RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

PROPOSER INFORMATION

Organization Name: Resources for Human Development, Inc.

Name & Title: Linda Donovan-Magdamo, Executive Vice President, PA Behavioral Health and Housing

Address: 4700 Wissahickon Avenue, Suite 126, Philadelphia PA 19144

Telephone: 215-951-0300, ext. 3028 FAX: 215-951-0312

Email: Ldonovan@rhd.org

Website: www.rhd.org

PROPOSAL INFORMATION

Date Submitted 6/23/2013

Amount Requested: RHD is requesting $1,848,193 in annual operating costs for the program, and $495,737 in start-up costs, not including expenses for building renovations.

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.
Please do not use employees of the Allegheny County Department of Human Services as references.

1. **Julie Jindra,** OVR Counselor, [redacted]
2. **Bruno Mediate**, Allegheny County Adult Probation Supervisor, [redacted]
3. **Frances Sheedy-Bost**, CEO Turtle Creek Valley, [redacted]

REQUIREMENTS

Please respond to the following questions. The maximum score a Proposal can receive is 150 points. Your response to this section should not exceed 15 pages.

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Organizational Experience (15 points, 2 pages)

1. Provide a brief summary of the adult behavioral health services your organization provides and any innovative services your organization has developed.

Formed in 1970, RHD has been developing and operating behavioral healthcare services for more than 45 years. We serve individuals who have mental illness, substance use disorders, co-occurring disorders, intellectual and/or developmental disabilities, and complex healthcare challenges, as well as individuals and families with a history of homelessness. We are now operating programs in 15 states.

RHD's range of services for individuals with mental illness includes residential programs (supportive living and group residences including permanent supported housing and transitional housing), outpatient treatment, site based and mobile psychiatric rehabilitation services, Peer Specialist services, ACT Teams, Intensive Case Management, Homeless Shelters and outreach services, and Crisis intervention and stabilization services (Telephone, residential and mobile). RHD also operates a number of Substance Use Treatment programs, including long term residential treatment, Medication Assisted Treatment and Halfway House programs.

RHD has developed a reputation for working with and providing support to individuals who have complex histories, including significant challenges to recovery and successful community living. Many of our most innovative programs serve people who have problematic sexual behaviors, with histories of incarceration and/or criminal justice involvement.

2. Describe how your organization collaborates with other services (e.g., service coordinators, peer specialists, housing providers, etc.).

RHD programs collaborate with and coordinate care with a wide range of system partners including representatives from County MH/Drug & Alcohol/Intellectual Disability programs, Child Welfare Authorities, Probation and Parole Departments, and Housing Authorities. When RHD opens a new program, the start-up team typically reaches out to other potential service partners to develop formal Memoranda of Understanding and the associated protocols for collaboration. Based on the needs of the participants and best practice standards, RHD staff members participate in interagency service planning meetings and case consultation meetings. These interagency meetings serve as formal opportunities to plan strategies across providers and systems, while more informal ongoing communication serves to keep other providers and system representatives current with progress or emerging needs.

Once an individual is accepted into an RHD program, the team explores the community network that is in place or that needs to be developed in order to best serve the participant. This often involves reaching out to generic community resources as well as other behavioral and medical healthcare providers. Efforts are made to support individuals in accessing in utilizing any and all community resources that are important for the person. Participants are asked to sign consent to release information forms so that written records can be shared as well. Ongoing and regular communications with collaborating organizations helps to assure coordinated care, with successful outcomes.

3. Provide a brief summary of your organization's experience working with criminal justice system partners and individuals involved in the criminal justice system, including persons with sexual offending histories.

As previously mentioned, RHD's experience with criminal justice partners is extensive. In Allegheny County, RHD's **C.O.R.E.** program (Capitalizing On a Recovery Environment) is a long-term community residential program for individuals with substance abuse issues and or mental health challenges and who are returning from prison. CORE is licensed as a Level 3C Drug and Alcohol Treatment program. Also in Allegheny County, RHD's operates the **Allies** program Forensic Certified Peer Specialist program. In Pennsylvania, Delaware, and Tennessee, RHD operates the **Mainstay** programs that serve individuals with problematic sexual behaviors and intellectual disabilities. Virtually all of the Mainstay participants also have a mental health diagnosis and a history of trauma. The Mainstay model is focused on community and personal safety, accountability, competence, and acquisition of self-care and community living skills. RHD also operates a Mainstay program in New Jersey that provides a supervised community-based residential program designed to provide a range of established and innovative rehabilitation strategies for adults with a primary mental illness diagnosis and problematic sexual behaviors.

Rise Above is a licensed Drug and Alcohol program that is contracted with Montgomery County PA Adult Probation and Parole, and provides Drug Court treatment service, DUI Assessment, outpatient treatment and Drug and Alcohol services in Montgomery County Correctional Facility.

In Philadelphia, **Wister Street** provides a therapeutic residential environment for individuals with serious and persistent mental illness who have some history of forensic involvement. This transitional program helps people learn social, emotional, behavioral, and life skills to facilitate independence, enabling them to move on to a permanent living situation. **New Start I** is a Level 2B residential treatment program that serves men who have been homeless, and many participants have had criminal justice involvement.

Specialized Treatment Services (STS) is RHD's outpatient program in PA and Virginia that provides sex offense specific Risk and Needs Assessment and outpatient treatment services to adult clients with sexual offending problems. Those in the program are typically on probation/parole and have been deemed appropriate for and in need of outpatient sex offense-specific treatment.

RHD also has a strong history of working with specialty courts including Drug Court, Mental Health Court and Veteran's Court in Allegheny County and in Philadelphia. RHD's **Healing Ajax** program uses a Peer-to Peer support model to offer Trauma and Recovery Empowerment Model treatment and general support to Veterans who are experiencing behavioral health challenges, with many referred from the Veterans Court in Philadelphia.

RHD employs a team of behavioral health professionals referred to as **RISSO** (Resources for Individuals with Sexual and Specialized Offenses) that provides guidance, training and consultation to program staff as they craft treatment and support plans for participants and design program interventions to serve this population. As RISSO Clinical Director, Mr. Attryde ensures that the treatment of individuals with sexual offending histories is in accordance with evidence based practices per the Association for the Treatment of Sexual Abuse (ATSA) standards.

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Program Planning and Implementation (10 points, 1 page)

4. Provide a detailed description and timeline of your organization's Program development and implementation, including project start date, first admission and admission ramp up schedule.

We will finalize the property lease within 90 days of award, have senior staff in place within 120 days, complete modifications and furnishing of the site within 180 days, and apply for licensure once renovations are underway and key staff are on board. Assuming that licensure is approved within 3 months of application, RHD anticipates that the program can open for the first admissions within six months from contract award, with two new admissions weekly, so that all beds are filled within 6 weeks of program opening. RHD's Environmental Design team will be utilized to help assure that the space within the facility is optimized for the program.

5. Describe your organization's plan for hiring, training and maintaining qualified staff for start-up and on-going operations.

RHD will finalize the specific credentials and characteristics needed for the team, recruiting internally and externally. A team from RHD will interview potential candidates and make hiring suggestions. Then Human Resources staff will complete background and reference checks in accordance with PA regulations. Once finalists are selected, additional interviews are scheduled. When the team agrees on candidates, the Division Director will make a hiring recommendation.

Every new employee is required to attend a new hire orientation and training that covers compliance as well as standard RHD policies and procedures. Beyond that, program staff are required to attend and complete pre-service training that is more specific to the program and the population being served. For this program, all staff will have initial training that covers: principles of recovery orientation, trauma informed care, co-occurring disorders, understanding problematic sexual behaviors, Infection control including universal precautions, risk reduction and HIV education and medication monitoring. Other topics required by regulation and/or for professional development (specified in the LTSR regulations or DDAP) will be covered in the orientation and pre-service training sessions. All staff will complete at least 20 hours of training prior to working in the program. Clinicians will have specific ongoing training and consultation in the clinical protocol for treating sex offenders. The Program Director will ensure that there is a staff development plan in place. This annual plan will specify topics and requirements for the upcoming year. The Program Director will be responsible for establishing the schedule of individual and group supervision and assuring that each member of the team has regular and ongoing supervision covering job performance. The Director will provide clinical supervision to professional staff to assure the highest level of quality service and fidelity to practice standards.

6. Attach a recent version of your organizational chart which clearly indicates where the proposed program would be located within the organization and what the chain of command would be (this chart will not count toward the page limit). See Attachment 3.
7. Attach job descriptions for each of the following positions (these descriptions will not count toward the page limit): 1) Board Certified Psychiatrist; 2) Master's level mental health professional to serve as the Program Director; 3) Master's level mental health professional to serve as the Coordinator; 4) Direct Care Staff; 5) Dietary aide and 6) Licensed Practical Nurse (LPN). See Attachment 4.

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Approach (80 points, 10 pages)

8. The RFP provides flexibility in the program size and number of individuals served, from eight to 12 individuals. How many Long Term Structured Residential (LTSR) beds will your organization provide?

   12

9. Describe your organization's proposed location and structure of the site. If a potential site (or sites) has been identified, please attach one set of color photos.
   a. Geographic location

This is a large building that can accommodate the proposed program. Renovations will be required to assure that it is adapted to the requirements for the program. See Attachment 5—photographs, and Attachment 6—architects drawing.

   b. Living and sleeping quarters, bathroom and shower facilities, and common areas

The facility will have 12 individual bedrooms, each with a private bath. At least one bedroom/bath suite will be "accessible" for an individual who has mobility challenges. The common areas will include a kitchen, dining area, living room area, an activities room, and counseling rooms. There will be staff offices and places for small groups to meet as well. One room will be adapted and equipped appropriately so that mental health hearings can take place on site. The facility will be locked.

   c. Furnishing and equipment in each room/area

Each room will be furnished in accordance with LTSR Regulations § 5320.84, with a bed, bureau, a chair, clothing storage and access to an area where personal possessions can be stored safely. There will be appropriate lighting in each room. Common space will have enough seating so that all residents can be comfortable. Dining areas will include seating and tables for participants. There will be at least three televisions in separate spaces. The program will have a computer lab, with three workstations for participant use. Outdoor areas will be equipped with tables and chairs as well. Staff offices will be equipped with desks and computers, with one office for the nursing team. Another office will serve as the file room, with appropriate security including a locking door and a locked filing cabinet.

   d. Housekeeping and maintenance procedures

Residents will be responsible for keeping personal spaces (bedroom and bathroom) tidy and sanitary, and will share responsibility for assuring that common areas are clean. Program staff will oversee general housekeeping of all common areas Staff will assist as needed, including providing prompts and/or reminders. Residents will be provided with instructions on what to do about malfunctioning equipment or appliances and how to report damage or broken objects. The property owner's maintenance staff will be responsible for repairs. Residents who are interested may observe and assist with such repairs if feasible.

e. Laundry service

The facility will include a laundry room, with washers and dryers to be used by residents for personal laundry. As with housekeeping tasks, residents are expected to care for their own clothing and linens, with staff instruction and/or assistance provided as needed.

f. Food service

The program staff will include two full-time Dietary Aides/Cooks, who will oversee food preparation and storage, assuring that food supplies are safe, and that the kitchen, appliances and equipment is sanitary at all times. They will participate in meal planning sessions with participants, making suggestions and incorporating the requests and preferences of participants in the menus. Group meals will include choices, and meal planning will strive to accommodate dietary restrictions, personal preferences and culturally meaningful foods. Shifts will be scheduled so that meals can be prepared ahead of time, which reduces the reliance on high fat, high sodium pre-prepared meals and foods. The kitchen will also be used by residents to prepare simple meals and snacks, as part of increasing competency in this aspect of life skills. The program will strive to assure that a variety of healthy snacks are available to residents at all times.

g. Outside area for use by the residents

The proposed site will include access to outdoor area for recreation. Staff will accompany participants outdoors as needed to assure safety, or as required in the treatment plan.

10. Describe your organization's plan for health and wellness education.

In recognition of the importance of general health on overall wellness and recovery, each resident's individualized treatment plan will include specific goals and objectives related to wellness. Intake assessments and a nursing evaluation will assure that medical and health concerns are addressed in the interdisciplinary treatment plan. Support for dealing with common health challenges such as poor nutrition, weight management, smoking, and diabetes will be provided by staff, with the nurse working with the individual to identify and adopt strategies that are effective for the person. General health and wellness matters such as the impact of drugs/alcohol, importance of exercise, symptom management and self-care will be covered in group psychosocial rehabilitation sessions should there be enough participants with the need for education and an interest in these *topics.* Nursing staff will be present on every shift in order to support health and wellness. The Program also intends to include a CRNP/Physician's Assistant in the staffing pattern in order to address routine health and wellness needs within the program as much as possible. The program medical team will review food services operations and monitor resident BMI's as well as providing care and support related to medication, and any medical challenges or ongoing conditions. The lead nurse will serve as the liaison to the resident's primary care practitioner to assure coordinated and collaborative general healthcare and specialty treatment as needed.

11. Describe how your organization will assist consumers in their development and maintenance of independent living skills

The Program will seek to hire Certified Psych Rehabilitation Professionals in direct service positions in order to focus on life skills "teaching moments" throughout the day. Life skills training and assistance will be a regular and consistent component of both the LTSR and the "Alternative Outpatient Program."

At the time of intake, the team will work with each participant to determine level of functioning and competence across a range of daily living skills. This includes an assessment of basic self-care abilities, literacy and financial literacy, socialization and recreation skills and interests, household abilities (cooking, housekeeping), self-medication, use of public transportation and shopping. Supports and techniques will be tailored to the level of need and comprehension abilities of participants, with support provided one-to-one and in groups based on the goals established by the participant. Staff members will provide training, demonstrate skills, work side by side with participants or devise and develop other approaches that are effective with the individual. Social and relationship skills will be included in the clinical treatment plan.

Program participants will have access to a Peer Specialist each day at the program. Peers will be utilized as part of the interdisciplinary team, providing individual and group support to participants. Peer Specialists also serve as advocates and role models. Critical to success in independent living is the ability to manage symptoms and avoid engaging in behaviors that can jeopardize the safety of self or others. Each participant will be encouraged and supported in developing a Wellness Recovery Action Plan. In addition, a focus of treatment will be helping individuals devise strategies for what to do when things are not going well. Again, Peer Specialists are ideally suited to provide support in these areas.

12. Describe how your organization's nursing care will monitor overall health and care management, including coordinating behavioral and physical health needs

The program's interdisciplinary team will include nurses, with nursing coverage on each shift. Nurses will complete health assessments and meet regularly with each participant to discuss and address health challenges. The nurses may have much more frequent contact as needed, to monitor health conditions such as obesity, diabetes, hypertension, or infection. Though basic health care and psychiatric care will be available in the program, the team will assure that each resident has a primary care physician and a dentist in the community, and has regular routine screenings and examinations as recommended.

Residents will have access to tools and support for smoking cessation. The program will incorporate innovative technology to support management of behavioral and health care issues. For example, phone and tablet applications that support recovery and wellness will be utilized to the extent possible. Another innovative approach that will be incorporated into the proposed program is voluntary genetic testing by GeneSight (as ordered by the Psychiatrist) for residents with more complicated medication needs. This testing provides additional information for the program's psychiatrist concerning medications that would work more effectively and efficiently based on the individual's physiology. The nurse manager will serve as liaison to community based health care practitioners, assisting residents with preparing for visits, and arranging for release and sharing of records or other pertinent information. The nurse will provide information to participants in order to enhance their knowledge about medications, diagnoses, and physician's orders or recommendations. The nurse manager will oversee all nursing services provided within the program, and will supervise the nurses. The nurse manager will also serve as the liaison to the CRNP or Physician's Assistant who will visit the program weekly to provide enhanced medical care or provide input into planning meetings.

13. Describe how your organization will collaborate with the criminal justice system and will utilize peer, family and natural supports and the clinical team (service coordination, community treatment team (CTT) and other specialized support services).

RHD staff in Allegheny County have created processes that support collaboration with the Criminal Justice System and community providers as well as having developed a strong, supportive and collaborative relationship with the Judges, Probation Officers and Justice Related Services staff we work with. Regular communication has become a key element of the success of RHD's programs to work in collaboration with these partners. The Clinical Coordinator is designated as the point of contact for referrals and coordination with other agencies and systems. For those with active charges, those awaiting admission to a Forensic Unit, those who are "court ordered" into treatment and those who are involuntary committed, collaboration and ongoing communication is even more necessary so as to maximize programmatic benefit while addressing security concerns and assuring compliance with court orders.

RHD works to provide holistic care and recognizes the importance of helping individuals build and/ or rebuild natural support networks. Intake and assessment procedures will include identification of family, significant others, friends and any others that the participant would like to have included, and with which the participant hopes to have a positive relationship. The program will offer to provide information to family members/chosen supporters related to mental illness and substance use. If identified in the treatment plan, a therapist may offer counseling to a family members or other chosen supporters in order to enhance the supportive relationship. Participants will have access to technology including Skype and email to help rebuild, support and maintain relationships with family and friends. Improving abilities to socialize and engage in healthy interpersonal relationships may be specifically identified as goals for a participant, and these will be addressed as needed by various members of the interdisciplinary team in accordance with the treatment plan.

14. Describe how your organization will identify and treat consumers with co-occurring mental and substance use disorders

Referral information and intake assessments will be utilized to identify residents who have co-occurring mental and substance use disorders, including any history of substance abuse, even if not a current challenge. RHD uses the practices associated with SAMHSA TIP 42, (Integrated Care), to guide and organize treatment. Key elements include recognition of the high level of co-occurring disorders and the need to treat both conditions simultaneously, with neither diagnosis being considered primary. The Program will incorporate and maintain fidelity to evidence based practices. Substance use treatment approaches will include psychotherapy, harm-reduction, relapse prevention strategies, psycho-education and close monitoring of medical status/medication. As in the CORE program, the new program will utilize co-occurring curriculums and resources developed by the Change Companies who have created specific interactive journals to be used by various target populations. The program will also make use of Motivational Interviewing and Enhancement techniques. We intend to include Cognitive Enhancement Treatment (CET) into the clinical service. RHD CORE staff members have initiated discussions with the developers of this evidence-based practice for mental health issues concerning its use with those who have co-occurring disorders where substance use is the primary and

have received approval to do so. The program will use a flexible schedule of clinical interventions within the LTSR and the Alternative Outpatient component to assure that services are matched to individual needs and status.

15. Describe how your organization will engage and coordinate with a consumer's probation officer.

The Clinical Coordinator will be the designated point of contact for Probation Officers. We have found this to be a very efficient means of supporting communication, answering questions, responding to concerns, coordinating referrals and engaging them in the resident's treatment. As in our existing CORE program, the LTSR team will facilitate monthly meetings referred to as Recovery Support Team Review, where representatives from the justice system, other agencies, case managers and other stakeholders meet with the resident to review status and ongoing goals. Each resident will present what he is working on as well his perception of objectives needing additional focus and work. This meeting approach encourages engagement and empowers individuals in speaking about needs and challenges. The team uses this as an opportunity to provide feedback to the resident. These meetings may occur more frequently if there is a significant change in status.

16. Describe how your organization will engage individuals who do not want to participate in group sessions.

RHD has significant experience with engaging and working with individuals who are reluctant to participate. Team members will utilize the Stages of Change model to help engage participants and will use components from the Recovery Management model of the ROSC in order to create a community of choices and engagement. The Program will also incorporate a trauma informed environment that supports residents in a manner that builds trust and a feeling of safety, and that encourages the individual to take the therapeutic risks necessary for changes in behavior to occur. The program staffing pattern will include therapists on all 7:00am to 3:00pm and 3:00pm to 11:00pm shifts. This will allow for multiple staff to engage and encourage clients to actively participate in programming and provide services in as flexible a manner as possible. Clinicians/therapists will ideally have had prior experience working in an inpatient or partial hospitalization program.

17. Describe how your organization will provide 24-7 crisis intervention, crisis planning, and hospital diversion.

The program will have a well-trained staff that is able to intervene and defuse potential crises, and provide support to residents during periods of difficulty, including exacerbation of symptoms or emergence of challenging behaviors. Staff will have significant training in Crisis management skills enabling them to work closely with the individuals served to support and intervene early on should a crisis occur. Key to crisis prevention will be regular engagement and relationship building with residents in order to support the use of WRAP plans that identify skills and options to prevent crisis from occurring.

Staff on duty will be expected to be the first resource to an individual in crisis, will use the persons' served Crisis Plan, and Community Support Plan making every effort to secure any formal or informal resource that is needed to assist the individual in managing the crisis. If additional resources are needed, the staff has access to on-call Mercy Behavioral Health supervisory staff and an on-call

psychiatrist, as well as to the individual's Supports Coordinator and Allegheny County Mobile Crisis Services.

Only in the case of a high level of risk including imminent danger to self or others, will the program seek outside assistance to resolve the crisis, i.e. from mobile crisis (the re:solve Crisis Network) or other first responders. As RHD has done in our other programs, we will establish contact with community based Emergency Medical Service, fire and police to educate them regarding the needs of the individuals served at our program in order to ensure quick and appropriate response should a crisis necessitating response from public service personnel be needed. At all times, a senior clinician from the program will be on-site or on call, should a participant require extra support through a crisis episode.

18. Describe how your organization will develop individualized treatment plans based on consumer needs and strengths. Provide a sample of a treatment plan.

The LTSR team will convene initial and ongoing treatment/service planning meetings. Prior to the completion of treatment plans, residents will complete a "SMART Goal Sheet", and "Comprehensive Recovery Planner". These engage the resident in identifying various domains and goals that he wants to focus on in treatment planning. The first meeting is held shortly after admission, and once the team has reviewed the referral and assessment information. The process focuses on eliciting information from the participant regarding goals. The team may make suggestions or recommendations for specific interventions or supports. In all interactions, the team conveys respect and utilizes positive approaches to empower participants in taking on increasing responsibilities. Every plan and each update is highly individualized, with documentation of status and anticipated outcomes. Monthly Recovery Support Team meetings include representatives from other systems and agencies. This serves as another opportunity to engage the resident in identifying goals and planning. Two sample treatment plans prepared as part of the Vignettes are included as Attachment 7. A blank copy of the "SMART Goal Sheet and CORE Comprehensive Recovery Planner are also included as Attachments 8 and 9, respectively.

19. Describe your organization's plan for consumers to participate in vocational or educational programming, paid employment or volunteering.

Resident interests in vocational and educational programming as well as employment and volunteering will be explored and goals included in the treatment plan. Support for acquisition of skills and addressing challenging behaviors will be provided. As opportunities for community integration increase, staff will provide assistance with searching and applying for chosen opportunities. The Clinical Coordinator will facilitate referrals to OVR for vocational and educational opportunities.

20. Describe your organization's strategy for involving the consumer, family and other providers in treatment planning.

From the time of referral, the program team will encourage and support consumer involvement, so that each can be an active participant in the treatment and service planning processes. One of the core values on which RHD programs operate is empowerment, and our experience has been that individuals are more successful in their recovery when they are able to choose goals and select strategies and supports that they believe are helpful. RHD staff use every opportunity to elicit information from participants, encouraging each to express choice and have a voice in all aspects of service.

Early on in the admission process, the team will organize an interagency (Recovery Support Planning) meeting to which the consumer, his family (or other chosen supporters/friends/advocates), and other providers who are or may be serving the participant, are invited. This meeting will be focused on the larger service planning issues, so that all present can share perspectives on the individual's strengths, hopes and overall goals. With the consent of the participant, chosen supporters will be invited to attend subsequent treatment planning meetings. RHD maintains open lines of communication so that other providers and family members can share ideas or concerns at any time.

21. Describe your organization's discharge planning procedures.

Discharge planning begins at admission, with consideration of the long term goals for the individual and the resources needed to assure a positive outcome. Each bi-weekly review of the treatment plan (Recovery Support Planning) includes discussion of progress toward discharge. The program incorporates deliberate activities and supports that assure that participants gain increasing ability to manage more independently. Specific components include safety planning, Wellness Recovery Action Plans, and Relapse prevention strategies and techniques that support individuals as they move toward greater independence. Treatment goals generally include increasing mindfulness skills to reduce the frequency and intensity of challenging behaviors. Psychosocial rehabilitation goals focus on helping participants gain a higher level of competency in a wide range of daily living skills. Overall, the program focuses on enhancing recovery capital, including connections to resources that help sustain the individual post discharge. As discharge nears, housing plans will be finalized, and appointments made with community care providers. Staff will assist the participant with identifying anything specifically needed for the move, and implement strategies to assure that necessary items (household items, medications, clothing, et cetera) are acquired and ready. An interagency team meeting (Recovery Support Planning) will be held specifically to plan for and coordinate aftercare/post-discharge supports. Immediately prior to the discharge, the team will review safety plans, WRAPs, Recovery Management Plans and service plans with the individual to help assure that the person is comfortable using self- care tools and knows what to do and who to call if something goes wrong. The Clinical Coordinator will follow-up and make contact with the participant 7 days after discharge to check on status and adjustment to the new arrangement. Ongoing follow-up includes contact at 30, 60, 90 and 180 days.

22. Describe your organization's therapeutic program activities and the role of the interdisciplinary treatment team.

The overall goal of the program is to address the needs of the whole person, addressing the eight "dimensions of wellness": Emotional, Financial, Social, Spiritual, Occupational, Physical, Intellectual and Environmental as articulated by the Substance Abuse and Mental Health Services Administration (SAMHSA).Therapeutic activities in the program will be loosely divided into two categories: clinical treatment and psychosocial rehabilitation. The schedule of activities and interventions in the LTSR and in the associated Alternative Outpatient Treatment program will include regular contact with clinicians for group and individual therapy related to mental illness, trauma and/or substance use, medical and medication oversight by the Psychiatrist and nursing staff, and treatment for modification of challenging behaviors, including specialized treatment for sex offenders. LTSR activities are more focused on the development of daily living skills, empowerment, acquisition of recovery capital and self-care skills, and

the attainment of goals related to community living. Peer Specialist support will be interwoven throughout the program. Nursing and medical care will be provided by the program nurses, psychiatrist and Physician's Assistant.

As part of treatment planning, the responsibilities of each member of the team in providing treatment and support to the individual are established. Thus each participant may have a slightly different primary team based on needs and goals.

23. Describe your organization's intake and admission process.

When a referral is made, the team will seek out records and information that covers psychiatric and medication history, health status including current medical concerns and allergies, legal history and current status, history of challenging behaviors, known risks, and a biopsychosocial history. The team will hold a meeting to review this information, and will include a representative from the referring entity and a legal representative in order to determine whether the program will be able to meet the needs of the individual being referred. If all agree to admit, a date is set and arrangements are made for the person to move in.

Once the new resident arrives, he will be welcomed by a "greeter" (another participant) and a staff member who provide information, offer a welcome, and provide an orientation to the program. The greeter then gives the new resident a tour of the facility, and introduces the new resident to other participants and the staff. Following the tour, the new resident has an extended meeting with an MH Professional who will complete the intake interview, including any additional assessments, informs the resident of rights and responsibilities, works with the individual to develop the initial treatment plan and solicits permission to release/share information. Possessions brought in by the resident are placed in a secure area until they can be inventoried and checked for suitability in the environment. Medications are given over to the nurse for inventory and safe storage. On the day of admission, a nurse will meet with the new resident to conduct a basic health assessment, and address any immediate concerns or needs.

The first formal interdisciplinary treatment team meeting will be held within 5 days of admission. At this time, the initial comprehensive service/treatment is prepared and all members of the team, including the participant, are provided with a copy. The program then begins scheduling Recovery Support Planning meetings, which involve other stakeholders and collaborating systems in the meetings that take place every other week.

24. Describe your organization's record management system.

RHD provides training and supervision that assures that all program staff are aware of the requirements for documentation of services, individual case records, and other programmatic records, including confidentiality and procedures for release of records. General program records are kept in the program office, while any records including participant information are kept in locked filing cabinet in a locked room, unless in use. Most RHD programs utilize paper records in addition to electronic systems. RHD has an electronic billing system in place. We have a contract in place and are working to expand to a much more robust Electronic Health Record platform that will enhance program capacity to capture and aggregate treatment and outcome data into all of our services. The new system is expected to be ready within a year.

Program Evaluation and Quality Improvement (10 points, 2 pages)

25. Describe specific outcome measures related to evaluation, including the method and means of collection and reporting of these measures. At a minimum, these outcome measures should include: 1) clinical functioning; 2) community functioning and 3) consumer/family satisfaction.

Clinical functioning:

The Program will use the CANFOR-S to gather data and record data. The CANFOR-S can be used for the client as well as supports such as JRS, Probation and family. Completion of this assessment will be incorporated into the monthly Recovery Support Team (Interagency) Review meetings. This same data will be collected post discharge at 7, 30, 90 and 180 days. The review meetings will also include assessment of progress toward treatment goals, monitoring for completion of specific assignments including participation in groups and community activities, and overall level of functioning. The program will also track episodes of challenging behavior, and incidents as part of monitoring overall clinical functioning.

The LTSR team will also use some measures that are specifically associated with clinical functioning related to problematic sexual behavior. These include risk assessments which are both static and dynamic, the latter of which are used periodically to assess if the dynamic risks have changed, ideally with the level of risk reduced. The tools to be utilized are the Static 99R, (which is risk based on historical and unchanging variables so not an outcome measure per se), the STABLE 2007 which measures "risk factors that are amenable to change but without intervention tend to remain relatively constant" and the ACUTE 2007 which measures "immediate, high risk factors suggesting a need for priority supervision and/or immediate intervention". Lastly we use the SOTIPS which is designed to "aid in assessing risk, supervision and treatment needs and progress among adult males who have been convicted of one or more sexual offense" aged 18 or older. All of these instruments are industry standard, evidence-based and normed for the adult male population including those with intellectual disabilities.

Community functioning:

The program will gather and track the following data on a regular basis.

1. Body Mass Index (BMI): Monthly
2. # of inpatient psychiatric admissions: as occurring
3. # of ER contacts: as occurring
4. # of inpatient medical admissions: as they occur
5. # of community medical contacts: as they occur
6. # of family/family contacts (persons chosen by the participant as supporters)
7. # of actual contacts with chosen supporters each month
8. # of days in the program
9. Progress toward community living goals, improvements in activities of daily living
10. Recovery Assessment Scale: completed quarterly
11. Community Integration Scale: quarterly

Consumer/family satisfaction:

The CQI process will include the development and analysis of quarterly satisfaction surveys. The survey will also be completed at discharge. The CQI committee will review results each quarter. The committee will also develop a survey to be sent out to family members or others involved with the consumer to elicit satisfaction with the program. The family survey will be administered every 6 months. In addition, the program will solicit feedback from systems partners such as probation and parole, other officers of the court, and Allegheny County Department of Human Services.

Survey responses will be kept on file. Data from assessments, treatment records and surveys will be shared with the CQI team, who will prepare quarterly summary reports to share with stakeholders, and guide actions needed to improve or assure quality and achievement of individual and program outcomes.

26. Explain the methods your organization will use to ensure that services are being provided in accordance with the program model.

Program oversight and internal monitoring is the responsibility of the Program Director, and the staff of the Division (including the Executive Vice-President in which the program operates). Each RHD Division includes an Executive Vice President, a Director of Finance and Operations, a Clinical Director, a Quality Assurance Manager and an Outcomes Analyst. These division staff members provide oversight, guidance, and technical assistance to programs, assuring program integrity, and compliance with contract requirements.

RHD's Regulatory and Compliance staff members from the Shared Services Division provide leadership and training in compliance matters, including adherence to applicable laws and RHD standards. CQI processes will also incorporate a review of adherence to regulations and contract specifications. All staff members will be expected to be familiar with both the LTSR Regulations and the Program Description for the Alternative Outpatient Treatment component of the program. Strong programmatic oversight and clinical supervision assure fidelity to the evidence-based practices that are used as part of treatment.

The outcome measures that will be tracked will also serve to focus efforts on fidelity to the program model. Review of outcomes will be included as part of the Continuous Quality Improvement process. The program will schedule a "Community Processing" meeting weekly that is used to support residents in expressing issues or concerns about the program and exploring solutions for improvements. The Program Director will attend the Community Processing group at least once per month in order to encourage and support the resident's direct communication of concerns or issues to the Program Director.

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Vignettes (20 points, not included in page count)

Using the two vignettes below, please describe how your organization would serve these individuals in the Program and provide a sample treatment plan.

Vignette 1: Sam is a 51 year old healthy African American male who was admitted to the state hospital on 5/24/09. He is diagnosed with Schizoaffective Disorder, Bipolar type 2 and Personality Disorder. His history indicates some instances of sexually inappropriate behaviors. He is currently on an all-male ward that has programing for sexual responsibility. He typically follows the rules on the unit but at times can be intimidating to others. He has little insight into his sexually inappropriate behaviors. There have been no reports of him acting out sexually while hospitalized. Although Sam denies suicidal and homicidal ideation, the team is concerned for his safety due to having little insight into his sexually inappropriate behaviors.

Sam's intake would include a physical, psychiatric evaluation, biopsychosocial evaluation, medication review, and we would begin treatment and discharge planning with him from the day of admission, all of which would take into account his strengths, interests, and self-identified desires. The LTSR psychiatrist would seek to clarify Sam's diagnosis and adjust medications accordingly, if indicated. The treatment team would attempt to work with Sam to identify the function of his intimidating behaviors and work with Sam on alternative methods of getting his needs met. Since Sam has been identified by history of having sexually inappropriate behaviors, his intake would include a comprehensive Risk and Needs Assessment which includes a clinical interview with a detailed history of sexual behaviors, and the use of structured and specific assessments of problematic sexual behaviors (STATIC 99, STABLE 2007, and ACUTE 2007 assessments), that are established Evidence Based instruments. This assessment will be used to give us insight into recidivism risk and needs to be addressed in treatment. All treatment decisions would be made with Sam involved in the process and would be regularly reviewed by Sam and the treatment team

Because he hasn't acted out sexually during this hospitalization, we may conclude that he is not at acute risk of acting out at the LTSR, and have him on an observation protocol in which a clinician is assigned to observe Sam and gather data on his observable boundaries and the appropriateness of his interactions with others. This close observation serves to assess level of risk in the new setting. The entire team would also be joining the assigned clinician to gather data that may suggest the need to adjust Sam's room location or schedule to provide for the safety of potentially vulnerable individuals who are also receiving treatment at the facility. We would provide specialized treatment for problematic sexual behavior, beginning with a weekly session with a clinician and titrating as necessary.

We would be assessing whether his trauma could be addressed in a regular trauma group or whether he would need to have it addressed in a specialized sexual trauma group.

When Sam and the treatment team are in agreement to begin community integration activities, each activity will require a "safety plan" to be created by Sam and the team – How he will address anxiety, symptom management, dangerous situations, etc. Safety plans will include a great deal of staff support at first but then fade as Sam becomes more self-reliant, provided ongoing assessment of risk indicates that reduced staffing and other restrictions do not compromise community safety.

Vignette 2: Dan is a 45 year old single Caucasian male. He was admitted to the Regional Forensic Center 10/28/15 for restoration of competency. He is currently not competent to stand trial and likely competency is not restorable. He is diagnosed with Paranoid Schizophrenia and Anti-social Personality Disorder. Dan is convinced that he is being invaded by the CIA. This delusion is also accompanied by auditory hallucinations. Upon admission to the state hospital forensic unit he was cooperative, however, his reliability was questionable due to his delusions. Dan is also diagnosed with diabetes. He presented recently with a blood glucose level of 500. He is being maintained on medications. He has made inappropriate advances to staff and peers which cause him to lose his ground card. The team is concerned for his physical health, his current delusional behavior and his little insight into his inappropriate sexual behaviors.

Dan's intake would include a physical, psychiatric evaluation, biopsychosocial evaluation, medication review, and we would begin treatment and discharge planning with him from the day of admission, all of which would take into account his strengths, interests, and self-identified desires. Dan will be involved in all decisions related to treatment. The LTSR psychiatrist would work with Dan to recommend and adjust medications, if indicated. The team will consider the extent to which Dan's delusions preclude him from benefiting from groups, and then provide him with individual treatment until such time as he can benefit. Individual treatment may focus on helping Dan identify the emotions that his delusions elicit (i.e. anxiety or fear) and help him develop ways to cope with these emotions.

Dan's blood glucose level is a large concern. The nursing staff would coordinate care and treatment with Dan's PCP and any needed specialists and administer medication and assist Dan with monitoring and learning to manage his diabetes. This would include collaborating with the Culinary Recovery Support Staff to prepare and provide healthy meals and snacks for Dan, as well as educating him on how to make better and healthier choices. The nursing staff will be available on every shift to assess his condition, treat urgent issues, and access emergency treatment when needed.

Since Dan has been identified by history of having sexually inappropriate behaviors, his intake would include a comprehensive Risk and Needs Assessment including a clinical interview, detailed history of sexual behaviors, and assessments of problematic sexual behaviors, using the STATIC 99, STABLE 2007, and ACUTE 2007 assessments, all of which are established Evidence Based instruments. These tools will be used to give us a basis for recidivism risk and needs to be addressed in treatment.

Because Dan has displayed sexually inappropriate behaviors while at the Regional Forensic Center, we may conclude that he is at risk of acting out at the LTSR, so we would identify the potential targets of vulnerability and physically locate Dan in an area of the facility which provides for the safety of vulnerable individuals who are also receiving treatment in the facility. If the team assesses that Dan requires a higher level of intervention, our staffing pattern allows us the freedom to assign an "eyes-on" one-on-one staff. We will also have a therapist on duty from 7AM until 11PM, who can attempt to engage Dan and discuss and process any issues.

We will provide specialized treatment for problematic sexual behavior, beginning with a weekly session with a clinician and titrating as necessary. We will assess whether his trauma could be addressed in a regular trauma group or whether he would need to have it addressed in a specialized sexual trauma individual therapy session. As noted before, Dan's psychosis symptoms may impact this decision as well.

When Dan and the treatment team are in agreement to begin community integration activities, each activity will require a "safety plan" to be created by Dan and the team – How he will address anxiety, symptom management, dangerous situations, etc. Safety plans will include a great deal of staff support at first but then fade as Dan becomes more self-reliant, provided an ongoing assessment of risk concludes that such a reduction would not compromise community safety.

Financial Management and Budget (15 points, not included in page count)

27. Provide evidence of your organization's financial health by attaching its most recent audit or other financial documentation.
    See Attachment 11.
28. Attach a detailed start-up budget and annualized budget that clearly supports the proposed model and the implementation plan.
    See following section.
29. Provide a budget narrative that reflects a realistic estimate of the costs associated with implementing the Program.
    Budget Narrative is below:

Detailed Accounts	BUDGET NARRATIVE
Personnel Expenses **Full Time**	See staffing schedule enclosed. Annual budget includes 20 Full-Time staff members. The "Start-Up" budget includes administrative staff projected between 6-12 months. Assumption anticipates start-up administration needed beyond the 6 month period indicated in the budget template. From the date of occupancy and licensing, direct staff is estimated to be hired and providing services within 6 weeks.
Part Time	10 PT positions (equivalent to 5.64 FTE's). PT salary/wage est. includes Relief Staff Coverage for PTO & Holidays.
Employee Benefits	RHD benefits include: 7.65% FICA, 5.0% Unemployment (of first $9.5K in wages/salary), 5.4% Workers Comp., Short-Term Disability Coverage (.51% of wages), & 4% Cash Benefits and $375/mo. Health Plans for full-time staff.
Misc. Personnel Expense	Allocation for Staff Development, estimated at $200 per FTE including training hours and outside trainer fees
Total Personnel	Based upon the staffing schedule enclosed, and items identified in the comments above, the total personnel costs projected for the first year and start-up period are estimated at $1,434,900 (*Rounded*)
Operating Expenses **Rent**	Rental costs estimated at $13.85 K/monthly including utilities. Insurance estimates are based on total insured value (property & contents), or total expense budget for the program (general liability, D&O insurance, and professional insurance).

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Detailed Accounts	BUDGET NARRATIVE (page 2 of 3)
Bldg Maint / Housekeep	Start-up estimate includes one-time purchase of housekeeping items. Ongoing building/maintenance estimates include allowance for monthly pest control/cleaning ($200/month), and incident coverage.
Communications	$900/month communications costs include an estimated charge for internet/cable and telecommunications services.
Cellphones	One on-call cell phone estimated at $90/month. Start-Up budget includes initiation fee and phone purchase.
Office Supplies	Office Supplies annual budget includes monthly charge estimate for copier/fax machine, quarterly usage estimated cost for the copier/fax machine, white boards, small office equipment purchases, and ongoing office supply allocation.
Rehab Supplies	Rehab Supplies includes rehabilitation software, journal costs, medical supplies including first aid kits, epipens, etc., tablets for clients to use in rehabilitation exercises, two client TV's, and ongoing budget includes monthly allowance for medications, medical supplies, replacement costs for journals/rehab supplies, and monthly subscription/software license fee.
Vehicle Insurance	$189.50 in monthly insurance costs per vehicle. Two vehicles projected.
Transportation	Transportation budget includes monthly gas estimate ($300/month), staff travel reimbursement estimate ($150/month), client transportation allocation for 2 passes per month ($98/pass), staff travel program support costs, and a small allowance for vehicle maintenance.
Contract Doctor	see job description for the Board Certified Psychiatrist provided. Est. hourly cost at $140/hr and 10-12 hrs/wk.
Misc. Operating Expenses	Start Up est. includes allocation for initial cooking supply costs, licensing costs/fees, permitting, background checks, etc. Annual operating budget for this category includes ongoing client food costs ($50K annual est.), household consumable costs, cleaning supplies, membership fees, etc. ($20K annual cost). Ongoing misc operating costs est. at $250/month
Total Operating Expenses	The total operating costs projected for the first year and start-up period are estimated at $496,000 (*Rounded*)
Total Direct Costs	Based on the projected expense outlined in the budget and comments above, the total direct costs for the first year and start up period total $$2,344,000 (*Rounded*).

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

Detailed Accounts	BUDGET NARRATIVE (Continued: page 3 of 3)
Indirect Costs	
Office Equipment	Costs include telecommunications hardware and wiring costs, video conferencing monitor, printers, cabinets, desks, computer chairs, and door security system (buzzer and intercom).
Computer Equipment	Costs include staff laptops (11), and 3 workstations/computers
Motor Vehicles	Estimated cost for the purchase of a van and small 4-5 passenger vehicle for client transport.
Repairs/Maint	Renovation costs for proposed site (1800 W. Street) and included architectural plan, is estimated at $1.5 million. Post-renovations costs included here are dining furniture, bathroom, bedroom and common space furniture and initial supply purchase.
Admin Costs	Administrative costs estimated at 15% of direct costs and 10% of indirect.
Total Indirect Costs	Total equipment purchases and indirect costs for the start-up period and first year, are estimated at $413,000 (*Rounded*)
Total Expenses	Total expense in year one plus the start-up period are estimated at $2.34 million ***excluding*** potential renovation costs of 1800 W. Street.

Resources for Human Development - LTSR Staffing Proposed

POSITION TITLES	Credentials Degree, License, etc.	WEEKLY HOURS	HOURLY RATE	FTE	BASE ANNUAL SALARY	START UP # weeks	START UP 6 Months	ANNUAL # weeks	ANNUAL 12 months
Indirect Staff									
Program Director	Master's Degree	40	$34.62	0.57	$72,000	52	41,040	52	41,040
Clinical Coordinator - Master's Level MHP	Master's Degree	40	$24.04	1.00	$50,000	13	12,500	52	50,000
Office Manager	HS Diploma/GED Equivalent	40	$16.83	1.00	$35,000	26	17,500	52	35,000
Direct Staff									
Therapist FT	Master's Degree	40	$20.19	4.00	$42,000	6	19,385	52	168,000
Registered Nurse - Manager	PA Licensed RN	40	$28.85	1.00	$60,000	8	9,231	52	60,000
PRN/CRNP - Physician Assistant	PRN	6	$50.00	0.15	$104,000	6	1,800	52	15,600
Licensed Pratical Nurse	LPN	40	$21.63	2.00	$45,000	6	10,385	52	90,000
Licensed Pratical Nurse PT	LPN	20	$22.84	1.00	$47,500	6	5,481	52	47,500
Recovery Support Specialist Supervisor	Bachelor's Degree + 2 yrs	40	$15.00	1.00	$31,200	8	4,800	52	31,200
Recovery Support Specialists	Bachelor's Degree	40	$13.50	8.00	$28,080	6	25,920	52	224,640
Recovery Support Specialists- Part Time	Bachelor's Degree	20	$13.50	2.00	$28,080	6	6,480	52	56,160
Peer Specialist - Part Time	Certified or eligible	20	$13.00	1.00	$27,040	6	3,120	52	27,040
Dietary Aide - Full Time	HS Diploma/GED Equivalent	40	$13.00	2.00	$27,040	6	6,240	52	54,080
Relief Staff	Bachelor's Degree	37	$20.25	0.92	$42,120	6	4,141	52	35,889
TOTAL				**FTE**	**BASE**		**START UP**		**ANNUAL**
	Full Time			20.00	318,320		105,960		712,920
	Part Time			5.64	216,740		62,062		223,229
	TOTAL			**25.64**	**535,060**		**168,022**		**936,149**

RFP Response Form

Long Term Structured Residential Program for Individuals with Serious Mental Illness Including Individuals Being Diverted or Released From Inpatient and Criminal Justice Facilities

ATTACHMENTS

Please submit the following attachments with your Proposal. These can be found at http://www.alleghenycounty.us/dhs/solicitations.

- Cover Page
- MWDBE Participation Statement or Waiver Statement
- W-9
- Allegheny County Vendor Creation Form
- Organizational Chart
- Job Descriptions
- Audited Financial Report
- Start-up and annualized budget

CERTIFICATION

Please read the below statement and check the box to indicate agreement with its content.

☒ By submitting this proposal, I certify and represent to the County that all submitted materials are my work and that all responses are true and accurate.

BUDGETS (START-UP & ANNUAL)

(NOTE: The proposed start-up and annualized budgets contained on the following page can also be viewed in its original presentation in the Excel file that was submitted along with this proposal.)

Proposed Budget

The estimated start up budget and annual budget as shown below are estimated at $2.34 million over an 18-24 month period. The costs as outlined do not include estimated renovations costs of $1.5 million for the property described herein. Costs shown below are post-renovation estimates.

LTSR Budget Date Completed:	LTSR - Resources for Human Thursday, June 16, 2016		
Detailed Accounts	**New Annual**	**6 Month Start Up**	**Start Up + Annual**
Personnel Expenses			
Full Time	712,920	105,960	818,880
Part Time	223,229	62,062	285,291
Employee Benefits	269,392	51,530	320,922
Misc. Personnel Expense	4,900	4,900	9,800
Total Personnel	**1,210,441**	**224,452**	**1,434,893**
Operating Expenses			
Rent	179,796	30,488	210,284
Bldg Maint / Housekeep	11,400	4,050	15,450
Communications	10,800	5,900	16,700
Cellphones	1,080	790	1,870
Office Supplies	17,940	11,370	29,310
Rehab Supplies	16,901	12,385	29,286
Vehicle Insurance	4,548	2,274	6,822
Transportation	10,118	3,639	13,757
Contract Doctor	72,800	18,200	91,000
Misc. Operating Expenses	71,300	10,038	81,338
Total Operating Expenses	**396,683**	**99,135**	**495,818**
Total Direct Costs	**1,607,124**	**323,587**	**1,930,711**
Indirect Costs			
Office Equipment	-	12,025	12,025
Computer Equipment	-	14,000	14,000
Motor Vehicles	-	52,000	52,000
Repairs/Maint	-	34,350	34,350
Admin Costs	241,069	59,776	300,844
Total Indirect Costs	**241,069**	**172,151**	**413,219**
Total Expenses	**1,848,193**	**495,737**	**2,343,930**
Revenues			
Room and Board			
Other Revenue	-		-
Total 3rd Party revenue	**-**	**-**	**-**
Net Expenses	**1,848,193**	**495,737**	**2,343,930**