



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

REQUEST FOR INFORMATION (RFI)

RFI NO. 2021HCA6

NOTE: *If you download this RFI from the Health Care Authority website or WEBS, you are responsible for monitoring the posting for updates and new amendments.*

SCOPE TITLE: Outpatient Competency Restoration Program (OCRP)

VIRTUAL PRESENTATION: The Health Care Authority (HCA) is inviting interested licensed behavioral health agencies across the King County region to receive information on implementing the Outpatient Competency Restoration program. HCA and the Department of Social and Health Services (DSHS) will be conducting two (2) separate virtual presentations to provide more information to interested agencies. For more information, see section 1, "Introduction and Background" in this RFI.

VIRTUAL PRESENTATION RSVP: If you are interested in attending a virtual presentation, please RSVP by emailing the attached Exhibit A to the RFI Coordinator, Holly Jones at HCAProcurements@hca.wa.gov.

**Virtual Presentation Schedule
King County (Trueblood Settlement Agreement Phase 2)**

RSVP DUE by APRIL 30, 2021 by 2:00 PM

VIRTUAL SESSIONS	DATE	TIME
Virtual Session #1	May 18, 2021	1:00 PM – 2:00 PM
Virtual Session #2	May 20, 2021	9:00 AM – 10:00 PM

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1. INTRODUCTION AND BACKGROUND

- 1.1 The Health Care Authority (HCA) is seeking information that will help assist in selecting licensed community behavioral health agencies to potentially contract with HCA for implementation of the Outpatient Competency Restoration Programs (OCRP) in King County.
- 1.2 The Trueblood Settlement Agreement brings a significant investment to the King County region for OCRP services. There may up to four distinct OCRP teams contracted across the county, or there may be one licensed behavioral health agency that is able to contract for the equivalent of up to four teams to serve the entire King County region. This RFI process may help us determine how many OCRP contracts will be executed in King county.
- 1.3 The funding for OCRP is determined by the legislature and allocated to Trueblood General Fund State dollars. Budgets may be based on agency budget proposals submitted once an agency is identified as interested and able to provide services. The OCRP model assumes amounts for salary, benefits, and associated direct costs and overhead that are reconciled against same or like position cost using the credentialing type published by Mercer Actuarial Company's Data Book. The Data Book details behavioral health analysis of provider costs/rates in Washington. Salary and benefit expenses in the King Region are higher than other regions and therefore estimated salaries are near or at the Mercer published rates for credentialed staff. Direct expenses are standardized across the Trueblood service elements based on estimated number of FTE's and staffing costs. Initial year budgets may include startup costs in the budget amounts. Amounts for startup are based on standardized costs to set up teams across Trueblood Elements. Year 2 budget and beyond may only include annual operating expenses. Budgets assume contracts may

be cost reimbursement and negotiated based on actual and reasonable resource costs presented by contractor(s).

- 1.4 HCA will be hosting two (2) separate virtual presentations for interested licensed community behavioral health agencies across King County to receive more information on implementing the OCRP.

1.5 Background

- 1.5.1 HCA is leading this element of the Trueblood settlement, in collaboration with the Department of Social and Health Services (DSHS) and community stakeholders.
- 1.5.2 In 2018, The Department of Social and Health Services (DSHS) entered into a settlement agreement as part of the litigation known as A.B., by and through Trueblood, et al., vs. DSHS, et.al., No. 15-35462 ("Trueblood") more information at <https://www.disabilityrightswa.org/wp-content/uploads/2014/08/Trueblood-Proposed-Settlement-Agreement-8.16.18.pdf>. The court established that the length of time taken by DSHS to provide competency services was a violation of constitutional rights. As a result, the settlement agreement and subsequent legislation (Senate Bill 5444 (2019) provided guidelines pertaining to the implementation of Outpatient Competency Restoration Program (OCRP) which will permit competency restoration treatment to be provided in community settings instead of inpatient units within a state psychiatric hospital or other competency restoration facility.
- 1.5.3 All criminal defendants have the constitutional right to assist in their own defense. If a court believes a mental disability may prevent a defendant from assisting in their own defense, the court puts the criminal case on hold while an evaluation is completed to assess the defendant's competency. If the evaluation opines the defendant competent, they are returned to stand trial. However, if, based on the evaluation, the court finds the person is not competent, the court may then order the defendant to receive competency restoration treatment. Until now, DSHS has provided competency restoration treatment on an inpatient basis only. This new program, OCRP, will provide an option for courts to order restoration to defendants who are suitable to receive services in the community versus an inpatient setting.
- 1.5.4 The intent of this program is to help reduce the number of people waiting to receive competency restoration, to provide the services in a safe and cost-effective environment, and to provide the most appropriate level of care to the individual.
- 1.5.5 Suitability for OCRP is determined by the court and based on information and recommendations provided by the DSHS Forensic Navigator. The Forensic Navigator meets with the person prior to the competency hearing and gathers information including if the person is willing to: participate in OCRP, take prescribed medications and abstain from unprescribed substances. The court is presented with information on historical and current clinical factors that may impact a person's ability to be restored to competency in a community setting. With this information, the court determines if a person is appropriate for OCRP services. Once a person is ordered to OCRP, the DSHS Forensic Navigator will notify the OCRP contractor and initiate services.

Individuals served in OCRP may also be served by other Trueblood Settlement Agreement programs such as Forensic HARPS and Forensic PATH.

- 1.5.6 The intent of this program is to help reduce the number of people waiting to receive competency restoration, to provide the services in a safe and cost-effective environment, and to provide the most appropriate level of care to the person.
- 1.5.7 OCRP has been operational in the Spokane Region, Southwest Region and Pierce Region since July 2020, utilizing the Breaking Barriers Competency Restoration Program model. The OCRP model provides individual, group and virtual competency restoration services that include: assessment of barriers to competency by a licensed clinician, facilitation of psychoeducational groups by all program staff, medication management by a licensed prescriber, and referral to other programs as needed to include adult outpatient mental health treatment and substance use disorder treatment.
- 1.5.8 Teams with licensed community behavioral health agencies are multidisciplinary that include certified peer counselors who have lived experience in behavioral health recovery, a medication prescriber, and non-licensed and unlicensed master's level clinicians.

2. RFI GOALS AND OBJECTIVES

- 2.1 HCA may be awarding contracts directly to qualified licensed behavioral health agencies in King County for OCRP services by the end of 2021. The principles underlying its design includes the following:
 - 2.1.1 History of OCRP in Washington state including statutory authority;
 - 2.1.2 OCRP Model and Breaking Barriers Competency Restoration Program model requirements; and
 - 2.1.3 The major business and technical complexities HCA and DSHS anticipate for this implementation.
- 2.2 HCA aims to use this RFI as a means to learn which licensed behavioral health agencies are interested and qualified to implement the OCRP including the following:
 - 2.2.1 Recommendations for implementation countywide.
 - 2.2.2 Recommendations for a staffing model.
 - 2.2.3 Suggestions from providers on OCRP model; and
 - 2.2.4 Perceived implementation challenges within King County.

3. SCOPE OF WORK FOR POTENTIAL CONTRACT

- 3.1 The King Region OCRP is estimated to need up to four teams to provide this service. Core team requirements include: 0.5 FTE Licensed Master's Level Master Instructor, 1.0 FTE Non-licensed Master's Level Subject Matter Expert, 1.0 FTE Certified Peer Counselor, 0.25 FTE ARNP/Psychiatric Prescriber. Percent FTE of Manager and Program Assistant are included as a needed resource specific to operation support of the program. Master

Instructors provide oversight of OCRP and monitoring of a person's barriers to competency as well as conducts the clinical intakes into the program. Subject Matter Experts and Certified Peer Counselors conduct individual and classroom-based learning and provide outreach and support to persons in the program. An ARNP/Psychiatric Prescriber provides medication management and consults on progress of a person's barriers to competency. These funds are reimbursed monthly over the course of the contract by the teams invoicing for services available and contract deliverables provided.

- 3.2 Each OCRP provider receiving a contract from HCA will be required to utilize the Breaking Barriers Competency Restoration Program as its methodology in providing OCRP services to participants.
- 3.3 All certified peer counselors will be required to complete the Intersections of Behavioral Health and the Law curriculum.
- 3.4 OCRP will serve individuals ordered from criminal courts and referred by Forensic Navigators in the King County region.
- 3.5 HCA and DSHS will provide training to contracted providers on the Breaking Barriers Competency Restoration Program.
- 3.6 A substantial amount of client support/flex funds are availed for people served in this program. These funds may be used for food, clothing, lodging, rent, daily living needs, transportation, medically necessary services and testing, or other items/services as appropriate for a person's success in the program.
- 3.7 Coordination will be required with all Trueblood Settlement Agreement elements across the region: Forensic Navigators (FN), Forensic Housing and Recovery through Peer Services (FHARPS), and Forensic Projects for Assistance for Transitions from Homelessness (FPATH).
- 3.8 Coordination for OCRP services will be required with Tribes and Urban Indian Organizations in the King region.
- 3.9 While the Trueblood Contempt Fine projects are separate, the collaboration and coordination with these projects is encouraged.

4. GENERAL INFORMATION FOR VIRTUAL PRESENTATION

HCA will be conducting two (2) separate 60-minute virtual presentations for King County licensed behavioral health agencies interested in learning more information about the OCRP (*see presentation schedule on cover page*).

4.1 REGISTRATION AND RSVP

See the attached Exhibit A for instructions.

4.2 RFI CLARIFICATION QUESTIONS

- 4.2.1 In the RFI Schedule, section 5 below, the intent of number II, “*RFI Clarification Questions*,” is for interested agencies to ask HCA questions pertaining to this RFI that may not be clear. These questions are due **April 19, 2021 by 2:00 PM**, and are to be emailed to the RFI Coordinator, Holly Jones at HCAProcurements@hca.wa.gov. Please insert in the email subject line: **RFI-2021HCA6 - OCRP - Holly Jones**.
- 4.2.2 HCA is discouraging any technical questions pertaining to the OCRP. Those questions will be addressed in the virtual presentations.
- 4.2.3 HCA will be bound only to the HCA written answers to questions for the virtual presentations. Questions arising during the presentations or in subsequent communication with the RFI Coordinator will be documented, answered in written form, and will be published on the Washington’s Electronic Bid System (WEBS) located at <https://fortress.wa.gov/ga/webs/>, and also be e-mailed to the appropriate listservs via an amendment to ensure that all interested participants receive the same information.

5. RFI ESTIMATED SCHEDULE

HCA reserves the right to change the RFI Schedule at any time.

RFI ACTIVITIES		DUE DATES	TIME
I.	HCA Releases RFI	April 13, 2021	
II.	RFI Clarification Questions	April 19, 2021	2:00 PM
III.	HCA responds to agencies clarification questions.	April 22, 2021	
IV.	Submit Exhibit A to RSVP for virtual presentations to RFI Coordinator.	April 30, 2021	2:00 PM
V.	RFI Coordinator emails virtual presentation info/links to participants.	Approximately a week before presentations.	
VI.	Session #1 Virtual Presentation	May 18, 2021	1:00 PM – 2:00 PM
VII.	Session #2 Virtual Presentation	May 20, 2021	9:00 AM – 10:00 AM
VIII.	HCA responds to participants questions resulting from virtual presentations via an amendment to WEBS/listservs.	May 28, 2021	
IX.	Participants submit Exhibit B, “Agency Response.”	June 15, 2021	2:00 PM

6. AGENCY RESPONSE FORMAT

- 6.1 Please do not cut and paste responses into this RFI, instead, provide a response to questions as a separate document using the corresponding item number listed in the attached **Exhibit B “Agency Response” form**.
- 6.2 Please use the information provided in Sections 1 through 3 of this RFI as a framework in your responses. This common framework will greatly facilitate interpretation of the RFI results.
- 6.3 Responses must be provided in an electronic format via email, such as pdf Adobe Acrobat or Microsoft Word. This will assist in HCA’s review process. Responses may be provided in more than one file and submitted in more than one email.
- 6.4 **Please note that HCA will not accept zipped or compressed files in connection with this RFI.** HCA will not open any such file. If individual files to a response are too large, please send multiple emails instead of compressing files.

7. COST OF RESPONSE

Agencies will not be reimbursed for any costs associated with preparing or presenting any response to this RFI.

8. PROPERTY OF HCA

All materials submitted in response to this RFI become the property of HCA. HCA has the right to use any of the ideas presented in any response to the RFI.

9. PUBLIC RECORDS AND PROPIERTARY INFORMATION

- 9.1 Any information contained in the response that is proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word “confidential” printed on the **lower right hand corner** of the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.
- 9.2 To the extent consistent with chapter 42.56 RCW, the Public Records Act, HCA will maintain confidentiality of your information marked confidential or proprietary. If a request is made to view your proprietary information, HCA will notify you of the request and of the date that the records will be released to the requester unless you obtain a court order enjoining that disclosure. If you fail to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in its notice to you.
- 9.3 HCA’s sole responsibility will be limited to maintaining the above data in a secure area and to notify you of any request(s) for disclosure for so long as HCA retains your information in

HCA records. Failure to so label such materials, or failure to timely respond after notice of request for public records has been given, will be deemed a waiver by you of any claim that such materials are exempt from disclosure.

10. REVISIONS TO THE RFI

- 10.1 HCA reserves the right to amend this RFI at any time. In the event it becomes necessary to revise any part of this RFI, an amendment will be provided on the Washington's Electronic Bid System (WEBS) located at <https://fortress.wa.gov/ga/webs/>, and will be e-mailed to listservs.
- 10.2 HCA reserves the right to cancel or reissue this RFI at any time, without obligation or liability.

11. NO OBLIGATION TO BUY OR ISSUE A CONTRACT

HCA may use responses to this RFI for potential contracts for the subject of these services, issuing this RFI does not compel HCA to do so.

12. SECURITY AND PRIVACY REQUIREMENTS

- 12.1 Any solution HCA procures and implements will need to comply with applicable state, federal, and industry regulations, such as the following:
- 12.1.1 HIPAA Privacy, Security and Breach Notifications
 - 12.1.2 WA State OCIO Security Standard, OCIO 141.10
 - 12.1.3 42 CFR Part 2
 - 12.1.4 RCW 70.02
 - 12.1.5 HCA Privacy and Security Policies, such as HCA 1-02 and HCA 6-16
 - 12.1.6 NIST 800-53 Rev 4
- 12.2 Further information about any of the above can be provided at Respondent's request.

EXHIBIT A – Participant RSVP Form

Due April 30, 2021 - 2:00 PM

1. Virtual Presentations:

The RFI Coordinator will email the links to the participants that have sent in Exhibit A for the virtual presentations approximately a week before both sessions.

2. RSVP Instructions:

Complete this Exhibit A form, insert in the email subject line: **RFI - 2021HCA6 - OCRP - Holly Jones**; and submit to HCAProcurements@hca.wa.gov.

3. Participant Info:

Please complete the information provided below:

Name of your Agency	Participant Name(s)	Email Address
Please check the session you will be attending.		
<input type="checkbox"/> Virtual Session 1: May 18, 2021 – 1:00 PM – 2:00 PM		
<input type="checkbox"/> Virtual Session 2: May 20, 2021 – 9:00 AM – 10:00 AM		

EXHIBIT B – Agency Response

Due by June 15, 2021 by 2:00 PM

Name of your Agency	Contact Name	Email Address

HCA may be awarding contracts directly to qualified licensed behavioral health agencies in King County for OCRP services by the end of 2021.

If your agency is interested in providing OCRP services, please complete your response to HCA's questions below. HCA may use responses to this RFI for potential contracts for the subject of these services, issuing this RFI does not compel HCA to do so.

Complete this Exhibit B form, insert in the email subject line: **RFI - 2021HCA6 - OCRP - Holly Jones**; and submit to HCAProcurements@hca.wa.gov.

1. What is your agency's experience in your community as it relates to behavioral health treatment of justice involved individuals or the delivery of forensic behavioral health services (to include individuals who are involved in competency proceedings/services)?
2. Agencies that HCA may select to contract with will be required to coordinate with all Trueblood elements (Forensic Navigators, OCRP, Forensic HARPS). What is your agency's experience coordinating with health care partners inside and outside of your agency? Partners may include: Tribes and Urban Indian Organizations, Accountable Community of Health (ACH), Managed Care Organization (MCO), Behavioral Health Administrative Services Organization (BH-ASO), courts, and diversion programs, etc.
3. Is your agency interested in contracting with HCA for more than one Trueblood element project? If so which element project(s).
4. Are you currently able to provide services county-wide or do you service individuals in a specific region of the county?

5. Has your agency had any workforce challenges in the past 24 months, specifically in hiring of licensed and non-licensed Master's level clinicians?? If so, what is your capability for providing supervision to individuals in the licensure process?
6. Are you currently able to provide supportive housing services and outreach engagement services in a specific region of King County, if so what region?
7. Please provide the perceived challenges to the implementation of OCRP in your agency region.
8. Please list the successes your agency has had in serving people in your community in the midst of the COVID-19 pandemic?