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 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
<table>
<thead>
<tr>
<th>Procurement Timeline</th>
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<tbody>
<tr>
<td>Public notice and distribution</td>
<td>10/4/17</td>
</tr>
<tr>
<td>RFP orientation</td>
<td>10/16/17</td>
</tr>
<tr>
<td>Closing date for written questions</td>
<td>10/23/17</td>
</tr>
<tr>
<td>State response to applicant questions</td>
<td>10/25/17</td>
</tr>
<tr>
<td>Discussion with applicant prior to submittal</td>
<td>10/25/17- 11/10/17</td>
</tr>
<tr>
<td>Proposal submittal deadline</td>
<td>11/13/17</td>
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<tr>
<td>Proposal evaluation period</td>
<td>11/14– 12/08/17</td>
</tr>
<tr>
<td>Notice of statement of findings and decision</td>
<td>12/19/2017</td>
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<tr>
<td>Contract start date</td>
<td>02/01/18</td>
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Submission Deadline: 11/13/17

- All mail-ins postmarked by U.S. Postal Services after Monday, November 13, 2017 will be rejected.
- All hand deliveries after 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 trauma-informed, family centered and evidence-based.

• Residential Care that prioritizes family and community connections and minimizes institutionalization.
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 less-restrictive 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.
SCOPE OF SERVICE: Highlights of Service Activities

• 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 DOE-contracted teachers.
• Integrated mental health and substance abuse treatment.
SCOPE OF SERVICE:
Highlights of Service Activities

• 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 pre-admission meeting.
SCOPE OF SERVICE: Highlights of Service Activities

• Orderly schedule of activities including age-appropriate recreational activities and living routines.
• Intensive treatment including Group therapy daily (5X/week).
• 3 Therapeutic contacts per week including at least one family session.
SCOPE OF SERVICE:
Highlights of Service Activities

• 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.
Payment for this Service

• CBR3 is reimbursed on a hybrid fee-for-service 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 re-procurement 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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