

ANNOUNCEMENT OF FUNDING AVAILABILITY

Start up for Forensic Homes to serve Individuals with
Intellectual/Developmental Disabilities (I/DD)

Proposal Guidance/ Instructions

Announcement of Funding Availability: (AFA)-01-2012-DD

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance

Contact

Steve Brady
at
304-356-4775
or
stephen.a.brady@wv.gov

Date of Release: February 1, 2012

Application Deadline: March 9, 2012 @ 5:00 PM

The following is a guide for submitting a proposal to the Bureau for Behavioral Health and Health Facilities which includes general contact information, program information, administrative and fiscal requirements. Please send electronically by email to: DHHR.BHHF.Grants@wv.gov.
*Note: In the subject line reflect the (AFA) Number (i.e., AFA-02-2012-DD). Notification that the proposal was received will follow. Paper copies of proposals will not be accepted. It is the sole responsibility of the applicant organization to ensure that the proposal is complete and submitted in accordance with the guidance provided in this document.

be residents at the forensic group home. The goal is to support the individuals who are approved by the court system to be transitioned out of the inpatient forensic facilities. It should be noted this/these facilities are not to be considered transitional living facilities, but are for long term placement, possibly until the end of jurisdiction.

“A “forensic patient” is defined as any defendant adjudicated in a criminal proceeding found to be incompetent to stand trial (non-restorable) or not guilty by reason of mental illness, and/or mental retardation”. The association between intellectual disability and forensics is highly complex. It is not uncommon for forensic patients with intellectual disabilities to have a history of sexual offending behavior, fire setting behavior, and/or high levels of emotional and behavioral difficulties. The expectation is that the forensic group home(s) must be customized to address these highly complex challenging behaviors. Individuals may or may not have a history of sexual offending behaviors. This cannot be considered to be a factor on which acceptance to the Group Home is considered.

Section Two

This Announcement of Funding Availability serves to solicit external organizations for support for proposals for forensic group home(s) to serve nine individuals with intellectual/developmental disabilities. The group home(s) must have the capacity to provide 24 hours of care, supervision, and training to forensic patients with developmental disabilities, including those with sexual offending behaviors. In addition, the group home will provide and/or arrange for behavioral health treatment. The DHHR Bureau of Behavioral Health and Health Facilities will consider proposals which are tailored to respond to individual treatment needs within the group home setting while ensuring program integrity and effective risk management.

Section Three

Needs Determination:

There are currently (as of December 2011) 86 forensic patients at William R. Sharpe, Jr., Hospital, 28 forensic patients at Mildred-Bateman Hospital and 10 forensic patients at Riverpark Hospital. BHHF believes that a number of these patients could be successfully transitioned to a lesser restrictive environment; more integrated settings in the community provided that they are given the appropriate level of supervision and support.

Eligibility Criteria for the program are adults who:

1. Are classified as “forensic” patients at Sharpe, Bateman Hospitals or other BHHF designated inpatient facility.
2. Have a diagnosis of intellectual/developmentally disability, regardless of waiver eligibility.

3. Have an inpatient treatment team which has determined that he/she is clinically stable and no longer requires a hospital level of care.
4. Have a treatment team which has determined that he/she requires twenty-four hour supervised care and is appropriate for placement in a community-based group home setting.
5. Are jointly selected by the group home provider and the patient's treatment team, including the patient's physician; Forensic Services Review Board; BHHF Statewide Forensic Coordinator, or designee; and Behavior Specialist from WV Center for Excellent in Disabilities.
6. Have a treatment plan approved for the transition by the applicable court.

Resident Selection Process:

Individuals who meet the above stated eligibility criteria will be selected jointly by the person's hospital treatment team, BHHF Statewide Forensic Coordinator or designee, identified staff of the applicable forensic group home provider, and Behavior Specialist from WV Center for Excellent in Disabilities. Approval is required from the Forensic Services Review Board (FSRB) and the court which has continuing jurisdiction over the forensic patient is required for placement. A community placement and treatment plan will be developed by the hospital treatment team, forensic group home staff, and behavioral specialist from WV Center for Excellent in Disabilities and Statewide Forensic Coordinator or designee. An independent forensic evaluator will complete a dangerousness risk assessment and provide an opinion on the proposed conditional release. Members of the Forensic Services Review Board have the responsibility to review all documents and make final determination if the patient, as well as the community, will be safe as outlined in the community placement and treatment plan. The court of record will then be approached to provide a court order for conditional release from an acute care facility into the group home following the community placement and treatment plan.

Program Principles:

The goal of this project is to help individuals with a developmental disability to maximize their independence in a structured, safe, and secure community-based setting within the confines of a court approved conditional release plan. The program's philosophy must reflect both public safety and person-centered evidence based approaches, with an emphasis on maximizing independence and, when possible and appropriate, helping these individuals re-integrate into natural community supports. It is recognized that for some residents, the forensic group home placement may be of extended duration.

Approach to Services:

1. The organization will ensure that there is adequate staff trained to meet the needs of all residents. This section must include a description of how staff will be trained and prepared to address sexual offending, fire-setting, and aggressive behaviors. All forensic group home staff must be cross-trained and oriented to working with people with intellectual/developmental disabilities and co-occurring serious mental illness, and/or substance abuse prior to

beginning work at the group home. All forensic group home staff will be trained and have documentation of training initially and annually as mandated by OHFLAC including:

- Training on treatment policies and procedures, including confidentiality training (HIPPA).
- Training on Consumer Rights.
- Training on Emergency Procedures, such as crisis intervention and restraints.
- Training in Emergency Care to include Crisis Plans and Emergency Disaster Plans.
- Training in Infectious Disease Control
- Documented training on First Aid by a certified trainer from American Heart Association or American Red Cross to include always having current First Aid certification upon hire and indicated per expiration date on the card.
- Documented training on Cardiopulmonary Resuscitation (CPR) by a certified trainer from American Heart Association or American Red Cross to include always having current CPR certification upon hire and indicated per expiration date on the card. This training including refresher training must include manual demonstration and be specific to the ages of the residents.
- Training on resident specific needs to include special needs, judicial, health and behavioral health needs.
- Training on recognition of documentation of and reporting of suspected abuse/neglect and exploitation, including injuries of unknown origin.

2. All group home staff will have a State level criminal investigation background (CIB) check which includes fingerprints. This check must be conducted initially and again every three years. If the current or prospected employee has lived out of state within the last 5 years, the agency must conduct an additional federal background check utilizing fingerprints through the National Crime Information Database (NCID) also upon hire. Providers may do an on-line preliminary check and use these results for a period of three months while waiting for state and/or federal fingerprint results to be received. Providers may only use on-line companies to complete these checks that meet OHFLAC standards. An individual who is employed to provide services cannot be considered to provide services if ever convicted of:

- Abduction
- Any violent felony crime, including but not limited to rape, sexual assault, homicide, or felonious battery
- Child/Adult abuse or neglect
- Crimes which involve exploitation including financial exploitation, of a child or an incapacitated adult
- Any type of felony battery
- Felony arson

- Felony or misdemeanor crime against a child or incapacitated adult which causes harm
 - Felony drug related offenses within the last 10 years
 - Felony DUI within the last 10 years
 - Hate crimes
 - Kidnapping
 - Murder/homicide
 - Neglect or abuse by caregiver
 - Pornography crimes involving children or incapacitated adults, including but not limited to, use of minors in filming sexual explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, legal representative or custodian, depicting a child engaged in sexually explicit conduct.
 - Purchase or sale of a child
 - Sexual offenses including but not limited to incest, sexual abuse or indecent exposure
 - Healthcare fraud
 - Felony forgery
3. All group home staff who dispense medication to consumers must be Approved Medication-Assistive Personnel (AMAP) certified and appropriately supervised by an AMAP certified Registered Nurse employed by the forensic group home provider. The trained staff will have evidence of a competency evaluation and approval by an AMAP certified nurse prior to administering medication.
 4. Supervision and monitoring at the group home must be supplemented by mental health and substance abuse services and/or treatment when identified as a need by the referring hospital treatment team, applicable court system and/or resident for at least one year or longer per referring treatment hospital. This is then to be reevaluated and be continued based on outpatient treatment team recommendations.
 5. Each resident must be assessed for his or her vocational capabilities on at least an annual basis. When indicated by the assessment, vocational training and supported employment opportunities will be incorporated into the person's Treatment Plan and referrals will be made to Division of Rehabilitation Services (DRS) when warranted.
 6. Residents with an intellectual/developmental disability who are identified as having co-occurring mental health and/or substance abuse, issues must be referred to support and treatment for both disorders, preferably in one integrated program.

7. Collaboration with forensic services, crisis intervention and stabilization should be fully utilized, and only as a last resort should the BHHF Statewide Forensic Coordinator contact the court requesting return of an individual back to the hospital. If a resident becomes unmanageable in the community-based setting, they may be returned to the hospital only as a last resort and generally only for a brief period of care that will allow them to stabilize and return to the group home setting.
8. Residents must be offered skill development training to better equip them for living more integrated lives in the community, as appropriate to each person's abilities and psychiatric stability. The housing staff should provide life skills training per assessment to include but not limited to, cooking, household chores, shopping, transportation, socialization, personal hygiene, problem solving, vocational, leisure, social activities, and money management. Residents living in the home are encouraged to share the responsibility for the daily upkeep of the home.
9. Residents must have a written daily schedule for each day of the week as a part of both their residential and day/vocational services according to the treatment plan. When approved by the applicable court, and when clinically appropriate, residents should be given access to community, cultural, recreational and spiritual activities.
10. Treatment Plan will be developed on an annual basis and reviewed by the treatment team on at least a quarterly basis.
11. The provider staff will be responsible for monitoring the presence of all group home residents. If a resident leaves the group home without prior approval, the provider staff will immediately respond by implementing a pre-designed protocol to relocate the resident which must be developed with input from the Statewide Forensic Coordinator, and the court.
12. The program director will be responsible for preparing annual, or as requested, updates to the court that will be signed by the medical director of said provider, and any other documentation requested by the court. The provider staff will collaborate with BHHF Forensic Services and shall provide documentation and updates as requested.
13. When a resident's end of jurisdiction is within six months, the provider will seek and obtain alternative placement based upon the client's needs and level of function, and the resident will be transferred at the time of that person's end of jurisdiction.
14. House rules need to balance the need to protect the public with ability of each resident to maximize his or her independence within the limits of his or her treatment plan and court-mandated restrictions of all residents living in the

home. These rules should address such issues as resident rights and responsibilities, smoking, visitors and community involvement, management of client finances, elopement and noncompliance with treatment and drug and alcohol screening.

15. The admission and discharge processes need to assure a seamless transition into and out of the program. This section must include a description of how the organization will ensure that residential services are NOT discontinued for any resident until a viable discharge plan that includes the provision of parallel services is in effect.
16. Clinical supervision and training will be ongoing with residential staff, on at least a monthly basis.
17. There must be a backup/emergency staffing plan to ensure that there is adequately trained staff on duty at all times to care for the needs of the residents.
18. When a resident receives medical treatment and/or admitted to community hospital, group home staff will provide 1:1 staff 24 hours a day.

Minimum Staff Requirements:

The group home shall provide supervision twenty-four (24) hours a day, seven days a week. This service will be directed to forensic clients being discharged from inpatient hospitals, who without twenty-four (24) hour care, would decompensate and increase their likelihood of hospitalization.

Proposals should provide a description of the minimum staffing to be provided by the program, which should include a full-time program director and/or a master's level clinical coordinator, nursing services, a case manager (1/2 time) and direct service staff. With the exception of the program director and direct service positions, staff does not have to be full-time, dedicated positions.

The ratio of staff to resident must be commensurate with the number and needs of individuals living in the facility; however, the minimum ratio is the staffing of current forensic group homes as follows: **9 Bed Facility:** Daytime, one RN and four health service workers (HSW); evening, LPN and three HSWs; overnight, one LPN and two HSWs. LPN is to provide direct care services. **3/4 Bed Facility:** Daytime, one RN and two HSWs; Evening, one LPN and two HSWs; overnight, one LPN and one HSW. Program Manager works days and is on call on evening and overnight. In addition to staff ratios, one (1) or more staff members must be available on-call twenty-four (24) hours a day seven days a week to provide direct care to any client within 30 minutes in crisis or in need of supervision.

Section Four

Allocation and Proposal Information:

Funding for Start Up Funds for Forensic Group Homes to serve individuals with Intellectual/Developmental Disabilities will be awarded based on accepted proposals and the demonstrated capacity of the proposal to provide highly complex services to individuals with intellectual/developmental disabilities. The total amount of funding available for Forensic Group Home Services is up to \$650,000.00 Room and board will be allocated from residents' income (if available) at the current rate of \$16.00 a day. All funding will be awarded in proportion to time remaining in the grant period (State Fiscal Year July 1, 2011 through June 30, 2012). In other words, a grant awarded 30 days into the current grants period will be funded at a rate of 11 months/12 months or 92% of the total amount budgeted.

All renewals are to be awarded on a State Fiscal Year basis for a period of 12 months each. Notifications of intent to continue funding for additional periods will be communicated with an ample amount of time to adjust staffing and business operations as appropriate.

Additional information concerning expectations of this Announcement of Funding Availability may be obtained by contacting Beth Morrison at 356-4976.

Submission Deadline: March 9, 2012 5:00 PM

Notification of tentative award to applicant:

The response to this Announcement of Funding Availability must be submitted electronically to DHHR.BHMF.Grants@wv.gov ***Note: In this subject line reflect the AFA Number (i.e., AFA-01-2012-DD) with all required documents. Due to the critical review timelines and State fiscal timelines, incomplete applications or applications received after March 9, 2012 @ 5:00pm will not be considered for funding.**

Notification of tentative award to applicant: March 20, 2012

Proposal Instructions

The proposal must be prepared using Microsoft Word, 12-point Arial or Times New Roman font, with one inch (1") margins top, bottom and right. The proposal must be single-spaced and include page numbers at the bottom of each page. All elements of Section Five must be addressed and must be no longer than 8 pages in length; the entire proposal should not exceed 12 pages including the required budget documents. When documenting collaborations or partnerships with other organizations who have committed to the proposal, that information may be listed on a single sheet as an attachment and will not count toward page limits set forth herein. Please list full partner information including agency name, address, phone, key contact person and email address.

Section Five (up to 45 points)

Proposal Narrative – Proposals must include the following:

- I. Description of applicant organization to include its mission, history, and evidence of capability to achieve proposed goals.

- II. A detailed description of staffing to include:
 - A. How the organization will provide adequate staff that are cross-trained and oriented to work with people with intellectual disabilities, serious mental illness and co-occurring addictions prior to beginning work at the group home. This must include a description of how staff will be trained and prepared to address sexual behaviors, fire setting, and aggressive behaviors, as well as the training required by OHFLAC.
 - B. How criminal background checks will be completed initially and ongoing.
 - C. A description of the Medication-Assistive Personnel (AMAP) for the group home that encompasses training and supervision of AMAP personnel.
 - D. Specifics of the minimum staffing to be provided by the program. Include any education/credentialing requirements and ratio of staff to clients.
 - E. How clinical supervision will be completed with residential staff.
 - F. Specifics of the backup emergency staffing plan to ensure that there is adequately trained staff on duty at all times to care for the needs of the residents.
 - G. How staff will be responsible for monitoring the presence of all group home residents. Address how a pre-designated protocol will be developed with input from the Statewide Forensic Coordinator, and court to relocate a resident who leaves without prior approval.

- III. A detailed description of the customized forensic group home(s) to include:

Specific written house rules that balance the need to protect the public with the ability of each consumer to maximize his or her independence within limits of his or her treatment plan and court-mandated restrictions. Address such issues as resident rights and responsibilities, smoking, visitors, community involvement, management of client finances, elopement, and noncompliance with treatment and drug and alcohol screening.

- IV. A detailed program description, including, but not limited to the following:
 - A. Description of both the proposed admission and discharge processes, with an emphasis on how the provider will assure a seamless transition into and out of the program. This section must include a description of how the organization will ensure that residential services are NOT discontinued for any resident until a viable discharge plan that includes the provision of parallel services are in effect.

- B. Specifics, if necessary, of admitting a resident to an inpatient facility. Include the organization's plan for returning a client back to the group home following an inpatient stay.
- C. How the organization will seek and obtain alternative placement based upon the client's needs and level of function, once a resident's end of jurisdiction draws close. Include the specifics of how the person will be transferred at the time of that person's end of jurisdiction.
- D. How staff secure residential therapeutic milieu will be provided for individuals with an intellectual/developmental disability who exhibit challenging behaviors and/or are sexually aggressive and/or have additional general psychiatric issues.
- E. How the organization will ensure that each client, as appropriate to each individual's abilities and psychiatric stability, has opportunities for living a more integrated life in the community, as appropriate to each person's abilities and psychiatric stability. Include the specifics of how individuals who have deficits with activities of daily living and/or instrumental activities of daily living will receive assistance and training.
- F. How, when approved by the applicable court, and when clinically appropriate, the resident's access to community, cultural, recreational, and spiritual activities will be incorporated into the written structured daily schedule for each day of the week.
- G. How supervision and monitoring at the group home will be supplemented with mental health and substance abuse services when identified as a need by the referring hospital treatment team, applicable court system and/or consumer.
- H. How individuals who are identified as having intellectual/developmental disability co-occurring mental health, and substance abuse disorders will be referred to support and treatment for all relevant disorder, preferably in one integrated program.
- I. How each resident will be assessed for his or her vocational capabilities. When indicated by the assessment, vocational training and supported employment opportunities will be incorporated into the Treatment Plan.
- J. How required documentation/reports will be submitted to the designated court system and BHHF Forensic Services.

Section Six (up to 35 points)

Expected Outcome/Products:

- I. Provide a plan to track and document the following performance measures:
 - A. Number of referrals received by referral source, funding source, with disposition (accepted or unable to accept with reason). Include a detailed reason if a bed is available and cannot accept.
 - B. Admission and Discharge date for each resident. For discharges, include details regarding placement and follow-up services.
 - C. Daily bed count with resident identifying information

- D. The type and nature of services provided to each individual
 - E. Number of residents with no involuntary psychiatric hospitalizations each quarter
 - F. Number and descriptions of incidents within the community per resident
 - G. Number and description of any restraints per resident.
- II. Provide a plan for submitting ongoing cumulative data to the Bureau for Behavioral Health & Health Facilities within 30 days of the end of the quarterly reporting period.

Section Seven (up to 20 points)

Budget/Budget Narrative:

- I. Provide a proposed 2012 Target Funding Budget (TFB) with details by line item. (Form on website listed below)
- II. Provide a budget narrative with specific details on how funds are to be expended. (Form on website listed below)
- III. Provide a description of any potential for other funds or in kind support. Provide in narrative format.
- IV. Clearly define startup costs and/or expenses associated with project.

Forms can be located at the following website:

<http://www.wvdhhr.org/bhhf/resources.asp>