

REQUEST FOR PROPOSAL FOR
Position of Program Coordinator
for the Pre/Post Arrest Diversion to Treatment Program Grant
Story County, Iowa

Story County, Iowa (“County”) seeks proposals and cost estimates for a qualified person to fill the position of Program Coordinator for the Pre/Post Arrest Diversion to Treatment Program Grant (“the Consultant”) as described in this Request for Proposal (“RFP”).

This request invites individuals to submit proposals for accomplishment of the items of work specified below under Scope of Work. Proposals should be prepared and submitted in accordance with the guidelines and requirements set forth in this request.

Sealed proposals: One (1) hard copy and one digital format (CD or flash drive) will be submitted to the following address:

Story County Attorney’s Office
Story County Justice Center
1315 South B Ave.
Nevada, Iowa 50201

The envelope must be clearly marked “SEALED RFP”. The name and address of the contact person must be listed on the outside of the envelope. Any restrictions on the use of data within proposals must be clearly stated in the proposal itself. Non-disclosure cannot be guaranteed after the selection stage of this procurement due to public record laws.

Proposal Deadline: 12:00 PM CST, Friday, April 2, 2021.

Proposals received after the proposal deadline will be considered late and will not be accepted.

Proposals may be withdrawn and/or modified in writing prior to the submission deadline. Request for withdrawal must be in writing by the contact person named on the outside of the envelope. Proposals that are resubmitted must be sealed and received prior to the submission deadline. Each Consultant may submit only one proposal.

Submittal Requirements: to be considered, interested parties must submit by the deadline the following:

- Letter of interest/Cover letter – must be no more than two pages (note: one page is one side of an 8½” x 11” paper) in length and include contact information and signature.
- Summary of qualifications, experience and availability – must be no more than four (4) pages in length, summarizing qualifications, relevant experience, and availability to participate in the RFP process (including Interviews) and provide services to Story County.
- Proposed approach to the position, including a proposed schedule and description of proposed stakeholder identification and participating needs summarizing method and approach to providing consulting services to the Story County – must be no more than five pages.
- List of professional references – no more than one-page listing most recent professional references and their contact information.
- A minimum of three examples of relevant work related to Scope of Services.

Scope of Services

The Individual selected for the position of Program Coordinator will provide the following services for a one (1) year period from April 14, 2021*, though June 30, 2022:

The Program Coordinator is responsible for implementing the Pre/Post Arrest Diversion to Treatment Program grant. This position will refine protocols for service delivery, provide care coordination and develop partnerships with law enforcement and service providers to provide linkage to care along the continuum of services. This is a full-time position with a minimum of 40 hours per week expected. Some evening or weekends are possible. Office space, computer equipment and other office supplies will be provided through the grant funding. The relationship between Story County and the Program Coordinator is solely that of independent contractor and nothing in this RFP or any subsequent Agreement shall be construed or deemed to create any other relationship including one of employment, agency or joint venture. Program Coordinator shall maintain Social Security, workers compensation and all other employee benefits covering Program Coordinator as required by law. The Duties and Responsibilities, Required Skills and Abilities, and Minimum Position Requirements for the position are outlined below:

Duties and Responsibilities:

- Work with public safety officers to facilitate warm-handoffs to Program Coordinator or treatment provider for program participants
- Develop in conjunction with the participant, a plan of care based on the initial intake screening. Plan of care should be reviewed with participant through weekly contacts and documented in participant file.
- Assist participants in setting up any necessary evaluations/assessments, including establishing an initial appointment and determining a plan for attending the appointment.
- Maintain a minimum of weekly contact with participants and verify treatment attendance through the treatment provider.
- Support day to day collaboration between those receiving care coordination services, treatment services, primary care providers, housing and community resources
- Provide education-related resources and health-related information to participants
- Ensure cultural responsiveness including racial, cultural, gender identity and sexual orientation
- Interact with primary care providers, behavioral health providers, other social service providers, public safety officers and officials to make needed connections for services and provide a conduit for information sharing
- Meet at least monthly for case staffing with treatment, police, participant and family (if applicable) as part of a multi-disciplinary team that is tasked with collaboratively making service coordination decisions
- Monitor participant concerns and the types of whole health resources needed
- Work within the team model, recognizing and utilizing the expertise of team members
- Attend and lead regular meetings with Advisory Board
- Collaborate with law enforcement, primary care physicians, health providers, justice system professionals, treatment professionals, advisory board and local stakeholders as needed
- Maintain confidential participant information

- Collaborate with the ODCP Program Coordinator to collect, maintain and report data in accordance with grant requirements
- Attend trainings

Skills and Abilities Required:

- Proficient computer skills
- Excellent communication and interpersonal skills, including the ability to be flexible, remain calm under pressure and diplomatic in tense situations
- Experience working with formerly incarcerated people, homeless, substance addiction, severe and persistent mental illness and/or poverty
- Compile relevant information and synthesize it into efficient reports for use by team members in decision making
- Conflict resolution and problem-solving strategies
- Ability to work independently, self-motivate, and prioritize tasks appropriately.

Minimum Position Requirements:

- Must have BA degree in related field, or commensurate experience, and experience working in the substance abuse field answering client questions and interacting with clients.
- Demonstrate competency with email, internet, and word processing computer programs
- Valid driver's license and reliable transportation
- Subject to background check

Submittal Process and Details

All proposals must be submitted as detailed in the manner described herein. Exceptions nor extensions to established deadlines will not be granted.

Estimated Timeline

March 9, 2021	Release RFP
April 2, 2021	Deadlines for submissions
April 2 - 5, 2021	Proposals reviewed by Selection Committee
April 6 - 9, 2021	Interviews
April 12, 2021	Position selection approved

The above dates are subject to change at the option of Story County.

Selection Procedures

A selection committee will analyze and evaluate all properly submitted proposals in response to this request, choosing individuals for further evaluation to include interviews with the selection committee.

Proposal Terms and Milestones for Payment

Story County reserves the right to reject any and all proposals received in response to this Request for Proposal. If a proposal is selected, it will be the most advantageous in terms of quality of service, qualifications, and capabilities to provide the specified service, and other factors that Story County may consider. Story County reserves the right, at its discretion, to waive informalities or irregularities in proposals or proposal procedures, and to accept or further negotiate cost, terms, or conditions of any proposal determined by Story County to be in the best interests of Story County even though not the lowest bid.

The price quotations stated in the proposal will not be subject to any price increase from the date on which the proposal is opened by Story County to the mutually agreed-to date of bid. Proposals must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days. Failure of the successful Consultant to accept the obligation of the bid may result in the cancellation of any award. A service contract will be executed between Story County and the awarded Consultant.

The selected Consultant may not subcontract any of the work specified in this RFP without prior written consent of Story County.

Insurance

Consultant shall take out and maintain during service to the County under a contract such public liability and property damage insurance as shall protect Consultant, its subcontractors, and the County from claims for damages for personal injury, including accidental death, as well as for claims for property damage, which might arise from operations under its contract with the County, whether such operations be by Consultant or its subcontractor, or by anyone directly or indirectly employed by either of them. All insurance policies shall be issued by responsible companies who are acceptable to the County. The Consultant shall not cause any insurance to be canceled nor permit any insurance to lapse during the life of the contract with the County. Consultant shall indemnify and hold County harmless from any damages, cost, claims or expenses which may arise as a result of any failure on the part of the Consultant to provide accurate and/or complete data and information to the County as outlined and required by the terms and conditions of its contract with the County.

Sample Form of Consultant Services Contract is provided as Appendix A.

Appendix A
Sample Provider Agreement

THIS AGREEMENT is entered into by and between Story County, an Iowa Municipal Corporation, whose mailing address and telephone number is 900 Sixth Street, Nevada, Iowa 50201, telephone 515-382-7200, hereinafter referred to as "County", and _____, hereinafter referred to as "Provider", whose mailing address and telephone number is _____, telephone _____.

1. PURPOSE AND INTENT. The purpose of this agreement is for the Provider to

2. FEES, EXPENSES & COMPENSATION. Consultant may charge a maximum hourly fee of \$_____ for professional services necessary under the terms of this Agreement. Consultant may bill Client for travel expenses at the rate of not more than _____ per mile, which shall be limited to actual mileage incurred to perform necessary tasks required to reach the Client's objective under this Agreement. Consultant may not bill or receive compensation from client for time spent traveling. All invoices must be itemized and specify the invoice total and time period covered and detail the work performed or expense incurred per this Agreement. Consultant agrees that the hourly fee and mileage expense shall be Consultant's sole compensation for professional services and work performed because of this Agreement.

Provider understands that the County reserves the right to request additional specific information in assessing the accuracy of claim information.

3. INDEPENDENT CONTRACTOR. It is understood that Provider is an independent professional contractor and that Provider will not in any event be construed as or hold itself out to be an employee or agent of the County. It is further agreed that at no time will the Provider or the work efforts of the Provider be under the supervision or control of the County, although Provider agrees to comply with all reasonable requests and regulations applicable to any other business invitee of the County. It is also agreed that Provider, as an independent contractor, is not restricted to working exclusively for the County during the term of the Agreement.

4. INSURANCE & TAXES. Provider is responsible for Workers Compensation, Disability, Unemployment, Automobile Insurance, and any other insurance required by the State of Iowa and will provide certificates of insurance to the County on an annual basis. Provider is also responsible for payment of State and Federal taxes, and any other applicable tax. Provider is not eligible for any benefits the County may provide for its employees.

5. CONFIDENTIALITY. Provider agrees to comply fully with confidentiality in compliance with all laws and regulations regarding protected health information.

6. TERM AND TERMINATION OF AGREEMENT. This Agreement is effective on the ____ day of _____, 20__ for a period of ____ year (s). The County may terminate this agreement immediately upon Provider's refusal to, or inability to perform under the agreement or Provider's breach of this

agreement. Either party may terminate this agreement for any reason, without cause, by giving 90 days written notice to the other party.

7. ACCESS TO BOOKS AND RECORDS. Unless otherwise required by applicable laws, Provider shall allow the County access to all books and records for purposes of auditing or reviewing Provider's claims, upon request by the County. Provider's failure to provide access under this section shall constitute a material breach of the agreement.

8. REQUIREMENTS. Provider hereby agrees to perform all duties in accordance with all state and federal laws and regulations. This provision includes but is not limited to Iowa Code Section 144.32. Provider assures that no person shall on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program or activity. Failure to perform duties in accordance with the applicable laws and regulations shall be considered a material breach of this agreement by the Provider.

9. EXTENSION. If mutually agreeable to County and Provider, this Agreement may be extended. Such extension will be documented by written amendment, duly signed and dated by both parties.

10. ASSIGNMENT. Neither party to this Agreement may assign, sell or transfer any part thereof to any other firm or entity without first obtaining the written permission of the other party hereto.

11. APPLICABLE STATE LAW AND WAIVER OF FEDERAL REMOVAL. This Agreement has been negotiated, executed and delivered in the State of Iowa. The parties hereto agree that all questions pertaining to the validity and interpretation of this agreement will be determined in accordance with the laws of the State of Iowa in Story County, Iowa. The parties hereby waive removal of any issue hereunder to the federal courts.

This Agreement and referenced attachments constitute the entire contract of the parties hereto and supersedes any prior agreement between the parties.

STORY COUNTY, IOWA (County) _____ (Provider)

By:

By:

Chairperson of the Board of Supervisors

Dated: _____

Dated: _____