



RFP - EOHHS SOLICITATION SPECIFICATIONS

REQUEST FOR PROPOSALS

Executive Office of Health & Human Services

RFP #EOHHS-1

TITLE: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) INFRASTRUCTURE GRANT PROGRAM

DESCRIPTION: REQUEST FOR PROPOSAL TO DEVELOP CAPACITY AMONG HEALTH AND HUMAN SERVICES PROVIDERS RELATED TO THE CCBHC MODEL

The goal of this grant funding is to expand the network of community providers who have the capacity to become a CCBHC and/or partner with a CCBHC as a Designated Collaborating Organization (DCO) to support these goals. The CCBHC model builds on and expands the traditional Community Mental Health Organization (CMHO) framework, supporting an integrated approach to addressing behavioral health needs and disparities in target geographic communities or catchment areas across the life course.

PRE-BID/ PROPOSAL CONFERENCE: YES

Mandatory: NO

Date: August 11, 2022

Time: 2:00 pm to 3:00 pm

Location: Join Zoom Meeting: <https://us02web.zoom.us/j/83680212928>

Questions concerning this solicitation must be received by the RI Executive Office of Health and Human Services by emailing OHHS.CCBHCReadiness@ohhs.ri.gov no later than Monday, August 15, 2022, 5:00 pm eastern time. Questions must be submitted in a Microsoft Word attachment. Please reference the **“CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) INFRASTRUCTURE GRANT PROGRAM”** on all correspondence. Questions received, if any, will be posted on the EOHHS and Department of Administration, Purchasing website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted.

BONDING REQUIREMENTS

Bid Surety Bond Required: NO

Payment and Performance Bond Required: NO

CONTRACT TERMS

The initial contract period will begin approximately 9/30/2022 for Phase 1 of the program (see Scope of Work below) until 3/14/2023. Contracts may be renewed along with funding for Phase 2 and Phase 3 as detailed in the Scope of Work. Funding for Phases 2 and 3 is dependent on the performance of the grantee and not guaranteed.

If a grantee is funded for all three phases, the contract will be funded through June 30, 2024. Subsequent to this time period, contracts may be renewed for up to two additional 12-month periods based on grantee performance and the availability of funds.

Insurance Requirements

In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at: <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and General Conditions - Addendum A found at: <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf> .<https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf>.

The following insurance coverage shall be required of the awarded grantee(s):

General Requirements:

- 14a) Commercial General Liability - \$1 million per occurrence and \$1 million aggregate, and product liability insurance coverage of \$1 million per occurrence and \$1 million aggregate, with a maximum deductible of \$5,000 per occurrence. The State is additionally insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.
- 14b) Workers' compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 for each employee. Waiver of subrogation in favor of the State.
- 14c) Automobile liability - \$1 million per occurrence. The State is additionally insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.
- 14d) Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

Professional Services:

- 14e) Professional liability - \$2 million per occurrence and \$2 million in an annual aggregate. A waiver of subrogation in favor of the State to the extent that coverage to the Contract Party is not impaired.

- 14f) Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 14g) Physical Abuse and Molestation - of \$1 million per occurrence. Waiver of subrogation in favor of the State. The State should be an additional insured for work performed by Contract Party for the State to the extent that coverage is not subject to an insured versus insured exclusion. The additional insured status for the State is to be on a primary and non-contributory basis.

Information Technology and/or Cyber/Privacy:

- 14h) Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.
- 14i) Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:
- a) key back-office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate;
 - b) if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,
 - c) if the Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

Other:

Specify insurance type and minimum coverage required, e.g. builder’s risk insurance, vessel operation (marine or aircraft):

- 14j) Other - Specify insurance type and minimum coverage required
15. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business

associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Grantee qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

Failure to submit insurance requirements documentation with the submission on September 7, 2022 may delay the Purchase Order issuance for qualified applicants.

SECTION A. BACKGROUND

1. Executive Summary

The Rhode Island Executive Office of Health and Human Services (EOHHS) is issuing grant funding in the amount of up to approximately \$25,500,000 from American Rescue Plan Act (ARPA) funding with the ability to increase based on available funding sources to develop capacity among non-for-profit health and human service providers related to the Certified Community Behavioral Health Clinic (CCBHC) model. The objective of this grant funding is to expand access for Rhode Islanders to integrated behavioral health services and supports in alignment with the CCBHC model, which in turn has been proven to improve community health outcomes, reduce health disparities, and support providers to deliver higher quality, more sustainable services.

The CCBHC model is a national set of standards¹ for comprehensive behavioral health care that is jointly supported by the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). EOHHS has been directed by the General Assembly to submit a State Plan amendment to CMS to implement the federal model of CCBHCs. Working with Medicaid, the Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals (BHDDH), and the Department of Children, Youth, and Families (DCYF) (with this group hereafter referred to as the CCBHC Interagency Team), EOHHS has created this infrastructure grant program to help support our vision of an accessible, equitable, and sustainable behavioral health system for all. The goal of this grant funding is to expand the network of community providers who have the capacity to become a CCBHC and/or partner with a CCBHC as a Designated Collaborating Organization (DCO) to support these goals.

The CCBHC model builds on and expands the traditional Community Mental Health Organization (CMHO) framework, supporting an integrated approach to addressing behavioral health needs and disparities in target geographic communities or catchment areas, across the life course. CCBHCs serve individuals of all ages who are living with behavioral health conditions ranging from mild/moderate acuity to include those with Serious Mental Illness (SMI), Substance Use Disorders (SUD), and children with Serious Emotional Disturbances (SED). Either directly or through partnerships, CCBHCs offer outpatient mental health and SUD treatment, as well as crisis services, primary care screening and monitoring, case management and care coordination, psychiatric rehabilitation, and peer support services. They also offer targeted services for veterans and their families. To become a CCBHC, organizations must develop capacity to meet all standards across the following six domains:

1. Staffing, including ensuring that staff not only have the appropriate experience and qualifications to provide CCBHC services, but also that they are reflective of the target community being served to promote culturally and linguistically appropriate and trauma-informed services.
2. Availability and Accessibility of Services, including offering crisis management services that are available 24 hours per day, 7 days per week, as well as ensuring all services are accessible regardless of an individual's ability to pay or place of residence.
3. Care Coordination, including coordinating care across service settings and providers to support holistic and integrated care for individuals served.

¹ https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

4. Broad Scope of Services, including standards related to each of the CCBHC services. CCBHCs must deliver all services outlined in the CCBHC criteria², either directly or via a contractual relationship with a partner organization called a Designated Collaborating Organization (DCO).
5. Delivery of services via Evidence-Based or Promising Practices to the extent possible. This includes team-based approaches, like Assertive Community Treatment for individuals with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI).
6. Quality and Other Reporting, including standards related to the continuous use of data to inform quality improvement efforts, as well as the ability to provide regular cost reports related to CCBHC operations.
7. Organizational Authority, Governance, and Accreditation, including requirements related to organizational structure (CCBHCs must either be a nonprofit organization or part of a local government behavioral health authority) and incorporating meaningful input from consumers and their families into agency operations. The State will offer further guidance during Phase 1 as to what constitutes meaningful input.

Under the federal standards, CCBHCs can partner with state-designated Mobile Crisis Team (MCT) providers or other CCBHCs to maximize their ability to offer quality, 24/7 MCT and other behavioral health crisis support services to community members across the lifespan in their geographic area. To optimize the system's capacity and improve outcomes of individuals accessing behavioral health services, these crisis services must be integrated into the local system of care, including connecting to the 988 National Suicide Prevention hotline and other acute services in the crisis continuum. The 988 crisis hotline kicked off in Rhode Island and nationally on July 16, 2022. At the same time, the CCBHC Interagency Team is mindful of the need to expand and better integrate existing MCT services across the state within these overall efforts, as well as part of the behavioral health service system overall. Rhode Island's goal is for as much coordination and alignment as possible, using 988 as a central dispatch system. The state aims to ensure the necessary services and expertise across the life course, with a focus on specific services for children and youth.

The CCBHC Interagency Team is committed to establishing a CCBHC model that both builds on existing infrastructure and capacity, actively addresses health equity and aligns with other behavioral health system reforms, such as Rhode Island's System of Care Plan for Children and Youth³. As such, the CCBHC Interagency Team recognizes that DCOs are another critical element that must be included as part of our systemwide expansion and integration efforts. DCOs are community-based organizations that may extend the capacity of CCBHC organizations by doing one or more of the following:

- Offering one or more of the following CCBHC services to either all or a specified subset of the eligible population (e.g., adults, children, people with SUD): primary care screening and monitoring, case management, psychiatric rehabilitation services, peer support services, social support services, Assertive Community Treatment (ACT), and targeted services for veterans and their families.
- Providing a portion of the core community-based outpatient behavioral health service to either all or a specified subset of the population (e.g., adults, children, people with SUD).

² https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

³ <https://tinyurl.com/RIEOHSSystemofCare>

- Facilitating the engagement of diverse populations who are impacted by behavioral health conditions in their target communities, thereby helping CCBHCs reduce disparities and promote health equity among the communities they serve.

Throughout State Fiscal Year 2023, the CCBHC Interagency Team will be planning the full CCBHC implementation and applying to the federal government for inclusion in the new federal CCBHC expansion that passed as a part of the Bipartisan Safer Communities Act in June 2022. The CCBHC Interagency Team believes that the overarching CCBHC framework is a useful driver of system expansion and sustainability support overall. According to a report released by the National Council for Mental Wellbeing in August of 2021⁴, of the more than 430 CCBHCs that are operating across 42 states, there have been significant successes in:

- Expanding access to care, with an estimated 1.5 million people served nationwide by the 224 CCBHCs who were active as of January 2021.
- Decreasing wait times for individuals to receive care, with half of CCBHCs offering same-day access to services and the vast majority (93%) seeing clients within 10 days of their initial outreach.
- Mitigating behavioral health workforce shortages by enabling providers to increase hiring, with an estimated 9,000 new staff positions added across the 224 active CCBHCs between January 2021 and March 2022.
- Growing local capacity to deliver essential evidence-based practices, including but not limited to Medication Assisted Treatment (MAT). For example, 89% of CCBHCs offer one or more forms of MAT—compared to only 56% of substance use clinics nationwide—and 60% of clinics added MAT services for the first time as a result of becoming a CCBHC.

Given these and other successes reported by CCBHCs across the country, EOHHS will leverage funding to support interested providers to build capacity to become either a CCBHC or a DCO partner offering other CCBHC services. The CCBHC program model supported by the grant structure is fully aligned and directly adheres to the federal CMS CCBHC model with only three specific refinements to the model:

- The model allows DCOs to provide a portion of the core outpatient BH service across the lifecycle.
- The model includes screening for HIV and Hepatitis A/B/C (based on SAMHSA model).
- The model emphasizes equity and requirement for an equity checklist and incorporation into the proposed workplan.

As described in more detail below, funding will be offered to participating providers in three phases, based on the achievement of specified deliverables related to CCBHC readiness assessment, and capacity building activities.

⁴ <https://www.thenationalcouncil.org/wp-content/uploads/2021/08/2021-CCBHC-Impact-Report.pdf?dof=375ateTbd56>

2. Program Overview – Scope of Work and Requirements

EOHHS will provide grant funding in total of up to \$25,500,000 to be split among organizations over a period of 21 months, through June 30, 2024. The CCBHC Development Grant Program is a competitive grant program to fund community partners to establish and deliver CCBHC or DCO services in their communities. Applicants will have the option to select one of two grantee tracks:

1. CCBHC Requirements: CCBHCs directly or in partnership with Designated Collaborating Organizations, provide the following services across the life course:

- a) Outpatient mental health and/or substance use disorder clinic treatment services
- b) Primary care screening and monitoring of key health indicators and health risk
- c) Case management
- d) Psychiatric rehabilitation services
- e) Peer and family supports
- f) Social support services
- g) Assertive Community Treatment
- h) Intensive community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas

2. DCO Requirements: Designated Collaborating Organizations (DCOs) partner with CCBHCs to provide one or more of the required services listed above or provide demographically/culturally-specific outreach and engagement services to diverse populations who are impacted by behavioral health conditions in their target communities. CCBHCs are clinically responsible for the care and treatment of individuals provided by DCOs.

The total amount and number of awards distributed will be determined by the number of qualified applicants who apply for these grant dollars and the criteria described below. However, we are projecting the following number of awards by entity type for Phase 1 (though EOHHS reserves the right to make more or fewer awards and/or redistribute funds based on the number of applicants, application scoring, geographic considerations, and funds available):

- up to 10 CCBHCs
- up to 22 DCOs offering other CCBHC services

These grants will allow community organizations to establish capacity related to CCBHC services, for both those agencies who are interested in becoming a CCBHC, as well as those who are interested in delivering CCBHC services as a DCO. The state will provide all necessary tools and templates to grant recipients.

Community providers or organizations interested in **becoming Certified Community Behavioral Health Clinics** or **Designated Collaborating Organizations** must signal that interest in the **Section C Proposal**, which shall serve as a Letter of Intent for their ongoing participation. In addition, community providers or organizations interested in **participating in this grant program** as either CCBHCs or DCOs must submit a full proposal detailing their existing capacity and ability to participate in these infrastructure

development activities, including proven engagement with diverse populations and past experience delivering relevant services. Successful applicants will need to demonstrate organizational and leadership readiness, a history of or capacity for community engagement, and a commitment to build capacity to become either a CCBHC or DCO within their local community.

Grantees will be asked to provide two or more Letters of Support from partner agencies in their local area who will also participate in the assessment and capacity development activities. While not required to have existing relationships with Medicaid Managed Care Organizations (MCOs) at time of application, potential grantees should have a willingness to create partnerships within the Medicaid structure, including working towards establishing and/or strengthening their partnerships with the State's Medicaid MCOs (see Scope of Work below).

SECTION B: SCOPE OF WORK AND REQUIREMENTS

1. Funding Award Methodology, Deliverables, and Deadlines

EOHHS will award an estimated total of \$25,500,000 in grant funding to community organizations who submit an application indicating their interest and relevant experience related to building CCBHC-related capacity. Depending on need, number of applications, and available funds, final grant sizes may be higher or lower than indicated here.

This total grant amount will be distributed across three phases of work. Actual payment amounts will be based on demonstrated performance; accordingly, milestone payments earned may be less than the amount an entity is eligible to earn. The table below details funding awards, deliverables, and timetable. All deliverables must be submitted to EOHHS in accordance with the timelines specified.

Phase	Description, Funding, & Deliverables
<p>Phase 1a: Readiness Assessment and Equity Plan</p>	<p><u>Description</u></p> <p>All awarded funds will be disbursed, to be used for costs associated with completing the Phase 1 Deliverables. Links to templates for these deliverables are in Appendix A in this document, including the CCBHC and DCO Readiness Assessments, the Equity Checklist, and the CCBHC Cost Report and Cost Report Instructions. The CCBHC cost report is the document that will be completed by providers and used by EOHHS to determine the clinic-specific Prospective Payment System (PPS) rate. Due to the comprehensive technical details required in the cost report, grant funding can be used by providers to secure professional actuary or accounting assistance. This cost report only applies organizations seeking to participate as a CCBHC only (DCOs are not required to complete this report).</p> <p>(Please note that in place of a Readiness Assessment, current CCBHC Expansion SAMHSA Grantees who applied for new or continued funding to SAMHSA in 2022 may submit Attachment 11 from their CCBHC Planning, Development, and Implementation (PDI) Grant or CCBHC Improvement and Advancement (IA) Grant Application.)</p> <p><u>Funding</u></p> <ul style="list-style-type: none"> • CCBHCs will receive an estimated \$300,000 per grantee, 60% provided upon award, and 40% provided after submission to EOHHS upon receipt of an invoice and final deliverables. (Failure to submit deliverables at all will require repayment of funds.). • DCOs will receive an estimated \$30,000 per grantee, 60% provided upon award, and 40% provided after submission to EOHHS upon receipt of an invoice and final deliverables. (Failure to submit deliverables at all will require repayment of funds.). <p><u>Timing</u></p>

	<p>The Readiness Assessment and Equity Checklist shall be submitted within 60 calendar days of Phase 1 grant funding distribution. The CCBHC Cost Report shall be submitted by December 1, 2022 (pursuant to 2022 H 71234 Sub A as Amended, Article 12).</p>
<p>Phase 1b: Continuation Application</p>	<p><u>Description</u></p> <p>All Phase 1A grantees who have successfully completed Phase 1A deliverables will be invited to apply to Phase 1B. In Phase 1B, grantees will complete and submit a Continuation Application (provided by EOHHS during Phase 1A) to be evaluated for continued participation in Phase 2.</p> <p>The Continuation Application will include:</p> <ul style="list-style-type: none"> • A workplan for capacity and infrastructure development that grantees will carry out in Phase 2. The workplan will include projects to close the gaps identified by the grantees in their Phase 1 Readiness Assessment (or Attachment 11 from their SAMHSA grant) and Health Equity Checklist. The workplan that grantees develop for this Phase 2 work must include at least two milestones that grantees achieve, to justify Phase 2 funding. • Examples of potential milestones include: enhancing Electronic Health Records (EHRs) to enable new payment models or equity reporting; implementing a new outreach protocol to include expanded partnerships; or implementing an evidence-based SUD assessment. • Please note: If a CCBHC applicant does not currently have an EHR, or if their EHR is lacking capabilities identified in the Readiness Assessment Tool, then EHR enhancements must be included in the Phase 2 workplan & budget. • At least two letters of support from the applicant’s organizational partners to serve as documented community feedback that they are representative of the community being served. • A budget plan to support their capacity and infrastructure development plan, to ensure that funding is spent on allowable costs despite deliverable-based reimbursements. • A baseline CCBHC or DCO Quarterly Program Report. <p><u>Funding</u></p> <ul style="list-style-type: none"> • EOHHS will release final funds for Phase 1B based on the approval of the information submitted. • Then, EOHHS will make a determination of capacity and readiness to move into Phase 2, and award grantees who are deemed ready. <p>Receipt of a Phase 1 grant does not guarantee receipt of a Phase 2 grant.</p>

<p>Phase 2: Capacity and Infrastructure Development/Planning Collaboration Participation</p>	<p><u>Description</u> EOHHS will evaluate an agency’s Continuation Application submitted in Phase 1B and select grantees who demonstrate sufficient capacity and readiness to move to Phase 2 (based on standard Evaluation Criteria, which will be shared with all grantees).</p> <p><u>Funding</u></p> <ul style="list-style-type: none"> • An estimated \$760,000 per CCBHC grantee and \$370,000 per DCO grantee. <ul style="list-style-type: none"> ○ 25% of the awarded funds will be disbursed upon the Phase 2 award, upon receipt of an invoice. Funding will be directly tied to a workplan for completing the capacity development activities laid out in the Continuation Application. ○ Please note: If a CCBHC applicant does not currently have an EHR, or if their EHR is lacking capabilities identified in the Readiness Assessment Tool, then EHR enhancements must be included in the Phase 2 workplan & budget. ○ Upon Achievement of Milestone #1: 35% of the funds will be disbursed based on the grantee’s achievement of Milestone #1, as well as participation in the EOHHS Learning Collaborative, satisfactory submission of CCBHC or DCO quarterly program reports, and an invoice. ○ Upon Achievement of Milestone #2: 30% will be disbursed upon the grantee’s successful completion of Milestone #2, as well as continued participation in the EOHHS Learning Collaborative, satisfactory submission of CCBHC or DCO quarterly program reports, and an invoice. ○ Upon Completion of Phase 2 and all the Capacity Development activities (10%): The final 10% will be disbursed following: (1) a submitted attestation that the agency has completed all committed activities in the workplan, and (2) satisfactory submission of all CCBHC or DCO quarterly program reports, and (3) the submission of an invoice. <p><u>Timing</u> Upon notification of an Approved Application of Continuation (or approval with conditions), participants will have up to 12 months to complete all phase 2 milestones</p>
<p>Phase 3: Start-Up and Implementation of Services</p>	<p><u>Description</u></p> <ul style="list-style-type: none"> • Award amounts to be granted after successful completion of Phase 2 (including submission of at least two of the Phase 2 milestones). • More information will be provided about the Phase 3 grant award once EOHHS has moved forward with its planning to

	<p>implement the federal CCBHC model into its existing delivery system operations.</p> <p><u>Funding</u></p> <ul style="list-style-type: none"> • Final award amounts will be determined based on grant dollars remaining in EOHHS’ approved CCBHC Infrastructure Grant budget. These grant dollars can be used to support start-up operational costs and the development of relevant MOUs, contracts, and partnership agreements. • EOHHS anticipates that 80% of start-up funding for Phase 3 grants will be provided upon grant award to assist with start-up and implementation of these services, and 20% toward the end of the Phase 3 grant period. • Estimated funding (Amounts could change): <ul style="list-style-type: none"> ○ \$100,000 per CCBHC grantee ○ \$30,000 per DCO grantee • Other opportunities for implementation funding will be explored during Phases 2 and 3, and EOHHS, BHDDH, and DCYF will assist grantees to engage in planning and exploration of these opportunities. This includes, but is not limited to, establishing/strengthening partnerships with MCOs, as well as federal funding from the SAMHSA CCBHC-Expansion grant opportunity. <p><u>Deliverables</u></p> <p>Deliverables and deadlines shall be released to participating agencies during Phase II, and prior to September 1, 2023.</p>
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2. EOHHS Partnership Commitments

The CCBHC Development Grant Program is structured as a partnership of the CCBHC Interagency Team participating community organizations. As such, the CCBHC Interagency Team will:

1. **Facilitate monthly Learning Collaborative meetings** – The CCBHC Interagency Team will support monthly grantee learning collaborative meetings, providing an opportunity to share learnings, challenges, and opportunities across participating organizations by agency type (CCBHC, DCO).
2. **Provide Tools and Training** – The CCBHC Interagency Team will make trainings available on the CCHBC model to all grantees. The CCBHC Interagency Team will also make tools and other resources available to support participating organizations to engage in the Readiness Assessment, as well as build to capacity related to their target services. This includes but is not limited to the Phase 1 Readiness Assessment tool, the Phase 2 Continuation Application solicitation, and the Phase 2 Capacity Attestation Statement template.
3. **Support the Integration and Sustainability of these Services within the Delivery System** – As discussions at the state level continue to progress, the CCBHC Interagency Team members are committed to working with participating organizations to understand provider needs regarding

reimbursement options and/or regulations that may be necessary to build and sustain the community provision of these services.

4. **Support the development of collaborative relationships between CCBHCs, DCOs, MCOs, and AEs**
 - The CCBHC Interagency Team will convene workgroups of grantees with MCO and AE representatives to ensure that plans are made in a manner consistent with the long-term strategic vision of EOHHS, and that relationships benefitting patients are developed through this process.

3. Program Details

Funding and Application Dates

Key dates for the CCBHC Development grant program are as follows:

- August 1, 2022 Request for Proposal is available online at the EOHHS Website and the Department of Purchases website
- August 11, 2022 at 2:00 to 3:00 pm EST - Virtual Pre-bid Conference
 - Join Zoom Meeting: <https://us02web.zoom.us/j/83680212928>
- August 15, 2022 at 5:00 pm EST - Deadline to submit questions about the Request for Proposal to: OHHS.CCBHCReadiness@ohhs.ri.gov
- August 22, 2022 – Answers to questions posted on the EOHHS and Purchasing websites
- September 7, 2022 at 5:00 pm EST - Applications due to the State.
- September 21, 2022 – Tentative award notices issued to grant recipients
- October 3, 2022 – Purchase Orders to be issued to grant recipients

Eligible Applicants

Grant funding through the CCBHC Development Program is restricted to community organizations that meet the following criteria as described in the next few sections.

Eligible Site Requirement

The site must be the locus of service provision for the prior three (3) years for one or more of the services listed in Section 2.1 of this grant application.

Please note: An organization with sites in multiple catchment areas meeting specified criteria below can submit an application per site that demonstrates eligibility as a CCBHC or DCO applicant. A separate application must be submitted for each site for which the organization is seeking funds. Grantees will be eligible for the full allotment of grant funds for each separate application submitted.

CCBHC Criteria - CCBHCs must meet the following criteria to be eligible:

1. A nonprofit entity, state-operated clinic, or a tribal health organization, clinic, or health center licensed by BHDDH to provide behavioral health services, including treatment for mental health or Substance Use Disorder (SUD) conditions or a commitment to a process to become licensed in accordance with BHDDH guidelines prior to participation in Phase 3 of this program.
2. At least three years of experience providing services to a Medicaid eligible population relevant to the CCBHC criteria, including but not limited to: mental health and SUD treatment services, crisis stabilization services, and/or support services for individuals living with behavioral health conditions. Note, an applicant does not need experience with all these services to be eligible; rather, each applicant should be able to demonstrate some experience providing one or more services like those listed above.

DCO Criteria - DCO applicants must meet ***one of the following*** criteria to be eligible:

1. A nonprofit or for-profit entity with at least three (3) years of experience offering one or more of the following CCBHC services to either all or a specified subset of the eligible population (e.g., adults, children, people with SUD): primary care screening and monitoring, case management, psychiatric rehabilitation services, peer support services, social support services, Assertive Community Treatment, and targeted services for veterans and their families; OR
2. At least three (3) years of experience providing a portion of the core community-based outpatient behavioral health service to either all or a specified subset of the population (e.g., adults, children, people with SUD); OR
3. For Health Equity Partners, demonstrated ability to facilitate the engagement of diverse populations who are impacted by behavioral health conditions in their target communities, thereby helping CCBHCs reduce disparities and promote health equity among the communities they serve as demonstrated by a history of at least three (3) years of service to that community.

Criteria for all Applicants – In addition to the CCBHC- and DCO-specific criteria above, all applicants must meet the following base criteria to be eligible:

1. Ability to receive payments from the State RIFANS systems, or willingness to develop the capacity to receive payments from the State RIFANS system during Phase 1. **Please note that the State issues paper checks by default. Participants should work with the Division of Purchases to enroll in ACH for direct deposit.**
2. If not already a registered supplier, applicants must register in RIVIP at the Division of Purchases website at <https://www.purchasing.ri.gov/RIVIP/VendorRegistration.aspx> and submit a [completed RIVIP Vendor Certification Cover Form](#). Proposals received without a completed RIVIP Vendor Certification Cover Form attached may result in disqualification.
3. Applicants **must agree to retain and track funds and expenditures in a separate operating account** consistent with sound grant management practices; provide periodic status and financial reports in a format approved by EOHHS and BHDDH and respond to state auditing requests as needed.
4. Demonstrated experience and capacity relevant to the specific capacity the agency is working to build (CCBHC, DCO), outlined below.
5. Attestation of the agency's willingness to partner with the CCBHC Interagency Team.
6. Attestation of commitment to participate in the EOHHS Learning Collaborative.
7. Applicants agree to work towards establishing and/or strengthening their partnerships with the State's Medicaid MCOs as part of this work, in order to maximize the integration of physical and behavioral healthcare and their ability to bill for services. This would include participating in meetings of grantees with AEs and/or MCOs convened by EOHHS.

SECTION C: APPLICANT INFORMATION FORM & TECHNICAL PROPOSAL

APPLICANT INFORMATION FORM – RFP #EOHHS-1 – CCBHC Development Grant

EOHHS is providing funding to support interested providers to build capacity to become either a CCBHC or a DCO partner offering other CCBHC services. EOHHS is collecting information from organizations who want to participate in the Certified Community Behavioral Health Clinic model program and to then offer these organizations infrastructure funds to build their capacity. Please complete the following information over the next three pages, sign the document, and attach it to your proposal. This three-page Applicant Information Form does not count toward the page limit.

Name of Organization: _____

Main Contact: _____

Name and Title: _____

Contact Phone: _____

Contact Email: _____

Address (Street, City, State, Zip): _____

Organization Tax Identification Number (TIN): _____

Is the organization registered on SAM.gov? If yes, please provide the organization's Unique Entity ID (UEI): _____

If no, the following questions are required.

- In its preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? Yes or No. _____
- In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? Yes or No. _____
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov? Yes or No. _____
- List Executive Name and Compensation for five highest paid officers – **ONLY required** if the entity is not registered in sam.gov, did receive 80% or more from federal funds, did received \$25 million or more in federal funds, and officers are not publicly listed.

Formal Intent to Participate in the CCBHC/DCO Program: Checking one of the boxes below signifies your organization's formal intent to participate in the CCBHC/DCO program (please check only one of the following two options):

My organization seeks to become a Certified Community Behavioral Health Clinic, to deliver integrated outpatient mental health and SUD treatment services directly, as well as other CCBHC services (either directly or in partnership with other DCOs)

My organization seeks to become a Designated Collaborating Organization, to provide other CCBHC services, including one or more of the following (**if you are selecting this application type, select all services that apply**):

- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Outpatient behavioral health clinic treatment services
- Demographically/culturally-specific outreach and engagement services
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas

Infrastructure Grant Funding: My organization is also choosing to apply for infrastructure grant funding as a (**select only one application type**):

CCBHC

DCO (**please affirm the service(s) which you plan to carry out as a DCO**):

- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Outpatient behavioral health clinic treatment services
- Demographically/culturally-specific outreach and engagement services
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas

Catchment Areas (For CCBHC Applicants only) - The catchment area(s) that our organization aims to serve as a CCBHC is the following. Please name all municipalities in a multi-city/town catchment area or specific neighborhoods or zip codes of a catchment area within one municipality:

Learning Collaborative Participants: Please identify designated representative(s) for monthly Learning Collaborative Meetings (at least one, but up to three staff members may be designated):

1. Name and Title (required): _____
Contact Phone: _____
Contact Email: _____
2. Name and Title (optional): _____
Contact Phone: _____
Contact Email: _____
3. Name and Title (optional): _____
Contact Phone: _____
Contact Email: _____

Attestations: As an applicant agency, we attest to the following in adherence to the requirements of this RFP:

- **Learning Collaborative Participation** – We agree to participate in monthly calls with the CBCHC Interagency Collaborative to share best practices and learnings from the program.
- **Payment via RIFANS** – We agree to enroll or remain enrolled in the State systems as required for electronic payments.
- **Implement Financial Controls** – We agree to retain and track funds and expenditures in a separate operating account consistent with sound grant management practices; provide periodic status and financial reports in a format approved by EOHHS and BHDDH and respond to state auditing requests as needed.
- **Willingness to partner with Managed Care Organizations (MCOs)** – We agree to work towards establishing or strengthening our partnerships with the State’s Medicaid MCOs as part of this work.

Organization Official Signature:

By signing below, I certify all information provided above and in the attached proposal for RFP #EOHHS-1 is true and correct to the best of my knowledge.

Name: _____
Signature: _____
Title: _____
Date: _____

Please submit the application by emailing OHHS.CCBHCReadiness@ohhs.ri.gov by September 7, 2022 at 5:00 pm. You will receive a reply email acknowledging your submission. Late submissions will not be accepted. If your organization is only using this application for the **Letter of Intent**, you should submit just this three page proposal. If your organization is also applying for **Infrastructure Funding**, you must also submit the Technical Proposal below.

TECHNICAL PROPOSAL

To complete the application for Infrastructure Funding, potential grantees must submit a technical proposal which addresses each section detailed below. The application should not exceed ten (10) pages. Please use either Calibri or Times New Roman 12 point font with 1 inch margins. Attachments, including the Applicant Information Form in the fillable PDF, Letters of Support, and Resumes of Key Program Staff do not count toward the 10-page limit.

Submitting Questions: Questions concerning this solicitation must be received by the RI Executive Office of Health and Human Services by emailing OHHS.CCBHCReadiness@ohhs.ri.gov no later than Monday, August 15, 2022, 5:00 pm. Questions must be submitted in a Microsoft Word attachment. Please reference the “**CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) INFRASTRUCTURE GRANT PROGRAM**” on all correspondence. Questions received, if any, will be posted on the EOHHS and Department of Administration, Purchasing websites as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted.

Submitting the Application: Please submit the application by emailing OHHS.CCBHCReadiness@ohhs.ri.gov by September 7, 2022 at 5:00 pm. You will receive a reply email acknowledging your submission. Late submissions will not be accepted.

SECTION ONE: STAFFING QUALIFICATIONS AND EXPERIENCE

Describe your organization’s experience in and qualifications providing relevant services to the CCBHC/DCO services around which you hope to build capacity. Please include information on the following topics:

- Describe the makeup and size of the community your organization serves today and the extent of your engagement with target populations for CCBHCs, including individuals of all ages living with Serious Mental Illness (SMI), Serious and Persistent Mental Illness (SPMI), Substance Use Disorder (SUD), Intellectual and or Developmental Disabilities (ID/DD) and/or Serious Emotional Disturbance (SED). Please include approximate annual unique numbers of individuals served in these categories.
- Describe and provide evidence to your state and federal licensure and/or accreditation status
- Describe familiarity with and prior experience related to the CCBHC model, if any
- Describe the relevant experience of specific staff members who will be participating as part of CCBHC/DCO capacity development efforts. Please include resumes or CVs of at least your top 3 staff on the program, including the staff who will carry out Phase 1 activities. (These resumes do not count toward the page limit.)

SECTION TWO: CAPABILITY, CAPACITY & QUALITIFICATIONS OF THE GRANTEE/READINESS

Description of leadership commitment to this work, mission and goals of organization, governance and ownership structure, and other supporting evidence of ability and readiness to undertake this program. Please include information on the following:

- Organizational structure and other infrastructure available to support Phase 1 activities (the Readiness Assessment).

- Describe any existing equity promotion and/or disparity elimination activities in which your organization is currently engaged.
- Describe your work to address Social Determinants of Health, including screening, referrals, case management, provision of basic needs and/or systems-focused social determinants work.
- Describe how your current services approach is person-centered and culturally responsive. Describe the successes you have had in making a difference in the community you serve.
- Identify roles for the individuals who will be responsible for managing and/or implementing the Phase 1 readiness assessment, including at least one team member who can provide subject matter support related to each of the following domains:
 - Leadership and Management
 - Clinical and Direct Services, including Trauma-Informed Care
 - Cost Proposal and Fiscal Management
 - Quality Improvement, including Data Collection and Evaluation
- Evidence of financial stability sufficient to implement this program.

SECTION THREE: IMPLEMENTATION WORKPLAN AND TIMELINE FOR PHASE 1

Section should include tasks and timelines to implement the Readiness Assessment and develop the CCBHC Cost Report (cost report development applicable for CCBHC applicants only) and Equity Plan, including plans for team meetings, Readiness Assessment tool completion, Equity Plan development, Cost Proposal Development, and stakeholder/partner engagement to inform assessment. The workplan should also include participation in monthly statewide Learning Collaborative meetings, and should identify responsible parties who will lead each activity. Applicants should plan to complete the Readiness Assessment in no longer than 60 days following the initiation of Phase 1 activities.

SECTION FOUR: REFERENCES AND LETTERS OF SUPPORT FROM COMMUNITY PARTNERS

Applicants must provide the names and contract information of three references.

Applicants should also attach at least two Letters of Support or Commitment from other community organizations who will be a partner in these capacity building efforts. For example, CCBHCs are encouraged to include Letters of Support from agencies in their area who are applying to build capacity related to DCO services, and vice versa. Applicants can also include Letters of Support from other providers applying to the same application type (CCBHC/DCO) if they plan to take a local systems approach to the assessment and collaborate on shared learnings and findings. (Letters of support do not count toward the proposal page limit.)

SECTION FIVE: ATTESTATIONS

1. **General Attestation:** By submitting this application, applicants must attest to the following in adherence to the requirements of this RFP.

Learning Collaborative Participation – We agree to participate in monthly calls with EOHHS and BHDDH to share best practices and learnings from the program.

Payment via RIFANS – We agree to enroll in the State systems as required for electronic payments.

Implement Financial Controls – We agree to retain and track funds and expenditures in a separate operating account consistent with sound grant management practices; provide periodic status and

financial reports in a format approved by EOHHS and BHDDH and respond to state auditing requests as needed.

Willingness to partner with MCOs – We agree to work towards establishing and/or strengthening their partnerships with the State’s Medicaid MCOs as part of this work.

2. Budget Attestation

For the purposes of this solicitation, and for any and all contracts awarded in accordance with this solicitation, the budget will be established by EOHHS.

Any and all contracts awarded in accordance with this solicitation will be funded in accordance with the grant allotments established by EOHHS and outlined within this RFP and described in this Section.

In order to be considered for review, all applicants/potential Grantees must attest to the funds available. Should an applicant not agree with the funding available set forth herein, then they will be dropped from any further consideration.

It is understood that no guarantee is made or implied by EOHHS and that recipients of Phase 1 dollars will necessarily receive Phase 2 or Phase 3 dollars. The funding awarded is based upon current and future funding from the American Rescue Plan Act (ARPA) State Fiscal Recovery Fund (SFRF) dollars or other funding sources for the period of the resulting contracts.

Phases	CCBHC Applicants	DCO Applicant Funding
1	\$300,000	\$30,000
2	\$760,000	\$370,000
3	To be determined on dollars available	To be determined on dollars available

3. ISBE Proposal

See Appendix A on the “Overview” tab in Ocean State Procures™ for information and the MBE, WBE and/or Disability Business Enterprise Participation Plan form(s) (“ISBE Proposal”). Grantees are required to complete, sign and submit these forms with their overall proposal (uploaded to the “Price Evaluation Attachments” section on the “Attach Documents” tab). Please complete separate forms for each MBE, WBE, and/or Disability Business Enterprise subcontractor to be utilized on the solicitation.

Failure to submit ISBE proposal requirements with the submission on September 7, 2022 may delay the Purchase Order issuance for qualified applicants.

SECTION D: EVALUATION AND SELECTION - SOLICITATION SPECIFIC

Proposals shall be reviewed and scored based upon the following criteria:

Criteria	Possible Points
<p>Staff Qualifications and Experience</p> <p>1a. Experienced staff on board at the organization. [5 points]</p> <p>1b. Experience and successful track record working with target populations including individuals of all ages with behavioral health needs ranging from mild/moderate through highly complex (SMI, SPMI, SUD, and/or SED conditions). [10 points]</p> <p>1c. Experience and successful track record engaging diverse populations, including a focus on underserved communities and non-English speaking populations and others in your community who currently experience disparities in behavioral health-related access and/or outcomes. [10 points]</p>	<p>25 Points</p>
<p>Capability, Capacity, and Qualifications of the Grantee</p> <p>2a. Capacity and infrastructure to engage in the CCBHC/DCO readiness assessment and Equity Planning process (Phase 1) and agency-wide commitment to building capacity (should the agency be selected for Phase 2), including staffing available to support the work and some initial familiarity with the CCBHC model. [10 points]</p> <p>2b. Existing partnerships within the local system of care, as evidenced by two or more Letters of Support from other local organizations who can support this work (i.e., a CCBHC might include a Letter of Support from an agency applying to become a DCO or a DCO might include a Letter of Support from a CCBHC applicant to demonstrate a collaborative relationship). [10 points]</p> <p>2c. Demonstrated success providing relevant services in the communities served, based on the type of application being submitted (CCBHC or DCO), including outpatient mental health and SUD treatment, crisis services, primary care screening and monitoring, case management, psychiatric rehabilitation, peer support services, and targeted services for veterans and their families. [10 points]</p> <p>2d. Demonstrated commitment to carrying out equity promotion and/or disparity elimination activities, work to address Social Determinants of Health, and a commitment to person-centered and culturally responsive approaches to behavioral health services. [10 points]</p>	<p>40 Points</p>

<p>Readiness</p> <p>Organizational commitment to the infrastructure building and Learning Collaborative process as indicated by commitments expressed in the application and the signature of the Organizational Official on the Applicant Information Form.</p>	10 Points
<p>Work Plan</p> <p>A clear, organized, and well-structured workplan for the completion of Phase 1. Readiness Assessment activities or activities contemplated in SAMHSA Attachment 11, including tasks, timelines, specific geographies to be served, and responsible parties.</p>	25 Points
Total Possible Evaluation Points	100 Points
<p>Governance/MBE/WBE</p> <p>Applicant’s Governance is comprised of more than 50% of the ethnicity, race, gender, and sexual orientation of the population it serves, or the applicant is registered as a minority-owned or woman-owned business in the State of Rhode Island.</p>	6 Bonus Points
Total Possible Points	106 Points

SUBMISSION INFORMATION

Please submit the application by emailing OHHS.CCBHCReadiness@ohhs.ri.gov by September 7, 2022 at 5:00 pm. You will receive a reply email acknowledging your submission. Late submissions will not be accepted.

If your organization is just using this application for the **Letter of Intent**, you should submit just the three-page **Applicant Information Form** application starting on Page 17. If your organization is also applying for **Infrastructure Funding**, you must also submit the **Technical Proposal** which begins on Page 20.

Appendix A: Links to Phase 1 Deliverable Templates

Please see the links below to the Phase 1 deliverables that the state will expect from chosen grantees 60 days after projects begin. Please note applicants do not need to fill these out as a part of this application.

1. [CCBHC Readiness Assessment](#)
2. [DCO Readiness Assessment](#)
3. [Equity Plan - CLAS Checklist](#)
4. [CCBHC Cost Reporting Form and Cost Reporting Instructions](#)

Appendix B: CCBHC Related Resources

To assist interested organizations in learning more about the CCBHC model and its requirements, including its relationship to MCT and DCOs, please review the following resources:

- Federal CCBHC Demonstration Criteria:
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf
- SAMHSA's Section 223 webpage, which compiles resources related to the CCBHC Demonstration Program that have been developed since its inception in 2015:
<https://www.samhsa.gov/section-223/about>
- The fourth annual report to Congress describing results from the CCBHC Demonstration Program Evaluation, published in December of 2021: <https://aspe.hhs.gov/reports/fourth-ccbhc-program-report-congress-2020>
- The National Council for Mental Wellbeing's CCBHC-Expansion Technical Assistance Center:
<https://www.thenationalcouncil.org/ccbhc-e-nttac/>
- SAMHSA's National Guidelines for Behavioral Health Crisis Care:
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- SAMHSA's Working With a Designated Collaborating Organization (DCO) webpage: <https://www.samhsa.gov/section-223/care-coordination/designated-collaborating-organization>