

"This is only the scope of work for the project. For more information, interested parties should contact Procurement at [purchasing@stp.gov.org](mailto:purchasing@stp.gov) to ensure receipt of a full bid package, to be listed as a plan holder and to ensure any addenda to the bid package are received."

Scope of Work/Services

Through this Request for Proposals (RFP), Parish and stakeholders seek to obtain proposals from eligible, qualified and experienced Proposers who are interested in providing professional services for the implementation and operation of Safe Haven. The RFP response should incorporate and build upon the input and work done to date by Parish, the Planning Team and other stakeholders as related to the Safe Haven Model. The following elements have been established to serve as a guide for the Safe Haven Model, and Proposer may suggest additions or modifications to these components in its RFP response as justified, and provide rationale for said adjustments. It is the expectation that the prevention, diagnosis and treatment of behavioral health-related issues will be a foundational guiding principle throughout the response to the RFP, and will be threaded through any data and supporting analysis providing by Proposer therein. Submittal of a proposal to the Parish does not create any right or expectation to a contract with the Parish as related to the foregoing project.

- I. **Obligations of Contracted Provider:** Proposer should develop a high-level model for the effective implementation and operation of Safe Haven and its envisioned mission and objectives. Proposer's response should include both short and long-term action steps and clearly assign responsibility for each item. Proposer shall be responsible for a phased implementation of services at Safe Haven, utilizing current available resources for the execution of the most pressing behavioral health needs in the region. The RFP response should include, but not be limited to, the following components:
 - a. Implementation and operation plan(s) for Safe Haven, including prioritized listing of planned recommendations, services to be provided, phased timeline for implementation, budgeting and costs for each component, detailed listing of possible funding sources, potential partners, and presentations of final plan to Parish, partners, advisory board and stakeholders. Proposer, or authorized designees, shall be responsible for the implementation of desired care environments, metrics and outcomes.
 - b. In its RFP response, and consistent with its proposed model for the implementation and operation of Safe Haven, Proposer shall develop and represent a detailed financial model for the funding of the implementation and operations of Safe Haven as set forth in this RFP. Said financial model may explore the feasibility of available value-based, quality-driven reimbursement mechanisms for Safe Haven operations. The proposal may also describe patient billing allowable under Federal, State and local law for co-payments, deductibles, non-covered services

and related allowable charges as most beneficial for the Safe Haven Model, and discuss the outsourcing of services as relating to the proposed continuum of care when efficient to do so.

- c. In its RFP response, Proposer shall identify all assumptions and data on which its plan(s) are grounded, as well as any challenges posed by pending or enacted Federal, state and/or local laws and regulations as relating to its proposed plans for implementation and operation of Safe Haven.

II. **Proposed Deliverables**

The final deliverables in a proposal shall include, but are not limited to, a comprehensive plan and coordinated strategy for the phased implementation and operations of Safe Haven and its full continuum of care in St. Tammany Parish, and the funding thereof, pursuant to the guidelines and background set forth in this RFP.

A. **Minimum Services to be Provided:** A total of 13,000 square feet in Wing A (as referenced on page 28 of the Master Plan) will be renovated (funded by the Parish) to house the following services. The descriptions are meant to be guides for the model of services which will be provided. Proposers are encouraged to be creative and innovative with its suggested model of services, and to further account for all pertinent market dynamics:

- a. **Administrative** – Facility Administration and Oversight, Quality Improvement and Compliance, Medical Records, Billing and Fiscal, Medical Staff Services, Payroll, Legal, Risk Management, Housekeeping, Security, Food Service.
 - i. Ensure that payment to all staff and physicians participating in services offered at Safe Haven, either through referrals or direct service providers, is properly distributed.
 - ii. Certify proper credentialing and appropriate staffing patterns of physicians, staff and agents at Safe Haven based on revenue and volume projections.
- b. **Triage / Assessment** – 2-4 Triage Rooms, Check-in Desk, Security, Waiting, Staff Workstations, Case Management; First stop for many Safe Haven Clients; 24/7 Medical Clearance and Initial Behavioral Health evaluation (LCSW) to determine appropriate Safe Haven service (2,000-2,500 DGSF).
- c. **Psych Obs / Respite Center** – 6-8 beds (combination of private and semi-private), Offices, Support; Medically monitored, Observation unit, Access to psychiatric evaluation 24/7 supported by telehealth, Patients have access to prescriber, 48-72 hr length of stay, Can be walk in or referred by triage (3,000-3,500 DGSF).

- d. **Centralized Crisis and Case Management Office**– To enhance collaboration between entities, Crisis hotline representatives, Assertive community treatment, Law enforcement mobile deputy unit, Follow patients from one point to another in the continuum and maintain and report data and statistics.
 - i. Include the best methods to conduct Crisis Intervention Team (CIT) training programs for all first responders, such as police force, EMTs, emergency room personnel, and 911 operators, and to promote programs for crisis intervention professionals to integrate with community first responders.
 - ii. Ensure compliance with potential court/legal oversight, emergency and commitment proceedings as related to Louisiana Civil Commitment laws (assisted outpatient treatment) found in Title 28 of the Louisiana Revised Statutes and/or related authorities.
- e. **Social Detox** – 3-6 beds (mattresses on the floor), Office, EMT Desk; 24/7 Voluntary Sobering Unit staffed by EMT, Peer Counselors, PA-C on-site but not medically monitored, < 12 hr. stay (500-800 DGSF).

B. Proposers should address the following when providing responses:

- i. What licenses, if any, would be obtained to render the services above?
- ii. How will outcomes be monitored/ tracked to ensure they are successful and that the goals of Safe Haven are achieved?
- iii. What performance standards and or best practices will be used for the services rendered?
- iv. Consider the possibility of utilizing remaining vacant square footage in wing A and wing E for additional services that the Proposer can offer, after renovations (funded by Proposer). For example, any alternative services such as primary care, complementary outpatient services, social services, education, training, etc. See also page 93 of Exhibit “A”.
- v. What software systems will be utilized to ensure seamless interface with other providers, hospitals and community partners?
- vi. What data collection methods are available to show successful outcomes and for use in applying for state and federal grants?
- vii. As the model of services are described include a funding model, and how it will be self-sustaining, with basic operating assumptions.

C. Optional Services Envisioned in Master Plan

- i. Medical Detox – Medically monitored day care center, 8-10 beds (combination of private and semi-private), offices, support, staffed by PA, APN, LVN, CAN (3,500 – 4,000 DGSF).
- ii. Common Areas Supporting Beds-Nursing Station, Day Room, Dining Room, Storage (1,500-2,000 DGSF).
- iii. Primary Care / Other OP Services, Social Services, Education / Training, 4-6 exam rooms, Therapy, Offices, Meeting / Conference Rooms etc. (8,000 –9,000 DGSF).

- iv. Attract other entities to open integrated primary care/behavioral health clinic(s) at Safe Haven.
- v. Federally Qualified Health Clinics.
- vi. Pysychiatry Medical Group.
- vii. Telemedicine, digital health applications, medical adherence, wrap around services, or other best practice models.
- viii. Outpatient Treatment (Large Clinic Operations).
- ix. Behavioral Health (medical management, OP therapy, SU Services).
- x. Primary Care (health screening, physical exams, triage services oversight).
- xi. Intensive and Acute Services (IOP/PHP, Acute Inpatient).
- xii. Healing Services
 - 1. Administrative (Office Management Support, contracts, grant writing).
 - 2. Judicial System Support (Case Management for Probation Officers, Drug Screening).
 - 3. Social Services (Counseling, LA ACFE, Medicaid enrollment, housing assistance, food bank, veterans services, employment connections).
 - 4. Education and Training.
- xiii. Housing and Related Services
 - 1. Group Housing.
 - 2. Independent Living.

III. Timeline

A Timeline for implementing services at Safe Haven must be submitted with the proposal. As related to the foregoing, Parish anticipates that Safe Haven can be open and fully operational for the providing of services at the beginning of the third quarter of 2018.