

understand the current programs and resources available both within their districts and from outside community agencies, and to appreciate the successes and shortcomings of these current resources.

School officials across the districts shared common concerns that the frequency and intensity of behavioral health needs of their students are increasing relative to increasing societal problems, that current behavioral health services are not fully effective, in part due to insufficient training and supervision of TSS, that communication among school staff, outside behavioral health providers and families is deficient resulting in fragmentation and inconsistency of interventions and that there are inadequate supports to assist students in transitioning back to school from inpatient or partial hospital stays, residential treatment or out of home placements.

School districts expressed a desire for a model of behavioral health intervention that could provide more flexibility than current classroom TSS service. Thus, the individual needs of the student could be better met and the scenario of multiple TSS from multiple providers in a particular classroom could be reduced. Schools additionally desired improved communication and integration between the behavioral health services, their internal resources such as the Student Assistance Program (SAP) and families. It was further identified that training for school staff around behavioral health issues and consultation around specific student cases would be equally helpful.

During academic year 2008-2009, three SBBH Team Programs were successfully implemented in the Northeast region in Hazleton Area School District and Wilkes-Barre Area School District. Expansion of SBBH Team services in the Scranton School District and Montrose Area School District is currently underway.

SBBH Team services are recognized as being more flexible than traditional BHRS by providing service to the identified child only during specific times of clinical need. SBBH Team interventions may also be delivered to groups of eligible children, unlike BHRS where services must be delivered to a single eligible child. SBBH Team services are provided not only in the school, which is considered the behavioral health home, but also in the home/community settings as well. Therefore, it is the expectation that the SBBH Team delivers services in a highly flexible manner to meet the needs of youth and families in an integrated and coordinated fashion.

A SBBH Team will provide service to approximately 20 to 25 youth and their families. Services may include but are not to be limited to individual, family and or group therapies provided to the child and/or family/caregivers, behavior management, case management, assessment, crisis intervention, family support, service referral and linkage, and consultation and training to school faculty. As the SBBH Team will perform case management and service referral and linkage functions, it is not expected that the child will be enrolled in a separate case management program. Services are expected to follow CASSP principles with a strength based and family centered approach. Services will be authorized for up to a six month period (or academic semester).

Following is information detailing the Request for Qualification (RFQ) Process. Interested providers who have the professional expertise to operate a SBBH Team program will need to address the issues and capabilities identified below. Please note that the SBBH Team Service description is also attached.

THE REQUEST FOR QUALIFICATION (RFQ) PROCESS

Proposals will be evaluated and selected through a competitive bid process. Community Care will establish a proposal evaluation committee comprised of family members, county, school district and Community Care stakeholders. Community Care will establish a proposal evaluation committee whose members will have no conflict of interest with any respondent to this RFQ.

Below is an overview of the RFQ process that Community Care will undertake in order to select the provider for the School-Based Team Program.

1. Timeline/ Key Dates

Thursday, October 1, 2009	RFQ is Released
Friday, October 9, 2009	RSVP to Applicants' Conference
Tuesday, October 13, 2009 and Wednesday, October 14, 2009	Applicants' Conference
Thursday, October 22, 2009	Letters of Intent to Respond to RFQ are due Last day for Applicants to submit questions
Thursday, October 29, 2009	Community Care sends out written responses to Applicants' questions
Thursday, November 5, 2009	Submissions Due
Week of November 30, 2009	Submissions Review by the Evaluation Committee
Week of December 7, 2009	Final Candidate Interviews (if necessary)
Monday, December 14, 2009	Selection of Vendor and Notification
Monday, February 1, 2010	Projected Date for Acceptance of Referrals

*Dates are subject to change

2. RFQ Applicants' Conference

Community Care will hold an Applicants' Conference in two different regions of the North Central contract, as noted below. Interested providers may select the appropriate location:

Tuesday, October 13, 2009 from 2:00 pm to 4:30 pm at Northumberland County MH/MR at 217 N. Center Street in Sunbury, PA 17881

Wednesday, October 14, 2009 from 1:00 pm to 3:30 pm at Forest-Warren Human Services on the Warren State Hospital grounds at 27 Hospital Drive in Warren, PA 16365. The conference will be in Room 322.

All prospective applicants meeting the qualifications noted below are invited to attend.

Interested agencies are asked to RSVP to Kelly Perales, RFQ Project Manager at Community Care, with the names(s) of the people planning to attend. **Please respond by close of business on Friday, October 9, 2009 by calling Kelly at 717 731-3613 or by email at peraleskl@ccbh.com.**

Contact with any staff at Community Care concerning this RFQ, unless occurring at the Applicants' Conference or through the RFQ Project Manager, are grounds for disqualification. All prospective applicants are asked to forward all questions to the RFQ Project Manager.

Community Care suggests that prospective applicants submit any questions to the RFQ Project Manager in advance of the Applicants' Conference. The RFQ Project Manager will collect all questions and disseminate responses to all prospective applicants that submit letters of intent. This process will ensure that all potential applicants receive the same information.

After the Applicants' Conference, any questions that arise shall also be directed to the RFQ Project Manager in the manner indicated above. **Questions will be accepted up until the close of business on Thursday, October 22, 2009.**

3. Letter of Intent Submission

All potential applicants interested in submitting a response to this RFQ are required to submit a letter of intent by Thursday, October 22, 2009. Preference will be given to applicants with an established history of successfully delivering quality services to children, adolescents and families via an integrated continuum of care based on strong medical leadership and solid clinical background.

The letter of intent should include, at a minimum, the following:

- Name of the organization involved in the submission.
- A statement that the organization intends to submit a response for consideration to be selected for School-Based Behavioral Health Team.
- Identification of the school district(s) and numbers of teams for which you are submitting a response.
- Name, title, address, telephone number, and email address of the contact person for the expected submission.

Letters of intent should be mailed to:

Kelly Perales
SBBH RFQ Project Manager
Community Care Behavioral Health
1200 Camp Hill Bypass
P.O. Box 1266
Camp Hill, PA 17011

Only submissions from applicants that have submitted the letter of intent will be considered for evaluation.

4. Submission Deadline

All submissions must be received by 4:00 pm on Thursday, November 5, 2009 at the Community Care office in Camp Hill, identified above.

An original and twelve (12) copies of the response to the RFQ are to be submitted. Please include an electronic file (in Microsoft Word) on CD ROM with the submission as well.

Please keep your budget information separate from the remainder of your submission. Staple your proposed budget separately. However, both parts of your submission should be mailed together to Community Care.

Please note that late submissions will not be considered.

THE REQUEST FOR QUALIFICATIONS (RFQ) SUBMISSION REQUIREMENTS

Applicants interested in implementing a SBBH Team must meet the following requirements and are required to submit verifying documentation or information. Please respond to the following submission requirements in a region specific way:

- A. Licensure and Staffing Requirements**
- B. Skill and Experience Requirements**
- C. Programmatic Requirements**
- D. Description of Direct Service – Case Scenarios**
- E. Quality Requirements**
- F. Infrastructure Requirements**

Licensure and Staffing Requirements

1. Possess current licenses to provide Outpatient Clinic, Family Based Mental Health (FBMH) or Partial Hospitalization Services (Partial) or obtain licensure prior to November 1, 2009.
 - a. Attach copies of your current Outpatient Clinic, Family Based Mental Health or Partial Hospital Services licenses OR copies of applications to obtain the same with cover letter requesting approval prior to November 1, 2009.
2. Commit to recruiting SBBH Team staff from your agency's current talent pool.
 - a. Attach a statement confirming your commitment to recruit SBBH Team staff from your agency's current talent pool, or provide an explanation if this is not possible with details of your recruitment plan.
 - b. Provide a Table of Organization for your agency including a section that shows the structure of the school based team and depicts the lines of responsibility for the clinical and administrative oversight. Include a description of the consultation structure to support the overall functioning of the team.
3. Commit to recruiting full-time or part-time employees who must be salaried with benefits.
 - a. Attach a statement ensuring SBBH team staff will be salaried full-time or part-time employees with benefits.
4. Assign licensed master's prepared clinicians to serve in the Mental Health Professional positions.
 - a. Attach a statement confirming your commitment to deploy licensed master's prepared clinicians to serve in the Mental Health Professional positions. The following licenses are acceptable: social work, psychology, professional counselor or nursing (with additional certification by the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP) certification as a Certified Registered Nurse Practitioner). Certification as a national board certified counselor is also acceptable.
 - b. Attach job description.
 - c. Preference is for assignment of licensed master's prepared clinicians with family systems training and experience.
 - i. If indicated, specify the details of your deployment of a licensed master's prepared clinician with family systems training and experience.

5. Assign bachelor's prepared Behavioral Health Workers with two or more years of experience in clinical settings.
 - a. Confirm your commitment to assignment of Behavioral Health Workers (BHW) with two or more years of experience in clinical settings.
 - b. Attach job description.
6. Guarantee a dedicated psychologist or psychiatrist to provide clinical consultation to the team including client-centered case consultation, systems focused consultation and participation in all interagency meetings.
 - a. Attach verification of availability and agreement of a dedicated psychologist or psychiatrist to provide a minimum of 4 hours per week for consultation.
 - b. Attach job description.
7. Guarantee to submit the SBBH service description to OMHSAS for review and approval within 30 days of notification of selection, as well as respond to any OMHSAS feedback within one week of receipt.

B. Skill and Experience Requirements

Provide an overview of your organization's experience serving the children and families in the identified region that would be eligible for SBBH Team services, including at minimum:

1. A description of your experience serving children, adolescents and their families in school, home and community settings
2. Your organization's experience providing behavioral health services in the school including detail of your experience and history with the particular school district(s) in which you are applying for team implementation
3. Your organization's experience collaborating with all child serving systems, including the educational system, specifying how you integrate care
4. Your organization's experience providing services outside of traditional business hours
5. Your organization's experience applying CASSP principles into day to day programming
6. How your organization operationalizes resiliency and recovery principles into day to day programming
7. How your organization address issues of cultural competency in serving diverse populations
8. Your organization's experience implementing new programs and tracking outcomes
9. Your organization's experience adhering to fidelity measures of a program model
10. A description of your organization's particular capabilities in delivering trauma informed care to youth and families.

C. Programmatic Requirements

1. Implementation of a family centered care approach
 - a. Provide supporting statements defining the methods by which the proposed team would provide family centered care. Include staff training, how families are engaged in services, how family centered treatment is operationalized in day to day practice and how communication with families will be accomplished.
2. Implementation of the SBBH Team program, serving approximately 20 children at a time, for a minimum of one year. Given the flexible nature of services, SBBH teams may be able to serve more than 20 youth with identified staffing.
 - a. Attach a verifying statement from your Executive Director of your organization's commitment to providing SBBH Team services for no less than the defined time period of one year.
 - b. Explain your clinical rationale for the staffing complement you select to serve a cohort of approximately 20 youth.

- c. Provide a statement confirming your commitment to serve a flexibly sized cohort of youth and families.
 - d. Identify how services will be delivered and how staff will be utilized during non-school time periods, including summer months.
- 3. Participation of SBBH Team staff in up to 10 days annually of Community Care sponsored training related to family therapy principles, trauma-informed care and positive behavioral support and intervention, some of which will occur prior to program implementation
 - a. Submit confirmation that your organization will adhere to training requirements to ensure fidelity to the SBBH Team model.
- 4. Utilization of outcomes measures as identified by Community Care
 - a. State your commitment to utilize Community Care's Child Outcomes Survey (COS) which is to be completed on a monthly basis and at completion of services and the Strengths and Difficulties Questionnaire (SDQ) completed by families and teachers, at admission, quarterly and at completion of services and to report in a timely manner each youth's progress.
 - b. Identify who will be responsible for completing the measures and how the information will be utilized for clinical decision making, monitoring and measuring youth and family progress.
 - c. State your commitment to utilization of the web-based application of the COS which requires availability of a laptop and internet access for each Mental Health Professional on the team.
- 5. Implementation of SBBH team that is based in a school setting but also provides services in the community and home settings during evenings and weekends
 - a. Submit sample staff schedules that verify the availability of staff to work rotating schedules that includes evening and weekend hours in the home and community settings, as indicated. Include description of how services will be integrated and coordinated.
- 6. Availability of clinical staff by phone to provide support, crisis intervention and triage services as needed for children and families receiving the service
 - a. Attach your policy and procedure for telephonic access to clinical staff including, but not limited to, incidents of child/family crisis.
 - b. Provide examples of how the team will respond to crises.
- 7. Describe how clinical consultation and in-service training for school staff will be incorporated into the program

D. Description of Direct Service via response to Case Scenarios – Attached are three clinical vignette scenarios. Please respond to the questions.

E. Quality Requirements

- 1. Submit current Quality Improvement Plans. Include a statement as to how your organization will modify its current Quality Improvement Plan (QIP) to reflect this new SBBH Team Service.
- 2. Submit a statement identifying how you will ensure families have access to a comprehensive assessment, within 48 hours of referral, to determine the need for the SBBH Team service.

Commit to submission of monthly performance indicator data measures by the 21st of the following month.

F. Infrastructure Requirements

1. Provide a detailed summary of the organizational/departmental infrastructure that gives you the capability to implement a SBBH Team Service
2. Submission of a budget related to the delivery of SBBH Team services as outlined in our Request for Qualification, the SBBH Team service program description and your response. The following budget areas are to be reported:
 - a. Salary and benefits of those individuals listed as team members as defined in Section 12
 - b. Direct costs related to the delivery of team services. Examples include communication and transportation costs
 - c. Indirect costs, inclusive of administrative overhead and clinical oversight, you will assign to the SBBH Team as defined in Sections 8 and 13
 - d. Estimated costs associated with family support services as typically considered for Family-Based Mental Health Services
3. Commit to an alternative payment arrangement at a rate determined from analysis of submitted costs

MISCELLANEOUS BIDDER INFORMATION:

Requirements:

1. Responses to this RFQ must be according to the format, content and sequence as outlined. An authorized representative of the lead agency must sign proposals. Any proposal may be rejected if it is conditional, incomplete, or deviates from guidelines set forth in this RFQ. However, Community Care reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with approval. Community Care reserves the right to negotiate any part of the proposal.
2. This RFQ does not commit Community Care to award funding. Community Care reserves the right to cancel this RFQ in whole or in part.
3. Community Care reserves the right to seek additional proposals beyond the final submission date, if, in its sole discretion, the proposals received do not substantially meet the guidelines or the intent of this RFQ.

PROPOSAL SCORING

1. Each member of the proposal evaluation committee will individually evaluate and assign ratings. For each section, the mid-value will be awarded for proposals meeting the criteria. For those exceeding it, additional points will be awarded. If the criteria are not fully met, 0 points will be awarded for that section.
2. The evaluators' scores will be averaged for a single score for each proposal.

INTERVIEWS:

1. Interviews will be scheduled at the discretion of the Review Committee and Community Care.
2. Written questions will be provided to respondents prior to the interview.