

Request for Proposals

Department of Mental Health

for

Adult Case Management Service Partner

From

Vermont Designated Mental Health Agencies

May 27, 2008

REQUEST FOR PROPOSALS

Service Partner Community Case Management

The Department of Mental Health and its AHS Partners (AHS Field Services, the Department of Disabilities, Aging and Independent Living, the Division of Alcohol and Drug Abuse Programs, the Division of Economic Services, and the Department of Corrections) is seeking proposals for one-year pilot programs that investigate innovative community support services for individuals with disabilities who are ineligible for more intensive case management and community support services in other existing community service programs. Up to five awards of up to \$70,000 are available for a one-year period for each proposed pilot site. Consistent with a) the recognition that limits within existing service models are not meeting broader community and individual support needs; b) the framework of a designated agency mental health provider system that is positioned to coordinate and manage challenging psycho-social needs within smaller communities, c) the mission of the new Department of Mental Health, and d) the recommendations for system reform and sustainability, pilot initiatives are encouraged to explore the development of a continuum of support that focuses on this unmet population need. Through these pilots, there is a unique opportunity to identify the implications for program reform within the broader service system, analyze the cost and benefits of models put forward, and demonstrate effective methods of prevention and early intervention for adults at risk of social and psychological decompensation. The awards will be based on the merits of the proposals submitted as determined by a review panel using scoring criteria listed on the application and attached scoring sheet.

Background

Traditional clinic-based public mental health outpatient services in each geographic catchment area were developed to address the unmet public mental health services needs of individuals who were uninsured or underinsured throughout the State. These services have remained relatively unchanged and minimally funded for the last few decades, as statutory requirements and funding priorities directed services to the most ill in the State. The public mental health outpatient service delivery model has run parallel to the growing number of private sector outpatient therapy practitioners who have also provided outpatient treatment services. Competition from private practitioners combined with limited public resources has also had negative impacts on publicly funded, and somewhat

duplicative, model of care. The majority of the likely referral base, who continues to be adequately served within this treatment model, and have a level of private insurance or resources, has ready access to a private system of care that is timely and available to absorb the unmet need. Over time, the community-based mental health outpatient programs have come to serve a decreasing, but needy and highly vulnerable, population whose socially complex needs frequently exceed the services available and funded within the framework of traditional therapy models. The outpatient program framework has driven the demand for productivity in outpatient treatment units and has been constrained in the types of social services that may be delivered, rather than supporting interventions that could result in more positive community service and individual outcomes.

Many persons with disabilities who don't qualify for long term supports need preventive case management/service coordination for themselves and often their families to remain employed and/or to live independently. In an informal survey conducted by the Department of Disabilities, Aging and Independent Living, 200 cases were analyzed across Vermont. Of those, 28% had a developmental disability or a severe learning disability, 29% had a mental illness, and 26% had co-occurring disabilities. Services identified as critical included assistance with money management, parenting skills, long term job support, finding and keeping housing, self-care and independent living skills, connecting to programs and services, decision making and mental health counseling. These services are traditionally unavailable in the outpatient programs. As a result, adult programs have attempted to serve individuals with the most complicated needs within a treatment model that has decreasing efficacy and functionality within the community continuum of care and for the population in need. The designated mental health agencies and adult outpatient programs, embracing a more holistic approach and as an integral part of the community care system, are well positioned to undertake the mission of re-evaluating and reforming their service model.

A committee of representatives across AHS departments has identified gaps in existing services and individuals for whom services are inconsistently or not available within various programs in the following "population to be served" description. Subsequent work specifications and outcome indicators of effectiveness for pilot project initiatives follow.

Priority Population to be Served

Individuals who are Medicaid eligible or have limited financial resources, are at risk of psychological and social decompensation and higher cost publicly-funded services, and do not have access to case management and coordination services through any other program or service. Priority will be given to:

- Individuals with developmental disabilities who do not meet eligibility criteria for developmental services funding;
- Individuals transitioning out of high school who received IEP or 504 services in school, but no longer have assistance available to them;
- Adults with traumatic brain injuries who do not meet the criteria for the TBI waiver;
- Individuals with mental health and re-entry psychosocial support needs who are transitioning from incarceration;
- Individuals with mental illness who are ineligible for CRT services; and
- Adults with disabilities and/or behavioral health/substance abuse issues who are ineligible for other programs or longer term supports.

Referrals are anticipated to come from departments within the Agency of Human Services as well as other social service organizations.

Work Specifications



1. The successful applicant will hire a “Services Partner” to serve persons with disabilities who qualify according to the categories listed above and who require case management and psychosocial supports to maintain stability in the community. The Services Partner will prioritize prevention and early intervention services rather than crisis intervention, a service already available in communities. The applicant should ensure that services address three levels of need by maintaining a caseload mix of individuals with needs broadly categorized as:

- *Intensive services* for individuals who may or have lost their jobs or housing, are medically compromised, or who are experiencing any combination of these situations;
 - *Intermediate services* for individuals who are at risk and need on-going assistance connecting to and maintaining needed services, support within an employment setting to maintain that employment, or who have other on-going support needs to maintain their housing and/or health; and
 - *Intermittent services* for individuals who need only periodic check-ins, suggestions for managing problems, information on community resources, refresher training or other sporadic support needs to sustain employment and independent living.
2. The applicant should demonstrate the ability to have an integrated, comprehensive, coordinated and documented service plan for each individual and other family or household members as appropriate. The applicant must ensure that the position is solely dedicated to the parameters of the service population referred to in this RFP and that there will be coordination with the AHS Global Commitment Services Partner Work Group to identify best practices. The work group is comprised of AHS representatives previously referenced in this RFP.
 3. The applicant must show in the application there will be active participation and close coordination with local Field Services representatives and an existing or developing local community based adult coordination team, e.g. Adult Interagency Team. The goal is to coordinate an effective service delivery system for individuals with disabilities who do NOT qualify for categorical programs. The applicant will promote the integration of services with other resources and partners, especially Peer Navigators and Chronic Care Coordinators and assure timely transfer of service coordination if duplicative with any of these other support services. The applicant should include a signed Memorandum of Understanding with community partners who are members of the adult interagency coordination team. In addition, the applicant should demonstrate the ability to conduct outreach to ensure equitable access to pilot services.
 4. The Service Partner focus will emphasize service outcomes, using best-practice approach for the presenting issues for persons served, and evidence improvements such as:

- a) functional skill development where indicated;
 - b) securing employment or housing support services if indicated;
 - c) greater levels of self-sufficiency and independence;
 - d) successful community re-entry and stabilization from institutional settings;
 - e) functional associations being developed/maintained with community support services;
 - f) improved communication between persons served and community support services;
 - g) satisfactory ratings from persons served and community services
5. The qualifications of the successful Services Partner should include:
- a) Experience in case management and service coordination.
 - b) Demonstrate excellent communication and negotiating skills
 - c) Have knowledge of community resources and be able to make connections for consumers
 - d) Be able to work well within a team, provide comprehensive service coordination, and communicate regularly with the local adult service coordination team.
 - e) Be comfortable working in a matrix management environment.
 - f) Have a broad foundation in bio/psycho/social human needs and cross disability populations.
6. The applicant should indicate understanding of and willingness to participate in the evaluation plan in Attachment A. The applicant will identify their capacity to provide accurate and timely enrollment/disenrollment information, service documentation, records maintenance, and collect data and outcome measures on services provided to support the project evaluation as described in the Evaluation Plan attached.
7. Awards will be up to \$70,000. A small fund for case service dollars will be available in addition to the grant award. Parameters for these funds are pending. Applicants should develop a budget to show:
- a) Salary
 - b) Fringe benefits
 - c) Travel

- d) Administrative fees
- e) Additional anticipated costs

Timelines For The Process

	RFPs Distributed:	5/27/08
	Proposals Due:	6/13/08
	Review Panel Convenes:	6/23/08
	Awards Made:	6/30/08

The notification of awards will be made by telephone, to be followed by formal, written notification to all applicants.

➔ Period of Grant:

Specific consultation for the development of proposals will be available for interested parties or agencies. For further information, please call Frank Reed or via e-mail at freed@vdh.state.vt.us.

Submission Of Proposals

Proposals must be submitted electronically to Diane Cota at dcota@vdh.state.vt.us by **4:30 pm on June 13, 2008**. A signed copy of the application coversheet must be mailed to:

Frank Reed
 Department of Mental Health
 108 Cherry Street, Suite 201
 Burlington, VT 05401

The signed cover sheet must be postmarked no later than **12:00 (Midnight) on June 13, 2008**.

Application Instructions

Cover Sheet

The application must include a cover sheet with the following information:

- Agency Contact Information
- Project Coordinator Name
- Letters of support from listed partners
- Signature of Agency Executive Director

Application Narrative and Scoring Criteria

The narrative should describe the project in a maximum of ten pages, **double spaced with a 12 point or larger font**. Reviewers will score the proposals according to the following criteria:

Project Goals: 10 points

- Are the project goals clear and understandable? (3 points)
- Will the project goals lead to more functional skill development, employment opportunities and greater independence for the target populations identified in the proposal? (4 points)
- Are the goals reasonable and achievable with the available resources? (3 points)

Project Design: 25 points

- Will the primary project activities lead to functional skill development and greater sufficiency for the target populations? (5 points)
- Do project activities reflect a best-practices approach (5 points)
- Will the project activities lead to better collaboration among community partners? (5 points)
- Will the project activities result in changes in practices that will improve service delivery and likely sustainability over the longer term? (5 points)
- Are the project activities consistent with consumer choice and informed decision making? (5 points)

Project Partnerships: 10 points

- Does the project include appropriate partnerships? (5 points)
- Are the partners involved in meaningful ways in the project activities? (5 points)

Note: Reviewers may contact listed partners as part of the review process.

Project Budget: 15 points

- Are the resources budgeted sufficient to implement the project? (5 points)
- Does the agency contribute resources (financial or in-kind) to the project? (5 points)
- Does the budget narrative adequately describe how funds will be used? (5 points)

Budget

Budget Information: Please provide the following budget information for a 12-month project.

- A. **Personnel**: For each person, provide the position title, annual salary, FTE (percent of time committed to the project), and subtotal (annual salary x FTE). For example, a person working half-time (20 hrs/wk) would be .5 FTE. Total these in Box 1 (Total Salaries). In Box 2, indicate the percentage of gross salaries allocated to fringe benefits, and the total fringe amount (Total

Salaries x Fringe Percentage). In Box A, show the total personnel amount (Total Salaries plus Fringe).

- B. Agency Administrative Costs: Agency administrative costs of the project may not exceed 10% of the personnel costs of the project; that is staff salaries plus fringe benefits.
- C. Travel: All costs associated with travel of project employees only. Reimbursement for consumer travel will be included in the supplemental case service dollars. Mileage allowance may not exceed \$.505 per mile (current state mileage allowance).
- D. **Other:** All costs not clearly covered by Line A through Line C must be included here. Please itemize the expenses. Examples of expenses might be printing of outreach materials, etc.

Total Expenditures: Total Of Lines A Through D

BUDGET NARRATIVE

For each of Line Items A through F, provide a brief paragraph description of the items or services to be purchased, the quantity and unit cost of each, and a short justification, especially for any items which seem out of the ordinary.

ATTACHMENT A

Services Partner Pilot Evaluation Plan Outline

- I. Intervention
 - A. Non-categorical case management services delivered by services partner in Designated Mental Health Agencies.
 - B. Flexible case-service dollars

- II. Treatment Group
 - 1. Enrolled service recipients.
 - 2. Key demographics, disability type and severity of service needs will be recorded for every treatment recipient.

- III. Outcome Measures
 - A. Unemployment Insurance (UI) quarterly wage data.

 - B. Dept. of Corrections – number of supervision days.

 - C. Medicaid claims (\$ and types of services), especially:
 - 1. Hospitalizations.
 - 2. Emergency room visits.
 - 3. Non-hospital institutionalizations.
 - 4. Routine primary care visits
 - 5. Substance abuse treatment & recovery supports.
 - 6. Enrollments/disenrollments (turnover) across various State programs (with separate analysis for Medicaid-only enrollees).

 - D. Key consumer indicators :
 - 1. Service type/s received monthly.
 - 2. Quarterly housing status
 - a. homelessness.
 - b. housing changes and reasons for those changes.
 - c. current housing situation (categorized/multiple choice, with “other”)
 - 3. Quarterly education level/status (if applicable).
 - 4. Quarterly employment status.
 - 5. Quality of life/skill development measure (LOCUS Score-enrollment, quarterly, & discharge; PHQ -9)
 - 6. Satisfaction rating.

 - E. Exploratory: VR RSA-911 data for VR enrollees.

- IV. Process/Treatment-Integrity Measures
 - A. Hours of service by category using MSR data, assessment tools measures, and claims data.

- B. Service partner narrative notes.
- C. Narrative description of service partner activities/accomplishments from program review.
- D. Track expenditures by category and source of funds to explore what other funds are available for sustainability of program.