



Request for Information
for the
Community Autism Peer Specialist

issued by

Community Behavioral Health

Date of Issue:

Wednesday, August 25, 2021

Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on Monday, September
13, 2021

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

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Project Overview, Statement of Purpose

The CAPS program is a community-based, peer support behavioral health service, focused on person-centered, participant-directed supports to persons on the autism spectrum. CAPS with lived autism spectrum disorder (ASD) experience will utilize the Pennsylvania Autism Peer Support Program (PAPSP) Curriculum -Adult¹ and PAPSP Curriculum -Youth and Young Adult² to tailor services according to the needs of the individual (both verbally and non-verbally), addressing a multitude of areas likely to arise when defining and working toward one's personal wellness and community participation goals.

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 [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. DBHIDS 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, and Quality. CBH manages a full continuum of medically necessary and clinically appropriate behavioral healthcare services for the City's approximately 735,000 Medical Assistance recipients under Pennsylvania's HealthChoices Behavioral Health Mandatory Managed Care Program. Approximately 59% (n=436,225) of Philadelphia's Medical Assistance recipients are adults over 18 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.

¹ Valerie Paradiz, *Pennsylvania Autism Peer Support Program Curriculum -Adult*. (2018)

² Valerie Paradiz. *Pennsylvania Autism Peer Support Program Curriculum -Youth and Young Adult*. (2018)

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.

Project Background

The CAPS program targets individuals experiencing a gap in service delivery due to previous ineligibility to receive current Certified Peer Specialist (CPS) services through Medicaid funding. The intent of the program is to help persons on the autism spectrum autonomously improve their personal wellness and enhance community integration.

Individuals who are 18 years of age or older with ASD will be eligible to become a CAPS. They will use their lived ASD experiences, and skills learned from a 75-hour training course adapted to meet the specific needs of trainees with ASD, to provide peer support to individuals on the spectrum. The training course was developed in partnership with the Policy and Analytics Center, based at the A.J. Drexel Autism Institute, and experts in peer support with representation from both behavioral health and ASD. The CAPS training course was designed to align with existing state approved Certified Peer Specialist Course in Mental Health. Specifically, the training course addresses how to support youth, young adults, and adults with ASD by enhancing their life satisfaction, self-knowledge and self-advocacy skills, increasing community participation, and helping them move toward personal wellness. CAPS will create an individual support plan (ISP) to document these identified areas. Activities relevant to the topics chosen by the participant may address skill-building for employment and/or postsecondary education, leadership as young adults, living independently, caring for their own health/service needs, navigating interpersonal relationships, navigating public transportation, engaging in the community through recreational or leisure activities, and various other areas of growth. These activities will be documented with progress notes depicting the activity and relevance toward the ISP goals.

Applicant and Project Requirements

Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined below. Please follow the "Proposal Format" as outlined in Attachment B. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City of Philadelphia and CBH (as applicable). To be eligible for submission in this RFI, applicants must either be currently enrolled or willing to enroll in Pennsylvania Medicaid programs.

Terms of RFI

- 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 Proposals (RFP).
- While the goal of the RFI is to inform potential service development, this RFI does not commit CBH to publish a Request for Qualifications (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.

Proposal Content

- 1. Applicant agency:** What type of service does the Applicant provide, including levels of care (i.e. Mental Health Outpatient)
 - a. Identify the name of the agency
 - b. Indicate the type(s) of service offered by the agency
 - c. Indicate the level(s) of care offered by the agency
 - d. Does your agency have current programs for 14 to 17 yr. olds with ASD?
 - e. Does your agency have current programs for 18 and older with ASD?
 - f. What zip code(s) does your agency currently serve?
- 2. Organizational background:**
 - a. Number of years in operation
 - b. Primary mission and philosophy
 - c. Other relevant information about the organization related to services that are pertinent to this RFI
- 3. Operational Components:**
 - a. Describe your organization's ability to staff the CAPS program. Include any strategies to hire and retain adequate staffing.
 - b. Discuss how your organization will ensure staff are diverse and culturally competent.
 - c. Describe your organization's marketing techniques to ensure census remains high within the CAPS program. How would your organization address times of low census?
 - d. Describe how your organization ensures accessibility for members. Discuss how your organization's hours of operation cater to a variety of work, school and treatment schedules of your members.
 - e. Describe any barriers your organization would anticipate with onboarding a CAPS program. Discuss how your organization would address these barriers.

- f. Do you have existing ASD programs? If so, please describe these programs. How would the CAPS program fit into your current continuum of services?

4. Clinical Components:

- a. Describe how your organization will ensure timely intakes for the CAPS program; include any barriers to this and how barriers will be addressed.
- b. Describe the continuum of services your organization offers. Also describe established linkages with community partners and how these linkages enhance your services. Describe any referral sources and referral protocols you have in place.
- c. Describe what care coordination entails with your current programs. If care coordination is not provided, describe how this component can be added for the CAPS program.
- d. Describe how your organization meets the needs of youth and/or adults with ASD.
- e. Describe the level of support your organization would provide to the CAPS delivering the service, including the type of supervision they would receive.

5. Environmental Factors:

- a. Discuss how your organization would gain community support from the neighborhood in which the CAPS program would exist.
- b. What environmental supports do you currently offer for youth and/or adults with ASD (i.e., *Visual* - color of walls/blinds, lighting, labeling, etc., *Auditory* - noise blockers, earphones, etc., *Space* - small group setting, large waiting area, etc.)?
- c. Are your current staff trained to work with youth and/or adults with ASD? What type(s) of training do they receive and how often are trainings offered?

6. Budgeting Factors:

- a. What resources would your agency need to support the onboarding of a CAPS program?
- b. Describe resources needed to implement a CAPS program (i.e. transportation needs, technological needs, personal protective equipment, office space, etc...).
- c. Discuss strategies to manage and monitor the integrated clinical, operational, and financial data of these services.

Submission Information

Deadline to submit responses is Monday, September 13, 2021 at 2:00 p.m. Please email completed applications to Farrah Sloan, Farrah.sloan@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
Community Autism Peer Specialist
Attn: Farrah Sloan, Farrah.Sloan@phila.gov

CORPORATE NAME OF APPLICANT ORGANIZATION

CORPORATE ADDRESS

CITY, STATE, ZIP

MAIN CONTACT PERSON

TITLE/TELEPHONE #

E-MAIL ADDRESS

SIGNATURE OF OFFICIAL AUTHORIZED

TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

ATTACHMENT B: PREFERRED RFI FORMAT

COMMUNITY BEHAVIORAL HEALTH

Community Autism Support Specialist