



## REQUEST FOR PROPOSALS

Psychiatric Residential Treatment Facility

HealthChoices Allegheny County  
REQUEST FOR PROPOSALS (RFP)

*Psychiatric Residential Treatment Facility*

Monday, February 1, 2021

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## Section 1: Summary and Purpose

Community Care Behavioral Health (Community Care) and the Allegheny County Department of Human Services, Office of Behavioral Health (DHS) are seeking one Medicaid enrolled provider to develop and operate a short-term Psychiatric Residential Treatment Facility (ST-PRTF). This ST-PRTF will provide residential treatment services for Allegheny County HealthChoices/MA eligible youth under 18 years of age, who may also be involved with the Allegheny County Office of Children Youth and Families and/or Juvenile Probation, as well as other HealthChoices eligible youth at risk of inpatient mental health hospitalizations or placement in long term Psychiatric Residential Treatment Facility (PRTF). Community Care and DHS have gathered feedback from providers, family members, and consumer stakeholders. This RFP is a response to that feedback.

The youth will have experienced significant family of origin disruption, fear and risk associated with being or not being reunified with family, and demonstrate behavioral and emotional disruptions related to historical or recent traumatic experiences. The target population of youth will likely present under severe emotional distress, sometimes having engaged in harmful physical acts, including aggression and self-harm. Their behaviors may be marked by impulsivity, agitation, and restlessness related to traumatic fears and repeated feelings of abandonment. They may report feelings of apathy, hopelessness, sleep disturbances, medication non-adherence, and substance use. These symptoms, if not stabilized, could lead to repeated inpatient mental health admissions and placement in a long-term residential treatment facility.

Often these youth are unable to return to their most recent place of residence. Referral sources will be asked to identify the recommended aftercare plan and discharge environment at the time of referral. The selected ST-PRTF vendor, however, will not reject a referral, deny admission, or prematurely discharge a youth because they do not have a secured discharge environment. Allegheny County DHS and Community Care are committed to partnering with the ST-PRTF provider to identify the appropriate, safe, and secure discharge environment for each youth unable to return to their family home or prior placement.

The ST-PRTF Program will have a 10-bed capacity and will serve between 30- 40 youth a year. Autism Spectrum Disorder and Intellectual Disabilities are exclusionary diagnoses for this ST-PRTF; however, some ASD diagnosed youth may be accepted on a case by case basis.

The program will be licensed as a Psychiatric Residential Treatment Facility (PRTF), which is a HealthChoices in-plan, voluntary and temporary community-based therapeutic residential treatment facility offering 24-hour programming. The ST-PRTF proposed in this plan will function as an intensive “inpatient diversion” treatment program for those for whom an acute inpatient stay is currently not required or indicated to stabilize the youth for safety purposes. It will also serve as a “step down” for youth discharging from inpatient mental health services that would benefit from additional stabilization.

## Section 2: Program Objectives

The program will operate like an enhanced Diversion and Acute Stabilization (DAS) program, but will be licensed and contracted as Psychiatric Residential Treatment Facility (PRTF). The program will address the needs of youth with challenging dispositions who also require stabilization of acute behavioral health symptoms that place them at risk of IPMH admission or long-term Residential Treatment (PRTF).

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Length of stay will be 60-90 days. Typical DAS programs have a length of stay at 28 days, but the youth identified as the target population for this program are generally not served by the existing DAS programs. The additional treatment time would allow the opportunity for development of a disposition plan (through early partnering with other child serving systems, including CYF), as well as intensive work to engage family/care givers and supports in transition planning to establish a successful discharge.

Youth appropriate for this program would be between the ages of 12 and 17 (with some flexibility to accept 11 or 18 year olds) and have CYF and/or JPO involvement and challenging disposition needs. This service will address needs that cannot be met with currently contracted DAS programs.

Components of the program should include, but are not limited to, the following:

- Provide ST-PRTF treatment for HealthChoices eligible JPO/CYF-involved youth and adolescents to either divert them from IPMH admission, decrease length of their hospital stay, and/or provide step-down treatment from IPMH.
- During youth's tenure at the ST-PRTF, this program will be the primary service/treatment provider. Community-based treatment options will phase out during this time.
- Services post ST-PRTF discharge will be allotted a 15-30 day overlap with the youths' ST-PRTF stay to allow for transition planning and clinical collaboration amongst providers.
- Family engagement with a child's identified family is an integral part of the ST-PRTF program. "Family" can include whomever the youth identifies, such as an adult staff member at a shelter. Family engagement activities should focus on the following:
  - Giving voice to youth and their families through participation in treatment planning
  - Broadening the idea of family
  - Beginning active discharge planning upon admission (a plan should be in place within the youth's first 30 days in the ST-PRTF program)
    - Including identifying disposition options and any active involvement with JPO, CYF, DHS- Multi-systems, and/or OBH
- Ensuring that staff are trained in Trauma-Informed Care, and all program components are trauma-focused.
- Ensuring that staff receive Clinical Model/CORE 4 training, provided by Community Care.

### Section 3: Description of the Services

The ST-PRTF must be accredited by JCAHO or another accrediting organization with comparable standards that are recognized by the Pennsylvania Department of Human Services. The PRTF must also meet the requirements as stated in the following: [Title 42 CFR Part 441, Subpart D - Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs §441.150 through 441.182 of the CFR.](#)

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The successful vendor will have experience with the following:

- Strong partnerships with community-based services
  - Family Based Mental Health Services, IBHS, case management, and other local behavioral health services
  - Ongoing collaboration with local county offices such as CYF and JPO to ensure a successful bridging and transition to the community.
- Collaboration with case management services that are committed to community resource coordination
- Strong clinical expertise in the identified treatment delivery models, as listed below.
- Active coordination with the primary care physicians and other members of a youth's physical health treatment team.
  - PRTF will ensure that all of youth's routine dental and physical health appointments are up to date and any gaps in care are addressed within the course of treatment.
  - The selected provider will be expected to incorporate feedback from those other systems; primary care and other physical health providers, to ensure that medical considerations are included in the treatment planning and followed up on while the youth is in treatment.

An emphasis on community reintegration is a vital component of this ST-PRTF, as the goal throughout treatment is to support the youth's feeling of connection, belonging, and reintegration within his/her community. Opportunities for community activities should be provided as well as clinical work occurring in the home community setting.

The PRTF will coordinate with the local school districts and/or the Allegheny Intermediate Unit to arrange for educational instruction in collaboration with the home school district. Every attempt will be made to assist the child with his or her transition back to school.

The ST-PRTF will operate and accept referrals 24/7 and 365 days a year. The primary source of referrals to the ST-PRTF will come from inpatient mental health, family based mental health teams, partial hospitalization programs, service coordinators, and crisis services. The ST-PRTF will educate referral sources about the ST-PRTF's ability to support youth until they have no substantial benefit from continued treatment.

The ST-PRTF will operate according to Community Support Program, Child and Adolescent Service System Program, SAMHSA Recovery principles, and the Resilience Framework. Individual, group, and family therapy, and medication management will be the core treatment components of the ST-PRTF.

Initially, treatment will focus on assessment, engagement, treatment planning, identification of a discharge environment, and behavioral health recommendations. A face-to-face clinical assessment will be initiated upon admission and include mental status, level of risk, tobacco use, drug and alcohol screening, a trauma and psychosocial history, as well as relevant physical health issues impacting the youth. Assessments will also include a thorough review of treatment history and collaboration with current supports and treatment providers. Assessment and planning must be strength-based and resilience-focused. A longitudinal review of a youth's history must include identification of strengths and resources. Assessment of the youth's informal supports as well as weaving these supports into the

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team and planning are essential. The youth and his/her supports must be the lead of treatment planning. Engagement in setting goals and leading treatment course will occur immediately upon admission and ideally should occur prior, when appropriate.

Within the first week of treatment, a multidisciplinary team will be established to support the youth (DHS Multisystem Specialist, ST-PRTF Treatment Team, the youth and their supports, CYF/ JPO, and current treatment providers). They will convene to review treatment history and needs, goals for ST-PRTF, and establish clear plans to define the youth's discharge plan and multi system longitudinal planning. Within first 30 days, a longitudinal mental health treatment plan will be established that includes discharge treatment and discharge placement. A minimum of bi-weekly team meetings will occur for the duration of treatment and will include all team members to ensure active collaboration and progression of planning.

During the course of treatment, the focus will be on acute stabilization while setting the groundwork for discharge and behavioral health aftercare planning. The anticipated length of stay for this ST-PRTF will be approximately 60-90 days, with intensive and ongoing community and system collaboration to increase the likelihood that the youth will have a safe and secured discharge environment.

Each youth will have their own treatment plan with specific, measurable and comprehensive goals and objectives. The youth, biological and/or any identified family, support systems, and treatment team will develop the service plan. Daily schedules will include a variety of group sessions aimed at understanding family systems, trauma, stabilizing symptoms, promoting coping skills, and transition planning and preparation. Staff will be trained in crisis prevention, de-escalation, and management and emergency intervention to prevent destabilization and the need for inpatient care. The ST-PRTF provider will be expected to adopt innovative therapeutic activities in response to the both the youth and biological or surrogate family's culture and preferences.

Finally, treatment will focus on ensuring successful linkage to aftercare treatment and discharge environment. At this stage of treatment, the youth will have met goals for acute stabilization and will be ready for increased community leaves. Though recreational outings and community activities should be a component of the youth's time throughout ST-PRTF treatment, this activity should greatly increase during the final course of treatment to support readiness for discharge. At this stage of treatment, a discharge environment resource has been developed, family/surrogate family sessions will have been occurring weekly, with the priority being in the home or community setting. Youth who will have a residential discharge plan, such as a group home placement, may have sessions with their identified primary support or may have sessions with a group home or CYF staff, identified as the primary contact. Sessions with these staff/primary contacts may vary from clinical work typically occurring in family therapy but will work to meet the goals identified by the youth, build on his/her strengths, provide consultation to caregiver/supports, and support planning for the youth's discharge. Finally, the youth and identified supports should have a comprehensive longitudinal service plan to support member beyond the immediate discharge plan

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The ST-PRTF program will be comprised of the following staff complement:

- Director - 1 FTE with a clinical master's degree and mental health licensure
- Clinical Supervisor – 1 FTE clinical master's degree and mental health licensure
- Mental Health Professional – 1 FTE clinical master's degree and mental health licensure
- Mental Health Counselors- 8 FTE bachelor level degree
- Youth Peer Specialist 1 FTE
- Psychiatrist .25 FTE
- Registered Nurse or LPN - 1 FTE or two .5 FTE

A minimum of two FTEs will remain on-site 24-hours per day/7 days per week to provide ongoing supervision and support. On-site evening staff component of at least 3 staff between the hours of 3pm-midnight. At least one Master's Level prepared staff on site for evening/over-night shifts. On-call support will be available after traditional business hours. In addition, a youth peer specialist will be included on the team to engage the youth in developing their sense of resiliency and self-worth. Youth Peer Supports will be a vital component to the Team, working to ensure the youth has a strong voice in treatment planning and to support engagement. Staff training and experience in conducting trauma-informed evaluations and delivering trauma-informed care will be a pre-requisite for master's level therapists, so interventions address current and post complex traumatic stress. In addition, a recommendation will be made that staff also be trained on using the Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network. The toolkit can guide the ST-PRTF efforts to support the youth's safety, permanency, and well-being. The Child Welfare Trauma Training Toolkit will help the ST-PRTF Team understand the relationship between a youth's lifetime trauma history and his/her behaviors and responses related to their family, caregivers, and/or foster parents.

To enhance family well-being and resilience, the ST-PRTF will also provide trauma education and support family, caregivers, and/or foster parents so they develop the skills to identify ways in which they themselves are impacted by secondary traumatic stress and identify coping strategies. In addition, the selected vendor will have a commitment to monitoring fidelity to the standards. Recommended evidence-based/promising practices for implementation in the Program include but are not limited to the following:

- Brief Strategic Family Therapy: An Intervention to Reduce Adolescent Risk Behavior Trauma-informed child welfare approach
- Structural Family Therapy
- Trauma Informed Cognitive Behavioral Therapy
- Sanctuary Model
- Dialectical Behavioral Therapy
- Crisis Intervention and Suicide Prevention Training
- Substance Use Assessment and referrals
- Non-violent crisis intervention

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## Section 4: Funding

HealthChoices Medicaid reinvestment funds are available for program startup and ramp up costs, as well as the purchase or renovation of program space. Following the expenditure of reinvestment funds, the program costs will be sustained through provider HealthChoices claims submission for reimbursement to Community Care. Any consideration of county/base funding will be determined on a later date. The ST-PRTF vendor will be paid a contracted per diem PRTF rate.

## Section 4: Monitoring and Reporting Deliverables

The selected vendor of the ST-PRTF will be expected to develop a quality improvement plan that routinely includes the review of process and outcome indicators, such as improved level of functioning, rate of inpatient hospitalizations, and family/caretaker satisfaction. This could include, but is not limited to:

- Permanent placement with family, foster, adoptive family, or independent living
- Reduction in the restrictiveness of living situations pre/post ST-PRTF utilization
- Attachments with positive adult established
- Regular clinical and administrative supervision
- Monthly clinical documentation reviews

The selected vendor of the ST-PRTF is also expected to have a quality management plan and monitoring protocol for the program. QM responsibilities will include:

- The collection and analysis of structural, process, and outcomes measures
- Monitoring progress related to established goals and make continuous quality improvements to established or new initiatives

The Quality Management deliverables will include:

- Minimum qualitative and quantitative reporting of measures reflecting the operational and service development status, delivered annually.

## Section 5: The RFP Process

### *Minimum Standards for Respondents*

This competitive procurement process will result in the evaluation of proposals submitted by qualified respondents. Community Care and DHS will jointly establish an Evaluation Committee comprised of consumer, consumer family members, behavioral health providers and/or other Allegheny County human service and behavioral health stakeholders. Based on the evaluation of the proposals and the qualifications described above, the Evaluation Committee will submit a recommendation to Allegheny DHS who review the recommendation of the Committee and determine the most qualified provider(s).



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## **RFP Timeline**

Monday, February 1, 2021	RFP is released
Monday, February 15, 2021	RSVP to Respondents' Conference due to <a href="mailto:glovern@ccbh.com">glovern@ccbh.com</a>
Thursday, February 25, 2021	Respondents' Conference
Friday, March 5, 2021	Letter of Intent to respond to RFP due no later than 4:00 p.m.
Thursday, April 1, 2021	Proposal Due Date - Respondents electronically submit the RFP response no later than 4:00 p.m.
Tuesday, April 6, 2021	Distribution to Evaluation Committee
Thursday, April 8, 2021	Evaluation Committee Orientation
Thursday, April 22, 2021	Submissions Review by the Evaluation Committee
Thursday, April 29, 2021	Final Applicant Interviews (if necessary)
Friday, May 7, 2021	Selection of applicant(s) and Notification
Wednesday, May 12, 2021	First in the series of monthly implementation meetings held for up to twelve months

\*Dates are subject to change

## **RFP Respondents' Conference**

On Thursday, February 25, 2021 a Respondents' Conference will be held virtually. This conference will be available through a Microsoft Teams meeting. All prospective Respondents meeting the qualifications are invited to attend.

Interested Respondents are asked to RSVP to Neil Glover, the RFP Project Manager, at [glovern@ccbh.com](mailto:glovern@ccbh.com) with the name(s) of those whom will be in attendance by Thursday, February 15, 2021

Contact and communication regarding this procurement with any staff at Community Care, Allegheny County DHS staff, or representatives from Allegheny HealthChoices, Inc., unless occurring at the Respondents' Conference or through the RFP Project Manager, is grounds for disqualification.

Questions for the RFP Respondents' Conference are to be submitted to the Project Manager, Neil Glover, by Friday, February 19, 2021 via email to [glovern@ccbh.com](mailto:glovern@ccbh.com). Additional questions will also be accepted at the Respondents' Conference. The RFP Project Manager will collect all questions and disseminate responses to all prospective Respondents who submit intention to apply. This process will ensure that all potential Respondents receive the same information.

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## ***Letter of Intent to Apply***

All Respondents intending to apply to this RFP must submit a Letter of Intent. Letter of intent must be received by Community Care by 4:00 p.m. on Friday, March 5, 2021

The Letter of Intent should include, at a minimum, the following:

- Name of the Applicant Organization
- A statement of the intent to submit a response and signed by an Executive of the organization
- Name, title, address, telephone number, and email address of the contact person(s) for the intended submission

Respondents are to **email Letters of Intent by 4:00 p.m. on Friday, March 5, 2021** to: Neil Glover at [glovern@ccbh.com](mailto:glovern@ccbh.com)

**PLEASE NOTE: THE COMMITTEE WILL ONLY EVALUATE SUBMISSIONS FROM RESPONDENTS WHO MET THIS REQUIREMENT.**

## ***Proposal Submission Deadline***

Respondents are to:

- **Electronically submit the proposal by 4:00pm on Thursday, April 1, 2021** to Neil Glover at: [glovern@ccbh.com](mailto:glovern@ccbh.com).
- Electronically submit budgets in a file separate from the narrative proposal. Budgets must be submitted in an unprotected excel file. If you would like to protect the integrity of the budget, please feel free to include a .pdf version of the excel file budget.

**PLEASE NOTE: THE COMMITTEE WILL NOT REVIEW ANY PROPOSALS SUBMITTED AFTER  
4:00 PM ON THURSDAY, APRIL 1, 2021**

## ***Requirements***

- A. Proposal submissions should be based on interest and the ability to meet the qualifications described throughout this document; however, qualified respondents must meet the following minimum requirements:
  1. Possess an existing PA PROMISe enrollment(s).
  2. Be credentialed and contracted with Community Care and/or the Allegheny County DHS at the time of the proposal submission as reimbursement from Community Care and/or the Allegheny County DHS is contingent upon successful execution of a contract amendment.
- B. The provider(s) awarded the contract(s) must:
  1. Obtain or possess an existing PRTF license
  2. List any other non-negotiables required to submit a proposal.

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## **Miscellaneous Bidder Information:**

Responses to this RFP must be according to the format, content, sequence, and page limit as outlined. An authorized executive representative of the agency must sign the proposal. Any proposal may be rejected if it is conditional, incomplete, or deviates from guidelines set forth in this RFP. However, Community Care reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with approval. Community Care and DHS reserve the right to negotiate any part of the proposal.

## Limitations:

1. This RFP does not commit Allegheny County or Community Care to award funding. Allegheny County and Community Care reserve the right to cancel this RFP in whole or in part.
2. Allegheny County and Community Care reserve the right to seek additional proposals beyond the final submission date, if, in their sole discretion, the proposals received do not meet the guidelines or the intent of this RFP.
3. The successful proposer's budget is considered pro forma and will not be used to determine the amount of approved Reinvestment funds available for startup and development costs, nor will it be used to configure the future reimbursement rate under HealthChoices.

## Evaluation Criteria:

1. Each member of the Evaluation Committee will individually evaluate and assign ratings. The evaluation will use a Likert scale of 0-5 for scoring with 0 being the lowest and 5 being the highest.
2. The Evaluators' scores will be averaged for a single score for each proposal.

## Interviews:

1. Interviews with Respondents will be scheduled at the discretion of the Evaluation Committee, Community Care and DHS.
2. Written questions will be provided to Respondents prior to the interview.

## Selection Criteria:

Community Care will forward the Evaluation Committees scores to Allegheny County's DHS. DHS will be responsible for the review and ultimate decision regarding the issuance of the award.

## Section 6. Technical Proposal

Respondents' submissions should address the specific questions below for each of the five topic areas. RFP Respondents must limit their responses in keeping with the page limits for each section.

Respondents should include the question before their narrative response. Responses should be succinct and emphasize "how" they will meet the spirit of the question.

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Respondents interested in developing and operating the Short Term Psychiatric Residential Treatment Facility in Allegheny County must meet the following requirements and are required to submit verifying documentation or information covering the following areas:

- A. Mandatory Criteria
- B. Licensure and Staffing Requirements
- C. Skill and Experience Requirements
- D. Programmatic Requirements
- E. Quality Requirements
- F. Project Budgets

### **A. Mandatory Criteria (Page limit – 1)**

The following are mandatory requirements. Proposals not clearly demonstrating that they are met will not receive further consideration during the qualifications review process.

Provide a statement of your organizational commitment to each of the following criteria:

- 1. Possess an active PROMISE enrollment. Attach copies of your current PROMISE number(s)
- 2. Attest to functioning as a participating/contracted mental health service provider in good standing with Community Care, DHS, and OMHSAS.
- 3. Confirming a commitment to work with DHS and Community Care through the implementation, development, and ongoing monitoring of the Psychiatric Residential Treatment Facility.

### **B. Licensure and Staffing Requirements: (Page limit – 2)**

Provide evidence of the following:

- 1. Indicate license or approved supplemental service description.
  - a. Attach copies of your current license(s) or commitment statement (not included in page limit).
- 2. Provide a Table of Organization for your agency depicting the lines of responsibility for the clinical, quality management, and administrative oversight of the program. (not included in the page limit.)
- 3. Describe the supervisory structure to support the overall functioning of the program for the following staffing requirements: *(not included in page limit)*
  - a. Director - 1 FTE with a clinical master's degree and mental health licensure
  - b. Clinical Supervisor – 1 FTE clinical master's degree and mental health licensure
  - c. Mental Health Professional – 1 FTE clinical master's degree and mental health licensure
  - d. Mental Health Counselors- 8 FTE bachelor level degree
  - e. Youth Peer Specialist 1 FTE
  - f. Psychiatrist .25 FTE
  - g. Registered Nurse or LPN - 1 FTE or two .5 FTE

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### **C. Skills and Experience Requirements: (Page limit – 3 - 5)**

1. Provide an overview of your organization's experience serving HealthChoices/MA eligible youth under 21 years of age, as well as other HealthChoices eligible youth at risk of inpatient mental health hospitalizations or placement in long term Residential Treatment Facility including the following:
  - a. Multi-system involved youth
  - b. CYF and JPO involved youth
    - i. Showcase your knowledge of CYF and JPO system with evidence/examples
    - ii. Showcase your "non-traditional" family work with evidence/examples
  - c. Youth & young adults with high levels of acuity and aggression
  - d. Operating a residential facility
  - e. Youth who have experienced trauma
  
2. Describe your organization's experience with the following:
  - a. Community partnerships – leisure/recreation, physical health providers
  - b. Partnerships with the educational system
  - c. Partnerships/experience with Youth Support Partners (YSP) and Family Support Partners (FSP)
    - i. Outline how you plan to incorporate into your practice
  - d. Partnerships with certified peer specialists
    - i. Outline how you plan to incorporate into your practice
  - e. Experience with non-violent crisis intervention/de-escalation techniques
    - i. Outline what you currently use or plan on using

### **D. Programmatic Requirements: (Page limit – 6)**

1. Describe the service location where your organization intends to operate.
  - a. Service location must be Allegheny county
2. Describe what steps are necessary to secure the physical location to operate the program
  - a. Is this property/service location currently owned and operated by your organization?
  - b. Is the service location currently PROMISE enrolled?
  - c. Do you expect that at the time of submission your organization will need to lease or renovate a physical property to provide these services at the time of proposal submission?
3. Describe how you will manage the following:
  - a. Referrals
  - b. Access Standards
  - c. Service Components of the program
  - d. Family involvement or lack thereof
  - e. Community Integration and activities

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- f. Coordination of care with other BH and Human Service providers
  - g. Physical Health and wellness integration
  - h. Daily program schedule
  - i. On call or after-hours availability
  - j. Staff training
  - k. Staff retention strategies
4. Submit a project plan with a timeline that details the tasks required to start up the program  
*(timeline not included in the page limit)*

### **E. Case Scenarios: (Page limit – 2 per scenario)**

Please read each scenario and formulate an engagement strategy, LOCA completion plan, barrier and needs assessment, resources and support to recommend, transition plan and follow up arrangements. Also, describe the strategies, resources, linkages, and supports you would provide.

**Clinical Vignettes attached separately**

### **F. Quality and Data Reporting Requirements: (Page limit – 2)**

- a. Describe how your organization approaches monitoring and improving the quality of services delivered in a new program.
- b. Describe the personnel that will support the collection, aggregation, and reporting of the program data.
- c. Describe a successful quality improvement activity your organization has accomplished in the past year.
- d. Submit a draft monitoring and improvement plan with possible measures (process and outcomes), monitoring frequencies, reporting, and persons responsible. (not included in the page limit.)
- e. Indicate if your organization uses an electronic health record with reporting capabilities

### **G. Cost: Funding and Budget**

As stated above, HealthChoices Medicaid reinvestment funds are available for program startup and ramp up costs, as well as leasing or renovation to program space. Following the expenditure of reinvestment funds, the program costs will be sustained through provider claims submission for reimbursement by HealthChoices revenue.

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1. Describe any intention to pursue funding for the ST-PRTF beyond Allegheny County DHS, Allegheny County Reinvestment Funds or Allegheny's HealthChoices reimbursement related to the clinical program development, lease, or renovation to the physical program location intended to host the ST-PRTF.

Respondents' budgets will be used to assess the direct and indirect cost of the program. A budget template is provided for your submission. Respondents' budgets will inform but not determine the eventual reimbursement rates established by Community Care or Allegheny County DHS.

2. Submit the following budget items:
  - a. A startup and annual accounting budget and narrative using the Attachment A
  - b. A copy of the Respondent organization's most recent financial statement.