Hawaii Department of Health
Adult Mental Health Division (AMHD)
Request for Information (RFI) Response Summary
RFI No. AMHD 420-4-14
Secure Special Treatment Facility
Statewide

A Request for Information for Secure Special Treatment Facility was issued on January 29, 2014. Written feedback was received from two organizations. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

Both Respondents state that they currently provide Specialized Residential Services Program (SRSP) or other form of licensed, residential treatment.

The AMHD's initial conceptual frameworks envision the program as being "community-based". One of the Respondents stated that an issue the AMHD may need to consider when searching for a location is security and community acceptance. The other Respondent stated that in addition to ideas of security and community acceptance, the AMHD needs to consider issues of ease of access to care, nearness to related community services, proper infrastructure for utilities, a location conducive to providing assessments and services for both substance abuse and mental illness, and that is near both transportation points and a police substation in order to facilitate a working relationship and training for them.

For the additional inquiry "Are you aware of any currently-existing state-owned infrastructure or location that may be adaptable to this purpose?" one Respondent stated the "4 cottages on the grounds of HSH."

From a structural perspective, the AMHD wanted to know what might be the best physical plant designs, location, bed count, security mechanisms or other similar considerations for such a program, keeping in mind that AMHD does not seek to create or expand an already existing institutional-like environment, one Respondent mentioned distance from neighbors, community sparsely populated, if possible 1/3 of acre, and besides residential staff to include 24/7 security. The other Respondent indicated that the following should be considered: In terms of physical plant design, a good design might be a triangle or rectangle 2-story building, with offices and living quarters facing inward with a courtyard in the center with smaller buildings dispersed throughout the courtyard; in terms of location, no comment; in terms of a bed count, 20 beds may be a breakeven point if expecting 3rd party reimbursements, coupled with state funding; and, in terms of security issues, a limited number of egress points that can be monitored easily or watched by security, cameras and mirrors to better monitor activity and no dark corners or unlocked rooms where people can hide.

The AMHD felt that to determine the correct "patient profile" would be critical to the success of the program that is being considered and asked for recommendations for developing such a profile. One Respondent recommended that the AMHD addresses substance abuse disorders, chronic medical conditions as well as chronic mental health issues.

One Respondent felt that a necessary staffing component or configuration would depend on the patient profile. The other Respondent stated that the staffing should include licensed mental health providers, substance abuse disorder counselors, physicians, nursing and support staff, with nurses and physicians to provide pharmacological support and leadership but not necessarily other forms of direct care. The Respondent added that some programs are moving towards having a detailed program, with structure and activities that can be appropriately delivered with counseling staff, which are then supervised by and receive leadership from licensed staff. Staffing should be provided 24 hours per day, everyday and staff need to be trained in security, restraint and responding to decompensation. Other recommendations included structural/organization recommendations, specifically that the program should include programming for stages of change, clear seclusion and restraint protocols, standardized counselor ratios, a quiet room and locked down rooms.

The AMHD wanted to know what unique regulatory, statutory, licensing or other similar issues might pose barriers or otherwise need to be addressed or resolved in order to adequately plan for and implement a secure community-based residential treatment program. One Respondent noted that community acceptance in order to successfully obtain license might be an issue. The other Respondent noted that regulations, national accreditation requirements, and requirements of the Department of Health, Office of Health Care Assurance (OHCA) could be a barrier. An example is the two-step tuberculosis tests required by OHCA.

The AMHD wanted to know what special cost, funding, reimbursement, or other financial consideration needed to be explored or addressed and one Respondent stated that cost reimbursement for fixed costs such as rent and utilities, and fee for service for beds would help; adding that a facility with this infrastructure would be financially impossible should census drop. The other Respondent indicated that insurance and state funding reimburse for services, but do not pay for land or property leases, for food, or housing. There must be some operational funding or consideration on how to pay for building maintenance, housing and food service.

The AMHD wanted to know what critical linkages it needed in place in order to ensure clinical viability of the program/environment and one Respondent indicated that we would need to include treatment for substance abuse disorders, linkage to primary care and medical specialty care physicians and licensed behavioral health providers.

The AMHD asked if there were any thoughts, comments or other feedback that it should consider in planning for this potential level of care that was not addressed above and one Respondent noted that this was a "Great idea".

The AMHD asked if an RFP was issued for this service, would your organization be interested in submitting a proposal. One Respondent stated that it is a possibility; the other Respondent indicated not at this time.

The AMHD appreciates the participation of those organizations that submitted responses regarding the RFI for a Secure Special Treatment Facility. Many comments, observations and suggestions were made, and we will be reviewing the recommendations and make a determination on whether or not this will result in an RFP.