

Request for Proposals: Siting and Design of Psychiatric Secure Residential Recovery Program(s)

Reponses to Answers Submitted to the Department of Mental Health

Posted: March 24, 2017

Question: Re: current licensing – a TCR licensing does not allow for any EIP’s. Is DMH prepared to make a request to change licensing requirements that would allow for EIP’s?

Answer: This question would need to be addressed as part of the planning process going forward, based on the type of program proposed. If statutory change is needed, then the Administration and Legislature would need to support this capacity.

Question: If it was a secure facility that was reliant on general fund vs Federal financial participation, what is the States readiness for that as a potential resource?

Answer: Currently, there is no funding requested in FY 18 for planning or development. Any cost implications in these areas, and subsequent construction and operating costs, will need to be addressed with the Administration and legislature. There is an area of need for individuals who are not yet ready to access voluntary care but may be able to step down from inpatient care if a secure facility alternative exists.

Question: What is the proportion of beds you see vs staff secure or facility secure? You left those two options open but it is not clear what you see the real need for number of beds of either type.

Answer: As mentioned, developing capacity for individuals who no longer require hospitalization and may be able to step down to a secure facility setting would help in addressing access needs for individuals who require inpatient admission from hospital emergency departments.

Question: If we had the capacity to do 16 staff secure beds is that a proposal you want, or is there something less you want as you because you also need money for a facility secure residential someplace else?

Answer: It will depend on what kinds of proposals are received. We do want to keep the RFP parameters as broad as possible, and again it will involve further discussion of what the Administration and Legislature support.

Question: Anecdotally running a staff secure residential, as many of us do, we often question if the same folks who are going to the SRR could come to our facility, it gets to the question of the level of acuity need question, are the people who are at the SRR, is it primarily because of their order that brings them there or could you see some of those people in a staff secured residential?

Answer: This will depend on the population proposed to be served and how the program must be structured to provide the services required to meet the needs of proposed residents. The intent of the Middlesex facility has been as a secure facility for individuals who no longer require hospitalization, but are unable to be appropriately served in other alternative programs that already exist in the community.

Question: IMD definition has recently come under scrutiny in Ohio around a number of residential programs, each with 16 beds, but all under one corporate entity and no FFP for those programs. Are they looking at IMD’s that way if you have more than 16 beds under one entity? If more than 16 beds in one corporate entity, will it exclude the federal match in that case?

Answer: As indicated, this is really a CMS question. After a review of the proposals has been done further financial analysis may be needed.

Question: Pushing back the RFP date - This is such a crucial piece of the overall system and these are pretty large questions regarding money and planning. There will be planning money in FY18, but really not move much for another year or so, it would give us time to really do some planning and thinking so we can get it right.

Answer: DMH has extended the RFP submission date to April 14, 2017.

Question: Length of stay – you were saying the current length of stay is about 4 ½ month for MTCR currently. What do you anticipate for an LOS for this population we might be serving?

Answer: This will depend on the population proposed to be served.

Question: Daydreaming on this whole project, the way I read it, it seems conceivable that folks have a potential at this facility to stay for a long time, some shorter. Are we talking about someone who would have this as their forwarding address?

Answer: This will depend on the population proposed to be served.

Question: It really is kind of a flow through issue in terms of capacity; we still have people on our level 1 unit that could move, people seem to get stuck in different places, it is hard to know. I am talking out loud, the things that the case management staff is doing, your team, will that continue with this population as well, correct?

Answer: Yes. We are thinking it will be a similar process going forward in that most admissions would come through the care management team into the new facility and discharges. Additionally, there is proposed legislation that calls for a number of studies, including regional care management capacity. These studies will be conducted in the next few months with passage of this pending legislation and further inform what may be received via RFP process.

Question: Will there continue to be the Care Management team following individuals in this program?

Answer: As above.

Question: Does the State have any terms in mind (lease/contract terms) i.e. 10 year, 20-year lease?

Answer: The RFP is broad and may entertain such options. The program and proposed population to be served will inform potential lease or contract terms. Respondents may propose options that they believe offers both sustainability and cost effectiveness over time.

Question: Is there a desired location within the State for the property?

Answer: Not at this time. Being able to attract and retain a competent workforce will be a likely consideration. Access to essential services will be a likely consideration also for long term program viability and success for the proposed population who would be served.

Question: Might the state be interested in a model that has two units—one “staff secure” and another “facility secure”?

Answer: DMH would be open to proposals that respondents identify as most effectively addressing current system needs.

Question: Seeking policy and procedure clarification re: voluntary and involuntary patients—can either/both be treated in staff secure and facility secure settings?

Answer: Individuals required to reside in a facility secure setting are the only residents who can be held in a secure residential program.

Question: What does “no refusal” actually mean?

Answer: Individuals who meet the admission criteria identified by a program, no longer require inpatient care and cannot be appropriately discharged to a lower level of community residential treatment will be admitted to a program through coordination with the DMH care management team.

Question: Will statutory changes around “secure residential” be required for: Involuntary Emergency Procedures? DOC referrals? Forensic Evaluations?

Answer: Depending on proposed programs, statutory changes may be needed.

Question: Will state need to change current licensing to allow emergency involuntary procedures?

Answer: Yes

Question: Fourteen beds or 16 beds?

Answer: Proposal submissions should identify the proposed population to be served with size and scope of program that respondents identify as most effectively addressing current system needs.

Question: Is CMS looking at IMDs as more than 16 beds in one corporate entity?

Answer: Proposal submissions should identify the proposed population to be served with size and scope of program that respondents identify as most effectively addressing current system needs. Funding required to sustain the proposed program should be outlined.

Question: Would those people coming from Corrections need to have an ONH to reside at the residential if it is secure?

Answer: This will depend on the population needs identified for services. At this phase, it is premature to make a determination regarding requirements.

Question: If an organization in VT was to develop a Secure residential behavioral health facility, what physical plant/built environment regulations would be required to follow?

Answer: State Buildings and General Services is the state entity involved in state building projects. Representatives of that Department may be able to provide some guidance toward facility design standards based on description of a program of service and population to be served.