

**WESTMORELAND COUNTY BHDS
IN PARTNERSHIP WITH SOUTHWEST BEHAVIORAL HEALTH MANAGEMENT
(SBHM) AND CARELON HEALTH OF PA (CARELON)
HAVE ISSUED A**

**REQUEST FOR PROPOSAL (RFP)
FOR**

**YOUTH AND YOUNG ADULT MENTAL HEALTH PEER SUPPORT SERVICES
TO SERVE WESTMORELAND COUNTY RESIDENTS (# 172024)**

INSTRUCTIONS FOR SUBMISSION:

All completed RFPs must be submitted through the following means.

Electronic Delivery
Email a PDF copy of the signed RFP to: RFPResponse@swsix.com
Please type the title of the RFP and your organization's name in the subject line.

**There is no deadline for responding to this RFP.
Responses will be reviewed as they are received.**

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:** _____

Background

Westmoreland County BHDS, in partnership with Carelon Health Options PA (Carelon) maintain a comprehensive network of service providers serving HealthChoices recipients in need of mental health services. This extensive network provides a diversity of location, choice and specialization for HealthChoices members in these counties. **Westmoreland County** has identified a need to increase access to their Youth and Young Adult Peer Support services (YYA PSS).

In December of 2016, the Office of Mental Health and Substance Abuse (OMHSAS) published a revised Peer Support Services Bulletin (OMHSAS-16-12). This bulletin announced that peer support services could now be provided to youth and young adults between the ages of fourteen (14) and twenty-six (26) years of age who have been diagnosed with a serious emotional disturbance. Prior to this revised bulletin these services were restricted to adults eighteen (18) years of age and older who met the criteria for having a serious mental illness. The expansion of this service to youth and young adults will assist these individuals with their unique needs during this critical stage of transitioning to adulthood.

Based upon the fundamental principles of recovery, Peer Support Services (PSS) are specialized supportive interventions conducted by a Certified Peer Specialist (CPS). A CPS is a self-identified individual who currently or previously received behavioral health services and is trained and certified to offer support and assistance in helping others in community-integration and their recovery process. PSS is intended to inspire hope in individuals that recovery is not only possible, but probable. This service is designed to promote empowerment, self-determination, understanding, coping skills and resiliency through mentoring and supports that allow these individuals to achieve personal wellness and cope with stressors and barriers encountered in their recovery.

Westmoreland County BHDS, in partnership with SBHM and Carelon, (hereafter referred to as 'The Partners'), are seeking proposals from agencies interested in providing mental health Peer Support Services to youth and young adult residents between the ages of fourteen (14) and twenty-six (26) in Westmoreland County.

Because of the unique nature of this younger population, these Partners are especially interested in receiving interest from agencies that are currently providing mental health treatment services to individuals under the age of eighteen (18) years of age who are willing to expanding their service array to include peer services to this target population. Especially those agencies offering mobile services such as Family Based Mental Health, Behavioral Health Rehabilitation Services (BHRS) or Multi-Systemic Treatment (MST) services. All other agencies are also welcome to respond to this RFP, including those currently providing peer support services to adults.

Upon award, the agencies chosen must be able to serve the entire target population of individuals from fourteen (14) to twenty-six (26) years of age.

All services provided for this level of care must adhere to all respective federal, state and local standards and regulations.

TARGET POPULATION

These Youth and Young Adults Peer Support Services (YYA PSS) services are to specifically serve the needs of eligible HealthChoices members between the ages of fourteen (14) and twenty-six (26) who are residents of Westmoreland County.

SERVICE OBJECTIVES

- Increase the availability and access to community-based mental health PSS for the target population;
- Meet the service/support needs and assist with the recovery of youth and young adults;
- Through ongoing professional collaboration, develop strong alliances with the other service agencies, community supports and collateral organizations.

MINIMUM QUALIFICATIONS

In order to respond to this RFP agencies must meet all of the following minimum requirements:

1. Must currently be enrolled as a provider of services in the PA HealthChoices Program.
2. Must be willing to become credentialed with Carelon Health of PA to provide mental health peer support services.

Additional Preferred Qualifications:

These are preferred qualifications, not mandatory but beneficial in responding to this RFP.

1. Currently provide mobile (in-home/community-based) mental health services to children under 19 years of age.
2. Currently provide mental health services to children under the age of 19.
3. Currently provide mental health Peer Support Services to HealthChoices members in PA.
4. Have experience in building collaborative relationships with other human service agencies, as well as knowledge of other community support resources for this target population.
5. Have experience with individuals struggling with dual disorders (mental health, substance use, intellectual disabilities, etc.).

INTENT

It is the intent of these partners 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.”
- The Partners have the right to reject any and all proposals at any time during the process.

- The Partners reserve the right to reject any applicant that does not sufficiently document that they meet the minimum qualifications to respond to this RFP.
- The Partners 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 these Partners.

INCURRING COSTS

These Partners are not liable for any costs incurred by applicants for work performed in preparation of a response to this RFP.

PROPOSAL REVIEW

The Partners reserve 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, we reserve the right to reject the proposals and to issue a new RFP. The Partners reserve the right to reject a proposal at any time during the process.

All proposals will be reviewed and scored by a selection committee. Individual committee member scores for each proposal will be combined to create a total overall score for the provider's response. Total scores earned by each proposal are required to meet the minimum threshold for points achieved in order to be considered for program awards. For this RFP, all proposals must score a minimum of 65% of the total available points available in order to be considered for the program award. Proposals who do not score at or above the required 65% will not be considered.

*Ex: 190 points * 5 scoring committee members = 950 total available points. 950 * .65 = 617 points minimum score to be considered.*

SELECTION/REJECTION PROCEDURE

Applicants whose proposals are selected will be notified in writing as to their selection. Applicants whose proposals are not selected will also be notified in writing by Carelon. Applicants responding to this RFP will not receive any feedback on the quality of their responses or the selection process.

Submission of a proposal by a provider to SBHM constitutes express acceptance by the provider to be bound by all the terms, conditions, and provisions of the RFP, including but not limited to all exhibits and/or appendices to the RFP.

RFP AWARD CONDITIONS

Following award of the RFP, in order to secure a contract with Carelon for payment of this service, a provider must be able to complete the following steps. If a chosen provider cannot complete any of these steps, they will be determined ineligible to continue the process. If a

provider is determined to be ineligible to continue the process, these Partners reserve the right to terminate the process, reject the proposal, choose another applicant, and/or issue a new RFP:

- Secure PA state approval to provide Peer Support Services to HealthChoices members.
- Become credentialed in the Carelon network for YYA Peer Support Services.

UPON AWARD

Expectations

- The provider can expect to be reimbursed at the standard Carelon rates for mental health Peer Support Services.

Requirements

- All supervisory and direct peer support specialists working with this target population will be required to complete the two-day (16 hour) state approved Youth and Young Adult Peer Support Service training prior to providing this service.
- All peer specialists will be required to complete the two (2) week Certified Peer Specialist training and must be either certified or eligible to be certified by the PA Certification Board.
- All supervisory and direct peer staff working with this population will be required to also obtain Act 33/34 and FBI Clearances prior to providing this service.
- All awarded agencies will be required to follow PCB's *Certified Peer Specialist Code of Ethical Conduct* (Attachment A).
- All awarded agencies will also be required to meet the *Youth and Young Adult Peer Practice Standards* (Attachment B).
- All awarded agencies will also be required to follow all standards outlined in the *OMHSAS Peer Bulletin* (OMHSAS-16-12 - Attachment D) and any updates to that Bulletin, as well as the *Provider Handbook for Psychiatric and Partial Hospitalization Services* (Attachment C) and any updates to this document.

The award resulting from this RFP does not ensure that the need in the community is sufficient to support the development and/or sustainability of this service.

There is no commitment by these Partners on anything beyond what is directly stated in this RFP.

Questions pertaining strictly to information contained in this RFP may be submitted in writing via email to:

RFPQuestions@swsix.com

All questions and answers will be posted on the SBHM website within five days. Continue to check the website daily at:

[Home - Southwest Behavioral Health Partnership](#)

If your agency meets the Minimum Qualifications listed above, please respond to this RFP by following the directions below.

DIRECTIONS

1. Be sure your agency meets all the minimum qualifications prior to completing your response.
2. Respond to the questions in the sequence that they appear in the RFP and as completely as possible.
3. All questions must be answered in full. Providers who fail to adequately respond to the question or those which direct the reader to refer to other answers in the proposal or attached documents, with no other content, will receive a ZERO for that response.
4. There is no page limit to responses and all pages must be sequentially numbered.
5. All responses must be typed using 12 pt. font.
6. Additional supporting or requested documentation should be attached as Appendices.

REQUIRED ATTACHMENTS

IF THESE REQUIRED ATTACHMENTS ARE NOT PROVIDED, THE SUBMISSION WILL NOT BE CONSIDERED COMPLETE AND WILL BE EXCLUDED FROM THE REVIEW PROCESS.

1. Attach all the necessary documentation to demonstrate that your agency meets each of the below listed Minimum Qualifications to respond to this RFP. Please ensure that the documentation is current and reflective of the appropriate minimum standard. Also, for appropriate criteria listed below, provide a timeline outlining when your agency can be expected to complete/meet the criteria.
 - a. Must be a currently enrolled provider in the Pennsylvania Medical Assistance Program. **(Attach documentation of MA enrollment). (Required - 0 pts)**
 - b. Must be currently credentialed with Carelon to provide mental health services. **(Attach credentialing documentation.) (Required - 0 pts)**

REQUEST FOR PROPOSALS

Please provide the following information regarding your interest in and ability to develop and provide Youth and Young Adult Peer Support Services to the target population of HealthChoices members within Westmoreland County.

I. Agency Organizational Structure, Background and Experience (total 30 pts)

2. Please provide a brief overview of the agency, its history, mission, and experience serving this target population (14 to 26 year olds). Please describe in detail the agency's background, experience, and present activity, as well as the philosophy of the organization which will enable it to successfully provide the proposed service to this target population in the following areas:
 - a. At the administrative level (5 pts)
 - b. At the direct service level (5 pts)
3. Describe the agency's statement of purpose in offering YYA Peer Support Services to this specific population. Outline how these services would fit into the agency's mission and articulate the agency's goals and objectives in meeting the needs of the youth and young adults identified as benefiting from these services. Describe any of the agency's unique characteristics that would directly benefit this population. (10 pts)
4. Describe your agency's experience in collaborating and coordinating with County offices, treatment providers, or other human service systems and services. (10 pts)

II. Programmatic Information (total of 80 pts)

5. Describe any experience your agency has with offering mental health services to children under the age of 21 and any mobile (in-home and/or community-based) children's services provided. Specifically focus on services to the transition age youth and young adult population. (20 pts)
6. If your agency currently provides mental health Peer Support Services to youth and young adults or adults only, please describe your program, current staffing and counties you serve. If not, please describe your plan to implement and offer Peer Support Services. (20 pts)
7. Describe the agency's experience and approach to addressing individuals with co-occurring disorders (i.e. substance use disorders, developmental disabilities, etc.). If the agency considers itself to be a specialist in treating certain diagnostic categories or disorders, please describe (explain why) and provide any relevant supporting documentation. Also provide documentation/verification of expertise in serving special populations. (10 pts)
8. Describe the agency's plan for continuous quality monitoring and improvement. Outline what outcome measures will be in place which demonstrate the effectiveness of this program. (10 pts)

9. Describe what measures will be in place to identify discharge indicators. Be sure to fully explain how the agency will identify and address progress, quality of life indicators, and feedback on the individual's progress to the referral agent/Licensed Practitioner of the Healing Arts (LPHA). (10 pts)
10. Describe how you will collect and measure program outcomes. Outcome measures should be based on resiliency-oriented principles such as: (10 pts)
- Improving quality of life
 - Individual satisfaction
 - Improving community and educational integration
 - Participation in meaningful activities and social relationships
 - Increase in peer and community supports
11. Provide any other information the organization would like to offer, such as letters of recommendation, memorandums of understanding, etc. to support the proposal. (5 bonus pts)

Total points without bonus points = 110

END OF RFP