

APPENDIX L

PROGRAM NARRATIVE

SKILLED NURSING FACILITY

FOR

ADULTS

(Ages 18 to 64)

ALL SERVICE AREAS

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM NARRATIVE FOR SKILLED NURSING FACILITY**

PROGRAM NARRATIVE OUTLINE

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 - II. Skilled Nursing Facility System Capacity
 - III. Clinical Services
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 - VII. Transportation Services
 - VIII. Educational and Vocational Supportive Services
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SECTION C – STAFFING PLAN

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- C.2 Multi-lingual, Culturally Sensitive Staff
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- D.1 Proposer’s Quality Assurance Plan
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SECTION E – ORGANIZATION’S FINANCIAL ANALYSIS

- E.1 Proposer’s Audited Financial Statement
- E.2 Proposed Budget Outline

Follow the above sections/subsection order when writing your Program Narrative. Failure to follow the sequence and order of sections/subsections in your Program Narrative may result in disqualification or a lower Program Narrative evaluation score.

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Proposers will only receive points for responses that are labeled, numbered, and placed in the appropriate section in accordance with the format of this Program Narrative. Points will not be awarded to responses that are not numbered, labeled, and are placed in the wrong sections/subsection.

SECTION A – PROPOSER’S QUALIFICATIONS

(Limit 3 pages, excluding charts and letters)

Proposer must demonstrate it has the experience and capability to perform the required services in this RFSQ for Skilled Nursing Facility. Proposer must provide a summary of relevant background information to demonstrate that it meets the mandatory minimum requirements stated in Part A, Section 1.0 and has the capability to perform the required services as a corporation or other entity.

A.1 AGENCY IDENTIFICATION

- I. Briefly summarize when, how and for what purpose your organization began, its mission, how it is organized, and the role of its governing body in providing leadership.

A.2 EXPERIENCE

- I. Describe the experience and the number of years the Proposer has had in providing the required or substantially similar services.
 - Explain how your reported experience is substantially similar to the service requested in the RFSQ.
 - Include your organization’s past and present experience (including dates) in providing medical and mental health services for persons being discharged from County Hospitals or higher levels of care to the Skilled Nursing Facility (SNF) setting.
- II. Describe what you propose to accomplish by delivering services as stated in the SNF Statement of Work.
- III. Provide an explanation of your three most important program successes as they relate to the proposed SNF. Include an explanation of how these relate to meeting the RFSQ Statement of Work’s outcomes requirements.

A.3 PARTICIPATION IN COMMUNITY COLLABORATIVES

Describe your organization’s past and present (including dates) participation in community collaborative where the required or substantially similar scope of services for SNF was provided (as outlined in the Statement of Work Appendix I of the RFSQ), during the past three (3) years, if any, your role in those collaborative and their accomplishments.

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A.4 PROPOSER’S PERFORMANCE HISTORY

Proposer must provide three (3) signed letters of reference from contractors or business arrangements where the required or substantially similar scope of services for Skilled Nursing Facility was provided within the last three (3) years. The letters must indicate categories of services, location, name of agency (including name and phone number of the agency’s contact person), or other criteria for providing appropriate references. The letters of reference must substantiate or validate Proposer’s ability to provide services specified in the RFSQ.

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SECTION B – PROGRAM DESIGN

(Limit 22 pages, excluding charts)

Proposer must describe the program design and methodology the Proposer will use to meet the contract work requirements. Describe in detail how the services will be performed to meet the intent of this RFSQ. DMH will evaluate the information provided for each Service Area, i.e., staffing plan, space availability, etc. separately. The program design must address the following subsections.

B.1 SERVICE AREA

Identify the Service Area(s) to be served and the site address(es) where services will be provided, if known (This item will not be scored).

B.2 POPULATION TO BE SERVED

Provide a list of the different racial/ethnic populations your program is currently serving

B.3 SERVICES PROVIDED AT SKILLED NURSING FACILITY

I. CULTURAL AND LINGUISTICALLY APPROPRIATE SERVICES

Proposers must demonstrate the ability to provide a full array of services (medical, mental health, and other supportive services) that are culturally and linguistically sensitive to the population that they serve. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe how services are delivered in a culturally and linguistically appropriate manner that is sensitive to the population that you serve.
- What training(s) does your program provide to your staff to enhance their success in engaging and treating clients from your proposed ethnic/racial groups? (Provide a sample outline of a training your Agency provided in the past)

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II. SNF SYSTEM CAPACITY

Proposers must demonstrate the ability to provide SNF services with supportive services that meet regulations with licensing standards. Proposers must demonstrate ability to maximize client flow by admitting and discharging clients efficiently as related to the client’s level of need. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- Describe the SNF program’s capacity to dedicate up to a maximum of 49% of the proposer’s licensed beds for the Special Treatment Patch (STP) service as well as a plan to keep these STP dedicated beds separate from the proposer’s non-STP beds.
- Describe your ability to maintain bed capacity by admitting new clients into your program, thereby maximizing client flow. Include the percentage of new admissions per month (number of admissions per month divided by your total bed capacity).
- Describe your ability to maintain bed capacity by discharging clients into your program, thereby maximizing client flow. Include the percentage of discharges per month (number of discharges per month divided by total bed capacity).

III. CLINICAL SERVICES

Proposers must demonstrate the ability to directly provide a full array of medical, mental health, case management, psychiatric services/medication support, and specialized programming that includes integrated services for individuals with co-occurring disorders (mental illness and substance abuse or other disorders). Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe the full array of medical, mental health, case management, psychiatric services that are provided directly or through linkage to other community-based organizations and providers ensuring required services and supports are available to clients and families. If services are provided through linkage to other organizations and providers, describe who provides services, under what conditions, and how services are delivered to clients in the program.
- List the treatment models utilized by your program that incorporates recovery principles to promote the client’s wellness.
- Describe any evidence-based or emerging effective practices used by your program that promotes recovery.

IV. SUPPORTIVE SERVICES (NON-CLINICAL)

Proposers must demonstrate a commitment and capacity to provide recovery-based intensive and supportive services in SNF settings for individuals who are ready for discharge from County Hospitals or other

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higher levels of care. Proposers shall employ multiple strategies for helping individuals develop ways to meaningfully utilize their time, including social, recreational, faith-based, family or other culturally relevant activities based on clients' preferences and agreement. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- List the full range of non-clinical services and supports currently offered that assist clients:
 - developing community living skills;
 - utilizing community resources;
 - benefits establishment for uninsured;
 - representative payee and money management;
 - community self-help and peer advocacy services; and community reintegration activities.
- Describe how these services that you mentioned above are delivered in your program.

V. 24/7 SERVICES CAPACITY FOR CRISIS AND EMERGENCIES

Proposers must have the availability to provide crisis intervention and emergency response services 24 hours per day, 7 days per week. Services may be directly provided or provided through collaboration with DMH emergency services if needed. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe your agency's ability to respond in person, if necessary, 24 hours per day, 7 days per week, for crisis intervention, emergencies and assessment (including psychotropic medication needs/problems). If crisis and emergency services are provided by other organizations or providers, describe who provides services, under what conditions, and how services are delivered to clients in the program.
- Describe where you access services from other agencies after hours if a client needs other placement such as hospitalization or urgent care, and the mechanism for accessing these services after-hours.

VI. SELF-HELP AND FAMILY SUPPORT GROUPS

Proposers must demonstrate commitment to incorporate peer and family support groups into the program and collaborate with community-based self-help groups as appropriate. These services for clients and family members/conservators shall be provided on a regular basis to develop an on-going support network, provide information on recovery-based practices, and support the client's transition to more independent community living. Please note: For proposers who are not currently

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providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe the types of on-site recovery-based peer support/self-help groups provided by your program or in collaboration with community-based organizations.
- Describe recovery-based family support and education programs and services offered by your program.
- Describe procedures for referral to client-run/self-help services.

VII. TRANSPORTATION SERVICES

Proposers must demonstrate the ability to transport enrolled clients to all necessary medical appointments. Proposer must also demonstrate ability to support the development of clients' independent use of transportation resources. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe your current transportation policies and procedures, including guidelines for transportation of clients to all necessary medical appointments.
- Describe your strategies for teaching independent use of transportation resources for non-medical appointments.
- Describe your current policy for transporting clients discharged from State Hospitals, IMDs, acute inpatient settings, and other intensive residential facilities to your facility for the purpose of admission.

VIII. EDUCATIONAL AND VOCATIONAL SUPPORTIVE SERVICES

Proposers must demonstrate the ability to assist clients in accessing an array of educational and vocational supportive services consistent with the client's goals. Please note: For proposers who are not currently providing and/or offering the types of services outlined in Items below, please provide a plan that addresses the items.

- Describe the educational and vocational supportive services provided by your program.
- Describe any supportive education and vocation programs offered in collaboration with other external entities such as LAUSD or community colleges.
- Indicate the percentage (%) of clients who are enrolled in an academic and/or vocational program on a part-time and full-time basis.

IX. ACCESS TO SPECIALTY MEDICAL CARE

Proposers must demonstrate the ability to access specialty medical care (not offered by the facility), that includes preventative care, for both insured and uninsured clients. Please note: For proposers who are not

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currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- Describe arrangements currently in place, and list the community-based healthcare providers your program utilizes, for assisting both insured and uninsured clients with accessing specialty medical care (not offered by your facility), that includes preventative care.

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X. INTERAGENCY/COMMUNITY COLLABORATION

Proposers must demonstrate the ability to develop and sustain relationships with other community agencies and partners, such as Office of the Public Guardian, probation, judicial system, Social Security Administration (SSA), primary health care providers, housing providers, and developers for recovery-oriented services, that serve to meet the client's goals. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the items.

- Describe your experience in collaborating with interagency partners such as probation, the judicial system, SSA, primary healthcare providers, housing providers, developers, and other community-based organizations in providing recovery-oriented services, including services at low and/or no-cost that work to meet the client's goals.
- Provide the number (#) and percentage (%) of enrolled clients who have utilized services provided by community partnerships.

XI. BENEFITS ESTABLISHMENT AND SERVICES TO THE UNINSURED

Proposers must demonstrate a commitment to assist clients in accessing all benefits, including Medi-Cal, Supplemental Security Income, Social Security Retirement, and other benefits, to which they are entitled in a prompt and effective manner. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- Describe strategies on how your program assists clients in accessing benefits to which they are entitled in a prompt and effective manner.
- Of your clients who began services without benefits, provide the percentage of those clients you assisted in establishing benefits within 6 months of the client's admission.

XII. REPRESENTATIVE PAYEE AND MONEY MANAGEMENT

Proposers must demonstrate the ability to provide or arrange for a representative payee to meet the client's need for money management and other financial provisions when necessary. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- Describe how your program assists clients who are in need of a representative payee for money management and other financial provisions. If representative payee services are offered in partnership with another provider (i.e. Office of the Public Guardian or mental health clinic), describe the arrangements.

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XIII. ADMISSION PROCEDURES

Proposers shall adhere to DMH CRM procedures regarding admission and discharge of clients. Contractors will be reimbursed only for services that are approved and authorized by CRM. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses those items.

- Describe your ability and timeframe in responding to referrals (by reviewing the clinical information and conducting an interview, if necessary), for purposes of admission, from State Hospitals, IMDs, acute inpatient settings, and other intensive residential facilities.
- Indicate the average length of time it takes your program to admit individuals from State Hospitals, IMDs, acute inpatient settings, and other intensive residential facilities who are referred to your program by DMH CRM.

XIV. DISCHARGE PROCEDURES/PLANNING AND COORDINATION OF CARE

Proposer must demonstrate the capacity to provide appropriate discharge planning with essential linkage to community-based programs for clients who are ready for discharge to more independent living. Proposer must be willing to work with DMH CRM to coordinate the discharge of clients to lower levels of care. Please note: For proposers who are not currently providing and/or offering the types of services outlined below, please provide a plan that addresses the item.

- Describe the strategies you currently use to ensure continuity of care when a current client is discharged from your facility to a lower level of care.

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**SECTION C – STAFFING PLAN
(Limit 3 pages, excluding charts)**

Proposer must provide a detailed staffing plan that will ensure full compliance with the contract’s requirements and the Proposer’s stated methodology of providing a SNF Program. The plan must address the following subsections.

C.1 ORGANIZATIONAL STRUCTURE IN PROVIDING SERVICES

Explain the organizational structure proposed in your plan. This structure must include a narrative explaining how you arrived at the structure, for example, what ratios were used in determining the number of clinical supervisors to clinical staff and any other applicable staffing ratios.

C.2 MULTI-LINGUAL, CULTURALLY SENSITIVE STAFF

Proposers must demonstrate the ability to provide a full array of culturally and linguistically appropriate services which are supported by a multidisciplinary team.

I. Describe your plan to provide competent bilingual, culturally sensitive staff and how staff will communicate with and conduct SNF programs for all multi-lingual speaking clients by:

- Indicating the number and percentage (%) of licensed/waivered/registered staff who deliver services in a language other than English, including the specific languages.
- Indicating the number and percentage (%) of other staff positions who speak another language other than English, including the specific languages.

II. Describe the process through which you will recruit qualified bilingual staff, and a description of how you will certify bilingual speakers.

C.3 STAFFING PLAN

Proposers must demonstrate the ability to provide a staffing plan that meets California Code of Regulations Title 22, Division 5, Chapter 3, Article 4 §72465 and §72467 for staffing in a STP SNF.

I. Proposer must demonstrate that staff assigned to perform the work is qualified by training and/or demonstrated experience. List staff degrees, credentials, advanced courses or years of experience in adult programs. Proposer will adhere to the format below:

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Agency Staff

Staff	Discipline	License/ Credentials	Position and Duty	Language(s) Spoken	Years of Experience in Adult Programs

Please provide copies of licenses and/or credentials for staff indicated in staffing plan

C.4 TRAINING OF NEW STAFF AND ONGOING TRAINING FOR EXISTING STAFF

Describe your on-going staff training plan that meets or exceeds the requirements of this RFSQ. The plan should address training of new and on-going full-time and part-time employees, volunteers, peer and parent partners, and other persons involved in the project that will deliver or facilitate the delivery of services.

C.5 SUPERVISION

Describe your plan for supervision that includes all full-time and part-time employees, including volunteers.

C.6 WORK STOPPAGE

Describe your plan for providing qualified trained personnel in the event the proposer incurs a work stoppage.

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SECTION D – QUALITY ASSURANCE AND DATA COLLECTION
(Limit 3 pages, excluding charts)

D.1 PROPOSER’S QUALITY ASSURANCE PLAN

Proposer must establish and utilize a comprehensive Quality Assurance Plan, including how your organization will document the services it will provide and how your services will meet the outcomes in the RFSQ. In addition, the plan must assure that the quality of service will meet the service requirements regarding client care that is substantially related to this RFSQ.

D.2 DATA COLLECTION PLANS

Proposer must demonstrate the ability to collect, manage and submit data illustrating the overall quality of care provided to clients during their length of stay. At minimum, proposers shall include data concerning admission (including admission source), client’s responsiveness to treatment, discharge (including discharge disposition), length of stay, client demographic, benefit establishment rates, daily facility census, collection of Multnomah Community Ability Scale scores, and other data elements demonstrating efforts proposer attempt to ensure quality of care.

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SECTION E – ORGANIZATION’S FINANCIAL ANALYSIS

E. 1. PROPOSER’S AUDITED FINANCIAL STATEMENT

Proposer must attach the most recent Audited Financial Statement for review. County will determine Proposer’s fiscal viability with the provided document.

E. 2. PROPOSER’S BUDGET SUMMARY

A Budget is required as detailed in Section III (Budget) of DMH’s current FY 2010-2011 negotiation package.