Promote emotional health and well-being
- Reduce substance use disorders
- Reduce attempted and completed suicides
- Reduce recidivism for individuals with unmet behavioral health issues

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16 Changing the Paradigm: Larimer County Community Master Plan for Behavioral Health (August 2018)
The plan outlines a three-pronged approach to “improving the community’s connectedness, resilience and overall health, lessening inequity in access to care, and ensuring the efficiency of behavioral health services”. The approach includes:

1. Expanding and enriching local behavioral health services across the County
2. Facilitating connections between community-based services and service providers in a centralized facility providing a stronger care coordination system; bridging providers and services in and outside of the facility
3. Building a regional behavioral health services center to serve as the centralized facility

In order to implement this approach, Larimer County Commissioners referred a resolution to the November 2018 ballot proposing a 0.25% county-wide sales and use tax, and County voters approved the ballot initiative with more than 60 percent support.

B. Purpose

The purpose of this Request for Proposal is to identify the right Contractor who is capable and enthusiastic about providing a continuum of behavioral health treatment and crisis services and administrative management at a new behavioral health services center in Larimer County.

Planned services in the facility include:

- 24-hour walk-in crisis/assessment services
- Medical screening, triage and clearance
- Crisis stabilization unit (CSU)
- Treatment for adult substance use conditions and disorders including:
  - Withdrawal and intoxication management, including “social detoxification” [ASAM level 3.2-WM], medically monitored [ASAM level 3.7-WM], and ambulatory [ASAM level 1-WM and 2-WM] withdrawal services
  - Induction of MAT
  - Outpatient Medication Assisted Treatment (MAT) (ASAM Level 1)
  - Referral and connection to outpatient services (ASAM Level 1), Intensive Outpatient Services (ASAM Level 2.1) and Partial Hospitalization Services (ASAM Level 2.5) managed in the community
  - Short term intensive residential treatment for substance use disorder (assumed ASAM level 3.5 and/or 3.7)
- Care coordination to facilitate continuity of care and connection to community-based services for those receiving treatment within the facility, based on individual needs

Larimer County will expect the selected Contractor to engage in the Phase 1 planning, design and building of the facility over the next two years. The Contractor will also participate in Phase 2 design community-wide behavioral health improvement, wellness and other related, long-term program development for a Behavioral Health Campus.

\[17\] Ibid
Six services are planned to bridge care from the facility to the community (accounting for approximately four million dollars of overall behavioral health revenue funds, annually) that will be separate from this contract, but the Contractor will be expected to collaborate with entities managing these Client Assistance Fund services, which include:

- Transportation
- Medication Assisted Treatment (MAT) in the community
- Moderately intensive to intensive care coordination for individuals with more severe needs within the community
- Staffing for support services for patients living in Permanent Supportive Housing with behavioral health conditions who lack adequate family/social supports
- Removing cost as a barrier to getting needed treatment such as; assistance for clients with co-pays and deductibles
- Intensive Outpatient Programming and Outpatient Programming for substance use disorder

The County views the Contractor as a long-term partner to assist with engaging the community to develop a more complete continuum of leading-edge behavioral health care operating within a culture of whole person health.

C. Facility Campus and Services

Larimer County has many quality services, but it does not yet have the continuum of care to meet the severity and scope of the County’s needs or a regional facility to serve as a hub for centralization and coordination of services. Larimer County has identified 40 acres of land on which to build a facility and the County has started the process of Phase I building design, land improvement needs, utilities, etc.

The successful Contractor will adopt and promote, the following stakeholder identified guiding principles, for the new facility:

- The new behavioral health facility should provide a welcoming environment for patients, visitors, and staff. It should be warm and inviting, providing opportunities for interaction with nature, and promote healing. The facility should not appear or feel institutional.
- The facility should promote collaboration between staff members and patients where appropriate to inspire healing and provide support. The facility should be connected to and collaborate with the community to create a positive image and reduce stigma.
- The facility should be a safe environment that allows patients and staff to feel secure and free from harm or injury by providing good visibility, unimpeded sightlines, and few blind spots. A safe environment enables rapid emergency response. A secure environment uses passive and active strategies to prevent elopement.
- The facility should provide an environment that supports recovery by engaging patients in self-healing. The new facility should be therapeutic, rejuvenating, and promote healthy behavior so patients can succeed in society. Recovery can be achieved through supportive staff, a connection to nature and daylight, and access to the outdoors.
- The facility should be able to adapt over time to accommodate changes in community needs. Maintaining a flexible environment will allow the facility to provide new or different services in the future.
D. Definitions

American Society of Addiction Medicine (ASAM) criteria – the most recent set of industry guidelines on the placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. See https://www.asam.org/.

It is important to note that the Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH) has level of care standards as well that vary some from current ASAM criteria. For the purposes of this project, respondents should use the ASAM national criteria but are encouraged to be aware of how these may vary within the OBH standards and Code of Colorado regulations.

Behavioral health services – treatments and services to help clients with common mental illnesses and substance use disorders.

Braided funding - consists of multiple funding streams brought together to pay for more services than any one stream can support that are tracked separately to report to funders.

Care coordination – includes services to be provided in the Behavioral Health Services Center, encompassing organized coordination of the patient’s treatment within the facility and with outpatient treatment providers, including connection to community-based service organizations to meet prioritized needs for social determinants of health and physical health needs. The level of care coordination will be based on individual need. For individuals with higher risk and more acute needs, close follow-up and case management services, in coordination with community case managers, to ensure necessary services are being accessed will be included.

Client Assistance Funds – funds outside of this Contract to help cover needs such as transportation, co-pays, medication, and personal emergencies.

Continuum of care – an array of services that fits the needs of the patient population in a comprehensive, efficient, and cost-effective manner.

Continuous Quality Improvement (CQI) – a management principle that emphasizes the ongoing improvement of processes of service delivery through the incorporation of empirically derived approaches and the institution of systems of internal monitoring, feedback and organizational learning.\footnote{Technical Assistance Collaborative. “A Community-Based Comprehensive Psychiatric Crisis Response Service”. April 2005.}

Contract – a Contract awarded as a result of this RFP.

Contractor – a Proposer selected through this RFP to contract with Larimer County as the entity accountable for provision of services within the Behavioral Health Services Center.

Crisis Services Contract Provider – provider who holds the Region 1 Colorado Crisis Services Contract with the Colorado Department of Human Services, Office of Behavioral Health.

Crisis Stabilization Unit (CSU)– includes services to be provided in the Behavioral Health Services Center. According to the Colorado Code of Regulations a CSU means a facility utilizing a restrictive egress alert device, which serves individuals requiring 24-hour intensive behavioral health crisis intervention for up to five days and cannot be accommodated in a less restrictive environment. CSUs are licensed by the Colorado Department of Public Health and Environment as an acute treatment unit, pursuant to 6CCR 1011-1, Chapter 6, or as a Community Clinic, pursuant to 6CCR 101101, chapter 9.

Culturally-competent – the ability to interact effectively with people of different cultures, including age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.\footnote{US Department of Health & Human Services. Substance Abuse and Mental Health Services Administration.}

Delegate – assignment of responsibility for service provision to a subcontractor.
Electronic Health Record – electronic record of an individual’s health-related information that conforms to nationally recognized interoperability and certification standards.

Gender-responsive – interacting with individuals with the consideration of specific needs based on gender.20

Institution for Mental Diseases (IMD) – defined in the Code of Federal Regulations (42 CFR 435.1009).

Local operations – refers to Proposers who currently provide services to residents of Larimer County.

Medication Assisted Treatment (MAT) – use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.21

Medical clearance and triage – services to be provided in the Behavioral Health Services Center 24 hours per day, 7 days per week encompassing a medical screening and clearance to ensure that what the client is displaying is not due to a physical condition and to confirm the appropriateness for care at the facility.

Mental health services – include assessment, diagnosis, best practice treatment approaches, and case management and care coordination to assist individuals in alleviating the impacts of mental or emotional illness, symptoms, conditions or disorders and building a path towards recovery.

Mental Health and Substance Use Alliance (MHSU Alliance) - a group of 35 organizations and consumer advocates who convened to restructure how mental illness and substance use disorder services are provided in the Larimer County community.

Person-centered – care that allows consumers to have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.22

Recovery-oriented care – refers to a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.23

Revenue cycle management – defined by the Health Financial Management Association as “all administrative and clinical functions that contribute to the capture, management, and collection of patient services revenue.”

Short term intensive residential treatment – includes services to be provided in the Behavioral Health Services Center, encompassing the provision of clinical services and medications to patients with substance use disorders who are medically stable and withdrawn from substances for short residential stays (average length of stay is 12 days). It is assumed this unit would be ASAM level 3.5: Clinically Managed High-Intensity Residential Services (Adult), and/or ASAM Level 3.7: Medically Monitored Intensive Inpatient Services (Adult Criteria).

Subcontractor – any entity or organization that has entered into a subcontract with the Contractor or any Subcontractor for any portion of the work under this Contract.

Substance Use Conditions – when the use of substances causes significant impairment requiring short-term interventions to reduce harm to the individual or community.

20 Ibid.
21 Ibid.
22 Ibid
23 Ibid.
Substance Use Disorders (SUD) – when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.24

Trauma-informed – a trauma-informed approach realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.25

Walk-in Crisis/Assessment Services - includes services to be provided in the Behavioral Health Services Center encompassing screening, assessment, physical health screening, triage, crisis intervention/stabilization, support, resource linkage, and disposition for individuals in a behavioral health crisis on a 24-hour 7-day per week basis.

Withdrawal Management Center – includes services to be provided in the Behavioral Health Services Center encompassing detoxification, intoxication management, induction of Medication Assisted Treatment, outpatient Medication Assisted Treatment and referral to community-based Medication Assisted Treatment providers. Also includes initial services for alcohol and drug emergency committals and involuntary committals.

E. Schedule of RFP Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Published</td>
<td>May 9, 2019</td>
</tr>
<tr>
<td>Deadline for questions</td>
<td>May 30, 2019 @ 10:00 am (our clock)</td>
</tr>
<tr>
<td>Deadline for responses to questions</td>
<td>June 3, 2019</td>
</tr>
<tr>
<td>Deadline for proposal submission</td>
<td>June 13, 2019 by 2:00 pm (our clock)</td>
</tr>
<tr>
<td>Proposals evaluation period</td>
<td>Two (2) weeks (estimated)</td>
</tr>
<tr>
<td>Interviews with short listed firms</td>
<td>Week of July 8, 2019 (tentative)</td>
</tr>
<tr>
<td>Reference checks/ Decision to Award</td>
<td>Week of July 8, 2019 (tentative)</td>
</tr>
<tr>
<td>Contract Initiation</td>
<td>Week of July 29, 2019 (tentative)</td>
</tr>
</tbody>
</table>

F. Instructions to Proposers

Proposers are required to submit six (6) non-redacted paper proposals and one (1) FLASH DRIVE containing one (1) non-redacted .pdf proposal (matching the paper proposal exactly). In addition, firms should provide one (1) .pdf “Redacted Copy” of their proposal on the FLASH DRIVE excluding any information that is not subject to disclosure under the Colorado Open Records Act (“CORA”). Statements that the entire proposal is confidential will not be honored.

After the Notice of Award has been issued all information submitted in response to this request for proposal (RFP) may be publicly disclosed if required under the CORA. If provided, the redacted electronic copy will be used to satisfy CORA requests. Firms that do not provide a redacted electronic copy will have their non-redacted electronic copy used to satisfy CORA requests. Larimer County will endeavor to keep the non-redacted proposal, separate and apart from the proposal subject to the provisions of CORA or order of court.

By submitting a proposal, the vendor agrees they may not rescind their proposal on or after the closing date and time identified in the RFP or as modified by addendum. No delivery shall become due or be accepted unless a purchase order shall first have been issued by the Purchasing Director of Larimer County.

No work shall commence nor shall any invoices be paid before the contractor provides the required proof of insurance as outlined in the “Insurance Requirements”, and before such proof is accepted by Larimer County Risk Management. Additionally, the contractor will provide an endorsement naming Larimer County as an additional insured to their policy. If you have any questions concerning the insurance requirements, please contact Risk Management at (970) 498-5963 at least one (1) week before the proposal recording date. Payment

24 Ibid.
25 Ibid.
for work performed or goods sold to Larimer County can be expected within 30 days after receipt of the invoice and satisfactory acceptance from the department receiving the service or goods.

As of August 7, 2006, state and local government agencies are prohibited from purchasing services from any contractor that knowingly employs illegal immigrants to help carry out publicly funded work. Pursuant to the provisions of Colo. Rev. Stat. §8-17.5-101, contractors must certify that they are using the E-Verify Program or Department Program to verify the employment eligibility of new employees. If a contractor awarded a contract violates the provisions of Colo. Rev. Stat. §8-17.5-101(2), the state or local government agency may terminate the contract and the contractor will be liable for damages to such agency.

Vendor certifies, warrants, and agrees that (he) (she) (it) has knowledge of the “Keep Jobs in Colorado Act” codified at Sections 8-17-101, et seq. of the Colorado Revised Statutes and that Colorado labor shall be employed to perform at least eighty percent (80%) of the work. See https://www.colorado.gov/pacific/flashdrivele/kjica for more information regarding this Act, which applies to Public Works projects. The definition of Public Works is found under the “Keep Jobs in Colorado Act Rules”, which is listed in the website listed above. “Frequently Asked Questions” about this Act may be found at: https://www.colorado.gov/pacific/sites/default/files/KJICA%20FAQs_1.pdf.

Larimer County reserves the right to reject any and or all proposals, to further negotiate with successful proposer and to waive informalities and irregularities in proposals received, and to accept any portion of the proposal if deemed to be in the best interest of Larimer County to do so. If, in the sole judgment of the Board of County Commissioners, the proposals are substantially equal, the Board may grant the contract to companies located in Larimer County, however this is not applicable in the case that Federal funds are used. The total cost of proposal preparation and submission shall be borne by the proposer.

No telephone, e-mail or facsimile proposals will be accepted.

Proposals must be clearly identified on the front of the envelope by proposal number and title. Responsibility for timely submittal and routing of proposals, prior to recording, lies solely with the proposer. Proposals received after the closing time specified will not be considered.

Vendors will not be compensated for generating, producing, or duplicating any proposal materials associated with this RFP.

Larimer County is an Equal Opportunity Employer and no otherwise qualified individual shall be subject to discrimination on the basis of race, color, religion or religious affiliation, sex, familial status, age, genetics, disability, or national origin in any phase of employment for this position.

Larimer County strongly encourages the use of small and minority firms, women’s business enterprises, and labor surplus area firm services. In accordance with Federal and State laws, Larimer County does not discriminate.

All businesses, organizations, and individuals contracting with Larimer County must comply with Title II of the Americans with Disabilities Act of 1990, as amended. For more information on these requirements and to read the full Title II text, please go to the following web page: https://www.ada.gov/ada_title_II.htm.

The Contractor certifies that by signing the contract, neither the contractor nor subcontractors, the organization nor its principals are suspended or debarred or otherwise excluded from procurement by the Federal government and do not appear on the Excluded Parties List System (EPLS) maintained by the General Services Administration (GSA).

Other governmental entities may piggyback on the award of this solicitation, assuming the award vendor is amenable, and should contact Larimer County Purchasing for any necessary procurement documents. The entity shall deal directly with the award vendor concerning the placement of Purchase Orders, freight charges, contracting and disputes, invoicing, and payment. Larimer County shall not be held liable or responsible for any liability, claims, costs, damages, demands, actions, losses, judgments or expenses incurred by the vendor or any government entity relating to such use.
No vendor awarded a solicitation shall be federally debarred. Such debarment shall be checked through the System for Award Management, at [www.sam.gov](http://www.sam.gov).

Proposals must be furnished exclusive of any Federal, State, or Local taxes.

**G. Proposal Submittals**

Please submit your proposal (tabbed and numbered), addressing each of the following items in the order as outlined below. As time is of the essence, brevity is appreciated. Proposers should provide only the information requested, and present it in a clear, concise manner. Incomplete proposals may be rejected.

1. **Signed Signature Page (found on page 33)**
2. **Table of Contents**
3. **Cover Letter**
   - 3.1 The cover letter should include the Proposer’s understanding of the approach to the project and a summary of the qualifications of the Proposer to perform the services described in this RFP. Please indicate in the cover letter which of the following applies to the signer of the proposal.
     - 3.1.1 The signer of the proposal is the person legally authorized to act on behalf of the Proposer organization.
     - 3.1.2 The signer of the proposal is a representative of the Proposer authorized to submit this proposal as evidenced by documents such as, corporate resolution, certification as to corporate principal, etc.
   - 3.2 The cover letter should also:
     - 3.2.1 Identify the name, title, address, telephone number, fax number, and email address of each person authorized by the Proposer to contractually obligate the Proposer.

4. **Limitations of Liability**
   Per Article 11 of the Colorado Constitution, Public Indebtedness, Larimer County does not accept any Limitation of Liability provisions within the final agreement. In this section, you must specifically address your firm’s position on this topic, including acceptance of this.

5. **Proposer Qualifications and Experience**
   - 5.1 The Proposer should outline their history of providing and managing services in healthcare/behavioral health facilities with comparable size and market dynamics to the Larimer County Behavioral Health Services Center.
   - 5.2 The Proposer should outline their organization’s current licenses and credentials necessary to provide the services outlined in this RFP or outline their plan to obtain the necessary licenses and credentials. Proposers must explicitly describe/explain how they meet each item under Minimum Qualifications contained in Part II: Scope of Work/Services of the RFP.
   - 5.3 The Proposer should list any current sites where services are provided and managed; Larimer County reserves the right to contact and/or inspect operations.

6. **Technical Response**
   Respond to questions outlined in Part III related to the Scope of Work in the sequence presented. Describe your approach fully, including innovative practices, illustrating an understanding of and compliance with requirements outlined in this RFP.

7. **Resumes**
   Each Proposer should submit resumes for key personnel to be assigned to this project, including those of any subcontractors. Key personnel are defined as those responsible for developing and implementing service line(s) and establishing and maintaining compliance, clinical, and quality oversight of service(s) provided.

8. **References**
   Proposer should provide letters of reference, including names, addresses, telephone numbers and contact persons, for five (5) references for comparable professional services rendered within the last five (5) years. Letters should include a description of the services provided; highlight the Proposer’s role and performance in implementing innovative programs/approaches; highlight the Proposer’s ability to interact with other agencies/providers to plan and deliver services and/or to act as partners in developing and implementing a collaborative program/approach. The contact person should define their role and relationship to the Proposer in the letter.
PART II: SCOPE OF WORK/SERVICES

This section outlines the role of the Contractor, the County and other stakeholders in delivering on Larimer County’s goals for the facility and outlines the various activities and services the Contractor is expected to provide.

A. Roles in Executing the Scope of Work

Contractor Description/Objectives

Larimer County is seeking a sophisticated Contractor who can provide multiple roles in partnership with the County to participate in the design and to develop, oversee, operate, and monitor services within the facility. The Contractor will provide the pivotal day-to-day oversight of the facility and ultimately be the accountable partner to the County and to the taxpayers of Larimer County. The Contractor will ensure that the facility-based services outlined in this RFP are operationalized and that measurable, high-quality services are delivered and continually adapted in response to the needs of the community.

Eligible Contractors

Larimer County is interested in one (1) Contractor who is both innovative and capable of ensuring high-quality compliant services within the facility. The Contractor can be a single entity that meets the requirements outlined throughout the RFP or can be a partnership of organizations responding as a single entity. Any partnership will be viewed by the County as a single Contractor and it will be the responsibility of the Proposer to demonstrate that the partnership can successfully meet the requirements and function in the role of the Contractor with a clear Administrative Lead agency.

Larimer County is seeking a contractor who can demonstrate the ability to meet specific licensure requirements necessary for delivery of the required services. At the same time, the County is aware that as the design phase continues, requirements for additional or alternative licensure may arise. The County expects the Contractor to participate in the design phase of the facility and be able to provide consultation and expertise to the County on specific licensure elements including: incorporation of Crisis Stabilization Unit, Department of Public Safety (in collaboration with the construction team) and Institutions of Mental Diseases (IMD) licensure requirements.

Larimer County recognizes that IMD regulations will need to be considered with all licensing and credentialing requirements and processes and that decisions regarding building design and licensure may be impacted. The Contractor is required to meet all licensure requirements necessary for delivery of the services, whether specifically listed in this document or not.

Minimum Qualifications:

The following are requirements for the Contractor. The Proposer may demonstrate current ability to meet these requirements or must be able to demonstrate the capacity to meet these requirements within one (1) year of contract award from the County. If an awarded Contractor cannot meet these requirements, the County has the right to award a new Contractor:

1. The Contractor must be a current provider of mental health and/or substance use services licensed or able to be licensed in the state of Colorado.
2. The Contractor must be able to comply with relevant state statute and administrative rules including 2CCR 502-1 (Department of Human Services, Behavioral Health) and Colorado Revised Statutes 2016 Title 27 Behavioral Health;
3. Specifically, the Contractor must be capable of qualifying for the following licensures:
   - Mental Health “Designated Facility” with the Colorado Department of Human Services, Office of Behavioral Health (see Code of Colorado Regulations 2 CCR 502-1, 21.120.1) OR;
   - Substance Use “Licensed Agency” with the Colorado Department of Human Services, Office of Behavioral Health (see Code of Colorado Regulations 2 CCR 502-1, 21.120.21); AND
• Entity with Colorado Statute 27-65 Designation from the Colorado Department of Human Services, Office of Behavioral Health and/or have the knowledge and capacity to support the county in achieving designation for the new facility;
• Entity designated an Approved Treatment Facility\textsuperscript{26} under Colorado Statute 27-81 from the Colorado Department of Human Services, Office of Behavioral Health and/or have the knowledge and capacity to support the county in achieving this designation as the provider and facility; and
• Capacity to obtain or subcontract to a provider that is a licensed acute treatment unit.

4. The Contractor must be, or meet criteria to become, a Colorado Medicaid Provider;
5. The Contractor must be, or meet criteria to become, a Medicare Provider;
6. The Contractor must be credentialed, or hold the capacity to become credentialed, with the core commercial insurance companies in the State of Colorado;
7. The Contractor must demonstrate current use of a certified electronic health record;
8. The Contractor is currently participating in Health Information Exchange in Colorado or can demonstrate the capacity to engage in sharing and receiving data (e.g., demonstration of participation in an alternative HIE).

Preferred Qualifications:
1. The Contractor holds accreditation with a behavioral health accrediting body such as The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

Role of the Contractor
The Contractor will provide the following primary roles:

1. Design and Implementation Partner to Larimer County—The Contractor will work collaboratively with the County to define the model of services within the facility and serve as a consultant on best practice approaches, alternative payment models, and monitoring and accountability for services provided. The County is also seeking a Contractor who can partner with the County to participate in Phase 2 design supporting the County and other stakeholders with behavioral health improvement in the community and other long-term program development.
2. Innovative and Forward Thinking — The County is seeking a Contractor who can provide cutting edge and innovative thinking to inform the model design in the facility. Larimer County is not interested in building “treatment as usual” and is instead looking for a partner who will leverage best practice and emerging evidence to build a model of care that is client centered, state of the art and forward-thinking.
3. Service Delivery—The Contractor is required to deliver high-quality core services as specified in Section B – Required Services.
4. Centralized Administration—The Contractor will provide centralized operations for the facility including revenue management and required facility licensure(s) for all services (this does not mean the Contractor has to hold all licenses but will support acquisition and maintenance of required licensure(s)). A primary function of the facility is to serve individuals in Larimer County regardless of insurance status or type. As a result, the Contractor is expected to have the sophistication and capacity to “braid” funding for services and develop processes that support individuals getting to the right services, irrespective of insurance type or lack of insurance. There is an expectation that the facility operator has a robust revenue cycle management process to support maximum compliant revenue capture for services delivered. Additionally, the Contractor is expected to have robust capacity to perform billing, coding, and related revenue cycle management processes to support maximum compliant billing across the facility. The Proposer is directed to Section F – Administrative and Fiscal Management for further information.

\textsuperscript{26} The contractor will need to ensure that there is licensure for both emergency commitment and involuntary commitment for substance use for varying levels of services within the facility.
5. **Convene and Delegate**—The Contractor will convene and combine the best providers and services within the facility to build and integrate the service array described below. Although the Contractor is required to provide direct service delivery, Larimer County anticipates that one or more of the services in the facility will be provided by other providers, either through partnership or subcontract. Additionally, the Contractor must have the capacity to sub-contract with providers who hold appointed or awarded services that are part of the scope of services for the facility. For example, the Contractor (if not the awarded Crisis Services Contract provider) must have the capacity to sub-contract to the provider who holds the Crisis Services Contract with the State. Shared revenues and costs across providers are expected and shall be negotiated among providers to meet budgetary requirements. The Contractor will also play a pivotal role with providers in the community to support enhanced referral and care coordination of outpatient services such as mental health counseling, substance use outpatient and intensive outpatient services, and other Client Assistance Fund services. The County expects that the Contractor builds strong relationships with a variety of partners and works as a “good faith” partner with community partners (including mental health and substance use providers that are competitors for services the Contractor delivers) to ensure that residents of Larimer County receive timely and effective access to services. The Contractor is required to provide leadership for the facility in integration of services, organizational capacity, revenue management, and monitoring of service providers. The Contractor will foster collaboration and integration of services and providers to assure that services are functioning as a seamless and streamlined service array.

6. **Lead Entity**—The Contractor is the entity accountable for services provided in the facility for Larimer County and thus the taxpayers. The Contractor is expected to provide monitoring and oversight of all services within the facility (regardless of which services they directly provide). The Contractor is also responsible for the culture and collaboration within the facility to realize the vision of the County and residents for improved access to needed services. The Contractor will be responsible for effectiveness and quantitative outcomes demonstrating impact on the lives of Larimer County Residents. Larimer County expects that the Contractor will engage in continuous quality improvement with changes to the model, as needed, to meet performance metrics. Accountability includes oversight and management of subcontractors and ensuring that services delivered by subcontractors are meeting the expectations of the facility, other providers within the facility, and ultimately the County. The Contractor will partner with the County to supply data and reporting for weekly, monthly, quarterly and annual updates and reports to the residents of the County on progress, dollars spent, revenue generated, and other items determined by the County.

**Larimer County Role**

1. The County is ultimately responsible for the facility.
2. The County is ultimately responsible for selection of and monitoring of the Contractor. The County retains the right to terminate the contract with the Contractor for issues of legal problems, quality, or performance.
3. The County will make the ultimate determination on services provided in the facility while receiving input from and engaging in collaboration with the Contractor on service array, best practice models, staffing ratios, time to implement specific programs, etc.
4. The County has the right to review and approve subcontractors and any change in partnerships.
5. The County has the right to require the Contractor to terminate a subcontractor if, at the County’s sole discretion, the subcontractor is not meeting County expectations or applicable federal, state, or local laws, rules, and regulations.
Shared Responsibilities Between County and Contractor
The following table outlines the shared responsibilities:

<table>
<thead>
<tr>
<th>Function</th>
<th>County Role</th>
<th>Contractor Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility management</td>
<td>Responsible for facility and grounds maintenance, including utilities, internet access and phone access.</td>
<td>The Contractor will lease the building from the County at a to-be-determined rate. Partner with County in identifying facility management needs.</td>
</tr>
<tr>
<td>Laundry, security, and food services</td>
<td>Responsible for contracting services and coordinating with Contractor to ensure providers and service needs are met.</td>
<td>Collaborator with County in identifying vendors of services and providing feedback on vendor performance.</td>
</tr>
<tr>
<td>Marketing, public relations, and communication</td>
<td>The County will be responsible for marketing, public relations and communication related to the Master Plan for Behavioral Health, selection of the Contractor and facility development updates.</td>
<td>The Contractor will be responsible for marketing, public relations, and communication related to services delivered within the facility. The Contractor is expected to develop and maintain a robust and informational website for, at least, services provided.</td>
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<tr>
<td>Accounting</td>
<td>The County will be responsible for accounting and facility management for the physical environment (e.g., infrastructure, utilities, internet, and phone, maintenance).</td>
<td>The Contractor will be responsible for accounting of all services delivered within the facility.</td>
</tr>
<tr>
<td>Equipment</td>
<td>The County will be responsible for purchasing, upkeep, and replacement of standard office equipment that is fixed to the facility.</td>
<td>The Contractor will be responsible for all medical, clinical, and service-related equipment and supplies required for services and office equipment that is not fixed to the facility.</td>
</tr>
<tr>
<td>Information Technology, Infrastructure and Equipment</td>
<td>The County will be responsible for final decisions on development of information technology, infrastructure and equipment installed within the facility. The County will maintain the right to buy-out any technology or care coordination platform developed for the facility should the contract with the Contractor be terminated. The County will partner with the Contractor to ensure solid data management processes and procedures including data security, firewalls, backup and recovery.</td>
<td>The Contractor is responsible for ensuring interoperability among providers within the facility to share information (in compliance with HIPAA 42 CFR Part 2 among others and any other relevant regulations or laws). The Contractor is responsible for ensuring all subcontractors will provide the information technology equipment needed to document services (including data security, firewalls, backup, recovery, etc.). The Contractor is responsible for ensuring all providers, including subcontractors’, policies and procedures adequately protect personal health information as required by law. The Contractor may be asked in the Phase 2 design phase to develop a shared information technology platform for cross-system partners (both covered entities and non-covered entities) to enhance care coordination efforts within the facility and in the community.</td>
</tr>
<tr>
<td>Reporting on Facility Services</td>
<td>The County will provide information on the facility, expenses, and how resources are being utilized. The County may be the author of the reports for Larimer County residents.</td>
<td>The Contractor will provide data, information, and summaries of service data for the County to complete the report. The Contractor will support development and dissemination of the report. The Contractor may be asked to develop a dashboard of quality performance metrics across the facility services and to contribute other qualitative or quantitative information requested by the County to inform County reports.</td>
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</tbody>
</table>
B. Description of Services/Activities

Larimer County’s Behavioral Health (BH) Services Center will offer comprehensive, leading-edge care and structured, intentional and careful coordination among healthcare and social services providers, law enforcement and the criminal justice system, to provide effective response to community members with behavioral health needs. The BH Services Center will operate on a 24/7 basis with treatment capacity to provide services for a minimum of 5,000 residents in Larimer County annually.

Required Services

The continuum of care operations at the BH Services Center will effectively prevent and respond to behavioral health needs, initiate certain types of treatment, and support engagement in ongoing mental health and substance use disorder treatment and support services for long term stability in the community. The county plans for the following services to be provided at the BH Services Center facility:

1. **24-hour Walk-in Crisis/Assessment Services** that offer immediate attention and services to the community on a walk-in basis and serves as a drop-off/disposition center for law enforcement. Services include screening, triage, validated and reliable assessment tools, solution-focused, trauma informed brief counseling to support stabilization and effective disposition, and information and follow-up/referral services. All assessments and re-assessments conducted will incorporate standard biopsychosocial elements, social determinants of health, and American Society of Addiction Medicine (ASAM) criteria for assessment of Substance Use Disorders (SUD). Accommodations to support effective and efficient law enforcement disposition will be incorporated into the facility plan and workflows as aligned with current best practices. The existing Walk-in Crisis services for all ages in Larimer County will be relocated to the new facility.

2. **Screening and triage will include onsite medical services** to assess medical status and determine disposition for health conditions identified. The goal of this medical clinic is to avoid unnecessary emergency department and other acute care encounters by screening for and offering treatment for minor medical conditions. The clinic also offers law enforcement and emergency medical services (EMS) an alternative to emergency departments for medical evaluation and stabilization. The specific services are expected to evolve through the design phase and in implementation to meet the specific needs of the community.

3. **Crisis Stabilization Unit (CSU)** offering acute 24-hour care for individuals with mental health needs such as assessment, evaluation, observation, treatment and stabilization planning as well as referral and placement to additional services. The existing CSU in Larimer County will be relocated to the new facility. New construction will include 16 beds with planned annual capacity of 1,700 admissions. Target for beginning operations is capacity for 10 beds and up to 700 admissions annually.

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27 There are six services that are part of the Client Assistance Fund (accounting for approximately four million dollars) that will be separate from this contract including: Transportation; Medication Assisted Treatment in the Community; Moderately intensive to intensive care coordination for individuals with more severe needs within the community; Support services for patients living in Permanent Supportive Housing with behavioral health conditions who lack adequate family/social supports; assistance for co-pay and deductibles; and Intensive Outpatient Program and Outpatient Program.

28 According to the Colorado Code of Regulations, a “Crisis Stabilization Unit” or “CSU” means a facility, utilizing a restrictive egress alert device, which serves individuals requiring 24-hour intensive behavioral health crisis intervention for up to five days and cannot be accommodated in a less restrictive environment. Crisis stabilization units are licensed by the Colorado Department of Public Health and Environment as an acute treatment unit, pursuant to 6CCR 1011-1, Chapter 6, or as a Community Clinic, pursuant to 6CCR 101101, chapter 9.
4. Treatment for substance use disorders will include the following:

**Withdrawal Management/Intoxication Management Center**

a. Withdrawal and Intoxication Management Services will include: ASAM Level 3.2-WM Clinically Managed Residential Withdrawal Management (sometimes referred to as “social setting detoxification”) and ASAM Level 3.7-WM Medically Monitored Inpatient Withdrawal Management.

b. Services to support ASAM Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring, and ASAM Level 2-WM Ambulatory Withdrawal Management with extended On-Site Monitoring (initially Level 2-WM may need to be provided through the Level 3-WM services unit).

c. Induction of FDA Approved Medication Assisted Treatment (MAT) medications for individuals diagnosed with Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD), and appropriate connection and warm handoff to community-based SUD treatment provider or the outpatient SUD treatment services care coordinator at the BH Services Center.

**Outpatient MAT Services/Care Coordination**

a. Outpatient Services (Level 1).

b. Referral and connection to Outpatient Services (ASAM Level 1), Intensive Outpatient Services (ASAM Level 2.1), and Partial Hospitalization Services (ASAM Level 2.5) managed on an outpatient basis in the community.

The plan for the Withdrawal Management Center is to build 32 beds with the capacity for approximately 4,300 annual admissions. Begin operations with 26 beds with the capacity for approximately 3,500 admissions per year.

**Short term intensive residential SUD treatment**

a. Create a short-term, intensive residential substance use disorder treatment unit, with variable lengths of stay (average of 12 days), in the facility, which would provide a safe therapeutic environment where clinical services and medications are available to patients who are medically stable and withdrawn from substances. It is assumed this unit would be ASAM level 3.5: Clinically Managed High-Intensity Residential Services (Adult), and/or ASAM Level 3.7: Medically Monitored Intensive Inpatient Services (Adult Criteria).

The initial plan is to build 16 beds with the capacity for up to 400 annual admissions. If allowed by funding and regulation in the future, the facility may expand beyond 16 beds.

5. **Care coordination** to facilitate continuity to outpatient treatment for individuals with substance use disorders and/or mental illness following stabilization at the BH Services Center, including coordination or provision of transportation. In addition to linking to BH treatment, care coordination activities will include connecting individuals with community-based services organizations to meet prioritized needs determined by assessment for social determinants of health and physical health conditions. The level of care coordination will depend on the needs of the client and may include case management.

6. **Benefits Assessment and Access Assistance** to assist uninsured and underinsured individuals to access benefits for which they are eligible.

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29 It is expected that these services will include capacity to provide emergency commitment and involuntary commitment for substance use as appropriate for the level of care.

30 The size and scope of outpatient substance use services may be scalable to the community need over the future, however in the initial phase of design we assume the clinic will be a single outpatient clinic.
Collaboration with and Support of County Initiatives

The BH Services Center is a central hub for the county’s overall BH service delivery system and initiative to expand and enhance community response to gaps in behavioral health services through distributed services. As noted above, the Contractor is expected to coordinate with services covered by the Client Assistance Fund. The operator of the BH Services Center is also expected to collaborate with larger community efforts and partners as described:

1. Collaborate with existing mobile crisis and co-response teams to support 24/7 community-based screening and assessment in conjunction with law enforcement, crisis hotlines and hospital emergency personnel;
2. Support efforts to expand access to step-down housing and services that provide ongoing assistance for those with significant disorders in permanent supportive housing and in the community; Support efforts to encourage expansion/development of independent, voluntary sober housing in the community, such as Oxford Houses, to provide safe and supportive living environments for those who choose and can pay for this type of residence;
3. Support suicide prevention efforts;
4. Support services for youth and families for early identification of BH conditions.

Optional Services/Activities

In addition to the required services, Proposers may recognize community needs that can be met by providing additional value-added services.

C. Subcontractor Requirements

As is described in Part II.A, the County anticipates that the Contractor will engage in relationships with sub-contracting providers. One of the underlying goals of the facility is to develop a rich array of services with a mix of providers that can provide the best services. The Contractor, however, will be ultimately responsible for the subcontractors to ensure quality of services as well as efficiency. The County expects the Contractor to monitor quality and consider efficiencies and potential for streamlining services when selecting subcontractors. Responsibility includes:

1. Selection of subcontractors with County consultation and agreement;
   - Selection based on:
     a. Best practice models, innovative approaches;
     b. Reputation and evidence of quality outcomes in prior delivery of services to be offered in the facility;
     c. Efficiency of service provision;
     d. Demonstration of services that are Recovery-oriented, Trauma-informed, and Person-centered;
     e. Demonstration of ability to build capacity for care coordination within facility and community; and
     f. Demonstration of ability to maximize reimbursement across payer types.
2. Contract development with subcontractors upon approval from the County;
3. Ensuring subcontractors meet licensure, accreditation and other requirements to deliver services (including appropriate staffing and staffing ratios to meet regulatory requirements);
4. Monitoring quality and subcontractor contract compliance; and
5. Documenting and collecting data for ongoing reporting and performance management.
D. Quality Performance Management and Accountability
The Contractor selected to operate the BH Services Center will have an important role in partnering with the County, and community stakeholders and service providers, to develop a performance evaluation framework for the BH Services Center and the larger County distributed service delivery system. When operational, the Contractor will be required to systematically report on established performance measures to the County. The collaborative data development process, in which the Contractor will play a prominent role, will include consensus agreement on and documentation of, specific uses for sharing data, identifying the minimum types and amounts of data needed to achieve the established purpose, providing ongoing opportunities to inform individuals and the public about how their data are being used, and building privacy, security, and civil liberty protections into the design of the data sharing systems. The Contractor will provide input into development of the framework for ongoing data collection to support clear actionable milestones, data-sharing, and data-driven process improvement. This data and performance evaluation process is critical to support the County’s responsibility to community members to provide validated data to prove the efficacy and impact of the community’s investment in the BH Services Center.

E. Data Management / Health Information Technology
It is essential that the Contractor demonstrate electronic data sharing capabilities, considering relevant privacy and security rules and regulations, to support streamlined coordination of services and rigorous outcomes tracking. Given this requirement, Contractor must have experience using an electronic health record (EHR) for documentation. Contractor will be required to share (within legal processes and parameters) client information with subcontractors and community partners to coordinate care, monitor outcomes and produce required reports.

F. Administrative and Fiscal Management
As the responsible administrative entity for all operations at the BH Services Center, Contractor is responsible for assuring that all required administrative functions, and clinical operations, are conducted efficiently, effectively and in compliance with all relevant laws, rules and regulations. Contractor is also responsible for assuring that all county and other funding streams for services provided within the BH Services Unit, and in the community in conjunction with the BH Services Center, are braided for maximum leverage to support service delivery at the BH Services Center while assuring that fiscal accounting methods support accountability for use of funds (e.g. Permanent Supported Housing services, or moderately intensive to intensive care coordination). Contractor shall be responsible for identifying, managing and reporting in a systematic manner to County individual funding streams supporting services at the BH Services Center. Funding streams could include dollars from Medicaid, Medicare, State/Block Grant (mental health and substance use dollars), commercial insurance, Managed Service Organization funds, County funds, or other sources identified by the Contractor. Contractor shall have the ability and capacity to code for all eligible reimbursements via Medicaid, Medicare, Commercial and other third-party insurers.

G. Role in Community and Stakeholder Engagement
The successful Proposer will be a champion for the facility with a broad spectrum of community stakeholders for purposes of (1) developing a robust system of care across the service continuum with a variety of providers and agencies; and (2) fostering ongoing community support of the facility.

The Contractor selected to operate the BH Services Center is expected to provide consultation on the design and build-out of the facility in Phase 1; develop a sustainable workforce plan that engages and builds on community workforce resources and goals; develop partnerships that enhance the responsiveness of the service delivery system; and play a lead role in marketing and outreach for the BH Services Center. While a current local presence is not a requirement for Proposers, non-local Proposers are required articulate how they will work from a baseline of not currently operating in the County to engage key community stakeholders and partners and local workforce to establish, promote and sustain the BH Services Center, in responding to this section of the RFP.
H. Staffing and Workforce Development

The Contractor is expected to maintain a level of staffing that ensures all individuals entering the facility are provided the highest quality care. This means recruiting and retaining staff with adequate experience, training, and credentials to serve the client population. In addition, this requires regular supervision from a Medical Director and psychiatry and addiction specialists. The expectation is that the Contractor will provide psychiatric expertise for mental health and ASAM qualified physicians for addiction which could be a non-psychiatric physician or a psychiatrist with appropriate training. This could also potentially include a psychiatric provider with a residency in addiction medicine. Based on the specific staffing plan of the proposal, the Contractor should provide estimates of full-time equivalents for each position. and a Psychiatrist with addictions expertise. The goal is for the BH Services Center to become a “Teaching Facility” and a “Center of Excellence” that will attract top talent from Larimer County and around the nation. The Contractor is expected to adopt a teaching model to help develop a strong workforce pipeline.
PART III: TECHNICAL RESPONSE

Describe your approach fully, including innovative practices, illustrating an understanding of and compliance with requirements outlined in this RFP. Respond to the questions (both main questions and sub-questions) presented below in the order in which they are presented and using the same headings in your response.

A. Proposer Experience and Qualifications

(1) Describe the organization (or partnership) applying to be the Contractor.
   a. Describe your organization’s ability to meet the minimum requirements of the Contractor as outlined in Section II.A.1. If the Proposer does not currently meet the minimum requirements, please identify how you plan to resolve this by contract start.
   b. Describe your organization’s ability to meet the preferred qualifications outlined in Section II.A.1.

(2) Describe your organization’s approach to collaboration and partnership. Please provide an example of working with significant partners to design, build and implement new services to meet the needs of individuals and families in the community. Outline the purpose of the partnership (goals), the ways in which you collaborated, examples of challenges encountered and how you overcame them, and the outcomes that were achieved.

(3) Describe your organization’s experience with innovative program design and best practice implementation. Provide specific examples (at least 2) of innovative programs implemented and the outcomes achieved.

(4) Provide a detailed explanation of your organization’s experience and capacity to provide administrative and operational oversight.

(5) Describe your experience collaborating with other providers in the community for referral and care coordination. As part of the collaboration description, if applicable, describe the types of referral relationships you have, the processes engaged, and any referral data that can be provided including the number of referrals your organization engages in per year with other behavioral health providers.

B. Approach to Service Delivery

Larimer County is interested in the Proposer’s best thinking regarding the service delivery and other expectations outlined below. The County recognizes that the Proposer’s approach will evolve over time and that some of the response is more “vision” than “firm approach.” However, the Proposer should provide a clear vision and outline as much detail to their approach to the design and service as possible.

(1) The County recognizes that all of the required services of the BH Services Unit may not be able to be fulfilled completely by one Proposer. Proposers may either propose to offer all services directly or propose services which they will offer directly, and services offered through a subcontracted arrangement. For required services listed in Part II.A, complete the matrix to represent your organization’s experience with each line of service. Indicate, as noted in the column headings, if your organization provides the service directly; or subcontracts with another entity for the service; where the service is provided (list all locations); length of time your organization has provided the service (if no longer providing the service provide a brief explanation why the service was discontinued); and approximate number of persons served annually in that service line.

Proposers will receive maximum points for demonstrated experience providing required services directly with points awarded for each service line for which the Proposer has demonstrated experience. Proposers, with demonstrated experience managing subcontracted providers for services lines they have not delivered directly, are eligible and will receive partial points per service line with such demonstrated experience.
<table>
<thead>
<tr>
<th>Service</th>
<th>Provide Service Directly (Yes/No)</th>
<th>Subcontract for Service/Managed Contract (Yes/No)</th>
<th>Where service provided (if more than one location, list all locations)</th>
<th>Length of time service provided (If no longer providing service, provide explanation for discontinuation of service – See (2))</th>
<th>Approximate number of persons served annually</th>
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<tbody>
<tr>
<td>24-hour Walk-in Crisis Services only</td>
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<td>24-hour Walk-in Crisis Services that includes law enforcement drop off/disposition</td>
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<td>Minor Medical Screening and Triage</td>
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<td>Crisis Stabilization Unit</td>
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<td>ASAM Level 3.2</td>
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<td>sometimes referred to as “Social Setting Detoxification,” Clinically Managed WM and 3.7 WM Medically Monitored Inpatient Withdrawal Management</td>
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<td>ASAM Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring and ASAM Level 2-WM Ambulatory Withdrawal Management with extended On-Site Monitoring</td>
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<td>Induction of MAT</td>
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<td>Outpatient Substance Use Treatment including MAT (Level 1)</td>
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<td>Short term Intensive Residential SUD Treatment (it is assumed this unit would be ASAM level 3.5: Clinically Managed High-Intensity Residential Services (Adult), and/or ASAM level 3.7: Medically Monitored Intensive Inpatient Services (Adult Criteria)</td>
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</table>
(2) Provide explanation for discontinuation of services no longer provided either directly or under subcontract arrangement, if applicable. Note if any contracts were cancelled or lost due to quality or management issues.

(3) For any and all service lines, provide a plan for developing capacity to provide each service to meet the scope of required services for the BH Services Unit. The plan should include the following: (i) recruitment, onboarding and training of required staff or subcontractor; (ii) key organization staff positions responsible for developing and implementing the service line(s) (by position and name); (iii) credentials and relevant experience of these key staff (iv) key organization staff position(s) responsible for establishing and maintaining compliance and quality oversight of service(s) provided; (v) credentials and relevant experience of these key staff.

(4) To best meet the needs of individuals served by the BH Services Center, all services should be provided within the context of the following competencies: person-centered; recovery-oriented; gender-responsive; culturally competent; and trauma-informed. Using the matrix below indicate Proposers’ current compliance with these requirements. In the event of proposals adopting Option C each organization should complete the matrix.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Formalized Training – baseline and scheduled ongoing (Yes/No)</th>
<th>Policy/Procedure to Guide Implementation and Compliance (Yes/No)</th>
<th>Included in Formalized Staff Evaluations and/or Staff Supervision (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centered</td>
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<tr>
<td>Recovery-oriented</td>
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<tr>
<td>Gender-responsive</td>
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<tr>
<td>Culturally competent</td>
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<tr>
<td>Trauma-informed</td>
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</tbody>
</table>

(5) Best and promising practices. Select BH crisis diversion facilities across the country – such as the model proposed in Larimer County for the BH Services Unit - are showing promise in improving community response to individuals in BH crisis, reducing jail recidivism and utilization of emergency departments and 911/EMS for those needing a BH response. The goal for the BH Services Unit is an integrated service delivery model that coordinates all supports and services, and law enforcement, to offer recipients individualized, seamless services that are effective and efficient.

Describe the best, promising, innovative and evidence-based practices that the Proposer would use in delivery of services at the BH Services Center to best meet this goal. Include in the description how Proposer would provide training and maintain quality and consistency in implementing core elements of proposed practices.

(6) Vision for service array. For providers who do not offer a specific service outlined in the matrix above, however have a vision for the service, please describe this vision/model approach you would build for the Center as well as why you believe this is a cutting-edge approach.

C. Subcontractor Management Approach

(1) Describe your approach to subcontracting. How do you view your role and the role of the subcontractor?

(2) For each of the services the Proposer plans to delegate, as indicated in your response to III.B.1, describe the Proposer’s experience managing a subcontractor in delivering the service. Include
(3) a description of the strategies, tools and mechanisms the Proposer used to monitor subcontractor performance and ensure quality outcomes, monitor access to services, and manage conflicts, using examples to demonstrate how the strategies were effective. If the Proposer does not have experience subcontracting, describe how the Proposer would approach the above.

(4) Explain how your organization would set up shared leadership and communication among providers within the facility ensuring that conflict is minimized. The following are a few of examples of the kinds of conflict observed in similar settings:

- An organization changes the provider schedule without telling other providers in the facility and this impacts another organization’s service delivery.
- Each provider organization is communicating with their staff about developments within the facility, but the communication is different and staff across the facility receive different information and tension arises.
- There is disagreement about the appropriateness of behavior in a shared waiting room and organizations’ policies and procedures differ for how to manage these events.

D. Administrative and Financial Management Plan

Proposer shall submit a plan for its administrative and financial operations at the BH Services Unit, including a financial model. The Proposer should reference the Master Plan for Behavioral Health Services linked in the background section of this RFP. The plan is required to incorporate the following elements and considerations:

(1) Identify assumptions and data on which plan(s) are based.

(2) Provide an organizational chart depicting the staffing Proposer will use for management of the following administrative functions: Facility Administration and Oversight of Clinical Operations; Quality Improvement and Compliance; Medical Records; Organizational and Fiscal Management, Revenue Cycle Management - Billing and Collections; Medical Staff Services; Payroll; Legal; Risk Management. Identify on submitted organizational chart any other relevant administrative functions and related organizational structure. If Proposer plans to have current staff fill positions on the BH Services Unit organizational chart, include the name and current title of those staff.

(3) For positions not to be filled by current staff, describe Proposer’s plan for recruiting, hiring, and onboarding these positions to assure positions are filled and operational when the contract term begins in the planning and operational phases.

(4) Describe your organization’s capacity to address shared leadership for co-located services. There will be multiple service providers in the facility and the potential for challenges in sharing leadership of a full continuum of care.

(5) Describe the Proposer’s process and related staffing to consistently confirm, or assist with applying for, benefits of persons served at the BH Services Unit (Proposer may reference a written policy and procedure provided in the Appendix of RFP response).

(6) Describe Proposer’s process for credentialing/empaneling of medical providers to support third party billing (Proposer may reference a written policy and procedure provided in the Appendix of RFP response).

(7) Provide a budget outlining the expected cost of operating and managing the property including costs and oversight costs of offered programs, broken down by major cost categories (1-page). The budget should also include any funding sources, including the County, and the respective amounts that will be leveraged to support program operations.

(8) Describe Proposer’s plan and approach for maximization of revenue across revenue sources within the first two years of the contract. Please provide a clear vision for the County (knowing that this model and approach will evolve with the awarded Contractor) on how you will approach diversified reimbursement—third party payors, including Medicaid, Medicare, and commercial insurance, with County as payor of last resort. The plan should describe Proposer’s vision for patient billing
allowable under Federal, State and local law for co-payments, deductibles, non-covered services, and related allowable charges as most beneficial for the BH Services Unit. Proposers should provide an estimated cash flow for the facility, monthly and annually, to demonstrate assurance that the County will not incur costs beyond the planned budget (Proposer may reference written policy and procedure(s) provided as an attachment to this response).

If Proposer intends to subcontract for a portion of the required services, describe how Proposer will assure maximum compliant 3rd party billing by subcontracted provider(s); and, how Proposer will assure timely payment for reimbursable services rendered by subcontractor(s) (Proposer may reference written policy and procedure(s) provided as an attachment to this response).

The tax initiative funding the BH Services Center will expire in 20 years. It is difficult if not impossible to anticipate the healthcare payment landscape at that time, but Proposers are asked to submit a brief high-level plan for supporting sustained BH Services Center operations, based on current operating assumptions. Feasibility of available value-based, quality-driven reimbursement mechanisms for BH Services Unit operations or other strategies or innovations may be discussed. The Proposer should include any current experience with alternate payment methodologies and other innovative strategies. Please see Appendix I of this RFP for a 5-year revenue forecast of the tax initiative that may inform the Proposer’s approach.

E. Quality Performance and Management Plan

Proposer are required to submit a Quality Plan that is responsive to the following elements and questions:

(1) If Proposer’s current operations includes a quality improvement program that systematically uses data to understand and improve the performance of its agency/organization, provide an organizational chart depicting Quality Improvement structure and a description (Proposers may reference written quality plan and/or policy and procedure(s) provided as an attachment to this response).

(2) Describe Proposers’ current use of data to improve the delivery of services and performance of your agency/organization, including examples of process measures and patient/client outcomes Proposer currently collects and uses.

(3) Outline the Proposer’s approach to continuous quality improvement based on how you intend to provide and sub-contract for services. Explain how Proposer will monitor and respond to established process measures and performance outcomes to ensure they are successful and that the goals of the initiative are achieved (Proposers may reference written policy and procedure(s) provided as an attachment to this response).

(4) Does Proposer currently participate in community/cross-sector data sharing with any community partners to identify, track and/or improve care to persons served? If yes, describe partnerships and data measured.

(5) BH crisis diversion facilities currently in operation are using some of the following measures for measuring impact and the Contractor will be expected to have a role in developing a data set to measure impact of the BH Services Unit and distributed services in Larimer County. Describe any experience Proposer has with collecting and reporting on these or other relevant measures and provide a sample report:

- Reduction in ED use by persons with BH antecedents
- Reduction in inpatient hospitalizations by persons with BH antecedents
- Schools – reduction in absenteeism
- Reduction in law enforcement disposition at ED/increase in law enforcement disposition at BH facility
- Increase in EMS disposition at BH facility for persons with non-acute medical conditions/BH antecedents
- Reduction in deaths due to overdose
- Reduction in suicide deaths and attempts
• Trend in jail bed census compared to jail capacity
• Numbers of persons in jail with a diagnosed BH condition
• Recidivism rate of individuals with a diagnosed BH condition
• Number of mental health warrants served and where individuals under warrant receive crisis intervention
• Law enforcement officer/deputy response to BH crisis
  o Number of responses
  o Average time spent until disposition of BH crisis
• Costs associated with
  o Jail bed days, including for one: ones and other expenses for detainees with BH conditions
  o Booking costs for individuals with BH conditions
  o Law enforcement officer BH crisis response time

F. Data Management/Health Information Technology Approach
(1) What electronic health record (EHR) system do you currently use?
(2) Complete the following matrix regarding Proposers’ current organizational state with use of an EHR.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Explanation for “No” Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of organization’s services are documented in the EHR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR supports and generates billing of services documented in the EHR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR is used to monitor and plan for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>individual patient treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>population health – improvements in treatment at organizational level</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3) Describe Proposer’s current participation in any health information exchanges, community dashboards, data warehouses or other community-level patient data sharing agreements and activities.

(4) Describe the Proposer’s plan for establishing data governance processes and procedures to govern sharing of information across community providers to support care coordination, taking into account relevant privacy and security regulations and recognizing community providers may have different EHR systems.

(5) Describe Proposer’s capabilities to contribute to the development of performance measures for, and ongoing contribution of data to, a community dashboard for Larimer County reflecting the impact of the BH Services Unit. Include a description of the data sources and systems used to report outcomes.

G. Ensuring Continuity of Care
Submit a Continuity of Care Plan that describes Proposer’s experience with, and plan for, the following:

(1) Processes for supporting connection with service providers and resources in the community to meet the full scope of the individual’s needs, including connection to:
  o Outpatient MH treatment
  o Outpatient SUD treatment
  o Supportive Housing Services and Housing
  o Transportation
  o Other SDOH needs (food security, etc.)
  o ID Recovery/Legal Advocacy
  o Physical Health/Medical
(2) Process/plan for outreach to and engagement of law enforcement to support maximum efficiency in access to and disposition by law enforcement officers at the BH Services Unit.

(3) Process/plan for assuring follow up for medical conditions identified during medical triage and residential stay.

(4) For Proposers with current local operations, provide a description of current referral/continuity of care relationships in categories listed in G(1) above and nature of relationship, i.e. contractual, MOU, care compact, etc. For Proposers without local operations, describe efforts to outreach to potential partners.

H. Marketing and Outreach Plan

(1) Describe your organization’s experience and capacity to provide marketing, public relations, and communications for the facility. (Proposer may provide sample marketing materials as an attachment to this response).

(2) Submit a plan describing how Proposer will conduct outreach in Larimer County to promote awareness, and appropriate use, of the BH Services Unit. Describe staff (positions, titles and the number of staff) that will conduct this activity.

(3) Contractor is responsible for developing and maintaining a public-facing website for the contracted BH Services. Include in the marketing plan how Proposer will provide this deliverable.

I. Staffing and Workforce Development Approach

(1) Complete the matrix below and provide narrative to describe Proposer’s current vision and approach to the staffing model for providing the required services, completing each element for each service line. The plan should consider the overall Master Plan and considerations of development over time. We recognize staffing will likely look different upon opening than it does during “ramp up” of services and once services are fully operational. Describe this ramp-up plan and process in the narrative and provide your “fully operational” staffing plan in the matrix below. The County appreciates that this model will evolve over time and is interested in your best thinking at this point.

<table>
<thead>
<tr>
<th>Service (reference ASAM levels in Section B – Required Services)</th>
<th>Staffing Model – Include: number of staff by position type/title and credential/license, where appropriate</th>
<th>Staffing Hours/Shifts – Shift Schedule; Number/type of staff per shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-hour Walk-in Crisis Services only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24-hour Walk-in Crisis Services that includes law enforcement drop off/disposition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Medical Screening and Triage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Stabilization Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASAM Level 3.2 WM and 3.7 WM Withdrawal Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASAM Level 1-WM and ASAM Level 2-WM Withdrawal Management</td>
<td></td>
<td></td>
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<tr>
<td>Induction of MAT</td>
<td></td>
<td></td>
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<tr>
<td>Outpatient Substance Use Treatment including MAT (Level 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term Intensive Residential SUD Treatment (it is assumed this unit would be ASAM level 3.5: Clinically Managed High-Intensity Residential Services (Adult), and/or ASAM level 3.7: Medically Monitored Intensive Inpatient Services (Adult Criteria))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(2) Describe strategies Proposer has previously used to attract and retain mental health / substance use disorder workforce. Cite data where possible to illustrate whether the strategies were successful.

(3) The preferred staffing model for the BH Services Unit includes onsite medical providers for mental health, substance use disorder and medical triage. Describe strategies Proposer has used to hire and retain psychiatric medical providers (MD, APN) and medical providers, and how you would assure that both have competencies in addiction treatment.

(4) Describe strategies Proposer will implement to create and sustain workforce development opportunities for local residents (such as internships, fellowships, and incentives).

(5) Describe Proposer’s experience hiring and supervising Peers and positions/roles for which Peers have been hired or subcontracted.

(6) Provide a fee proposal for the Proposer’s consulting time for the two (2) years of Phase 1 planning prior to facility operations. Indicate expected time commitments, hourly rates, and personnel used for tasks. Itemize all fees expected that will apply to your services.
PART IV: EVALUATION

Proposal submittals will be individually evaluated and scored by each Evaluation Committee Member. The criteria below will be the basis for review of the written proposals. The rating scale shall be for available points, receiving the maximum points available per criteria would be considered an outstanding rating.

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>POINTS AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of the scope and background</td>
<td>5</td>
</tr>
<tr>
<td>Experience with using EHR data and exchange</td>
<td>5</td>
</tr>
<tr>
<td>Qualifications of the proposer relative to the requirements</td>
<td>10</td>
</tr>
<tr>
<td>Experience and effective plan for coordinating care</td>
<td>10</td>
</tr>
<tr>
<td>Effective and sufficient staffing model</td>
<td>10</td>
</tr>
<tr>
<td>Experience and approach to delivering required and value-added services</td>
<td>20</td>
</tr>
<tr>
<td>Effective approach to subcontracting; experience and capabilities for subcontractor management</td>
<td>20</td>
</tr>
<tr>
<td>Effective capabilities in administration, financial management, quality management, reporting and marketing</td>
<td>20</td>
</tr>
</tbody>
</table>

**TOTAL AVAILABLE POINTS = 120**
PART V: AWARD AND AGREEMENT

A formal agreement will be awarded to the vendor with the most responsible, responsive, reasonable proposal, deemed the best value, best fit, and most advantageous to Larimer County (Interviews may be held, and references may be contacted, to assist in the decision for award).

The initial term of the agreement shall be for 12 years from the date the agreement is executed, including two years of planning and design and 10 years of implementation. Following the Initial Term, this Agreement shall automatically renew for successive one (1) year terms until and unless either Party elects not to renew by providing the other Party with written notice at least one hundred twenty (120) days prior to the end of the then-current term.

A Sample of Larimer County’s “Professional Services Agreement” is included with this Request for Proposal as Attachment A - Professional Services Agreement. Any exceptions or requested additions to the attached agreement must be stated and submitted with your Proposal; these requests will not be accepted after the Proposal has closed. The County makes no guarantee of any changes or concessions but will review and consider all requests submitted.

NOTE: PER ARTICLE 11 OF THE COLORADO CONSTITUTION, PUBLIC INDEBTEDNESS, LARIMER COUNTY DOES NOT ACCEPT LIMITATIONS OF LIABILITY.
PART VI: INSURANCE REQUIREMENTS

Prior to commencement of any work, contractor shall forward Certificates of Insurance to Larimer County Risk Management, 200 W. Oak St., #4000, Fort Collins, Colorado 80521. The insurance required shall be procured and maintained in full force and effect for the duration of the Contract and shall be written for not less than the following amounts, or greater if required by law. Certificate Holder should be Larimer County at the above address.

I. Workers’ Compensation and Employers’ Liability (waived if there are no employees)

   A. State of Colorado: Statutory
   B. Applicable Federal: Statutory
   C. Employer’s Liability:
      $100,000 Each Accident
      $500,000 Disease-Policy Limit
      $100,000 Disease-Each Employee
   D. Waiver of Subrogation

II. Commercial General Liability on an Occurrence Form including the following coverages: Premises Operations; Products and Completed Operations; Personal and Advertising Injury; Liability Assumed under an Insured Contract; Independent Contractors. Coverage provided should be at least as broad as found in Insurance Services Office (ISO) form CG0001. Minimum limits to be as follows:

   A. General Aggregate Limit $2,000,000
   B. Products & Completed Operations Aggregate Limit $2,000,000
   C. Personal & Advertising Injury Limit $1,000,000
   D. Bodily Injury & Property Damage Each Occurrence Limit $1,000,000

Other General Liability Conditions:
1. Products and Completed Operations to be maintained for one year after final payment. Contractor shall continue to provide evidence of such coverage to the County on an annual basis during the aforementioned period (as appropriate).
2. **Contractor agrees that the insurance afforded the County is primary.**
3. If coverage is to be provided on Claims Made forms, contractor must refer policy to Risk Management Department for approval and additional requirements.

III. Commercial Automobile Liability coverage to be provided on Business Auto, Garage, or Truckers form. Coverage provided should be at least as broad as found in ISO form CA0001 (BAP), CA0005 (Garage) or CA0012 (Trucker) including coverage for owned, non-owned, & hired autos. Limits to be as follows:

   A. Bodily Injury & Property Damage Combined Single Limit $1,000,000

IV. Professional Liability/Medical Malpractice $1,000,000

V. Crime Insurance (Third Party Fidelity) $1,000,000

VI. Network Security and Privacy Liability (Cyber Liability) $2,000,000

VII. Minimum required limits set forth herein may be met by utilizing a combination of excess/umbrella policies in conjunction with primary insurance policies if necessary.

VIII. **All insurance policies (except Workers Compensation, Auto, Crime and Professional Liability) shall include Larimer County and its elected and appointed officials and employees as additional insureds as their interests may appear.** The additional insured endorsement should be at least as broad as ISO form CG2010 for General Liability coverage and similar forms for Umbrella Liability. Additional Insured endorsement(s) shall be attached to the certificate of insurance that is provided to the county.
IX. The County reserves the right to reject any insurer it deems not financially acceptable by insurance industry standards. Property and Liability Insurance Companies shall be licenses to do business in Colorado and shall have an AM Best rating of not less than A- VII.

X. **Notice of Cancellation:** Each insurance policy required by the insurance provision of this Contract shall provide the required coverage and shall not be suspended, voided or canceled except after thirty (30) days prior written notice has been given to the County, except when cancellation is for non-payment of premium, then ten (10) days prior notice may be given. Such notice shall be sent directly to Larimer County Risk Management, 200 W. Oak St., #4000, Ft. Collins, CO 80521. If the insurance company refuses to provide the required notice, the contractor or its insurance broker shall notify the County of any cancellation, suspension, non-renewal of any insurance within seven (7) days of receipt of insurers’ notification to that effect.

XI. Contractor shall furnish Larimer County certificates of insurance. Contractor will receive all sub-contractors certificates of insurance. Such certificate must meet all requirements listed above.

**ANY DEVIATIONS FROM THE STANDARDS GIVEN ABOVE MUST BE APPROVED BY THE LARIMER COUNTY RISK MANAGEMENT DEPARTMENT.**

**IF YOU HAVE ANY QUESTIONS CONCERNING THE INSURANCE REQUIREMENTS, PLEASE CONTACT RISK MANAGEMENT AT (970) 498-5963 AT LEAST ONE (1) WEEK PRIOR TO THE RFP CLOSING DATE.**
PART VII: SIGNATURE PAGE

ADDENDA:

The proposer acknowledges the receipt of the following Addenda:

<table>
<thead>
<tr>
<th>Addendum Number</th>
<th>Date of Addendum</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

The undersigned certifies that he/she has examined the specifications and instructions to bidders and has submitted a bid in full compliance and without collusion with any other person, individual or corporation.

The undersigned further certifies that he/she is or is trying to participate in the “E-Verify” program, an electronic program provided via U.S. Citizenship and Immigration Services, through which employers verify the employment eligibility of their employees after hire. Visit the link below for more information.

http://www.uscis.gov/e-verify

The undersigned certifies that you have verified that you do not employ illegal aliens, and that you shall not knowingly employ an illegal alien to perform work.

SIGNED: ___________________________________ TITLE: ___________________________________

PRINTED NAME: _______________________________________________________________________

FIRM: ___________________________________ DUNS #_____________________________________

FEDERAL TAX ID#________________________________________________________________________

ADDRESS:____________________________________________________________________________

CITY: _______________________________ STATE: ______________________ ZIP: ________________

DATE: ___________________________________ TELEPHONE NUMBER: ______________________

EMAIL ADDRESS:________________________________________________________________________

Provide the following information for the individual who will serve as the primary contact for your organization for technical and contractual clarifications during the RFP process:

PRIMARY CONTACT’S NAME: ______________________________________________________________

TITLE: ______________________________________________________________________________

ADDRESS: ____________________________________________________________________________

PHONE NUMBER: ________________________________________________________________________

FAX NUMBER: _________________________________________________________________________

EMAIL ADDRESS: _____________________________________________________________________

For further information regarding this request for proposal, #P19-18, please contact Christal Bateman, Purchasing Agent, at (970) 498-5956, or cbateman@larimer.org.
A. Proposal Submittal Checklist
Per page 9 of this RFP, “Proposers are required to submit six (6) non-redacted paper proposals and one (1) FLASH DRIVE containing one (1) non-redacted .pdf proposal (matching the paper proposal exactly). In addition, firms should provide one (1) .pdf “Redacted Copy” of their proposal on the FLASH DRIVE excluding any information that is not subject to disclosure under the Colorado Open Records Act.”

Firms that do not provide an electronic redacted copy will have their non-redacted electronic copy used to satisfy open records requests.

<table>
<thead>
<tr>
<th>Paper Proposal</th>
<th>Flash Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submittal Item #</td>
<td>Description</td>
</tr>
<tr>
<td>1</td>
<td>Signed Signature Page</td>
</tr>
<tr>
<td>2</td>
<td>Table of Contents</td>
</tr>
<tr>
<td>3</td>
<td>Cover Letter</td>
</tr>
<tr>
<td>4</td>
<td>Limitations of Liability</td>
</tr>
<tr>
<td>5</td>
<td>Proposer Qualifications and Experience</td>
</tr>
<tr>
<td>6</td>
<td>Technical Response</td>
</tr>
<tr>
<td>7</td>
<td>Resumes</td>
</tr>
<tr>
<td>8</td>
<td>References</td>
</tr>
<tr>
<td>N/A</td>
<td>Did you provide six (6) non-redacted paper proposals with items 1-8 above?</td>
</tr>
</tbody>
</table>

PLEASE SUBMIT YOUR PROPOSAL WITH THE FOLLOWING AFFIXED TO THE FRONT OF THE ENVELOPE:

Proposal Number: P19-18, Behavioral Health Services Center Provider
Proposal Closing Date: _______________________
Vendor Name: ________________________________

Return Proposal to:
LARIMER COUNTY PURCHASING DIRECTOR
200 W. OAK STREET, SUITE 4000, PO BOX 1190
FORT COLLINS, COLORADO 80522

NOTE: Use the label to the left on packages when returning your proposal response.
APPENDIX I: Estimated 5-Year Mental Health Budget

Note this budget is subject to change. Sales tax is difficult to predict because it is dependent upon many factors, such as consumer confidence, population growth, and single-year spikes in local development. The Mental Health ballot question contains a maximum first year sales tax estimate of $19 million based on a .25% sales tax. This maximum estimate is required by the State constitution. The budget below uses a more conservative and typical revenue estimate for a .25% sales tax so as to not overstate potential available resources.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>0</td>
<td>$9,300,000</td>
<td>$1,150,000</td>
<td>$5,750,000</td>
<td>$6,075,000</td>
<td>$6,525,000</td>
</tr>
<tr>
<td>EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Construction</td>
<td>$5,000,000</td>
<td>$21,100,000</td>
<td>$2,900,000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Administration &amp; Operations</td>
<td>$400,000</td>
<td>$850,000</td>
<td>$875,000</td>
<td>$900,000</td>
<td>$925,000</td>
<td>$950,000</td>
</tr>
<tr>
<td>Community Services</td>
<td>$1,000,000</td>
<td>$2,500,000</td>
<td>$2,600,000</td>
<td>$2,700,000</td>
<td>$2,800,000</td>
<td>$3,000,000</td>
</tr>
<tr>
<td>Client Assistance &amp; Care Coordination</td>
<td>$0</td>
<td>$3,250,000</td>
<td>$3,300,000</td>
<td>$3,400,000</td>
<td>$3,500,000</td>
<td></td>
</tr>
<tr>
<td>Crisis Services</td>
<td>$0</td>
<td>$4,150,000</td>
<td>$13,500,000</td>
<td>$13,750,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>$6,400,000</td>
<td>$24,450,000</td>
<td>$13,775,000</td>
<td>$20,400,000</td>
<td>$20,875,000</td>
<td>$21,450,000</td>
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<tr>
<td>REVENUES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Tax (see Note) &amp; Interest</td>
<td>$15,700,000</td>
<td>$16,300,000</td>
<td>$16,725,000</td>
<td>$17,325,000</td>
<td>$17,825,000</td>
<td>$18,300,000</td>
</tr>
<tr>
<td>Patient &amp; Payer Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$1,650,000</td>
<td>$3,400,000</td>
<td>$3,500,000</td>
<td>$3,600,000</td>
</tr>
<tr>
<td>TOTAL REVENUES</td>
<td>$15,700,000</td>
<td>$16,300,000</td>
<td>$18,375,000</td>
<td>$20,725,000</td>
<td>$21,325,000</td>
<td>$21,900,000</td>
</tr>
<tr>
<td>Ending Balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>$9,300,000</td>
<td>$1,150,000</td>
<td>$5,750,000</td>
<td>$6,075,000</td>
<td>$6,525,000</td>
<td>$6,975,000</td>
</tr>
</tbody>
</table>