



REQUEST FOR PROPOSALS

Short-Term Psychiatric Residential Treatment Facilities

1. CYF/Multi-Systems
2. General Mental Health

HealthChoices Allegheny County
REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility
Monday, June 13, 2022

Contents

Section 1: Summary and Purpose 3

Section 2: Program Objectives..... 4

Section 3: Description of the Services 5

Section 4: Monitoring and Reporting Deliverables..... 9

Section 5: The RFP Process 10

 Minimum Standards for Respondents 10

 RFP Timeline..... 10

 RFP Respondents’ Conference 11

 Letter of Intent to Apply 11

 Proposal Submission Deadline 12

 Requirements..... 12

 Miscellaneous Bidder Information: 12

Section 6. Technical Proposal 13

 A. Mandatory Criteria (Page limit – 1) 13

 B. Licensure and Staffing Requirements: (Page limit – 2)..... 14

 C. Skills and Experience Requirements: (Page limit – 3 - 5) 14

 D. Programmatic Requirements: (Page limit – 6)..... 15

 E. Case Scenarios: (Page limit – 2 per scenario) 15

 F. Quality and Data Reporting Requirements: (Page limit – 2)..... 16

 G. Cost: Funding and Budget 16

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

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 Medicaid enrolled providers to develop and operate **two distinct short-term Psychiatric Residential Treatment Facilities** (ST-PRTF). Both ST-PRTFs 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. Also, with the onset of the COVID-19 pandemic, it is understood that there is an increased need for residential treatment facilities to divert youth from inpatient mental health and to stabilize youth for discharge back into the home and community. This RFP is a response to that feedback and understanding.

One ST-PRTF program will be specifically for CYF/Multi-System involved youth and will have a longer length of stay of 60-90 days. The other ST-PRTF program will be for youth with mental health issues but will not exclude those youth with CYF/Multi-System involvement and will have a length of stay between 30-45 days. More details on the differences between these two programs can be found in the table located in Section 3. However, both facilities will have the same operating procedures and licensing requirements.

The youth, for both facilities, may have experienced significant behavioral and emotional disruptions related to historical or recent traumatic experiences. The target population of youth may 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 events they may have experienced. 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.

At times, these youth may be unable to return to their home of origin or previous placement. Referral sources will be asked to identify the recommended aftercare plan and discharge environment at the time of referral. The selected ST-PRTF vendors, 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(s) to identify the appropriate, safe, and secure discharge environment for each youth unable to return to their family home or prior placement.

The programs will be licensed as a Psychiatric Residential Treatment Facilities (PRTF), which is a HealthChoices in-plan, voluntary and temporary community-based therapeutic residential treatment

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

facility offering 24-hour programming. The ST-PRTFs proposed in this plan will function as intensive “inpatient diversion” treatment programs 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

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

Youth appropriate for this program would be between the ages of 12 and 17 years of age.

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

- Provide ST-PRTF treatment for HealthChoices eligible 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 services post ST-PRTF discharge will be allotted an 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 programs. “Family” can include whomever the youth identify, 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)
 - If a youth is CYF/JPO involved and placement is a disposition barrier, planning should include regular collaboration with JPO, CYF, DHS- Multi-systems, and/or OBH to identify disposition options.
- 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.

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility
Monday, June 13, 2022

Section 3: Description of the Services

The ST-PRTFs 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.](#)

The successful vendor will have experience with the following:

- Strong partnerships with community-based services such as:
 - Family Based Mental Health Services, IBHS, blended service coordination, 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.
 - ST-PRTFs 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.
 - This is targeted for the CYF 60 to 90-day program
 - Also acceptable is for appointments to be made, even if the youth attend the appointment after discharge.
 - 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 a ST-PRTF, as the goal throughout treatment is to support the youth's feeling of connection, belonging, and reintegration within his/her/their community.

The ST-PRTFs 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/her/their transition back to school. Please note that the school district should be part of the discharge planning and treatment team.

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

The ST-PRTFs 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-PRTFs will educate referral sources about the ST-PRTF's ability to support youth until they have no substantial benefit from continued treatment.

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

Initially, treatment will focus on assessment, engagement, treatment planning, discharge planning, 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 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, for both programs, a multidisciplinary team will be established to support the youth (ST-PRTF Treatment Team, the youth and his/her/their family and support persons, county involved stakeholders, 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 any multi system longitudinal planning. Also, within the first week, a mental health treatment plan will be established that includes discharge treatment and discharge placement. A minimum of bi-weekly team meetings, with at least one individual from each system and/or provider, will occur for the duration of treatment and will include all team members to ensure active collaboration and progression of planning.

Each youth will have his/her/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 treatment 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

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

provider(s) 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, this is focused for the longer stay CYF/Mult-Systems program and not the shorter 30–45-day mental health program. Though recreational outings and community activities should be a component of the youth's time throughout the ST-PRTF treatment, this activity should increase during the final course of treatment to support readiness for discharge. At this stage of treatment, a discharge environment resource should have been developed, family/surrogate family sessions will have been occurring, with the priority being in the home or community setting. Youth who will have a congregate care 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/their 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

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's efforts to support the youth's safety, permanency, and well-being. The Child Welfare Trauma Training Toolkit will help the ST-PRTF's Team understand the relationship between a youth's lifetime trauma history and his/her/their behaviors and responses related to his/her/their family, caregivers, and/or foster parents.

To enhance family well-being and resilience, the ST-PRTFs 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(s) will have a commitment to monitoring fidelity to the standards. Recommended evidence-based/promising practices for implementation in the programs 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

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

- Sanctuary Model
- Dialectical Behavioral Therapy
- Crisis Intervention and Suicide Prevention Training
- Substance Use Assessment and referrals
- Non-violent crisis intervention

Program	CYF/Multi-Systems ST-PRTF	General MH ST-PRTF
Length of Stay	The anticipated length of stay for this ST-PRTF will be 60-90 days	The anticipated length of stay for this ST-PRTF will be 30-45 days
Capacity	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, ASD diagnosed youth may be accepted on a case-by-case basis pending the youth's cognitive ability to participate in, and benefit from, programming	10-bed capacity and will serve between 80 - 120 youth a year. Autism Spectrum Disorder and Intellectual Disabilities are exclusionary diagnoses for this ST-PRTF; however, ASD diagnosed youth may be accepted on a case-by-case basis pending the youth's cognitive ability to participate in, and benefit from, programming
Community-based treatment	Community-based treatment may continue while a youth is in the facility. This will be reviewed on an individual basis.	Community-based treatment may continue while a youth is in the facility. This will be reviewed on an individual basis.
Community Integration	Opportunities for community activities are expected to be provided, as well as clinical work occurring in the home community setting. This is integral for appropriate discharge planning	Opportunities for community activities may be provided, as well as clinical work in occurring in the home and community setting.
Evidence-Based/Promising Practice	Applicants are required to select an evidence-based/promising practice for implementation	Applicants are required to utilize an evidence-based/promising practices are part of treatment

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

<p>Staffing: <i>applicants may suggest a different staff compliment to support the ST-PRTF</i></p>	<ul style="list-style-type: none"> • 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 - 2 FTE 	<ul style="list-style-type: none"> • 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 • Psychiatrist .25 FTE • Registered Nurse or LPN - 1 FTE or two .5 FTE
<p>Both programs</p>	<p>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 three 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.</p>	

Please clearly indicate which ST-PRTF you are responding for with your proposal: the CYF/Multi-Systems Program; the General MH Program; or both Programs. Prospective applicants may apply for both programs.

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 will be financed as a HealthChoices in-plan service where the vendor will submit per diem claims. 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 these ST-PRTFs will is 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:

- Successful return to family or placement with foster family, adoptive family, or independent living

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

- Tested clinical scales measuring youth improvement
- Attachments with positive adult established
- Regular clinical and administrative supervision
- Monthly clinical documentation reviews

The selected vendor(s) will develop a quality management plan and monitoring protocol for the program in cooperation with Allegheny County OBH and Community Care. 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).

RFP Timeline

Monday, June 13, 2022	RFP released
Friday, June 24, 2022	RSVP to Respondents' Conference due to glovernv@ccbh.com
Thursday, June 30, 2022	Respondents' Conference
Friday, July 8, 2022	Letter of Intent to respond to RFP due no later than 4:00 p.m.
Friday July 29, 2022	Proposal Due Date - Respondents electronically submit the RFP response no later than 4:00 p.m.
Monday, August 1, 2022	Distribution to Evaluation Committee
Thursday, August 4, 2022,	Evaluation Committee Orientation
Thursday, August 18, 2022	Submissions Review by the Evaluation Committee
Thursday, August 25, 2022	Final Applicant Interviews (if necessary)
Friday, September 2, 2022	Selection of applicant(s) and Notification

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

Wed, September 21, 2022	First in the series of monthly implementation meetings held for up to twelve months
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*Dates are subject to change

RFP Respondents' Conference

On Thursday, June 30, 2022, 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 glovernv@ccbh.com with the name(s) of those who will be in attendance by Friday, June 24, 2022

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 Monday, June 27, 2022, via email to glovernv@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.

Letter of Intent to Apply

All Respondents intending to apply to this RFP must submit a Letter of Intent. A letter of intent must be received by Community Care by 4:00 p.m. on Friday, July 8, 2022.

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
 - This should include which program(s) the applicant is applying for; CYF/Multi-Systems ST-PRTF and/or General MH ST-PRTF
 - Note: there will be two different clinical scenarios for each program
- 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, July 8, 2022**, to: Neil Glover at glovernv@ccbh.com

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

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

Proposal Submission Deadline

Respondents are to:

- **Electronically submit the proposal by 4:00pm on Friday, July 29, 2022**, to Neil Glover at: glovernv@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 FRIDAY, JULY 29, 2022**

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.

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.

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

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.

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.

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

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 (applicants are permitted to suggest a different staff compliment):

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.
3. Describe the supervisory structure to support the overall functioning of the program for the following staffing requirements:
 - a. The specific for each program is in Section 3, page 8

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
 - Showcase your knowledge of CYF and JPO system with evidence/examples
 - 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)
 - Outline how you plan to incorporate into your practice

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

- d. Partnerships with certified peer specialists
 - Outline how you plan to incorporate into your practice
- e. Experience with non-violent crisis intervention/de-escalation techniques
 - Outline what you currently use or plan to use

D. Programmatic Requirements: (Page limit – 6)

1. Indicate which program(s) your organization is applying for
 - a. CYF/Multi-Systems **and/or**
 - b. General Mental Health
2. Describe the service location/s where your organization intends to operate.
 - a. Service location must be Allegheny County
3. Describe what steps are necessary to secure the physical location/s to operate the program/s
 - a. Is this property/service location currently owned and operated by your organization?
 - b. Is the service location/s 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?
4. 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
 - 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
5. Submit a project plan with a timeline that details the tasks required to start up the program. Include activities, person responsible, and start and end dates (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

HealthChoices Allegheny County REQUEST FOR PROPOSALS (RFP)

Short-Term Psychiatric Residential Treatment Facility

Monday, June 13, 2022

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)

1. Describe how your organization approaches monitoring and improving the quality of services delivered in a new program.
2. Describe the personnel that will support the collection, aggregation, and reporting of the program data.
3. Describe a successful quality improvement activity your organization has accomplished in the past year.
4. Submit a draft monitoring and improvement plan with measures (process and outcomes), monitoring frequencies, reporting, and persons responsible. (Not included in the page limit.)
5. Indicate if your organization uses an electronic health record and its 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.

Respondents' budgets will be used to assess the direct and indirect cost of the program. Respondents' budgets will inform but not determine the eventual reimbursement rates established by Community Care or Allegheny County DHS.

1. Submit the following budget items:
 - a. A six-month startup budget and narratives including development costs, fixed assets, one-time costs, expenses related to the purchase, renovations, and furnishings in Microsoft Excel
 - b. A six-month operational budget of operating costs with specific detail about each staff position and full-time equivalency in Microsoft Excel.
2. 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
 - a. clinical program development
 - b. lease, or renovation to the physical program location intended to host one or both ST-PRTF.
3. Submit a copy of the Respondent organization's most recent financial statement.