

**BEACON HEALTH OPTIONS OF PENNSYLVANIA
(BEACON-PA)
IN PARTNERSHIP WITH
SOUTHWEST BEHAVIORAL HEALTH MANAGEMENT (SBHM) AND
WESTMORELAND COUNTY BH/DS OFFICE**

REQUEST FOR PROPOSAL (RFP)

FOR

YOUTH AND YOUNG ADULT MENTAL HEALTH PEER SUPPORT SERVICES

INSTRUCTIONS FOR SUBMISSION:

All completed RFPs must be submitted through the following means.

Electronic Delivery
Email a PDF copy of the signed RFP to: RFP-RFI4BeaconPA@beaconhealthoptions.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 Standing RFP.
Responses will be reviewed monthly.**

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

Beacon Health Options (Beacon-PA) maintains a comprehensive network of mental health peer support service providers for HealthChoices recipients living in Westmoreland County. This extensive network provides a diversity of location, choice and specialization for HealthChoices members in these counties.

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 14 and 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.

Beacon-PA in partnership with Southwest Behavioral Health Management (SBHM) and Westmoreland County BH/DS office (hereafter referred to as ‘These 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).

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, Intensive Behavioral Health Services (IBHS) 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.

IMPORTANT

The awarded provider must agree to provide this serve throughout the entire geographic county.

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 currently credentialed, or willing to become credentialed with Beacon Health Options of PA to provide mental health 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”;
- These Partners have the right to reject any and all proposals at any time during the process;
- These Partners reserve the right to reject any applicant that does not sufficiently document that they meet the minimum qualifications to respond to this RFP;

- These 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

These 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, These Partners reserve the right to reject the proposals and to issue a new RFP. They also reserve the right to reject a proposal at any time during the process. The proposal and all the materials submitted with the proposal, will become the property of Beacon-PA upon submission.

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 Beacon-PA.
- 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 Beacon-PA constitutes express acceptance by the provider to be bound by all the terms, conditions, and provision 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 Beacon-PA 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:

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

UPON AWARD

- The provider can expect to be reimbursed at the standard Beacon-PA rates for mental health Peer Support Services;
- Because this is a county-wide service, the provider will be expected to provide these mobile services to any HealthChoices member living within Westmoreland County.

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 have completed the two-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).

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 the RFPs may be submitted in writing via email to

Kimberly.tzoulis@beaconhealthoptions.com

All questions and answers will be posted on the Beacon-PA website at the beginning of each month. Continue to check the website daily at:

<https://pa.beaconhealthoptions.com/providers/requests-for-informationproposals/#proposals>

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 each question as completely as possible.
3. Respond to the questions in the sequence that they appear in the RFP.
4. There is no page limit to responses.
5. All pages must be sequentially numbered.
6. All responses must be typed using 12 pt. font.
7. Additional supporting or requested documentation should be attached as Appendices.

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 35 pts)

1. 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. (15 pts)
2. 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)
3. 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)

4. 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)
5. 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 your agency does not currently provide this service, please describe the program you would develop to meet the needs of this population. (20 pts)
6. 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)
7. 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)
8. 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)

9. 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

REQUIRED ATTACHMENTS

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

10. 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)**

Total points without bonus points = 115

END OF RFP