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**DISTRICT OF COLUMBIA OFFICE OF CONTRACTING AND  
PROCUREMENT**

**DEPARTMENT OF BEHAVIORAL HEALTH**

**64 NEW YORK AVENUE, NE**

**WASHINGTON D.C. 20002**

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April 4, 2017

**INVITATION FOR BID (IFB) NO. RM-17-IFB-050-BY4-DJW**  
**AMENDMENT FOUR (4)**  
**MOBILE CRISIS SERVICES**

**TO ALL PROSPECTIVE BIDDERS:**

This Amendment has Two Parts.

**PART I:** Administrative Revisions

**PART II:** Questions from the Vendors and Answers from the Program

**THE CLOSING DATE FOR THE ABOVE SOLICITATION IS HEREBY EXTENDED  
FROM APRIL 7, 2017 AT 2:00 PM TO APRIL 10, 2017 AT 2:00 PM**

**PART I**

The above referenced Invitation for Bid (IFB) is hereby amended as follows:

**LOCATED IN SECTION C – SPECIFICATIONS/STATEMENT OF WORK:**

- 1) The word “hire” has been replaced with the word “provide” in Section C only.
- 2) The word “subcontract” has been replaced with the word “utilize” in Section C only.
- 3) In Section C.4.8 please remove in its entirety the statement “To initiate further assessment and corresponding treatment as clinically appropriate.”

**LOCATED IN SECTION G – CONTRACT ADMINISTRATION:**

- 1) In Section G.9.9 Delete this Clause in its entirety “The Contactor shall submit billing to the patient’s medical insurance for all emergency and non-emergency transport services for patients with ambulance transport coverage. D.C. Medicaid, Medicare and private insurance companies are included.”

**LOCATED IN SECTION H and IN SECTION J which refers to the U.S. Department of  
Labor Wage Determination.**

“The Wage Determination has been revised to read 2015-4281, Revision 4, Dated 12/30/2016.”

**PART II**  
**QUESTIONS AND ANSWERS**

Question No.	IFB Section	Question
1.	N/A	Is there an existing provider of these services?
<b>OCP RESPONSE: Yes.</b>		
Question No.	IFB Section	Question
2.	N/A	What is DC currently reimbursing for this service per month and annually?
<b>OCP RESPONSE: That information can obtain by going to <a href="https://ocp.dc.gov/page/open-government-and-FOIA">https://ocp.dc.gov/page/open-government-and-FOIA</a>. The District has a process so your FOIA request can be tracked and processed. To submit a FOIA electronically please visit here: <a href="https://foia-dc.gov/App/Home.aspx">https://foia-dc.gov/App/Home.aspx</a></b>		
Question No.	IFB Section	Question
3.	B.5	Can you provide specific qualification requirements for all mandatory staff (i.e. degrees, license and credentials)?
<b>OCP RESPONSE: The Contractor's Mandatory Staff must have Master Level Social Workers that are licensed at the minimum graduate level and Master Level Counselors that are licensed at the minimum graduate level.</b>		
Question No.	IFB Section	Question
4.	N/A	Does the Psychiatrist access for consultation have to be local or can they be in another state?
<b>OCP RESPONSE: The Psychiatrist accessibility must include live face to face hours.</b>		
Question No.	IFB Section	Question
5.	B.5	What is the minimum of staff per team?

**OCP RESPONSE: Refer to the Price Schedule CLIN 0001 for positions required. Please note that there is only one (1) Team. Staffing patterns and the amount of Staff must ensure that the 24/7 coverage requirement is met.**

Question No.	IFB Section	Question
6.	C	Section C, Response Services, page12  How are response times calculated? Does the clock start at the end of the call or at time of deployment? If at time of deployment, is there a responsibility to track end of call to deployment?

**OCP RESPONSE: Phone Call Answered at Intake to Deployment Completed**

- Call/intake started
- Call/intake ended
- Deployment Departure Time
- Deployment arrival time
- Deployment End time

Question No.	IFB Section	Question
7.	C	Is Community Crisis stabilization and Disaster Response prioritized over individual mobile crisis response? How is this currently determined?

**OCP RESPONSE: Community Crisis Stabilization and Disaster Response should be managed along with individual crisis calls. DBH Managers triage all calls and determine how to best utilize resources.**

Question No.	IFB Section	Question
8.	C	Can you provide a job description for the Youth Peer Specialist? Is there a requirement for Peer Specialist to be used on a certain % of crisis responses?

**OCP RESPONSE: The job descriptions for Youth Peer Specialists and Family Peer Specialist are attached to this Amendment Four (4) as Attachment A and Attachment B. There is no requirement for Peer Specialist to be used on a certain % of crisis responses. Contractor must ensure requirements from IFB for Peer Specialist are incorporated into programming.**

Amendment Four (4)  
Mobile Crisis Services  
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Question No.	IFB Section	Question
9.	N/A	Can you provide the volume of calls received in last FY by area (District, Maryland, Virginia)?
<b>OCP RESPONSE: The total calls that were received in FY2016 is 1,348. This information is not available for each jurisdiction.</b>		

Question No.	IFB Section	Question
10.	N/A	Can you breakdown the number of calls that required deployment by area (District, Maryland, Virginia)?
<b>OCP RESPONSE: Total Calls Deployable 892.</b>		

Question No.	IFB Section	Question
11.	C	What is current % of calls that the crisis team is not able to deploy due to capacity and what is the benchmark for this?
<b>OCP RESPONSE: Fourteen (14) Calls were redirected.</b>		

Question No.	IFB Section	Question
12.	C	What is considered "after hours" requiring a 1 hour 45 minute response time vs 1 hour?
<b>OCP RESPONSE: After hours will depend on the Vendor's office hours. Currently office hours are from 8am until 10pm. The 1 hour and 45 minutes means that the after-hours a team must arrive to the site within 1 hour and 45 minutes from the time the call comes in to the mobile team (including any answering service).</b>		

Amendment Four (4)  
Mobile Crisis Services  
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Question No.	IFB Section	Question
13.	C	If a call is deemed not appropriate to deploy staff, does the Crisis Provider need to make a mandatory face-to-face contact with the family within 48-72 hours? If deemed not appropriate, are there any face-to-face requirements (with calls that don't meet crisis standards)?
<b>OCP RESPONSE: Follow up crisis calls whether deployed on or not, is based on the need of the caller.</b>		

Question No.	IFB Section	Question
14.	C	Can the role of the peer specialists be clarified (1 adult plus 1 youth)? And will DBH provide training for their certification, as well as referrals for the contractor's hiring of this role?
<b>OCP RESPONSE: Peer Specialist positions shall utilize someone certified in the Family Peer Certification Program and the Youth Peer Certification Program. DBH offers these trainings, certifications, and continuing education hours to maintain the certification. DBH will allow up to six (6) months in the Base year of the contract for vendor to establish and implement Peer Specialist into the team.</b>		

Question No.	IFB Section	Question
15.	C	Are follow-up services absolutely limited to 3 weeks? Will 4 weeks of follow-up be allowed, when we believe it to be clinically appropriate?
<b>OCP RESPONSE: Follow up services may be extended beyond three (3) weeks as approved by the Clinical Management Team.</b>		

Question No.	IFB Section	Question
16.	C	What PPG is DBH expecting us to collaborate with?

**OCP RESPONSE:** The Physician Practice Group (PPG) through the Department of Behavioral Health. The PPG is currently through DBH Comprehensive Psychiatric Emergency Program located on Howard Rd in Washington, DC.

Question No.	IFB Section	Question
17.	C	Can you clarify C.4.8 (page 13) is this a new role for the Access Help Line?

**OCP RESPONSE:** The second bullet which states “To initiate further assessment and corresponding treatment as clinically appropriate.” has been removed

Question No.	IFB Section	Question
18.	C	How often should the “routine” criminal background checks be conducted?

**OCP RESPONSE:** Please refer to the Price Schedule CLIN0001 for positions required. Please note that there is only 1 team. Staffing patterns and amounts of staff must ensure that the requirements of 24/7 coverage is met.

Question No.	IFB Section	Question
19.	C	Once DBH selects a provider through the initial phase of this IFB, what is the timeline for: Phase 2: Service narrative/process toward contracting for services? Contract start date? Staff ramp-up timeline?

**OCP RESPONSE:** Narratives will only be requested if the Contracting Officer determines additional information is required to make a determination for Contractor Responsibility. As for the contract start date, that will be determined by the Office of Contracting and Procurement. The staff ramp-up timeline shall be 30 days from date of award of the contract with the exception of peer support. Peer established timeline will be six (6) months from date of award of contract.

Question No.	IFB Section	Question
20.	C	“The Contractor is responsible for assuring that all deployed Staff meets annual Flu vaccine and TB health screening requirements at no cost to the District.”

**OCP RESPONSE:** Yes.

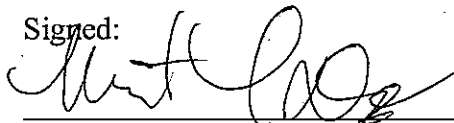
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Question No.	IFB Section	Question
21.	C	We would like to confirm whether or not "annual requirements" means that flu vaccinations are mandatory and if so, what documentation, if any, would we be required to provide?
<b>OCP RESPONSE: Flu vaccines are not mandatory.</b>		

**ALL OTHER TERMS AND CONDITIONS OF THE INVITATION FOR BID (IFB) REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each Bid to be submitted to the place specified for receipt of Bids. Bids shall be mailed or delivered in accordance with the instructions provided in the original IFB. In the event your Bid has been previously deposited with the Department of Behavioral Health, Office of Contracts and Procurement (DBH/OCP), submit this signed Amendment in a sealed envelope, identified on the outside by the IFB number and submission date. This signed Amendment must be received by the DBH/OCP on or before **Monday April 10, 2017 at 2:00 P.M. EST** the date and time for closing. **Failure to acknowledge receipt of Amendment Four (4) for Solicitation Number RM-17-IFB-050-BY4-DJW may be cause for rejection of any Bid submitted in response to the subject IFB.**

Signed:



Margaret T. Desper, CPPB  
Supervisory Contract Specialist  
Chief Contracting Officer

Amendment Number Four (4) is hereby acknowledged and is considered a part of the Bid **RM-17-IFB-050-BY4-DJW**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print or Type Name of Offeror



## Certified Family Peer Specialists within the System of Care

What is a Certified Family Peer Specialist? Certified Family Peer Specialist (CFPS) is a vital component of the District of Columbia's System of Care. These supports play an essential role in helping to build the resiliency of caregivers and strengthen the capacity of families to care for children at home. CFPS are integral to teams serving children and youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

CFPS helps families navigate systems and support their children and youth as they encounter the system. In addition, CFPS serve as a bridge between providers in child-serving agencies and the families of the youth being served. They bring a family perspective that can inform and shape agency practices and policies. The goals for CFPS include:

- reducing families' sense of isolation, stress, or self-blame;
- providing education, consultation and information to programs;
- helping families clarify their own needs or concerns;
- teaching skills, coaching and empowering families, so that they can more effectively partner with agencies and service providers to support their youth's success;
- Ensuring that family perspectives inform agency and service providers' policies and practices;
- Support families in their efforts to resiliency;
- Assist the family identify natural supports;
- Model effective advocacy;
- Knowledge of community resources and resource acquisition;
- Use the lived experience to foster hope;
- Bridge between system partners and parent

A primary area of focus for the DC Gateway Project has been the development of a Certified Family Peer Specialist training and certification process. The development of a Certified Family Peer Specialist built upon the existing structure, core competencies, and training and certification requirements, to develop the Certified Family Peer Specialist position that also provides Medicaid billable services and thus supports sustainability of Family Support in the System of Care. The Peer to Peer work group composed of numerous family and community representatives, identified the roles and functions of a CFPS and the unique elements essential for a CFPS. Core competencies unique to Family Peers were determined and the curriculum developed and approved by the Certified Peer Specialist Board.

### The Certified Family Peer Specialist Competencies

DC System of Care Overview	Family Centered, Parent Driven, Youth Guided Approaches to Practice	The Teaming Process within the System of Care	Unique Role of the Certified Family Peer Specialist	Understanding Childhood Development
The Certified Family Peer Specialist and the Child and Family Services Agency	The Certified Family Peer Specialist and the Behavioral Health System	The Family Certified Peer Specialist and Education	The Family Certified Peer Specialist and Juvenile Justice System	How data can be used to impact the System of care





District of Columbia  
Department of Behavioral Health *ATTACHMENT B.2*

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The District of Columbia currently has nineteen (19) Certified Family Peer Specialists. In order to be fully certified, the Family Peers completed:

- Application and interview processes
- 90 hours of classroom training
- 80 hours of field practicum work experience in the behavioral health delivery system
- Certification test with a score of 80 or better
- Background clearance

The intent is for identified Family Peer Specialists to be considered as potential employees within the System of Care.



## Certified Youth Peer Specialists within the System of Care

What is a Certified Youth Peer Specialist? Certified Youth Peer Specialist (CYPS) is a vital component of the District of Columbia's System of Care. These supports play an essential role in helping to build the resiliency of youth and young adults and strengthen their capacity to stay at home and in their community. Certified Youth Peer Specialists are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Certified Youth Peer Specialists help youth and young adults navigate adult and child-serving systems and serve as a bridge between providers. They bring a unique perspective that can inform and shape agency practices and policies. The goals for Certified Youth Peer Specialist include:

- Reduce youth and young adult's sense of isolation, stress, or self-blame;
- Provide education and knowledge of community resources and resource acquisition
- Help youth and young adults clarify their own needs or concerns
- Teach skills, coaching and empowering youth and young adults
- Model how to effectively partner with agencies and service providers to support their own success
- Ensure that Youth perspectives inform agency and service providers' policies and practices;
- Support youth and young adults in their efforts to resiliency
- Assist the youth and young adults identify natural supports
- Model effective advocacy;
- Use their lived experience to foster hope in other youth and young adults
- Bridge between system partners, family members and providers

A primary area of focus for the DC Gateway Project has been the development of a Youth Peer Specialist training and certification process. Currently DBH has a certified peer specialist program for adults and family's. The certified peer specialists are able to provide Medicaid billable services. The development of the Youth Peer Specialist curriculum was built upon the existing structure, core competencies, which also provides Medicaid billable services and thus supports sustainability of youth support in the System of Care. The Youth Peer work group, composed of numerous young adults and supportive adult allies, identified the roles and functions of a Youth Peer Specialist and the unique elements essential for a Youth Peer Specialist. Core competencies unique to Youth Peer Specialists were determined and the curriculum is being completed for submission to the Certified Peer Specialist Board for approval.

### The Certified Youth Peer Specialist Competencies

Avenues for Change

Fear, Stress &  
Decision Making:  
Daily Living

Education

Employment  
Matters

Mental Health  
Reform and  
Consumers' Rights:  
Health & Well-Being



District of Columbia  
Department of Behavioral Health ATTACHMENT B Pg: 2

The District of Columbia first class of Youth Peer Specialist will take place summer of 2016. In order to be fully certified, the Youth Peers will complete:

- Application and interview processes
- 80 hours of classroom training
- 80 hours of field practicum work experience in the behavioral health delivery system
- Certification test with a score of 80 or better
- Background clearance

Contact Teresa King for information on how to apply:

Teresa King  
202.671.4035 office  
202.536.8559 cell  
[Teresa.king2@dc.gov](mailto:Teresa.king2@dc.gov)