

THE MERCER COUNTY BEHAVIORAL HEALTH COMMISSION, INC.

REQUEST FOR PROPOSAL (RFP)

**REQUEST FOR PSYCHIATRIC CONSULTATION AND MED MANAGEMENT
HOURS**

SERVING MERCER COUNTY FORENSIC POPULATION

Instructions: All completed RFPs must be submitted to the address below:

***The Mercer County Behavioral Health Commission, Inc.
8406 Sharon-Mercer Road
Mercer, PA 16137
Attention: Star Vespaziani***

***Three (3) original proposals must be received by 4:30 PM on Wednesday October 12, 2016.
Late proposals will not be considered. Faxed or e-mailed submissions will not be considered.
All pages of the proposal must be numbered.***

Please submit the following information:

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Contact Person: _____

Submitted by: *(Please Print Name & Title)*

(Signature) _____ Date: _____

The Mercer County Behavioral Health Commission, Inc. will be purchasing 5 to 8 hours per week of psychiatric time from a local outpatient provider to work within a newly forming forensic program. Hours will include 1 to 2 hours per week of consultation time and 4 to 6 hours per week of med management time directly with patients.

Background

Mercer County Behavioral Health Commission (MCBHC) is currently accepting proposals for psychiatric hours. The psychiatrist is a key team member who will be providing 5 to 8 hours of service per week to the newly developing Community Integration Program (CIP). The hours will include 1 – 2 hours of time devoted to a weekly team meeting to review current consumers as well as 5 – 6 hours per week directly managing consumer medication.

The CIP is a collaborative program designed to assist inmates (incarcerated consumers) of the Mercer County Jail with Serious Mental Illness and/or Serious Substance Abuse Dependency with building healthy connections and supports within the community to reduce the risk of re-incarceration. Overall program objectives include:

- Linking to appropriate levels of care in mental health and drug and alcohol services.
- Monitoring treatment compliance, participation, attendance, engagement and progress
- Assuring psychiatric linkages in a timely manner upon release from jail.
- Monitoring adherence and compliance with prescribed psychiatric medications
- Promoting intensive collaboration between the mental health, drug and alcohol, and criminal justice systems
- Reducing barriers and obstacles to promote positive recovery outcomes
- Promoting client accountability and empowerment through active engagement and re-engagement in the project.

The purpose of this RFP is to solicit proposals from either independently practicing psychiatrists or from agency's who are currently employing psychiatrists who wish to extend/modify their hours as a partner into the CIP.

TARGET POPULATION and SERVICE OBJECTIVES

The following is a detailed description of the entire project, provided in order for the bidder to understand the scope of the project when submitting their bid.

Eligibility Criteria:

Mental Health:

Inmates with a known SMI diagnosis (Schizophrenia, Bi-Polar, and Major Depression) and active prior history with the mental health system (i.e. involuntary commitments, inpatient hospitalizations, WSH referral/admission, etc.) will be considered a priority group for this project. These inmates must be targeted for release from Jail within the next 3 months or less at the time of referral.

Drug and Alcohol:

Inmates with a Serious Substance Abuse Dependency being referred to a residential level of D/A treatment from Jail will be considered a priority group for this project.

Referral Process:

Referrals to the project will be processed through MCBHC utilizing a specific referral form developed for the project and will be reviewed by the project coordinator to ensure that eligibility criteria are met. The referral form will outline the specific reasons for referral and anticipated outcomes or objectives. The project coordinator will meet individually with potential project participants to outline the project requirements and ensure consent/willingness to participate. The project team and/or coordinator may not accept a referral based on prior criminal history or offenses that present potential risks that would interfere with the participant's response to the project. Referrals can be generated by the Mercer County Courts, Adult Probation and Parole, Mercer County Jail including their contracted medical provider PrimeCare Medical, and the MCBHC Forensic Case Manager. New referrals accepted by the project coordinator will be presented to the project team during weekly team meetings.

Key Collaborative Partners and Roles:

- **MCBHC Forensic Case Manager:** This position will maintain their existing role completing MH, D/A , and Dual Assessments at the request of the Mercer County Court of Common Pleas on inmates currently incarcerated in the Mercer County Jail. This position will also continue to facilitate D/A psycho-educational groups in the Jail. This position will serve a critical role in the project by identifying potential candidates for referral and providing the project team with important information from past assessments and known forensic involvement.
- **Project Coordinator:** This position will be responsible for reviewing all potential referrals, facilitating weekly project team meetings to review participant status and progress, and tracking participants from admission through discharge for the purpose of outcome studies. This position will also be responsible for facilitating any initial engagement or needed re-engagement meetings with participants and relevant team members. Ideally this position will be an established BHC Integrated Supervisor who can also directly supervise other key members of the project team such as BCM, D/A CC, MH Peer Specialist, and D/A Recovery Specialist.
- **Psychiatrist:** **As part of the project, MCBHC will contract with a local psychiatrist for approximately 5-8 hours a week. This psychiatrist will serve a key role on the project team by attending the weekly team meetings for the purpose clinical consultation and recommendations to team. A certain amount of appointments will also be made available each week to see participants for the purpose of psychiatric assessment and medication management while the team is attempting to get the individual established with an regular, ongoing psychiatrist upon their release from Jail.**
- **Adult Probation and Parole:** This agency will be a key collaborative member of the project team in that all participants with the project will be involved with Probation and Parole at some level. A representative from Probation and Parole will be invited to attend all engagement and re-engagement meetings as well as weekly project coordination meetings to discuss participant progress and status. Probation and Parole will provide key input to the project team concerning participant criminal history, court involvement, and terms/conditions of probation or parole.

- **Mobile Psychiatric Nursing:** MCBHC will allocate a portion of an existing MPN position to the project for delivery of MPN services to participants on psychiatric medications with a history of medication non-compliance or needed education and support to better understand their need for medications. This service is intended to assist participants in becoming more independent in managing their daily prescription medications, dosages, frequency, etc.
- **Blended Case Manager (BCM):** MCBHC will allocate a portion of one or several existing BCM positions to the project for delivery of BCM services to participants who meet BCM eligibility requirements. Individuals with a primary SMI diagnosis in the project will be targeted for this service which will focus on linking, coordinating, and monitoring needed MH services and supports. The BCM will serve a key role in monitoring the participant's mental health status and managing any mental health crisis to reduce the need for psychiatric hospitalization.
- **D/A Case Coordination:** MCBHC will allocate a portion of one or several existing D/A CC positions to the project for delivery of D/A CC to participants with primary D/A issues. This position will primarily focus on addressing obstacles that may be impairing the individual's ability to engage, maintain, or complete treatment such as housing, physical health, mental health, child care, transportation, education, etc. This position will primarily focus on supporting the participant's recovery through engagement in treatment and other support services such as NA/AA.
- **MH Certified Peer Specialist:** MCBHC will allocate a portion of an existing Peer position to the project for delivery of Peer services. This position is an individual with personal experience with the MH system and MH recovery who meets criteria for Peer Specialist and has completed the required training. This position will primarily assist the participant with developing recovery goals through the unique perspective of being in MH recovery themselves.
- **D/A Certified Recovery Specialist:** MCBHC will allocate a portion of an existing Recovery Specialist position for delivery of Recovery Specialist services. This position is an individual with personal experience with D/A recovery with an established period of sobriety. This position will be instrumental with assisting participants in identifying their own recovery objectives and linking them with natural supports within the recovery community.

Essential Program Elements:

- While it is recognized that the participants in the project have Court involvement it is essential that they consent to participation and are vested in achieving the project desired outcomes.
- Project members will work closely with each participant to assure a full understanding of the project, including goals, objectives, and outcomes. It is important that participants understand the eligibility criteria and specialized nature of the project so that they recognize their participation presents a unique opportunity for them.
- Upon referral and acceptance into the project, the project team will meet to determine what specific services involved with the project are needed to successfully support the participant upon release from Jail.
- An initial Engagement meeting will be convened with the identified team members, the participant, and any other key natural supports such as family, friends, etc. to begin discussion and service planning goals and objectives. The team will clearly identify each team member's role and functions to avoid duplication of services and promote service continuity. Appropriate and needed release forms and consent to service forms for each identified service will be addressed at the initial Engagement meeting. The primary focus of this meeting will be empowering the participant towards successful recovery and

community integration. Team collaboration will be strongly endorsed and promoted. This message will be consistently sent to the participant so that it is clearly understood that the team members will be working closely together with ongoing communication to support them in their recovery. Expectations on the participant will be clearly defined including terms and conditions of their release from Jail and ongoing Court obligations.

- Participants are expected to maintain regular and ongoing attendance and participation in all scheduled appointments and contacts with involved project team members and treatment services.
- In the event that a participant is having difficulty achieving their stated service plan objectives or goals, or is failing to adhere to the active participation in the project, the Project Coordinator may convene a Re-Engagement meeting with the participant, involved team members, and involved natural supports in an effort to encourage the participant to re-commit to the project and involved services. It is considered critical that the assigned Probation/Parole Officer be present and actively involved in any needed Re-Engagement meetings.
- Should a participant be re-incarcerated in Jail for a violation or a new offense, the project team will determine if the participant's involvement with the project be suspended or terminated. This decision will largely be based on the nature of the re-incarceration and anticipated length of re-incarceration.
- Should a participant not be sufficiently advancing with the project and not fully engaged in services, but not considered in violation to the degree warranting re-incarceration by Adult Probation/Parole, participants will be provided at least three opportunities for Re-Engagement. The only exceptions to this practice would be threats or violent acts towards project members. Failure to maintain sobriety or acute psychiatric decompensation are not considered conditions for discharge from the project unless at least three attempts of Re-Engagement have occurred.
- Initial Engagement meetings will occur, whenever possible, in the Jail while the participant is still incarcerated. This will provide the participant every opportunity to build rapport with assigned project team members and engage in the project prior to release.
- Upon acceptance into the project, services will be initiated and delivered while the inmate remains incarcerated pending release and during receipt of any residential levels of care upon release. This will promote increased continuity and consistency as the participant transitions through various levels of care prior to community re-integration.
- Needed Re-engagement meetings will ideally occur at the MCBHC Office, Probation and Parole, or at a Treatment Provider. If circumstances warrant, the meeting may occur at the participant's home.
- The project team will work closely with involved MH and/or D/A Treatment Providers related to coordinating service/treatment planning, tracking treatment progress, and continuing clinical recommendations. This will occur with the participant's consent and signature on appropriate release of confidential information forms. When appropriate and feasible, Treatment Provider staff will be invited to participate in project team meetings, Engagement meetings, Re-engagement meetings, etc.
- The assigned BCM or D/A CC will assume primary responsibility to address participant need areas associated with Housing, Transportation, Education, Vocation, etc. but will refer to other specialized services or supports within the community as needed to address these areas of need. The project team will involve representatives from such services as appropriate in team meetings with participant consent.
- Project services will be delivered in a "team model". The project team will meet weekly to review new referrals, assign appropriate services, review participant status and progress, identify needed service contacts, coordinate such contacts across team members

including identification of specific roles or tasks, clinical consultation and discussion, and to identify upcoming Engagement and Re-engagement meetings.

Discharge Criteria:

- Successful discharge would be upon the participant’s successful completion of all project service planning goals and objectives, maintaining their recovery, and no period of incarceration or re-incarceration for at least 6 months.
- Unsuccessful discharge would be upon the participant’s re-incarceration that is expected to be a period of time that doesn’t support their involvement in the project to be suspended or failure by the participant to re-engage in the project after three attempts.

MINIMUM QUALIFICATIONS

For the applicant agency:

- Be a Pennsylvania licensed provider of Outpatient Mental Health Services OR employ individually licensed/board certified psychiatrists in private practice.
- Be currently credentialed with Value Behavioral Health of PA to provide mental health treatment services to Health Choices members;
- Carry liability/malpractice insurance

For the psychiatrist:

- Maintain a current PA license and board certification in psychiatry and be individually paneled with VBH of PA to provide psychiatric services to Health Choices consumers.
- Be willing to attend in person or via telepsychiatry any and all team meetings as well as consumer-related contacts for the purposes of medication management. Preference will be given to those proposals who include the capacity to meet face to face.
- Not be listed on the Medical Assistance Exclusion list
- Carry liability/malpractice insurance

It is MCBHC’s intent to solicit proposals with the intention of executing a contract. This notwithstanding, any proposal shall be submitted with the following expressed understanding:

- This Request for Proposals is not subject to the competitive bidding process and any contract entered into as a result of any proposal will not be based on the concept of the “lowest cost applicant”;
- MCBHC has the right to reject any and all proposals at any time during the process;
- MCBHC may modify the selection process or the scope of the project or the required responses at any time;
- All costs of developing proposals and any subsequent expenses relating to contract negotiations are entirely the responsibility of the applicant and may not be charged to MCBHC.

Proposal Review:

MCBHC reserves the right to reject any and all proposals received as a result of this RFP, and to negotiate separately with competing applicants. If all proposals are unacceptable, MCBHC reserves the right to reject the proposals and to issue a new RFP. MCBHC reserves the right to reject a proposal at any time during the process.

Selection / Rejection Procedure

Applicants whose proposals are selected by MCBHC will be notified in writing as to their selection. Applicants whose proposals are not selected will be notified in writing by VBH-PA.

Upon Award:

- The accepted reimbursement rate for psychiatric medication management will be utilized when the psychiatrist serves this role for patients who are, at any time, in ineligible status for Health Choices reimbursement.
- There is no commitment by the partners on anything beyond what is directly stated in this RFP.

RESPONSES

If your agency meets the minimum qualifications listed above, please respond to this Request for Proposal (RFP) by:

1. **Assure your agency meets all the above minimum qualifications prior to completing your response;**
2. **Attaching supporting or documentation as Appendices;**
3. **Provide the following in double spaced, 12 pt. font, as requested on the first page of this packet:**
 - a. **Rate required for psychiatric consultation time, as indicated in specs above**
 - b. **Supporting narrative describing rationale for rate and what that rate encompasses (example, travel time, mileage, etc)**
 - c. **Short narrative which describes:**
 - i. **Hours during the week in which the psychiatrist would be available for consultation**
 - ii. **Any experience psychiatrist may have with this special population**
 - iii. **Whether or not the agency would be able to provide face-to-face v telepsychiatric availability for both consultation and direct medication management**
 - iv. **Name of proposed psychiatrist**

All information submitted should be done so in the format described on the first page of this document. Any RFP responses submitted outside of the prescribed format will not be accepted.