Department of Health Child and Adolescent Mental Health Division

Orientation – RFP NO. 460-18-01 Community Based Residential Programs – Level 3 (CBR3)

Date: September 16, 2011

Place: 3627 Kilauea Ave., Room 418

Time: 1:00 p.m. - 3:30 p.m.

Check-in with People joining on Zoom

Welcome and Introductions

AGENDA

Welcome and Introductions

Competitive Procurement – Process and Timeline

Service Specifications

Fiscal Matters

Questions and Answers

Process and timeline

Competitive Procurement

Competitive Procurement Process and Timeline

Purpose

- Foster effective, broad-based competition.
- Safeguards against inconsistencies.
- Maximize purchasing value of public funds.
- Ensure fair and equitable treatment of all providers.

No Implied Amendment of the RFP

No statement or clarification made by the purchasing agency at the orientation shall be construed as an amendment to the RFP unless a written addendum is published.

Source: §3-143-203, HAR



| Public notice and distribution | 10/4/17 |
|--|-----------------------|
| RFP orientation | 10/16/17 |
| Closing date for written questions | 10/23/17 |
| State response to applicant questions | 10/25/17 |
| Discussion with applicant prior to submittal | 10/25/17- 11/10/17 |
| Proposal submittal deadline | 11/13/17 |
| Proposal evaluation period | 11/14– 12/08/17 |
| Notice of statement of findings and decision | 12/19/2017 |
| Contract start date | 02/01/18 |

Submission Deadline: 11/13/17

- All mail-ins postmarked by U.S. Postal Services
 <u>after</u> Monday, November 13, 2017 will be rejected.
- All hand deliveries <u>after</u> 3:30 p.m., HST, Monday, November 13, 2017 will be rejected.
- Deliveries by private mail/courier services such as FedEx shall be considered hand deliveries and will not be accepted if received in room 101 after 3:30 p.m., HST, Monday, November 13, 2017
- The mail-in address and drop-off site are provided in the Proposal Mail-In and Delivery Information Sheet of the RFP.

Proposal Application

- Format instructions in Section 3
 - Outline Format is the same as Section 3
 - Use Page Numbering
 - Three ring binders with tabs (six (6) each)
 - Answer each required item-
 - review Section 4 Proposal Evaluation for value or weight given to each section.
- "Think like a reviewer"

Proposal Application Contents

- Proposal Application Identification (Must be submitted with your proposal – SPO-H-200)
- Proposal Application Checklist (See Section 5, Attachment A)
- Table of Contents (See Section 5, Attachment B)
- Proposal Application (SPO-H-200A)
- Tax Clearance (Hawaii Compliance Express Certificate of Vendor Compliance)
- Required Licenses

CAMHD Needs Providers to be Flexible

- CAMHD Initiatives involve planned changes that add complexity to this RFP process:
 - The transition from the "Orange Book" to the "Teal Book" - versions of the Child and Adolescent Mental Health Performance standards (CAMHPS);
 - The development of CAMHD's new electronic health record and data management system.

Service Specifications

CAMHD Service Goals

CAMHD Seeks to:

- Create a System of Care embodying CASSP principles.
- Maintain a diverse array of evidence-based services that is capable of providing appropriate care for nearly all Hawaii youth.
- •Engage in dynamic evaluation of performance data for management planning decisions.

CAMHD Service Goals

CAMHD Seeks to:

- Provide effective public behavioral health services where care is co-managed with private providers.
- Support education partners in providing related mental health services for youth with disabilities.
- Support Juvenile Justice partners in reform efforts and decreasing youth incarceration

Service Goals -CBR3

In contracting for CBR3 services, CAMHD seeks to provide:

- •Residential Care that is traumainformed, family centered and evidence-based.
- •Residential Care that prioritizes family and community connections and minimizes institutionalization.

Service Goals - CBR3

In contracting for CBR3 services, CAMHD seeks to provide:

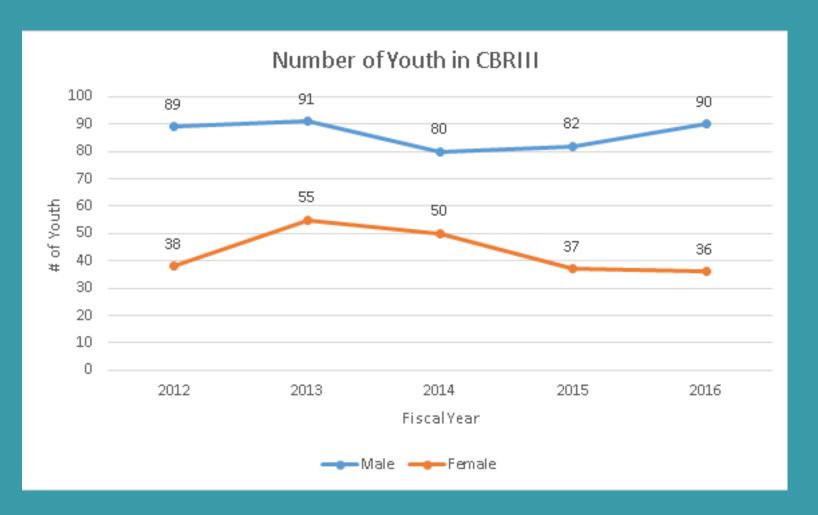
- Integrated Mental Health and Substance Abuse treatment for youth with co-occurring difficulties.
- •Follow-up "transitional support services" for youth leaving CBR to help maintain gains.
- Staff secure facilities that are engaging for youth and use strong clinical strategies to treat running away.

Geographic Coverage and Need for CBR3

- CBR3 is part of an array of CAMHD services and usually is only utilized after lessrestrictive care has been tried and failed.
- CAMHD expects all CBRs to accept youth from all islands and geographic areas in Hawaii.
- •Some preference will be given to proposals to provide these services on the neighbor islands.

Need for CBR3

32-42 total contracted CBR3 beds, including 12-16 beds for girls. Programs can be designed for one gender or for both.



- •24/7 care that is trauma informed, family centered and evidence based.
- Non-coercive methods of behavior management are used in the milieu and there is a home-like atmosphere.
- An educational program provided by DOEcontracted teachers.
- •Integrated mental health and substance abuse treatment.

- Regular team meetings with CAMHD Care Coordinators, clinical leads, and parents to promote co-management.
- •Individualized treatment planning including safety and crisis plans.
- Discharge planning beginning in the preadmission meeting.

- Orderly schedule of activities including ageappropriate recreational activities and living routines.
- •Intensive treatment including Group therapy daily (5X/ week).
- •3 Therapeutic contacts per week including at least one family session.

- Psychiatric consultant who works with the program and provides psychiatric services to youth as needed.
- Ancillary one-to-one supports may be funded by CAMHD when needed to preserve a youth in the program.
- Transitional support services can be billed separately for youth recently graduated from the program.

Highlights of Changes in this RFP

- •Changes in supervision standards for paraprofessionals in 24/7 residential programs.
 - Experienced paras (shift leaders) can provide routine individual supervision to direct care staff.
 - •Relaxes the limitations on how many paras an individual clinician can supervise.
 - Requires an effort to assess the actual skills and understanding of paraprofessional workers on a regular basis.

Highlights of Changes in this RFP

- •New expectations and funding for "Transitional Support Services" – to follow successful graduates into the community.
- •Bed-holds reduced in number 3 but to be paid at full price. Programs required to re-admit youth in an expedited way if returning in less than 30 days.

Fiscal Matters

Payment for this Service

- •CBR3 is reimbursed on a hybrid fee-forservice basis;
- The daily rate, \$451.79, includes therapeutic services, milieu services, and room and board.
- •If increased funding becomes available, CAMHD reserves the right to modify its contracts to raise rates without reprocurement of the service.

Payment for this Service

- •A 60% census reimbursement guarantee will be applied to help providers in the event of a drop in referrals.
- These payments will be reconciled on a quarterly basis.
- •Transitional Support Services shall be billed with a separate code and reimbursed at the same rate as intensive In-Home services, [MHP/QMHP: \$23.00 per 15- minute unit (\$92.00/hour); Paraprofessional: \$13.37 per 15-minute unit (\$53.48/hour)]

Questions??????

Questions & Answers

Open discussion
Or

You may submit comments, suggestions and ideas to CAMHD by October 23rd.

Written responses will be issued by October 25th.

Thank You!

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