



Request for Information
for
Psychiatric Residential Treatment Facilities

issued by

Community Behavioral Health

Date of Issue:

December 28, 2020

Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on January 11, 2021

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER;
MINORITY, WOMEN, AND DISABLED ORGANIZATIONS
ARE ENCOURAGED TO RESPOND

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1. Project Overview

1.1 Introduction; Statement of Purpose

Community Behavioral Health (CBH), in support of youth with complex, higher-risk needs, is seeking information on how licensed Psychiatric Residential Treatment Facilities (PRTF) providers could increase local capacity for this population. CBH recognizes the need for youth to have access to safe, in-state facilities to meet treatment needs, while integrating family members and member voice throughout care.

Through the Request for Information (RFI) process, CBH is soliciting responses to gather information to address the reduced PRTF capacity in Philadelphia, which does not meet the current need of our members. Interested parties should respond, following the instructions below, by January 11, 2021.

1.2. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the [Department of Behavioral Health and Intellectual disAbility Services](#) (DBHIDS), contracts with CBH to administer the HealthChoices program.

DBHIDS has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers, and communities and has become a national model for delivering behavioral health care services in the public sector. The Department envisions a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and community so that all Philadelphians can thrive. This is accomplished using a population health approach with an emphasis on recovery and resilience-focused behavioral health services and on self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and/or substance use, individuals with intellectual disabilities, and families to ensure that they receive high quality services which are accessible, effective, and appropriate.

DBHIDS is comprised of seven divisions: Division of Behavioral Health, Division of Intellectual disAbility Services (IDS), Division of [Community Behavioral Health](#) (CBH), Division of the Chief Medical Officer, Division of Planning and Innovation, Behavioral Health and Justice Division (BHJD) and Division of Administration & Finance. CBH manages a full continuum of medically necessary and clinically appropriate behavioral healthcare services for the City's approximately 718,000 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Approximately 43% (n=312,000) of Philadelphia's Medical Assistance recipients are children under 21 years of age.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

DBHIDS has been embedding Philadelphia's System of Care core values and principles in the planning and delivery of children's behavioral health services. The core values of System of Care emphasize services and practices that are: community-based, family-driven, youth-guided, culturally and linguistically competent, and trauma-informed. The principles of System of Care include individualized and strengths-based planning with youth and families; evidence-informed or evidence-based approaches; least-restrictive settings and approaches; and a broad array of home and community-based services; and data-driven, continuous quality improvement.

1.3. Project Background

In 2017, CBH issued a [Request for Proposals for Psychiatric Residential Treatment Facilities](#) with an emphasis on the [Building Bridges Initiative](#) (BBI). BBI provides key principles and resources to improve youth and family functioning and reduce the time children and youth spend in out-of-home programs. The mission of BBI is to identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residential-based treatment and service providers, advocates and policymakers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes. CBH remains committed to providing PRTF care within the City limits so that adolescents can receive appropriate treatment in close proximity to their home, family, and community.

The average length of stay for Philadelphia youth in PRTFs in 2019 was 173 days. As our system experience has demonstrated, prolonged stays can reverse the course of any gains made while in care. As a result, CBH is seeking information on successful engagement strategies, updated staff needs, and specialty treatment opportunities to reduce extended treatment stays and promote acceptance for youth with unique treatment needs.

Throughout the second quarter of 2020, CBH collected data to illustrate percentages of youth accepted to PRTF and those refused PRTF admissions. During this time period, CBH observed a higher refusal rate of youth for PRTFs than for other Levels of Care (LOC). The notable refusal reasons included elopement risk, assault risk, self-harming behaviors, disruptive behavior risk, and youth with intellectual disabilities. The questions included in this RFI will target treatment and operational needs of nearby facilities servicing youth with complex, challenging, high-risk needs.

2. RFI Objectives

- This RFI is for information gathering purposes only and is not intended to result in a contract with any respondent. CBH is seeking community insight and information prior to considering the development of a Request for Qualifications (RFQ).
- While the goal of the RFI is to inform potential service development, this RFI does not commit CBH to publish an RFQ, RFP, or award a contract. The issuance of an RFQ or RFP as a result of information gathering from these responses is solely at the discretion of CBH.
- Responses to this RFI will in no way impact any future proposal submitted to RFQs or RFPs regarding this service. Those wishing to respond to any potential future proposals are not required to have first responded to this RFI.

3. RFI Questions

Applicants are asked to provide clear and concise responses to the following points. Appendix B offers a preferred format for submissions:

1. Applicant agency: What type of service does the Applicant provide, including LOCs (i.e. Mental Health Outpatient and Intensive Behavioral Health Services)?
 - a. Identify the name of the agency
 - b. Indicate the type of service offered by the agency
 - c. Indicate the level of care offered by the agency
2. Specialty treatments

- a. Does your agency have the capacity to provide specialty units, which allows you to accept specialty treatment needs (i.e. youth with intellectual disabilities, youth with Autism Spectrum disorder diagnoses)? If so, please discuss specialty needs and units.
 - b. Is your agency able to accept youth under the age of 14? If not, please discuss the barriers and potential resources needed to accept youth of a younger age.
 - c. Are there further populations (i.e. age, gender, diagnoses) your agency is unable to accept? Please describe and include possible changes needed to increase the ability of accepting these youth.
 - d. Describe strategies tried and potential resources needed to accept youth who are reported to demonstrate behaviors associated with the primary reasons youth are denied admissions to PRTFs (i.e. risk of elopement, history of assault or aggressive behaviors, history of self-harm, Pica behaviors, sex offending risk).
3. Family, education and other social determinants of health
 - a. Describe efforts to support youth in the least restrictive educational setting. Additionally, please describe the barriers to supporting youth in least restrictive educational settings.
 - b. Describe work with system partners when transitioning youth to alternative LOCs.
 - c. What are effective strategies your agency implements to engage and involve families?
 - d. Describe identified barriers to engaging families.
 - e. Please describe how social determinants of health are addressed during treatment and how this influences/impacts treatment.
4. Clinical components
 - a. What programs are available within your organization's continuum of care that would be available to PRTF clients during their PRTF treatment or post-discharge?
 - b. Describe effective strategies to implement and sustain Evidence Based Practices (EBPs).
 - i. Have you encountered barriers to train and/or implement EBPs? If so, please explain.
5. Operational components
 - a. Please describe strategies utilized to retain staff members. How do you prevent rapid turnover of staff?
 - b. How do you address diversity, equity, and inclusion for your staff, youth, and family members?
 - c. What is the average length of time from a youth's acceptance until the date of admission? Please include factors that may create delays for a timely admission.
 - d. Please describe your agency's capacity to establish PRTFs in the community that could support eight to 10 youths at a time.

- e. Does your agency currently have properly zoned space available for a PRTF in Philadelphia or the surrounding counties?
 - f. Please itemize barriers to opening a PRTF in Philadelphia.
 - g. How conducive is the regulatory environment for opening and operating a PRTF in Philadelphia?
 - h. What other opportunities does your agency offer youth (i.e. mentorship, educational programs)?
6. Comments: Please feel free to also include any pertinent information that may assist CBH in creating a plan to best support this LOC.

Submission Information

Deadline to submit responses is January 11, 2021 at 2:00 PM. Please email completed applications to Abigail.Concino@phila.gov and carbon copy Amal.El-Nageh@phila.gov.

In your submission, please include:

1. The transmittal cover letter (Attachment A) which includes the provider/agency name, the point of contact name and title, a telephone number, and email address.
2. Answers to RFI, which can include a response for all or some of the questions asked in the RFI. Applicants do not have to respond to every question. Preferred submission format is included below as Attachment B.

Following the Submission

CBH will review all submissions and determine next steps based on information submitted. CBH plans to share relevant insights publicly.

ATTACHMENT A: RFI RESPONSE COVER SHEET

**COMMUNITY BEHAVIORAL HEALTH
Psychiatric Residential Treatment Facilities RFI 2020
Attn: Abigail Concino**

CORPORATE NAME OF APPLICANT ORGANIZATION

CORPORATE ADDRESS

CITY _____ STATE _____ ZIP

PROGRAM SITE LOCATION

CITY _____ STATE _____ ZIP

MAIN CONTACT PERSON

TITLE _____ TELEPHONE #

E-MAIL ADDRESS _____ FAX #

SIGNATURE OF OFFICIAL AUTHORIZED

TITLE

TO BIND APPLICANT TO A PROVIDER AGREEMENT

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

ATTACHMENT B: PREFERRED RFI FORMAT

COMMUNITY BEHAVIORAL HEALTH Psychiatric Residential Treatment Facilities RFI December 2020

1. Applicant
 - a. Name of agency
 - b. Type of service
 - c. Level of care
2. Specialty Treatments
 - a. Capacity to provide specialty units and specialty treatments
 - b. Capacity to accept youth under the age of 14
 - c. Ability to accept other populations
 - d. Ability to accept youth that were historically denied admissions
3. Family, education, social determinants of health
 - a. Educational supports
 - b. Systems work during transitions
 - c. Family engagement strategies
 - d. Family engagement barriers
 - e. Social determinants of health and treatment
4. Clinical components
 - a. Continuum of care and discharge planning
 - b. Evidence Based Practices
 - i. EBP training strategies
5. Operational components
 - a. Staff retention
 - b. Diversity, equity and inclusion
 - c. Acceptance to admission delay
 - d. Capacity for smaller facilities
 - e. Zoned space for community facilities
 - f. Barriers to opening facilities in Philadelphia, PA
 - g. Regulatory environment
 - h. Opportunities
6. Comments