

Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for Supported Employment Services for Adults with a Serious Mental Illness

March 5, 2018

1. Does this RFP affect the facility based employment or IDD employment?

No. This RFP is only for community-based Supported Employment for adults with a mental health diagnosis.

2. Will there be opportunities through this RFP process for current programs to grow? Is there a risk of current programs being reduced or eliminated? If current providers don't participate in the RFP process, will our programs end?

The intent of this RFP is to develop Supported Employment programs that have an adequate capacity to serve clients, even when employee turnover occurs. DHS has not made a decision about the number of providers who will be chosen through this RFP process, but we expect to have fewer providers than we do now. This RFP presents an opportunity for current providers to propose to grow their programs. Current providers must participate in this RFP process if they wish to continue providing their services.

March 7, 2018

3. Does Post Traumatic Stress Disorder (PTSD) count under your definition of serious mental illness? My organization has been working with a refugee population dealing with this type of mental health issues as barriers to employment.

Yes, PTSD meets the criteria of a serious mental illness under Supported Employment. Successful Proposers must be willing to serve adults from all backgrounds and all diagnoses.

March 12, 2018

4. Regarding 70 percent of an employment specialist time is spent out of the office and in direct service in the community engaging and supporting clients and employers:

a) Do you consider the time employment specialist spent building employer relationships (job development) as part of this 70%?

Yes.

b) Would internet job searches that staff do in preparation to a face-to-face meeting with an individual count as part of this 70%?

This would not count as part of the 70%. Teaching how to do job search is a vital part of the training aspect of SE services. Staff should engage in employment searches with the person, not for the person. Also, the EBPs emphasize job development in the community based upon a

person's interests and abilities; SE staff should primarily focus on this. Finally, research has demonstrated that a significant proportion of the workforce obtains employment through networking rather than through responding to job postings on the Internet.

- c) Not all direct face-to-face work with a client is out in the community as there are times when the employment specialist meets with clients in the office to update resumes or review and complete online applications. Is this ok and considered billable?**

As much as possible, meeting with clients should take place in the community. That can be a public library or business locations with public WiFi. Part of the SE process is teaching people how to become as self-sufficient as possible by learning to use community resources that are available to them.

- 5. If the programs are going to be compensated on fee-for-service basis, will phone calls, travel time and indirect supports be considered billable?**

DHS is still developing the fee-for-service plan and will consider current program expenditures as well as needs proposed through this RFP. When submitting their proposed budgets, Proposers should include any services and related costs they think they may need.

- 6. Do persons on the autism spectrum meet or count under your definition of serious mental illness?**

Typically, if an individual has a sole diagnosis of Autism, they would not qualify for SE services. However, if they have a mental health diagnosis along with the Autism diagnosis, they would qualify.

- 7. Do dual diagnosed clients (mental health and drug and alcohol (D&A)) or strictly D&A clients count to be eligible for supported employment?**

Strictly D&A clients do not qualify for SE services. However, if they have a mental health diagnosis along with co-occurring substance use, they would qualify. In EBP's, substance use is an area that is considered non-exclusionary. Proposers should be open and inclusive of serving individuals who currently are using substances.

March 14, 2018

- 8. On page four of the RFP it states that "no more than five Successful Proposers to provide...for a term of one year." Is this a potential of five teams or five agencies with multiple teams? Reason for the question is to understand if the allocated \$1.6 million is divided into five teams would be \$320,000 per team with a team consisting of four specialists and one supervisor serving 25 clients each (100 total).**

While DHS expects to enter into Agreement(s) with no more than five Successful Proposers, the number of Successful Proposers will depend on the quality of the Proposals received. The number of teams awarded to each Successful Proposer also will depend on the quality of the Proposals received. Proposers may submit a Proposal to provide one or more SE teams, but DHS may award less teams to a Successful Proposer than they propose to serve.

9. If an existing program is not chosen, how much time will be given to transition our clients to a new program?

DHS will negotiate this after contracts are awarded and will allocate as much time as needed to ensure that there is no service disruption to existing clients.

10. Will the clients have a choice in which agency?

Yes. Clients receiving SE services always have a choice about which provider they work with.

11. Once an agency is chosen, how long will they have to hire and establish a full client list?

It is anticipated that Successful Proposers will begin the hiring process upon notification of selection and will be at full capacity to begin services within approximately 60 days of signed contract.

12. When will all the agencies that complete the RFP be notified of their status to either start the hiring and recruitment process or start the transition process for the clients to a new agency?

All Proposers will be notified of their status regarding the RFP as soon as the evaluation process is complete, before June 1, 2018.

13. Does the supervisor have to be dedicated to the MHSE program?

Yes.

March 19, 2018

14. On page 7 of the SE RFP, footnote 2 you have a link to Dartmouth Vocational Assessment Tool that leads to a "page not found." Do you have an updated link to this assessment tool?

The Dartmouth links on pages seven, eight and 11 have expired. The RFP was amended to replace the broken links. Please see the amendment section of this Q&A for details. Other resources can be found in the IPS Employment Center document library at <https://ipsworks.org/index.php/library/>.

15. Follow along supports, can you please verify that these will not count towards the maximum caseload of 25 per SE specialist.

The caseload count is determined by the frequency of contact. If staff only have occasional contact with a client (e.g., every 3 months), then it does not count toward their caseload count.

16. It is noted that you must have a dedicated supervisor for each four-person team. If a provider offers MH SE and also does OVR and ID/SE, (each employment specialist with their own individual caseloads, no blended caseloads) is it acceptable to have one supervisor over all three programs with an assistant supervisor for the MH team?

Yes, this is acceptable. In their Proposals, Proposers should clearly delineate what the roles/responsibilities will be for both positions (e.g., who will be responsible for conducting field

observation/supervision, who will conduct group supervision or staff meetings, etc.). In addition, the Proposer should describe the limits of the assistant supervisor's authority.

March 23, 2018

17. How will the \$1.6 million be divided between five providers? Will it be divided equally or will that be determined once the providers are chosen?

See question eight. DHS anticipates determining how to divide the total allocation after the Successful Proposer(s) are chosen.

18. Does the contract start July 1, 2018?

DHS anticipates starting the contracts on July 1. Also, see question nine.

19. On page 7, Part B. Assessment and Service Planning, it states the Employment Specialist determines if the client is eligible for SE and can be determined through one of three ways. One of the options is "A mental health professional sends a letter confirming a specific diagnosis." Does this person need a specific license (licensed clinical social worker (LCSW), licensed professional counselor (LPC), etc.) to be able to confirm a specific diagnosis? What if the person is not in treatment and does not have a diagnosis? Can the person doing the intake assessment can give a diagnosis? The other options are a Psychiatric Evaluation (PE) PE or a signed treatment plan by a LPHA.

In order to qualify for SE, an individual must have a documented mental disorder. Documentation can be provided through a previous psychiatric history signed by a psychiatrist or a treatment plan signed by an LPHA. Other mental health professionals may not make this diagnostic determination. If an individual is not currently in treatment, he or she can sign a release for prior records (psychiatric history or treatment plan) to qualify for SE. If no prior records exist and the individual is not in treatment, he or she would need to request service through a Service Coordination Unit (SCU) and meet with an LPHA to obtain a diagnosis. The individual is not required to participate in treatment services after a diagnosis is made. A primary care physician (PCP) can provide a letter with a diagnosis, but if the individual is not enrolled in the mental health system, they still must request service through an SCU.

20. The maximum caseload is 25 but SE services cannot be terminated unless the client directly requests to do so. What if we cannot get a hold of the client and we simply lose contact with the client? Are we able to terminate after a certain period of time? How do we handle staffing after each Employment Specialist hits 25? Can we no longer take new clients or do we have to hire more staff?

A client can be closed for service due to non-participation after the Employment Specialist documents outreach attempts based upon agency policy. See question 15 for more information about how to count infrequent contacts with clients. If all staff members have 25 active clients on their caseloads, then Successful Proposers must give a new client the choice of being referred to another Successful Proposer or being placed on a wait list until an opening occurs. Successful Proposers who develop a wait list must notify DHS's Office of Behavioral Health (OBH) immediately.

21. Is the web-based SE application another DHS database separate from CIPS, MPER, etc.?

The Supported Employment application is maintained by Allegheny HealthChoices, Inc., (AHC) for OBH and is separate from CIPS, MPER, and other DHS applications.

22. Will the year-one program funded expenses be entered in MPER as our other program-funded cost centers? Will the fee-for-service shadow billing be completed in CIPS as our other fee-for-service programs?

Yes, the year-one program funded expenses will be entered into MPER and the fee-for-service shadow billing will be completed in CIPS during the first year.

23. Must the positions be Personnel Action Plan (PAP) approved?

Yes.

Amendments

Monday, March 19, 2018

We have amended the RFP with the following new links:

- Page 7: The Dartmouth Vocational Assessment Tool link <http://www.dartmouth.edu/~charky1/page40/page3/page10/files/career-profile-6.10.ff.pdf> was replaced with <https://ipsworks.org/wp-content/uploads/2017/08/Career-Profile-Form-2017.docx>
- Page 8: The example follow-along support plan link http://www.dartmouth.edu/~charky1/page40/page51/page59/files/job_follow-2.pdf was replaced with <https://ipsworks.org/wp-content/uploads/2017/08/Job-Follow-Along-Plans-1.pdf>
- Page 11: The example SE Fidelity Scale link <http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf> was replaced with DHS's SE fidelity tool at <https://tinyurl.com/yc3mr3tn>