



DMHAS
Division of Mental Health
and Addiction Services

CRISIS RECEIVING STABILIZATION CENTERS (CRSC)

BIDDER'S CONFERENCE

DATE: FEBRUARY 7, 2024

TIME: 10AM- 12PM



TODAY'S PRESENTERS

Donna Migliorino, MSN, MPH, APN, PMHNP-BC, NE-BC
Deputy Assistant Division Director

Rakisha Scott, M.S. ED.
Olmstead Unit Supervisor

Andrea Portovedo Hollen, MSW, LSW
Regional Olmstead Coordinator



PURPOSE AND INTENT

This Request for Proposals (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the creation of new Crisis Receiving Stabilization Centers (CRSC). This initiative provides services to those in need of immediate in-person crisis intervention and stabilization for a behavioral health crisis.

SAMHSA Toolkit 2020-

[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit \(nasmhpd.org\)](https://www.nasmhpd.org)



WHAT IS CRSC ?

Crisis receiving stabilization facilities (CRSC) provides short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.



FUNDING

Funding for this RFP is provided by:

- the Substance Abuse and Mental Health Services Administration's (SAMHSA)
- Community Mental Health Block Grant Crisis Set Aside
- COVID-19 Supplemental Funding (appropriated through the Consolidated Appropriations Act 2021 and the Coronavirus Response and Relief Supplement Appropriations Act 2021), and ARPA (American Rescue Plan Act 2021)
- Bipartisan Safer Communities Act (BSCA)



FUNDING CONT.

- DMHAS anticipates making up to 5 awards up to \$7,447,057.00 per award inclusive of up to \$400,000.00 in one-time start-up funds and up to \$166,666.00 in Capital Funds, per award.
- Total funding for this CRSC initiative is up to \$37,235,284.00, inclusive of one-time start-up funds in the amount of 2,000,000.00 and Capital Funds in the amount of \$833,330.00.
- Funding shall support the CRSC for a term of 15 months and ends September 2025, unless otherwise extended or supplemented by the DMHAS if additional funding becomes available.



FUNDING CONT.

Consistent with the above, capital funding in the amount of \$833,330.00 or up to \$166,666.00 per award for 5 programs is available for:

- Acquisition
- Construction
- Reconstruction
- Development
- Erection
- Leasehold expenses

Capital expenditures must provide added value to the site.



FUNDING CONT.

- One-time funds are available in the amount of \$2,000,000.00 or up to \$400,000.00 per award for 5 awards.
- Examples of acceptable use of one-time funds include, but are not limited to:
 - anti-ligature furniture: e.g., recliners, table chairs, (up to \$80,000.00 in total for furnishings)
 - storage bins, medication cart, medication refrigerator, supplies, and lockers (up to \$90,000.00)
 - a single vehicle (up to \$35,000.00)
 - CRSC related training (up to \$120,000.00)
 - EHR/Telehealth (up to \$75,000.00) etc.



PURPOSE AND INTENT

- DMHAS anticipates making up to 5 awards:
 - 3 awards in the Northern Region
 - 1 award in the Central Region
 - 1 award in the Southern Region
- There will be up to 1 award per sub region as described in the next slide.
- Bidders applying for more than 1 region and/or sub region must submit separate proposals for each region and/or sub region.
- Bidders must agree to take admissions irrespective of their county of origin.



PURPOSE AND INTENT

- **New Jersey Northern Region**
 - Sub Region 1 site to be located in Morris County.
 - Sub Region 2 site to be located in Bergen County.
 - Sub Region 3 site to be located in Essex County.
- **New Jersey Central Region**
 - Sub Region 4 site to be located in either Middlesex County or Monmouth County.
- **New Jersey Southern Region**
 - Sub Region 5 site to be located in Camden County.



PURPOSE AND INTENT CONT.

- The CRSC initiative will assess individuals 18 years of age and older who present in a behavioral health crisis associated with a serious mental illness (SMI) and/or substance use disorder (SUD).
- The individuals served in the initiative will receive community-based treatment and supportive services in an effective and timely manner 24 hours a day, 7 days a week, 365 days per year with multidisciplinary team capable of meeting the needs of Eligible Individuals.
- DMHAS psychiatric emergency screening (PES) data reveals that less than 40% of the individuals who present to the Emergency Department (ED) in psychiatric crisis require inpatient treatment.
- The CRSC is an alternative to traditional crisis services by diverting individuals from going to EDs and inpatient treatment when community-based alternatives would better meet the needs of individuals who are experiencing a behavioral health crisis.
- CRSC offers a no-wrong-door access to crisis stabilization, operating much like a hospital ED that accepts all walk-ins, law enforcement drop offs, and fire department drop offs.



BACKGROUND

- Currently, NJ's PES program includes mobile outreach capacity, providing approximately 30,000 episodes of mobile outreach per year, with approximately 12,000 of these episodes to community settings. Approximately half of the mobile outreaches to community settings result in diversions from hospital EDs.
- In 2019 there were a total of 229,503 served by the MH crisis system. This number is composed of 32,437 individuals with MH related ED visits, 58,062 individuals hospitalized with a MH condition, 67,230 admissions to affiliated emergency services, and 71,774 admissions to PES.
- Accordingly, CRSC is the alternative designed to address the needs that are not always satisfied by traditional crisis services. The CRSC initiative is aligned with the SAMHSA's National Guidelines Best Practices Toolkit 2020. The Best Practices Toolkit was used to inform CRSC program requirements and should be used as a guide and continuing resource.



POPULATION TO BE SERVED

The target population for the CRSC is:

- Individuals 18+ in crisis associated with a SMI
- Individuals 18+ in crisis associated with a SUD
- Individuals 18+ who walk in or voluntarily agree to be transported to the CRSC

Based on the experience of these kinds of programs in other states, it is anticipated that most individuals served will be experiencing homelessness, and/or have multiple psychiatric and medical comorbidities.



CONTRACT SCOPE OF WORK

Crisis Receiving Stabilization Centers (CRSC) provides:

- short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.
- services offer the community no-wrong-door access to MH, SUD, and co-occurring SUD and MH services,
- admission is voluntary, and any person brought to or who walks into a CRSC may leave at any time unless the individual is a danger to self or others due to their mental illness, at which point, the facility will contact the local screening center to screen the individual and determine if the individual may meet the standard for commitment.
- Peer Support Services



CONTRACT SCOPE OF WORK CONT.

The CRSC must align with the following core principles as outlined in the Best Practices Toolkit:

1. addressing Recovery Needs,
2. significant role for peers,
3. trauma-informed care,
4. zero suicide/Suicide Safer Care,
5. safety/security for staff and people in crisis and
6. crisis response partnerships with law enforcement and dispatch



DMHAS CRSC CONTRACT ANNEX A

- This is a cost-based contract.
- Successful bidders must bill Medicaid for all reimbursable services and eligible consumers, and report such reimbursement as an offset to Successful Bidder's cost-based contract.
- The grant award is the payer of last resort after all entitlements are exhausted.
- Section VIII of the CRSC Annex A identifies 3) levels of care, based on clinical need and commensurate hours of service. DMHAS acknowledges that the levels of care have no application to current reimbursement under the current term of agreement, but rather are being provided in the event DMHAS secures future funding and approvals for bundled rates.
- Successful bidders must demonstrate the ability to comply with the CRSC Annex A (Attachment J).



DMHAS CRSC CONTRACT ANNEX A CONT

Individual Eligibility:

- CRSC services must be medically necessary for an individual experiencing a behavioral health crisis, and therefore recommended by a licensed practitioner of the healing arts or other licensed and/or credentialed professional authorized by State law to recommend a course of treatment.
- Individuals who indicate their consent to be transported to, or voluntarily enter, a CRSC.
- Individuals may not be excluded from service solely because of co-existing clinical conditions such as serious emotional disturbances, intellectual disability or developmental disability, or acuity.
- Individuals may not be excluded from service solely because of coexisting active, current, substance abuse or history of substance abuse.
- Provider Agency shall not require a medical screen prior to the provision of CRSC.

DMHAS CRSC CONTRACT ANNEX A CONT



CRSC services include, but shall not be limited to: immediate needs and other clinically indicated assessments, observation, de-escalation and relief of immediate distress, risk reduction, harm reduction, crisis service planning, medication administration and management, direct service support, and case management including service referral, linkage and follow-up care.

1. Psychiatric Assessment with and without Medical Services
2. Observation
3. De-escalation and Relief of Immediate Distress
4. Risk Reduction
5. Harm Reduction
6. Crisis Service Planning
7. Medication Administration and Management
8. Direct Service Support
9. Case Management
 - a. Service Referral and Linkage
 - b. Follow-Up Contact
10. Transportation
11. Access to Laboratory Services
12. Services may be provided in-person, on-site or via Telehealth

DMHAS CRSC CONTRACT ANNEX A CONT.



LEVELS OF CARE

Provider Agency shall provide the minimum service requirements for each assessed level of care:

- **Primary Level of Care.** Less than 3 hours of CRSC services that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (without medical), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.
- **Intermediate Level of Care.** At least 3 hours and no more than 4 hours of CRSC that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (with or without medical, as clinically indicated), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.
- **Maximum Level of Care.** More than 4 hours, but less than 24 hours of CRSC services that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (with Medical), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.



DMHAS CRSC CONTRACT ANNEX A CONT.

Provider Agency's CRSC location shall satisfy the following facility standards:

- A. be of sufficient size and space to accommodate twenty-two recliner chairs, with a safety barrier around each recliner chair. The configuration shall provide for direct line observation and shall accommodate gender responsive arrangements, as well as personal hygiene and belongings.
- B. be of sufficient size and space to provide an anxiety free atmosphere while at full capacity.
- C. include a designated "comfort/quiet zone."
- D. include a designated receiving area for law enforcement.
- E. include a nurse's station with adequate safety.
- F. include a medication room for the secure storage of medications, medical equipment and supplies, a sink and medication refrigerator.
- G. include a common area with weighted tables and weighted chairs.
- H. be configured to accommodate Supportive Person(s).
- I. furniture shall be anti-ligature.
- J. provide a respectful, welcoming and non-institutional atmosphere.

STAFF REQUIREMENTS



CRSC shall be staffed:

- on-site at all times during all shifts with a Licensed Board Certified Psychiatrist or a Licensed Advanced Practice Nurse.
- with a Consulting Psychiatrist for a minimum of 5 hours per week to provide consultative services to CRSC staff and/or CRSC treatment services to Eligible Individuals.
- with one full time Program Director
- daily on-site at all times during all shifts with a Licensed Registered Nurse.
- daily on-site at all times during all shifts with at least 1 Licensed Clinical Social Worker and/or Licensed Professional Counselor, and at least 1 additional Licensed Clinician during the high utilization shift
- daily on-site at all times during all shifts with a Behavioral Health Technician with a minimum of a Bachelor's degree
- shall be staffed daily on-site at all times during all shifts with at least 1 Certified Peer Recovery Specialist (CPRS) or National Certified Peer Recovery Support Specialist (NCPRSS), and at least 1 additional CPRS or NCPRSS during the high utilization shift
- daily with a medical assistant on-site during the CRSC's high utilization shift



DATA COLLECTION

- The successful bidder will be required to submit program and financial reports to DMHAS during the entirety of the approved contract term.

The data derived from this effort will be used to achieve the following outcomes:

- Decrease psychiatric ED visits, screening center wait times greater than 24 hours, and hospital admissions.
- Increase the number of individuals discharged from the CRSC who are linked to community-based behavioral health services upon discharge or within 7 days.



GENERAL CONTRACTING INFO

- Any contract awarded as a result of this RFP is anticipated to have an initial term of 15 months, unless otherwise extended by the DMHAS in its sole discretion should additional funding becomes available, but with the agreement of the successful bidder. Successful bidders shall commence CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams.
- Successful bidders must bill Medicaid for all reimbursable services and eligible consumers. Actual funding levels will depend on the availability of funds and satisfactory performance.
- Budgets should accurately reflect the scope of responsibilities in order to accomplish the goals of this program
- All bidders will be notified in writing of DHS' intent to award a contract



REQUIRED PROPOSAL CONTENT

- Bidder's Organization, History and Experience (10 points)
- Project Description (30 points)
- Outcome(s) and Evaluation (15 points)
- Staffing (15 points + up to 10 Bonus points)
 - 5 Bonus Points for submitted resumes with Bi-lingual Staff
 - 5 Bonus Points for submitted resumes with ID/DD and forensically-involved experience
- Facilities, Logistics, Equipment (10 points + up to 10 Bonus points)
 - separate entrance and area for law enforcement is required;
 - up to 10 Bonus Points for acceptable separate entrance with ambulance bay.
- Budget (20 points)
- Appendices



WRITTEN INTENT TO APPLY

- It is required that the bidder email their notice of intent to submit a proposal no later than the 4:00 pm EST on March 20, 2024 deadline
 - Submitting a notice of intent to apply **DOES NOT** obligate an agency to apply
- If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration
- Bidders must email MH.upload@dhs.nj.gov no later than 4:00 p.m. EST on March 20, 2024 indicating their agency's intent to submit a proposal for the Crisis Receiving Stabilization Centers RFP



WRITTEN INTENT TO APPLY CONT.

- Any questions regarding this RFP should be directed via email to MH.upload@dhs.nj.gov no later than 4:00 p.m. EST on February 14, 2024.
- All questions and responses will be compiled and emailed to all those who submit a question or provide a written intent to apply.
- Bidders are guided to rely upon the information in this RFP, and the responses to questions submitted by email which will be provided to all potential applicants who submit their written intent to apply, to develop their proposals.
 - Specific guidance, however, will not be provided to individual bidders at any time.



RFP SCHEDULE

The following summarizes the RFP schedule :

- January 31, 2024
 - Notice of Funding Availability
- February 7, 2024
 - Voluntary Bidders Conference
- February 14, 2024
 - Questions on RFP are due - no later than 4:00 p.m. ET
- March 20, 2024
 - Deadline to submit written intent to apply no later than 4:00 p.m. ET
- March 20, 2024
 - Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4:00 p.m. ET.



RFP SCHEDULE CONT.

- March 27, 2024
 - Deadline for receipt of proposals – no later than 4:00 p.m. ET.
 - April 24, 2024
 - Mental Health Board Letters of Recommendation due.
 - TBD
 - Appeal deadline– no later than 4:00 p.m. EST.
- Bidders are responsible for monitoring the DHS website for updates to the RFP schedule. <https://www.nj.gov/humanservices/providers/grants/rfprfi/>