

Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for a Mobile Competency Restoration and Support Team

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| November 17, 2022 |
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1. Will you please provide more information around the expectations of the psychiatrist and mental health RN, their role within the team, whether they should be working in the community, what their responsibilities may entail?

We have asked Proposers to detail the intervention approaches for each of these roles and would like to hear how each Proposer would structure the roles. It is important to keep in mind that regular in person engagement is a critical component of the MCRST, and the team was structured as a mobile team so that the individual served can be met where they are at and barriers to engagement are reduced. The RFP includes a brief description of duties in this table which provides some core responsibilities of each role:

| MCRST Team Position | Brief Description of Duties | Organization |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Psychiatrist (or Psychiatry Fellow) (.33 FTE) | Psychiatric evaluation and medication | Successful Proposer |
| Mental Health RN (1 FTE) | Medication administration, treatment planning | Successful Proposer |
| Dual Diagnosis Therapist (1 FTE) | Counseling for mental health and/or substance use | Successful Proposer |
| Certified Forensic Peer Counselor (1 FTE) | Informal support/check-ins | Successful Proposer |
| Specialized JRS Forensic Support Specialist (1 FTE) | Provides intensive service coordination, communication with courts/legal system, connection to community resources, and release planning if applicable | HSAO |
| Competency Support Specialist (1 FTE) | Provides legal education using PA COMPKIT curriculum | Successful Proposer |

Some of the team’s anticipated clinical duties, such as psychiatric assessment and medication services, including prescribing and administration, must be completed by licensed professionals. Proposers should take this into account when designing the structure of each role and responding to question five on the RFP Response Form.

2. Is telehealth an option for any of the services that fall under the MCRST?

While consistent in-person contact is preferred and a critical part of this service, telehealth may be used for some services provided when clinically appropriate. This, however, does not eliminate the requirement for weekly in person contact. For example, the psychiatrist may complete a telehealth appointment with the individual and the counselor may meet in person with the individual during the same week. This would be permissible because the minimum requirement for in person contact has been met.

December 1, 2022

3. We read that DHS intends to award one Agreement for a budgeted amount not to exceed \$655,000 for the pilot year. Have you established a billable rate for the services? If so, what is the billable rate for services?

No, a billable rate has not yet been established. Once a Successful Proposer has been identified, the Office of Behavioral Health and Community Care will work together with the Successful Proposer to determine the appropriate billable rate.

4. The RFP states that the MCRST team will provide 24/7 on-call crisis support and continuity of care for participating individuals thorough the course of their court proceedings. The make-up of the MCRST Team has 1 Part-Time Psychiatrist (.33 FTE), 1- Mental Health RN (1 FTE), 1- Dual Diagnosis Therapist (1 FTE), 1- Certified Forensic Peer Counselor (1 FTE) and 1- Competency Support Specialist (1- FTE). What is the expectation for services for 24/7 on-call crisis support utilizing this staffing model? Is it expected that more than one MCRST shall be employed to cover 24/7 services?

Our expectation is that a member of the team will be available by phone 24/7 to provide support. Supports may include in person support, linkage to crisis care, etc. Proposers are expected to develop a strategy for this requirement within the model they are proposing.

Office Hours: March 28, 2023

5. Upon review of the RFP, it seems like DHS is looking to implement a program that closely resembles how ACT teams were previously structured, only with this being a unit that's working specifically with the justice-involved population and towards the restoration aspect of the ACT model's services. Is this reflective of the RFP's goals?

We are seeking a mobile team that can provide treatment and support, which is similar to the ACT model. Our model is loosely based on the ACT model (i.e., Assertive Community Treatment model), but our staffing differs and includes a coordinator responsible for education on competency restoration.

6. What are the expectations regarding how quickly this program should be up and running and at full capacity for the number of people it is serving?

Proposers have been asked to propose a realistic timeline for program design, staff recruitment, implementation, and other necessary steps, taking into consideration the complexities of the service.

Regarding full capacity, to provide context, our Behavior Assessment Unit (BAU) conducts around 800 to 900 evaluations per year and commits around 120 individuals to the state hospital or other facilities. However, it's important to note that these individuals are not all served at the same time but rather spread out throughout the year. For example, there are currently 34 people on the Torrance waitlist in Allegheny County Jail awaiting transfer. We hope this provides an idea of the demand for the service and the potential number of individuals served.

7. Is this going to be an ongoing County-funded service, or will this be rolled into Community HealthChoices funding?

We anticipate that the project will be funded by a combination of sources, including both Community HealthChoices and County funds.

8. The RFP mentions coordination with LTSRs and other services. Would this team still provide support to individuals receiving services funded through other means, even if they are currently residing in an LTR? How would that work?

The team will support individuals until their charges are resolved in the case of incompetency. If the individual moves to a Long-Term Structured Residence (LTR), the LTR will provide treatment and services, while the team acts as a liaison and offers competency education, if required. The team's objective would be to supplement existing services and ensure a successful transition and integration of the individual into the community.

9. I'm not 100% familiar with your county and your landscape, and but we know one of the biggest reasons an individual may recidivate is due to a lack of housing. Would these individuals be set up with services such as housing and have their healthcare applications complete prior to discharge from jail if they're released prior to their court hearing? How is that handled?

Yes, all individuals in our jail have the ability to submit their healthcare applications prior to release. As for housing, that would be part of the release planning process that this team would coordinate with providers in the community. If this type of support is needed, there are several levels of mental health residential housing that may be appropriate for individuals. We are also actively working on identifying reentry-specific housing and have connections with landlords who are willing to work with justice-involved populations. This team would coordinate these efforts in conjunction with community services.

10. If an individual doesn't have the funds to pay for housing, who would pay for it?

It is a case-by-case determination, and it would depend on the supports they currently have in place. Justice Related Services (JRS), representative of one member that would be assigned to this team, has access to some contingency funding that can cover an individual's first and last month's rent.

DHS may have funding available to provide supports as well. If they have a history of homelessness and are chronically homeless, they may be able to access housing and supports through Allegheny County's Continuum of Care.

For non-county residents who face residency as a barrier to accessing services and housing placement, we plan to partner with area shelters or programs to identify temporary housing. The goal is to ensure that lack of residency doesn't prevent these individuals from being released and successfully transitioning into the community.

11. Would different programs within the community would fund medication? And is that funding time-limited?

Allegheny County currently funds transition medication at a local a post-incarceration clinic for substance use, such as medication-assisted treatment (MAT) and physical health. Allegheny County also offers county-funded prescriptions for individuals for behavioral health medications, ensuring that transition medications are available for those who need them. The funding is typically available for at least 30 days. The purpose is to allow time for the connection back to insurance, which we are typically able to establish much sooner.

12. Just to clarify, is this program for county jails and state correctional institutions?

No, this program will only be available at the Allegheny County Jail, which is the only county jail serving Allegheny County.

13. Was there a similar service elsewhere in the nation that influenced this RFP?

After conducting extensive research on available services and consulting with other jurisdictions, we could not find a service that fully met our requirements and expectations for Allegheny County. Therefore, we collaborated with our BAU evaluators and a cross-system team to develop a model specific to our County. Although other jurisdictions may have similar components, we do not know of any identical models. Our research did uncover some jail-based Competency Restoration programs, but we also had concerns about the overall length of time spent in jail for restoration purposes. Our mobile model is flexible and can support individuals who are unable to leave jail as well as those who can. Additionally, we included Post-Competency Support to address the prevalent issue of recidivism in our county.

14. What type of professional insurance would be needed for a program like this, and what are the costs?

Once we identify a provider, we will work closely with the county's behavioral health choice overseer, Community Care Behavioral Health, to identify any required licensing or insurance.

Additionally, Successful Proposers will be subject the contract requirements briefly detailed in Section 6: Contract Requirements for Successful Proposers. The five insurances regularly necessary to contract with DHS can found [here](https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx) on the active solicitations webpage at [https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx) under "Required documents." Proposers are welcome to detail insurance

costs in their budget and budget narrative. We understand that organizations may need support with insurance costs. All proposed costs will be considered for reasonableness, and the final budget and contract terms will be negotiated with the Successful Proposer.

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| April 12, 2023 |
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15. Is the annual budget for the project is fixed at \$655,000?

As we anticipate that many of the services provided by the MCRST will be billable to Medicaid, the budget shared in the RFP is an estimated cost for non-billable services and operational costs. Proposers should provide a projected budget with justification as a part of their proposal for consideration. All proposed costs will be considered for reasonableness, and the final budget and contract terms will be negotiated with the Successful Proposer.

16. Could you please share the average number of individuals who are deemed Incompetent to Stand Trial on a monthly basis given the numbers Allegheny County experienced over the preceding 12 months?

Between March 2022-March 2023, 141 defendants were deemed incompetent to stand trial and committed to Torrance. That is an average of around 12 defendants per month.