

March 19, 2018

Hawaii Department of Health
Adult Mental Health Division

Request for Information (RFI)
RFI Number AMHD 420-8-18
Specialized Residential Services Program – Additional Beds
Statewide

Purpose of this request for information:

- ☒ To obtain community input in preparation for developing an RFP.
- ☐ To include a provider(s) in a federal grant application pursuant to section 3-143-614, HAR. If the State is awarded the grant, no RFP for this section will be issued and the provider(s) selected and named in the grant application as a result of this RFI will be awarded a contract for the service.
- ☐ Other: _____

Before issuing a Request For Proposals for specialized residential services program for persons with severe and persistent mental illness (SPMI), the Adult Mental Health Division (AMHD) is seeking comments from interested parties on the availability and interest of potential service providers, staffing capabilities for these services, and other information on local conditions and areas of concern.

DESCRIPTION OF THE SERVICE: The Specialized Residential Services Program (SRSP) is a licensed, Special Treatment Facility-based, non-hospital or nursing facility program, designed to provide individualized treatment planning and residential support for the consumer, based on the consumer's identified needs. The primary goal of SRSP is to increase the consumer's level of independent functioning so that he/she may live successfully in the community-based residential setting of their choice.

WHERE ADDITIONAL INFORMATION IS AVAILABLE: To receive a copy of the RFI by mail or fax, please contact Ms. Sharon Sakamoto, AMHD Contracts Specialist.

SUBMITTAL DEADLINE FOR RESPONSE TO THE RFI: Responses to this RFI are requested by Friday, March 23, 2018, 2:00 p.m. HST.

FORM OF RESPONSE REQUESTED: Interested parties are requested to reply in writing to any or all of the questions stated in the RFI. Responses may be of any length and in any format elected by respondents. Responses may be sent by mail or fax.

DATE AND LOCATION OF ORIENTATION MEETING: AMHD does not intend to hold an orientation meeting as part of this RFI.

AMHD CONTACT PERSON: Responses to this RFI or questions concerning it should be addressed to:

Sharon Sakamoto, Contracts Specialist

1250 Punchbowl Street, Room 256

Honolulu, Hawaii 96813

Telephone: (808) 586-8282

Fax: (808) 586-4745

Interested parties should note the following:

1. Participation in the RFI process is optional, and is not required in order to respond to any subsequent procurement by the AMHD.
2. Neither the Department of Health, AMHD nor any interested party responding to the RFI has any obligation under this process.
3. The purchasing agency reserves the right to adopt any recommendations presented in the response to the RFI.
4. This RFI does not commit AMHD to solicit or award a contract or to pay any costs incurred in the preparation of information submitted. AMHD reserves the right to accept, reject, or utilize without obligation, any information submitted in response to this request.

Hawaii Department of Health
Adult Mental Health Division

Request For Information (RFI)
RFI No. AMHD 420-8-18
Specialized Residential Services Program
Statewide

As part of its planning process, the State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) is seeking written comments about its planned purchase of specialized residential services to be provided statewide, with contracts expected to begin in September 2018.

The AMHD is soliciting information, ideas, questions, feedback from the community including, but not limited to, people with psychiatric illnesses, independent non-profit 501(c)(3) organizations, state agencies and programs, and community rehabilitation providers regarding nursing services.

The AMHD is seeking community comments that may address, but are not limited to, long- and short-term goals and objectives, the consumers to be served, the services which would be necessary to achieve the goals and objectives, service specifications and requirements, best practices, feasibility, cost factors, and the configuration of services.

Interested parties should note the following:

- Participation in the RFI process is **optional**, and is not required in order to respond to any subsequent procurement by the AMHD.
- The Department of Health, AMHD nor any interested party responding to the RFI has any obligation under this process.
- The purchasing agency reserves the right to adopt or not adopt any recommendations presented in the response to the request for information.
- This RFI does not commit AMHD to solicit or award a contract or to pay any costs incurred in the preparation of information submitted. AMHD reserves the right to accept, reject, or utilize without obligation, any information submitted in response to this request.

A. BACKGROUND INFORMATION

Please note the following information on the proposed service.

1. Description of target population to be served

Adults, 18 years and older, with serious mental illness who meet

DIVISION eligibility criteria, which includes those who have co-occurring substance abuse and those who are court ordered to receive services through the DIVISION, who may require unique and highly specialized services in order to successfully transition to the community from an institutional setting or in order to successfully maintain their place in the community. Individuals in these target populations may exhibit socially inappropriate and bizarre behaviors that can be very challenging to treatment providers and as a result severely limit placement options in the community. Individuals deemed appropriate for Intermediate Care Facility or Skilled Nursing Facility levels of care as a result of medical needs would not be appropriate for placement in the residential component of this program.

2. Geographic coverage of service

Statewide.

Organizations may apply for one (1) or more counties. Providers who wish to apply to provide the service array in more than one (1) county must demonstrate the ability to successfully manage and monitor services, both clinically and administratively, across distances and geographic boundaries. A multi-county provider shall need to have, or have developed prior to implementation, standardized policies and procedures across counties in order to ensure consistent application of the scopes of service.

3. Service Description

Specialized Residential Services are designed to provide a supportive, residential setting with structured programming that is geared towards assisting the consumer to develop or improve skills necessary to live successfully in the community. Weekly programming, developed as a series of modules, will be provided on-site and will address a variety of essential life skills, activities of daily living, and understanding of and recovery from their illness. Nursing services are available for physical health assessment, medication management, patient education and coordination with primary care/medical care.

Day Treatment is designed for those consumers in active recovery from co-occurring substance abuse and mental health issues, who do not require residential support. Consumers referred for Day Treatment need not have participated in the residential component of the SRSP in order to participate in Day Treatment. Weekly programming, designed as a series of modules, will address a variety of essential life skills, activities of daily living, and understanding and recovery from their illness. Consumers appropriate for this service will be those who have moved beyond a pre-contemplative state of readiness for change.

Aftercare is designed for those consumers who have completed the Day Treatment program and remain in need of ongoing support to maintain the progress they have made in Day Treatment. Programming is independently tailored to the consumer and may include a variety of therapy, counseling, and group activities designed to assist the consumer in consolidating the gains they have made and continue successful placement in the community.

4. Service specific personnel requirements

Mental health and substance abuse staff shall be trained in each other's disciplines in order to be effective with consumers who have co-occurring disorders. However, cross training does not make an individual an expert in the other field. In order to be effective, mental health and substance abuse staff must have sufficient knowledge to understand what they do not know and to seek appropriate advice from one another.

a. Specialized Residential Treatment

- 1) A QMHP shall function as the clinical supervisor of the service. The QMHP shall be licensed to practice in the State of Hawaii and shall have a minimum of three (3) years of post-graduate experience in a combination of mental health and dual diagnosis treatment, including assessment, individual and group treatment. The QMHP shall be on-site a minimum of 10 hours per week or, for the number of hours required to ensure program planning, oversight, and supervision requirements are met, and to ensure treatment plan development occurs according to required timeframes, whichever is longer. A QMHP shall be available twenty-four (24) hours per day, seven (7) days per week for consultation. The definition and role of the QMHP is defined in Attachment 1.
- 2) A psychiatrist, board certified or board eligible, or an APRN Rx, licensed in the State of Hawaii and with a minimum of 3 years of experience working with adults with psychiatric illnesses shall be available as a consultant to the program. Consultation shall include, but not be limited to, participation in the development and review of consumer treatment plans, review of consumers' progress in the program, and physician to physician contact when clinically necessary to ensure coordination and continuity of care. Medication management shall be provided to consumers who do not have a treating psychiatrist until such time that the DIVISION-designated case manager and the consumer

locate a psychiatrist in the community and the consumer is successfully linked.

- 3) A registered nurse licensed in the State of Hawaii shall be on-site a minimum of twenty (20) hours per week. On-site coverage shall occur during times of the day when consumers are generally expected to be awake and active in programming. Nursing services include, but are not limited to:
 - a) Completion of a thorough nursing assessment for each consumer admitted to the program. The nursing assessment shall be completed upon admission.
 - b) Daily monitoring; assessment and documentation of medication efficacy, potential side effects and/or the need for physician consult; and medication education to the consumer and significant others.
 - c) Daily monitoring, assessment, and documentation of each consumer's mental status and other significant psychiatric or medical issues.
 - d) Receiving, documenting, and carrying out physician's orders.
 - e) Maintaining documentation according to industry accepted standards of practice.
 - f) Providing medication administration.
 - g) Collaborating and communicating with the DIVISION-designated case manager regarding each consumer's psychiatric and/or medical issues, and to arrange or coordinate necessary, off-site medical care.
 - h) Certain aspects of nursing care may be delegated to unlicensed assistive personnel as outlined in the Hawaii Administrative Rules (HAR) Title 16, Chapter 89. The applicant shall establish, ensure, and document that policies and procedures are adhered to when delegating a special task of nursing care to unlicensed assistive personnel. Completion of the Nursing Assessment and subsequent, related

documentation on the treatment plan and in the consumer record **may not** be delegated.

- 4) Additional program staff shall be assigned to the program to ensure a staff to consumer ratio of no less than one (1) staff for every eight (8) consumers. During the daytime hours Monday through Friday, when most psycho-educational or other treatment activities are generally scheduled to occur, program staff shall meet the qualifications of a Mental Health Worker (“MHW”). The definition and role of the MHW is defined in Attachment 2.

MHWs shall have 1½ years of specialized experience working with individuals with mental illness. MHW’s in this program should be cross trained in substance abuse treatment or be certified as a substance abuse counselor (“CSAC”).

At all other times, program staff shall meet the qualifications of a Mental Health Assistant (“MHA”). The definition and role of the MHA is defined in Attachment 3.

Staffing above the minimum requirement may be necessary from time to time due to the acuity of the milieu and needs of residents. The program shall have the capacity to adjust staffing patterns whenever necessary in order to maintain a safe and therapeutic milieu.

b. Day Treatment and Aftercare

- 1) A QMHP shall function as the clinical supervisor of these services. The QMHP shall be licensed to practice in the State of Hawaii and have a minimum of three (3) years of post-graduate experience in a combination of mental health and dual diagnosis treatment including assessment, individual and group treatment. The definition and role of the QMHP is defined in Attachment 1.

The QMHP is responsible for the following:

- a) Recovery and ISP planning;
- b) Individual, group, and family therapy; and
- c) Clinical Supervision.

- 2) Program activities other than individual, group or family therapy may be provided by either a MHW or a Hawai'i CSAC. MHWs and CSACs shall be supervised by the QMHP.

B. INFORMATION REQUESTED

Interested parties are invited to provide feedback to any or all of the following areas below:

Question 1: Does your organization currently provide the types of services described above to adults in the State of Hawaii?

Yes_____ No_____

If yes, please identify the geographic area you currently provide these services.

Question 2: Would you say that your organization is *primarily* centered on providing mental health services, providing substance abuse services, providing both categories of service or neither?

Question 3: Does your organization have experience providing Integrated Dual Diagnosis Treatment (IDDT) or other evidence-based intervention for consumers with co-occurring mental health and substance abuse disorders? Please describe:

Question 4: Please 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 SRSP services.

Question 5. In designing a staffing model for the SRSP, what recommendations would you make for combinations of program staff and on-site time for the QMHP and nursing roles, understanding that the program must maintain a minimum ratio of 1 staff to 8 residents excluding the nurse and QMHP?

Question 6. What unit rate would you propose for this service? How did you determine the rate?

Question 7: If an RFP is issued for the State of Hawaii, are you interested in submitting a proposal to provide SRSP services in your area?

Yes_____ No_____

Attachment 1

Definition and Role of the Qualified Mental Health Professional

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

Definition / Role and Activities:

The Qualified Mental Health Professional (“QMHP”) in the AMHD service delivery system is the individual generally responsible for clinical oversight and development of the service. A QMHP may provide a wide range of service and support including, but not limited to the following:

- Oversees the development of each consumer’s treatment plan to ensure it meets the requirements stated of applicable funding streams and sign each treatment plan.
- Serves as a consultant to the treatment team.
- Serves as the LOCUS expert.
- Provides oversight and training.
- Reviews and signs each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.
- Provides clinical supervision.
- Provides therapy.
- Provides clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Treatment Programs such as Intensive Out-Patient Hospital and Specialized Residential Services, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

QMHP Minimum Requirements:

A QMHP is required to have an advanced degree and is licensed to practice in Hawaii as a:

- Licensed Psychiatrist,
- Licensed Psychologist (Ph.D. or Psy.D.),
- Licensed Clinical Social Worker (“LCSW”),
- Licensed Marriage and Family Therapist (“LMFT”), or
- Licensed Advanced Practice Registered Nurse (“APRN” or “APRN-Rx”) in behavioral health currently licensed in the State of Hawaii.
- Licensed Mental Health Counselor

Attachment 2

Definition and Role of the Mental Health Worker

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

Definition / Role and Activities:

The Mental Health Worker (“MHW”) in the AMHD service delivery system is an individual who routinely provides much of the front-line consumer-focused work within the community-based mental health system. A MHW may provide a range of clinical and supportive services under the supervision of a Mental Health Professional (“MHP”) or Qualified Mental Health Professional (“QMHP”). Services or interventions provided by the MHW include, but are not limited to, the following:

- Provide specialized services in conjunction with other professionals such as case management, crisis intervention, skill-building activities, and group and/or individual psycho-education.
- Coordinate services with ancillary treatment providers.
- Make referrals to additional services and supports when indicated on the consumer’s Recovery Plan.
- Assist with the development of the Recovery Plan, Crisis Plan or Wellness Recovery Action Plan.
- Monitor, evaluate and document consumer progress.
- Provide supportive counseling.
- Provide screening and gather clinical information for intake or other assessment.
- Participate in the update of recovery plans.

MHW Minimum Requirements:

A MHW is required to have a Bachelors degree from a nationally accredited college or university in one or more of the following fields:

- Social Work,
- Nursing,
- Counseling,
- Psychology,
- Psychosocial Rehabilitation,
- Sociology,
- Human Development,
- Other closely related fields, as approved in writing by the AMHD Chief or

designee, providing the individual has completed:

- 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
- 1 year of experience providing direct services to individuals with mental illness or other behavioral health issues.

Individuals may also qualify as a MHW by having one (1) or more of the following credentials:

- A Certified Psychiatric Rehabilitation Practitioner (“CPRP”)
- A Certified Substance Abuse Counselor (“CSAC”) in the state of Hawai’i providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Certified Peer Specialist in the state of Hawai’i (“HCPS”) who possesses a High School Degree or High School Equivalency and, providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Registered Nurse (“RN”) with less than a Bachelor’s Degree providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Licensed Practical Nurse (“LPN”) providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues.

All post high school coursework must have been completed at, and the degree issued by a nationally-accredited institution. For degrees issued outside of the United States, the issuing institution must meet similar accrediting standards or be recognized within the United States as having equal standing.

Definition of Experience

Social Service experience may include identification and evaluation of the consumer’s problems and needs, the development of a service or treatment plan, the initiation and implementation of the treatment plan, monitoring of services and evaluation/assessment of the consumer’s progress. It may be in areas such as human services, social welfare,

human services worker and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

Supervision

Clinical supervision of the MHW shall be provided by a QMHP, or an MHP under the supervision of a QMHP. A MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards and shall be for a minimum of one (1) hour of supervision for each 160 hours worked. A team meeting which focuses on administrative detail and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

Attachment 3

Definition and Role of the Mental Health Assistant (MHA) (Portions Previously Referred to as Para-Professional)

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (AMHD) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal (RFP) and/or in the contract.

Definition / Role and Activities:

The Mental Health Assistant (MHA) in the Department of Health AMHD's service delivery system primarily provides support to consumers. Tasks provided in conjunction with other mental health professionals may include but are not limited to the following:

- Making referrals;
- Providing ongoing support;
- Providing screening, and gather clinical information; and
- Providing input into the recovery plans.

Mental Health Assistant Minimum Requirements:

A Mental Health Assistant is required to possess **one** of the following, numbered options:

- 1) A High School Diploma, or High School Equivalency, **AND**
 - Have 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development **OR**
 - 1 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues
- 2) Certification as a Peer Specialist in the state of Hawaii (HCPS), **AND**
 - Demonstrate some evidence of mental health activity in the past two years (i.e. advocacy, volunteer, support group involvement etc.)
- 3) Certification as a Substance Abuse Counselor (CSAC) in the state of Hawaii **AND**
 - Have 6 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development **OR**
 - 6 months of supervised experience providing direct services to individuals with mental illness or other behavioral health issues
- 4) Certification as a Wellness Recovery Action Plan (WRAP) Facilitator, **AND**
 - Have facilitated three (3) WRAP groups, **OR**
 - Have 12 credit hours of coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**

- Have 1 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

5) Network of Care Peer Educator certificate of completion, along with their completed WRAP, **AND**

- Have 24 credit hours of coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**
- Two year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

6) Peer Coach Certification, along with completion of their WRAP, **AND**

- Have 24 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**
- 2 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

Definition of Experience:

Social Service experience may include identification and evaluation of the consumer's problems and needs, the development of a service or treatment plan, the initiation and implementation of the treatment plan, monitoring of services and evaluation/assessment of the consumer's progress. Experience may be in areas such as human services, social welfare, human services worker and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

In Minimum Requirements #5 and #6 only, completion of BRIDGES, Solutions for Wellness or IMSR should be considered equivalent to 6 credit hours or 6 months of experience. Certification as a Benefits Educator should be considered equivalent to 3 credit hours or 3 months of experience.

If experience or course work is in question, a written request for approval may be submitted to the AMHD Chief or designee.

Supervision:

Clinical supervision of the MHA shall be provided by a Qualified Mental Health Professional ("QMHP"), or a Mental Health Professional ("MHP") under the supervision of a QMHP. An MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards, but in no event shall be less than one (1) hour of supervision for each (80) hours worked. A Team Meeting which focuses on administrative detail and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and

attitudes that are the focus for development.

- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self-awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in-service training.
- Meets requirements for licensing bodies and third party payers
- Regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.