February 8, 2019

Hawaii Department of Health
Adult Mental Health Division

Request for Information (RFI)
RFI Number AMHD 420-4-19
Secure Residential Treatment
On the Island so Oahu and Hawaii

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 secure residential treatment services for adults with severe and persistent mental illness, 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 Secure Residential Treatment services consists of a special treatment facility-licensed residential program with security provided to keep residents from leaving the program without prior authorization. This is a non-hospital level of residential treatment for individuals typically placed at the Hawaii State Hospital under "care and custody" orders and who do not require a hospital level of care, or individuals who have been released to the community on conditional release status and have not been successful in meeting the conditions of their release. The service needs to have an approach to developing a community treatment plan that promotes recovery, increases the likelihood of community tenure, and reduces the risk of return to a treatment facility for failing to meet the conditions of release.

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

SUBMITTAL DEADLINE FOR RESPONSE TO THE RFI: Responses to this RFI are requested by Friday, February 15, 2019.

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:

Enid Kagesa, AMHD Contracts Coordinator
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Telephone: (808) 586-4667 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 420-4-19
Secure Residential Treatment
On the Islands of Oahu and Hawaii

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 secure residential treatment services (SRT) to be provided on the island of Oahu and in East Hilo, with contracts expected to begin in the Summer 2019.

The AMHD is soliciting information, ideas, questions, and 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.

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 with serious mental illness, including those who have co-occurring substance abuse, and who are court ordered to receive services through the AMHD, 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 disruptive behaviors that can be challenging to treatment providers and as a result severely limit placement options in the community. Individuals referred for placement will be those who courts have committed to the custody of the Director of Health to be placed in an appropriate institution for custody, detention, care, and treatment. The program will require a locked facility with continuous security in order to prevent individuals from leaving the program without prior authorization of the court and/or as outlined in Section 334-75, Hawaii Revised Statutes (HRS).

2. Geographic coverage of service

On the island of Oahu and East Hilo

It is anticipated that this service shall be implemented in three (3) phases. The first and second phases will be implemented on the island of Oahu; at two (Phase 1 - Site 1, Phase 2 – Site 2) sites, with each site providing services for 16 consumers. The third phase will be implemented in East Hawaii, with one (1) site providing services for 16 consumers. Phases 2 and 3 may be reversed.

3. Service Description

The Secure Residential Treatment services consists of a special treatment facility-licensed residential program with security provided to keep residents from leaving the program without prior authorization. This is a non-hospital level of residential treatment for individuals typically placed at the Hawaii State Hospital under "care and custody" orders and who do not require a hospital level of care, or individuals who have been released to the community on conditional release status and have not been successful in meeting the conditions of their release. The service needs to have an approach to developing a community treatment plan that promotes recovery, increases the likelihood of community tenure, and reduces the risk of return to a treatment facility for failing to meet the conditions of release.

This service provides a planned regimen of professionally directed evaluation, treatment, rehabilitation, prescription and medication management support, fitness restoration services, and other ancillary and special services, in a secure, licensed, residential setting, specifically designed for legally encumbered consumers with a severe and persistent mental illness and who may also have a co-occurring substance abuse disorder.

Observation, monitoring, and treatment are available twenty-four (24) hours a day, seven (7) days a week. Services are comprehensive and all-inclusive to aid in developing daily living skills, which enable consumers to manage symptoms, regain functioning lost due to mental illness and substance abuse, and to re-gain fitness to proceed (aka competency to stand trial) or otherwise resolve their legal encumbrance. Individual and group activities and programming shall include interventions to develop or restore skills in functional areas, the lack of which interfere with each consumer's ability to live in the community, to live independently, to achieve and maintain an abstinent lifestyle, to gain competitive

employment, to develop or maintain social relationships, or to independently participate in social, interpersonal, community and peer support activities to increase community stability.

The service shall:

a. Recognize that individuals in need of this level of care may exhibit socially inappropriate and other problematic forms of behavior, including attempting to leave the program without prior authorization, which can be very challenging to typical treatment providers. Consumers exhibiting challenging or acting out behaviors may not be discharged from the program as long as they remain under a care and custody order from a Hawaii court. Staff must be trained in how to intervene with consumers who are acting out in order to prevent a crisis from occurring and/or to safely manage a crisis episode once it occurs.

b. Conduct comprehensive assessments as a foundation for treatment planning. Whenever possible, the applicant shall use available collateral information to decrease repetition for the consumer in the assessment process. Collateral information used for assessment of acuity and immediate need, and for treatment planning purposes, shall be recent and clinically relevant.

c. Work collaboratively with the AMHD-designated case manager, the assigned Forensic Coordinator, and the consumer in developing and implementing the goals and objectives in the program-specific treatment plan. The program's treatment plan shall comply with AMHD standards for treatment planning and shall include measurable goals, timelines, and objectives. The treatment plan shall also address supports, interventions, and outcomes that will assist the consumer in developing community living skills and utilizing community-based services to the best of the consumer's ability. The development, implementation, and evaluation of the treatment plan shall be coordinated with the consumer, AMHD-designated case manager, the assigned Forensic Coordinator, other relevant community services providers, and the consumer's natural supports. The treatment plan shall be based on each consumer's strengths, preferences and needs, not simply the consumer's pathology. When there is a co-occurring substance use disorder, both disorders are considered primary and integrated dual diagnosis specific treatment shall be provided.

d. Ensure that a discharge plan is developed for each consumer with the participation of the consumer, the AMHD-designated case manager, and the assigned Forensic Coordinator. Collaboration shall be documented in each consumer's discharge plan and each consumer's record. The discharge plan shall include, but not be limited to, opportunities for medication management, community supports (peer and professional) for recovery, case management, housing, employment, and relapse prevention. The program shall begin transition planning for less intensive

service options at the onset of this service delivery and in collaboration with the AMHD-designated case manager and assigned Forensic Coordinator, and shall be tailored to the status of the consumer's legal encumbrance. This planning, as well as activities undertaken to support this transition process, shall be documented in the consumer's record.

e. Ensure and document that the AMHD-designated case manager and assigned Forensic Coordinator are informed when consumers request to leave the program. All admissions to the program are for individuals under "care and custody" orders and, as such, consumers may not be discharged from the program without the consent of the court from which the "care and custody" orders originated.

f. Ensure the development and implementation of policies and procedures for notification of the AMHD when a consumer elopes or attempts to elope from the program. Policies and procedures related to elopement and reporting must be submitted to the AMHD for approval.

g. Designate specific program staff to act as a Discharge Coordinator, and who will actively coordinate, monitor and participate in discharge planning for consumers admitted to the program. Coordination activities include, but are not necessarily limited to, working with each consumer's Treatment Team to make Level of Care recommendations to support discharge planning, assisting the Case Manager(s) with completion and submission of referral packets, working closely with "step-down" programs to ensure a seamless transition to lower levels of residential support in the community, attend court hearings as necessary to report on progress and recommendations, and to attend treatment plan review meetings as necessary to ensure communication occurs and treatment plans are consistent.

h. Incorporate and document motivational enhancement interventions that are designed to help consumers become ready for more definitive interventions aimed at illness self-management, since many dual diagnosis consumers have little readiness for reduced use or abstinence-oriented treatment. Motivational interventions involve helping the individual identify his or her own goals and to recognize through a systematic examination of the individual's ambivalence, that managing one's illness can help in attaining his or her goals.

i. Provide therapy that helps consumers develop skills and supports to control symptoms and enhance recovery. The therapy may take different forms and formats such as group, individual, family therapy, or a combination thereof. Individual, group and/or family therapy shall only be provided by a Qualified Mental Health Professional (QMHP).

j. Work with the consumer in developing and strengthening social support networks that enhance the consumer's skills for managing his or her

illness. The program shall encourage participation and provide transportation for consumers, authorized in accordance with Section 334-75, HRS and in collaboration with the AMHD-designated case manager and/or assigned Forensic Coordinator, to leave the residential site to attend peer support group meetings, (e.g., Bridges groups, Fourth Friday consumer meetings) or other supports including, but not necessarily limited to Alcoholic Anonymous, Narcotics Anonymous, Dual Recovery Anonymous, etc. The program shall also provide consumers, authorized as outlined above to leave the residential site, opportunities to access community, cultural, recreational and spiritual activities. Family members and/or significant others, to the extent authorized by each consumer, shall be encouraged to participate in the process of developing family and peer supports.

k. The program shall work in collaboration with each consumer's assigned Forensic Coordinator in order to develop and incorporate specific programming modules or group activities which will address the specific legal encumbrance of the consumer.

l. Provide specialized residential services twenty-four (24) hours per day, seven (7) days per week.

m. Conduct a comprehensive, structured, individualized, service specific assessment for each consumer within twenty-four (24) hours of admission. The service specific assessment shall be conducted by a QMHP. The service specific assessment shall also include the identification of consumer preferences, strengths and needs, and the barriers which prevent the consumer from independent community living, including those specific to the consumer's legal encumbrance.

n. Complete a physical health assessment for each consumer within twenty-four (24) hours of admission. The physical health assessment shall be completed by the Registered Nurse (RN) and shall include at a minimum, an assessment of the consumer's current health status, present medical conditions, any conditions which require urgent or immediate follow-up, medication history and current medications, allergies, and the name(s) of the consumer's Primary Care Physician (PCP) or other health care professionals providing treatment.

   Upon assessment, and throughout the consumer's admission, the RN shall arrange for medical, laboratory and toxicology services, through consultation or referral, as appropriate to the severity and urgency of the consumer's condition.

o. Provide a full range of psychiatric support and treatment, individualized to meet the needs of each consumer. The program psychiatrist shall assume full treatment responsibility, including assessment of and prescribing for psychotropic medications appropriate to the consumer's illness and needs.

p. Maintain a staff-consumer ratio of no more than four (4) consumers to one (1) staff, excluding the RN and the psychiatrist.

q. Provide a minimum of twenty-five (25) hours per week of residential rehabilitation programming activities which shall include, but are not limited to, group counseling, education, skill building, medication self-management, and content specific to the consumer's forensic status. The program will utilize cognitive-behavioral interventions and psycho-educational opportunities to assist consumers in developing skills necessary to resolve their legal encumbrance and to be successful in the community.

Rehabilitation programming may include a variety of topics, in a variety of formats, and is designed to assist the consumer in gaining knowledge and skills to promote his or her recovery, improve his or her quality of life and regain fitness or otherwise resolve their legal encumbrance.

Psycho-educational modules which focus on forensic issues and fitness to proceed restoration, principles of recovery, and development and utilization of the Wellness Recovery Action Plan (WRAP) shall be included in the residential rehabilitation programming.

A total of two (2) hours per week of individual or family therapy may be scheduled with each consumer as part of the twenty-five (25) hours per week of residential rehabilitation programming. Therapy may only be provided by a QMHP.

r. Provide a minimum of ten (10) hours a week of structured activities (social, leisure, recreational, cultural and spiritual) for consumers in either group settings or individually. Structured activities are designed to assist consumers with community integration by encouraging participation in social, cultural, community, recreational, and spiritual activities. Although some structured activities may also be rehabilitative in nature, structured activities are adjunctive to the residential rehabilitation programming and cannot be counted in both.

Structured activities may occur off-site for those individuals authorized to leave the residential site in accordance with the requirements outlined in section 334-75, HRS, and in collaboration with the AMHD-designated case manager and/or Forensic Coordinator. For consumers who have not yet been granted off-site privileges, the program must have adequate and secure outdoor space for consumers to use for recreation or social activities.

Consumers authorized for off-site activities shall be escorted on all off-site activities until they are in the final and active stages of discharge planning and have been approved for un-escorted off-site privileges in accordance

with the requirements outlines in section 334-75, HRS, and by the AMHD-designated case manager and assigned Forensic Coordinator.

s. Develop an interim service specific treatment plan for each consumer within 24 hours of admission to the service. An individualized service specific treatment plan shall be completed for each consumer within seven (7) days of admission to the service. Consumers' involvement and input into the development of their service plan shall be documented. The treatment plan shall be developed by the QMHP with participation from the consumer, Case Manager, assigned Forensic Coordinator, Psychiatrist, other treating professionals, and others as may be appropriate.

t. Have a Special Treatment Facility license in accordance with Hawaii Administrative Rules, Title 11, Chapter 98, Special Treatment Facility, prior to accepting AMHD consumers into the facility, which include complying with all county zoning and building requirements, and certificate of need requirements as specified in this chapter.

u. Provide a minimum of three (3) meals and two (2) nutritious snacks per day, per consumer.

v. Provide transportation as necessary to support the activities of the program and to support the needs of consumers for shopping for basic necessities, and for attending community-based social, recreational or spiritual activities. Off-site privileges shall be authorized in accordance with the requirements outlined in section 334-75, HRS, and be approved by the consumers' AMHD-designated case manager and/or Forensic Coordinator. Assist consumers who have been authorized for un-escorted, off-site privileges in arranging transportation.

4. Personnel requirements

a. A QMHP shall function as the clinical supervisor of the service. A QMHP is a licensed Psychiatrist, a licensed Advanced Practice Registered Nurse (APRN) in behavioral health, a licensed clinical Psychologist, a licensed clinical Social Worker (LCSW), a licensed Marriage and Family Therapist (LMFT), or a licensed Mental Health Counselor (LMHC). The QMHP shall be licensed to practice in the State of Hawaii and must have a minimum of five (5) years of post-graduate experience in a combination of mental health and dual diagnosis treatment, including assessment, individual and group treatment and residential treatment. A QMHP must be on site a minimum of 40 hours per week to ensure program planning, oversight and supervision requirements are met.

The QMHP role for this service is an active role and the QMHP is actively involved in assessment, treatment planning, treatment delivery, program development and implementation, and in mentoring/training of the Mental Health Worker (MHW) staff on a daily basis. As a result, the 40 hours per

week that a QMHP is required to be on site must periodically include days/hours outside of normal business hours, including weekends and holidays. A QMHP shall be available for consultation and on-site support for program staff twenty-four (24) hours per day, seven (7) days per week.

b. 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 provide the full range of psychiatric treatment and support for each consumer admitted to the program including, but not limited to, psychiatric assessment and treatment planning, prescriptive services and medication management, and physician-to-physician contact when clinically necessary to ensure coordination and continuity of care. Experience shall include working with adults with co-occurring substance use and mental illness.

   The psychiatrist or APRN Rx is required to be on-site at a frequency commensurate with the requirements of the role and, at a minimum, will meet with each consumer for an assessment of need and treatment planning within 24 hours of the consumer's admission to the program, participate in court hearings as necessary, and provide clinical guidance for treatment planning. The program shall arrange for psychiatric consultation to be available twenty-four (24) hours per day, seven (7) days per week for program staff.

c. A RN with a current Hawaii license and a minimum of three (3) years of experience working with adults with serious mental illness shall be on-site a minimum of forty (40) hours per week or however long is required to ensure all aspects of nursing responsibilities are met, whichever is longer. On-site coverage must 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:

   1) Completion of a thorough nursing assessment for each consumer admitted to the program. The nursing assessment must be completed upon admission.

   2) 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.

   3) Daily monitoring, assessment, and documentation of the consumer's mental status and other significant psychiatric or medical issues.

   4) Receiving, documenting and carrying out physician's orders.

5) Maintaining documentation according to industry accepted standards of practice.

6) Providing medication administration. The program must have the capability to administer both psychiatric and non-psychiatric medications, including injectable medications that may be prescribed by the program psychiatrist and the consumer's primary care physician.

7) Collaborating and communicating with the AMHD- designated case manager regarding the consumer's psychiatric and/or medical issues, and arrange or coordinate necessary, off-site medical care.

8) Establishing, ensuring, and documenting that policies and procedures are adhered to when delegating a special task of nursing care to unlicensed assistive personnel as outlined in the Hawai'i Administrative Rules (HAR) Title 16 Chapter 89.

9) Providing any other aspects of routine nursing care that may be necessary but are not otherwise defined or articulated here.

10) Providing training/education for consumers as part of their 25 hours of residential rehabilitation programming in the areas of understanding mental illnesses, medications and effects, taking responsibility for self-management of medications, health, well-being and self-care as part of recovery, and other topics associated with the expertise of the nursing role.

11) Providing a nurse to be available for consultation and on-site support twenty-four (24) hours per day, seven (7) days per week.

d. Mental Health Workers (MHW) shall staff the program at a minimum ratio of one (1) staff for every four (4) consumers, seven (7) days per week, during hours when residents are generally expected to be awake and active (0600-2200). At all other hours, MHWs shall staff the program at a ratio of no less than one (1) staff for every eight (8) consumers, provided also that at no time shall a program have fewer than two (2) staff on site. Program staff is expected to be awake, diligent, and available to provide consumer care and support on all shifts.

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 must have the capacity to adjust staffing patterns whenever necessary in order to maintain a safe and therapeutic milieu.

Qualifications of a MHW specific to this program are:

A Bachelor's Degree in counseling, psychology, social work, human services, or a closely related discipline. The degree must be conferred by an accredited institution. Qualified staff will also have three (3) years of experience working with adults with serious mental illness.

Mental Health Workers in this program should be cross trained in substance abuse treatment or be certified as a substance abuse counselor (CSAC).

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 any jurisdiction?

Yes______ No______

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

Question 2: 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 3: If an RFP is issued for the State of Hawaii, are you interested in submitting a proposal to provide SRT in your area?

Yes______ No______

Question 4: Which islands would you be interested in providing SRT? Are there any specific geographic regions which you would prefer to focus on or any geographic exclusions on the island for which you would not provide services? If necessary, would you be able to provide SDF services outside of your current covered geographic area?

Question 5: What would be the challenges in creating SRT as described above (i.e. staffing, funding, etc)? Please explain the challenges in the areas that you have identified.

Question 6. Are you aware of any local demographic concerns, resource issues, or other special conditions in your geographic or current service area that

AMHD should take into consideration in developing an RFP for SRT? If yes, please describe.

Question 7. What unit rate would you propose for this service?

Question 8. If the proposed program includes more than one (1) 16 bed unit located in close proximity, what steps will your organization take to ensure that they are not seen by the Centers for Medicare and Medicaid Services (CMS) as Institutions for Mental Diseases (IMD)?

Question 9. If your organization has expertise in running a facility based fitness restoration program, provide recommendations for running this component of the services as distinct from other program components (e.g. crisis stabilization for individuals on CR). Include recommendations on structuring use of 16 beds in two units: separating groups by age vs. program element (e.g. fitness restoration) vs. behavioral profile/management needs.

Question 10. For non-Oahu components of the program, how will your organization provide for medical and psychiatric services for the emergent and urgent needs of residents of the program?