

July 1, 2016

Hawaii Department of Health
Adult Mental Health Division

Request for Information (RFI)
RFI Number AMHD 420-1-17
Community-Based Case Management Services
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 community-based case management services, statewide, 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 AMHD plans the procurement of community-based case management (CBCM) services to be provided statewide. The CBCM service consists of case management teams, who work with each consumer to develop their own recovery, vocational, and other life goals.

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 Monday, August 15, 2016.

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, 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 420-1-17
Community-Based Case Management Services – 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 Community-Based Case Management Services, statewide. Contracts are expected to begin on April 1, 2018.

The AMHD is soliciting information, ideas, questions, and feedback from the community, including but not limited to people with psychiatric illnesses, state agencies and programs, and community rehabilitation providers, regarding Community-Based Case Management programs for adults with Severe and Persistent Mental Illness (SPMI).

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 RFI.
- 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

The AMHD is committed to building a system of care grounded in the recovery model. The cornerstone of the recovery process is the individual, their personal definition of meaning and purpose, and the belief that people can continue to develop and lead fulfilling lives even in the presence of a serious mental illness. Services are focused on the needs of the individual, not only on symptom relief and stabilization, but on consumer empowerment and the acquisition of the skills needed to independently lead satisfying,

hopeful and contributing lives in their community of choice. For many persons with SPMI, receiving case management services for the assessment of needs, referral to, and linkage with services, based on their recovery plan goals, provides the foundation for collaborative efforts aimed at achieving a satisfying and productive life. Community-Based Case Management development is meant to assist consumers achieve independence in their recovery, and may provide innovative employment options offering consumers improved opportunities for employment and community reintegration.

1. Description of target population to be served

Adults with severe and persistent mental illness.

2. Geographic coverage of service

Statewide

3. Service Description

Case Management (CM) services shall be provided for consumers with SPMI by an inter-disciplinary team. Consumers shall generally be assigned to a particular CM service team based upon each consumer's geographical location and preferences. CM shall access the necessary medical, nursing, social, restorative and rehabilitative services needed to optimize consumer goals and community living.

All CM teams shall include the consumer in recovery planning. The consumer shall orient the CM team to their recovery, vocational and other life goals. All CM team members shall be integrally involved in planning for CM activities in order to assure coordination and consistency with changes to the plan related to consumer status or preferences.

Specific CM activities shall be assigned to individual CM team members through recovery planning that includes designation of responsibility for service implementation. Specific CM activities shall be assigned to individual CM team members based on each individual's professional preparation, appropriate licensing, and educational preparation.

The CM program shall:

1. Have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance abuse and mental illness.
2. Provide treatment in a manner consistent with the most current DIVISION Practice Philosophies and implement treatment models consistent with the Continuous, Comprehensive Integrated System of Care. Additionally,

prescribing staff shall adhere to Mental Illness/Substance Abuse (“MI/SA”) Psychopharmacology Guidelines.

3. The CM service shall include, but not be limited to:
 - a) Assisting consumers in developing recovery service relationships with multidisciplinary treatment team members that include, but are not limited to, a psychiatrist or advanced practice nurse with prescriptive authority (“APRN-Rx”), a case manager and a peer-specialist.
 - b) Promoting recovery, vocational, and personal goals and sustaining hope during periods of relapse.
 - c) Preventing, reducing, or diminishing debilitating symptoms of mental illness and co-occurring substance abuse and medical conditions.
 - d) Providing rehabilitation and progressive treatment interventions utilizing stages of change, stages of treatment, motivational strategies, and stage-wise case management for multiple co-occurring conditions.
 - e) Improving or establishing new linkages with a variety of community services and mobilizing the involvement of the consumer’s support network.
 - f) Ongoing engagement of each consumer in treatment during relapse and recovery.
 - g) Promoting crisis prevention, planning, harm reduction, substance reduction, abstinence, and recovery skill-building.
 - h) Teaching/training consumers in medication/symptom monitoring and management skills.
 - i) Teaching/training consumers in intra/inter-personal skills, such as anger management, frustration tolerance, stress management, relaxation, etc.
 - j) Helping each consumer to improve their responses to community living by utilizing multi-professional team members to deliver recovery-oriented treatment in natural environments.
 - k) Providing continuity and coordination of care by: (a) inviting housing and substance abuse treatment providers, primary care

physicians, and other service providers to participate in recovery, crisis, and discharge planning when multiple providers are involved in a consumer's care or when the consumer is transitioning to other levels of service or other service provider agencies; and, (b) participating in the recovery, crisis, and discharge planning meetings of other service providers involved in the consumer's care, at the other service providers' request.

B. INFORMATION REQUESTED

Interested parties are invited to submit information addressing any or all of the following areas:

- A description of how the proposed service will help satisfy the rehabilitative needs of persons with SPMI.
- Proposed plans for innovative practices and/or partnerships to better deliver/sustain CBCM services.
- Proposed annual budget and number of consumers to be served.
- Suggestions as to how the Department of Health can achieve better data collection to determine outcomes achieved by CBCM services.
- Suggestions as to how the AMHD can achieve higher quality CBCM services.

In addition, please respond to the following items:

Question 1. Does your organization currently provide Community-Based Case Management services in the State of Hawaii?

Yes _____ No _____

Question 2. If an RFP is issued, would your organization be interested in providing Community-Based Case Management services statewide?

Yes _____ No _____

If yes, which island(s) _____

Question 3. If an RFP is issued, would your organization be interested in providing Community-Based Case Management services for a specific geographic area only (e.g., West Hawaii, the Waianae Coast, island of Kauai, island of Molokai, etc.)? If so, where?

Yes _____ No _____ Geographic preference: _____

Question 4. What would be the challenges, (e.g. staffing, funding, etc.), in creating a CBCM program? Please explain the challenges and solutions in the areas that you have identified.

Question 5. What provisions would your organization implement in order to maintain a sufficient number of psychiatrist and/or APRN/RX clinicians in your geographical region to provide 24 hour/day coverage for your consumers?

Question 6. Please describe how a CBCM program will best utilize Hawaii Certified Peer Specialists (HCPS) in these services.

Question 7. AMHD is interested in our CBCM Providers offering the option of providing group-based, structured psychosocial rehabilitation (PSR) skills building activities within the CBCM program. Please describe how a CBCM program might best utilize this option and integrate PSR into its CBCM services/sites. What kind of day programming, groups, and/or classes could you offer to compliment your CBCM? Please explain the challenges and proposed solutions in the areas that you have identified.

Question 8. AMHD is interested maximizing positive consumer outcomes in this service. To this end, AMHD is interested in learning what specific outcomes and data gathering/tracking/reporting methodologies CBCM providers use or propose to use in order to best manage their CBCM services for the purposes of maximizing positive consumer outcomes. Please describe the specific consumer outcomes and how your organization can identify, gather, track and report these key consumer outcomes that would demonstrate the effectiveness of your CBCM services.

Question 9. AMHD is interested in understanding and supporting CBCM providers' internal capacities to flexibly determine and manage consumers' changing acuity/risk and to allocate CBCM resources effectively and efficiently. Acuity/risk would be managed clinically, administratively and fiscally, without increased demand on external resources such as emergency/crisis services and inpatient hospitalization. Please describe how your organization's relevant plans, policies and procedures could be used/enhanced to offer this level of internal utilization management and quality assurance. Please describe your organization's approach.

- Question 10.** How does your organization define what it considers to be appropriate case management services to be billed to the AMHD?
- Question 11.** AMHD is concerned about the high rates of tobacco use within the mental health population. Please describe how your agency currently coordinates:
- a. Identification of consumer tobacco use and/or tobacco exposure (i.e., 1st, 2nd, 3rd-hand tobacco exposure.)
 - b. Referrals to community-based tobacco cessation resources.
 - c. Follow-up with consumers for tobacco cessation support.
- Question 12.** Providers must ensure meaningful access to services, programs and activities by providing AMHD consumers with oral and written language services, including written translations of vital documents, if, on account of national origin, consumers do not speak English as their primary language and have a limited ability to read, write, speak, or understand the English language. If it is necessary to provide oral or written language services to a consumer's family in order for the client to benefit from the provider's services, programs, or activities, the provider shall provide those language services to the family. Please explain how you will provide consumers with supports and services when English is not their primary language. Please also explain how you will comply with the laws concerning language access.
- Question 13.** How will your agency support consumers' interest in Supported Education and Supported Employment?
- Question 14.** Please share how your agency will address cultural considerations for consumers you serve within your case management services.