

Hawaii Department of Health
Adult Mental Health Division (AMHD)
Request for Information (RFI) Response Summary
RFI No. AMHD 420-6-15
Specialized Residential Service Program
Statewide

A Request for Information for Specialized Residential Service Program (SRSP), which include Specialized Residential, Day Treatment and Aftercare for individuals with both severe and persistent mental illness, and co-occurring substance abuse issues was issued on September 9, 2014. Written feedback was received from four organizations. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

Written feedback was received from four (4) organizations. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

1. Three respondents currently provide AMHD-contracted services. One respondent provides select services for AMHD consumers under a Memorandum of Understanding with the Alcohol and Drug Abuse Division.
2. All four respondents stated that their organization had successful experience navigating through the licensing process for community-based mental health programs.
3. All four respondents stated that their organization is primarily centered around providing both mental health services and substance abuse services.
4. All four respondents stated they have experience providing services consistent with the Integrated Dual Diagnosis Treatment (IDDT) model.
5. In designing a staffing model for the SRSP, respondents were asked to indicate recommendations they would make for combinations of program staff and on-site time for the qualified mental health professional (QMHP) and nursing roles, understanding that the program must maintain a minimum ratio of 1 staff to 8 residents excluding the nurse and QMHP.

A respondent stated that they are able to provide a variety of staffing patterns based on the needs, levels of acuity, and abilities of the target population.

A respondent stated that the registered nurse needs to be on-site at least daily, primarily in order to ensure the administration of prn (pro re nata) medications that may be critical to maintaining a consumer in treatment are available as needed, and that the QMHP should be on-site “frequently” to ensure that guidance

and support for staff to adequately address behavioral issues is available. Both should also be available to the program 24/7.

A respondent noted that although a Bachelor's Degree is desirable at times for staff working with SMI (serious mental illness) and co-occurring consumers, experience is equally important and recommends a Mental Health Worker (MHW) on the day shift and Mental Health Technicians with 1.5 years experience on all other shifts, and a QMHP, on-site, 10 hours per week.

The final respondent noted that current AMHD staffing requirements are too costly to sustain and no other funding source has the same level of requirements. The respondent recommended staff with a high school diploma with 1 year of dual diagnosis experience, who is trained in crisis intervention and health and safety monitoring, replace the requirement for a MHW on all evening, night and weekend shifts; have a nurse available Monday through Friday for 8 hours per day and on-call for evening and weekends, and that the QMHP be available for consultation, planning and supervision as needed and not required to be at each site for 10 hours. The respondent also proposed that supervision be provided by an MHP instead of the QMHP, and the initial assessment be completed by an "intake specialist" and reviewed by a QMHP.

Response: It should be noted that SRSP is a Medicaid Rehab Option (MRO) service. All MRO services must either be provided by or be under the supervision of a QMHP. AMHD will not change the supervision or assessment requirements as they relate to the QMHP requirements as outlined in the current Scope of Service. However, AMHD will take all other staffing recommendations offered by the respondents under consideration while drafting the staffing requirements for the RFP.

6. Respondents were asked to identify any local demographic or geographic concerns, resource issues or other special considerations existing in your county that AMHD should take into consideration in developing an RFP for Specialized Residential Services.

One respondent noted that they would be willing to accept consumers statewide, however they're concerned with issues related to the cost and coordination of transportation, cost and availability of medication and that consumers would need to have an adequate supply at admission and throughout their admission, timely provision of necessary medical records to facilitate admission, and transition of welfare benefits from one county to another.

One respondent noted that consideration should be given for rural counties where bachelor's level persons with the currently required experience are not readily available and difficult to attract to overnight and/or weekend positions.

One respondent noted that it would be better if case management was assigned in closer proximity to the program, citing difficulties coordinating care when case management is on the other side of the island, and case managers not being available for crisis most of the time.

One respondent did not have any comments.

7. Respondents were asked to describe other services or interventions, not currently included in the Specialized Residential Services that should be considered for inclusion if an RFP was issued for this service.

Two respondents cited a need for funds for transportation, particularly as it related to necessary legal, medical, dentist, or doctor appointments.

One respondent recommended a discussion regarding the value of Peer Mentoring, a service that is promoted by SAMHSA (Substance Abuse and Mental Health Services Administration) and is currently being piloted in their service array and shows value in providing support for peers outside of treatment.

One respondent noted that the current services and interventions are fairly comprehensive.

One respondent did not have any comments.

8. The SRSP currently includes 3 components: **Specialized Residential Treatment** with on-site programming and **Day Treatment** and **Aftercare** services provided in office-based, non-residential settings. AMHD is considering separating the non-residential components of Day Treatment and Aftercare from the SRSP Scope of Services and contracting separately for those services. Respondents were asked to describe the pros and cons of separating the service categories.

One respondent noted that although several components are all offered as a bundle in the same contract, they already separate the departmental management and operations of the residential and outpatient components, which allows for more specific training for the staff.

Another respondent noted that separating the services may attract more applicants, as some agencies may not be able to provide all three.

Two respondents noted that separating the services may lead to issues with continuity of care, noting that when all 3 services are offered by a single provider, a consumer may easily move between levels of care, either more or less acute, as their needs change.

9. Respondents were asked if a RFP was issued for SRSP, would their organization be interested in submitting a proposal. Two respondents indicated that they

would submit a proposal. One respondent stated that it would depend on whether they would be able to meet the staffing requirements. The other respondent noted that yes, as long as they were able to sustain operations with AMHD changing the current staffing requirements.

10. All four respondents are licensed in the State of Hawaii as a Special Treatment Facility.

AMHD appreciates the level of interest and the observations made regarding the RFI for the SRSP. These observations and recommendations will be reviewed and taken into consideration when drafting the Scope of Service for the program. An RFP is planned to be issued for this program.