



OFFICIAL RESPONSES TO VENDOR QUESTIONS
 RFI-2020-DBH-02-PSYCH

No.	Question	Answer
1.	Main front entry – Egress?	Yes.
2.	Is the Main front entry the only form of egress?	No.
3.	Is the classroom(s) available for use?	Yes. There is one large room, which may be split in half by a moveable wall.
4.	Will the equipment seen (furniture, refrigerator, etc.) be available for our use?	Yes.
5.	Can the bedrooms be secured? How?	Yes. The doors are locked by key and computer system. Doors are fail safe (not secure) in the case of a power outage. Generator power will pick up prior status.
6.	How is lighting controlled in bedrooms?	Lighting is controlled manually and by staff. Each Unit has separate lighting for day room and each bedroom.
7.	Are there sprinklers in all bedrooms?	Yes.
8.	Is there a smoke detector system?	Yes. There is a suppression system as well in the bedrooms and common area.
9.	What is the purpose of light above bedroom doors?	Call system showing that facilities need to check the bedroom.
10.	Where do other exterior doors lead?	Courtyard (enclosed area). Exterior of building (not an enclosed area).
11.	Is the courtyard to be a shared space with the other program?	Potentially, yes. Respondents should indicate whether that is feasible or not. The other program is SYSC, Secured Residential Treatment. This area can be incorporated as with the gym and the chapel for scheduled times with proper planning.

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12.	Will both the G and the H unit be used for the PRFT?	Yes, if needed.
13.	How will food services be accommodated?	There is not any food prep or storage in this particular space. There is on site. Respondents should indicate which is preferred for a treatment program such as meals delivered to treatment space at designated times or free access to food storage, prep and serving space.
14.	Do windows have metal bars?	No. Exterior windows are Level 2 Corrections grade glass, and internal windows are break resistant.
15.	What is the number of beds available?	Up to 72 if both G and H units are used.
16.	Is there a staff bathroom with shower?	No, not as designed. Vendors could choose to use the designated space differently though.
17.	Is there and intent to the lease space? Will the cost be communicated before RFP for budget purposes?	Respondents should provide information on space requirements and associated costs for programming, if known to them. Respondents should indicate what should be included in leases for space or facilities for programming. All recommendations or advice will be considered.
18.	Will facility costs be included in the lease?	See answer 17.
19.	Will access to outdoor space be at cost or included in lease?	See answer 17.
20.	What accommodations are available for food prep, serving and storage?	See answer 13.
21.	How can education be delivered within the space?	There is flexible space that can be used for classroom space. Respondents should describe the classroom space that is needed for programming of this nature including how many separate spaces are preferred etc.



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22.	How are children and young adults defined in terms of age?	Children, youth and young adults are defined as roughly ages eight (8) up to twenty-one (21) (not including 21), although medical necessity may provide for this level of care for a younger child. Respondents should provide information as to how to best serve this broad age range within one facility, or if it is not feasible in one facility, how best to do this.
23.	Adventure training: how may the grounds be used?	We are open to what is best for this programming. Respondents should indicate how best to incorporate adventure based treatment and recreational activities out of doors into this space. DHHS is open to hearing how this is best managed.
24.	Adventure training: must use of grounds be coordinated with other program(s)?	At this time, yes.
25.	Is there opportunity to make infrastructure changes internally and externally?	NH DHHS is open to how to best implement programming into this space. If that may require changes, please indicate that and what changes are needed.
26.	How many parking spaces for staff and visitors?	The parking area directly in front of the entryway and parking lot in front of the Maintenance Garages, which totals 30 parking spaces. Respondents should indicate whether or not that is adequate.
27.	What signage is included?	Currently signage included is over the entry way on the front of the building and road signage at the entrance from River Road. Signage is at the discretion of the provider.
28.	How does the department plan to ensure a third party/administrative service organization provide objective screening and assessments to determine the level of care and the appropriateness of PRTF placement?	DHHS is currently work on developing a process by which children in all levels of residential treatment (PRTF included) will have access to care coordination via the Care Management Entity, in accordance with SB 14 (Now RSA 135-F). Care Coordination will assist in ensuring children and their families have support and the home, school and community are ready for that child to return and have a successful transition. This oversight and care coordination will begin upon admission in residential treatment.

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29.	Per Section 5.3.4.13. Do you intend to engage a third party/administrative service organization to ensure timely and appropriate concurrent reviews, based upon established criteria?	DHHS is currently work on developing a process by which children in all levels of residential treatment (PRTF included) will have access to care coordination via the Care Management Entity, in accordance with SB 14 requirements. Care Coordination will assist in ensuring children and their families have support and the home, school and community are ready for that child to return home and have a successful transition. This oversight and care coordination will begin upon admission in residential treatment.
30.	Per Section 5.3.4.13. Assuming concurrent reviews will be completed, how does the department plan to oversee safe and timely care transitions into the community?	DHHS is currently work on developing a process by which children in all levels of residential treatment (PRTF included) will have access to care coordination via the Care Management Entity, in accordance with SB 14 requirements. Care Coordination will assist in ensuring children and their families have support and the home, school and community are ready for that child to return home and have a successful transition. This oversight and care coordination will begin upon admission in residential treatment.
31.	Per Section 2.1.4 , Please provide the name and description of the facilities at which these persons are receiving care, and how many New Hampshire children are at each facility.	A total of 83 children are, located in Vermont, Massachusetts, Virginia, Missouri, Arkansas and Indiana.
32.	To what degree will services be available for the 70 out-of-state persons described in the RFI following implementation of the reforms in SB 14 (2019) and the federal Families First Prevention Services Act? What particular services (other than PRTF services) are expected to be available as part of implementation of those laws and that will meet the needs of the out-of-state population?	The requirements in both Families and First and SB 14 will be in place and available to all children, youth and young adults and their families who require them. As stated in #28, a comprehensive assessment for level of care and CME oversight will be available to this population. PRTF regulations for medical necessity are stringent and each child being considered for treatment in a PRTF will have to meet the medical necessity standards through a process outlined in the regulations. The services available at a PRTF will be accessible to all children, youth and young adults who meet medical necessity standards.

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No.	Question	Answer
33.	Per Section 2.1.7 What are the indicators that have been used by the department to determine that persons currently awaiting psychiatric treatment would need a PRTF-level of care? How many persons for whom a PRTF would be appropriate have awaited psychiatric treatment in emergency rooms or other settings in 2019?	The Department does not have this information at this time. Vendors are encouraged to offer insight regarding this level of care, per this RFI.
34.	The Ten-Year Mental Health Plan ¹ contemplates an SYSC-based PRTF to be used “for the treatment of children now being served at NHH,” (page 4 of the plan) but does not describe it being used for out-of-state children or other populations. Is it still expected that a 36-bed unit of the SYSC will be needed for PRTF services, as described in the plan?	We are seeking information from respondents to assist DHHS in determining the number of beds and programming needs for a PRTF. NH has not had a PRTF in state, nor has the state had residential treatment, that is available to all children and youth who require that level of care. Given the unknowns, we are looking to providers and stakeholders to help us formulate how this is best done, to what scale for NH and where. At this point, NH does not have information as to the impact to and on the NH Hospital/ Hampstead Hospital admit rates or wait times if a PRTF is readily available as either a step down from acute hospital or as a diversion from acute hospital care.
35.	Does the department expect to discontinue the use of Hampstead Hospital for children’s psychiatric services if a PRTF is established at the Sununu Center? Please describe the population of children previously placed at NH Hospital that has been at Hampstead Hospital, including their numbers, ages and treatment needs, including whether a PRTF would be an appropriate setting for their treatment needs. If that population is still in transition as NH Hospital’s children services wind down, please provide this information with regard to the expected population following the end of NH Hospital-based children’s services.	PRTF level of care is different from an acute psychiatric hospital. NH DHHS envisions a PRTF as an addition to the continuum of care needed for all children, youth and young adults with complex behavioral health needs, in addition to acute psychiatric hospital. NH DHHS does not have the information requested readily available and asks respondents to best describe the interaction between hospital level of care and PRTF.

¹ <https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf>



No.	Question	Answer
36.	<p>The ten-year-plan does not call for statewide mobile crisis services for children (see pp. 4-5 of the plan), but such services are required by SB 14, and the fiscal analysis of that bill describes a total of \$10.8m being devoted to mobile crisis services during the current biennium. It appears from that analysis that statewide mobile crisis for children was fully funded in section 347 of HB 4 (2019). To what extent will the ten-year plan's assessment of PRTF needs be changed with the establishment of statewide mobile crisis services? Has there been an analysis of the expected effect the new crisis services will have on the timing and extent of demand for PRTF services? Please share that analysis if it exists.</p>	<p>The 10 Year Mental Health Plan looked towards building out a full continuum of care to meeting the range of needs of both adults and children, As part of that, NH DHHS published an RFI for statewide crisis response for all people in NH, including children. DHHS is in the process of reviewing and synthesizing all of the information gathered from respondents to inform A future Request for Proposal for Mobile Crisis services. This effort coupled with the residential transformation work that is occurring to align with Federal regulations of Families First Prevention Services Act, will create a more complete system of services and supports necessary to address children and youths' complex needs for behavioral health. Since neither of these system changes are implemented at this time, the information relative to this question is not yet know. NH DHHS would like to hear from respondents as to how a full mobile crisis response might impact the use of any residential treatment services, including a PRTF.</p>
37.	<p>The Families First Prevention Services Act requires states to build a community based, preventative treatment system by October 2021. SB 14 requires the Care Management Entity to coordinate behavioral health services for 75% of eligible children by January 2022 (see section 2 of the bill). It is generally understood that coordination of care by a management entity reduces the need for facility-based services. Please describe the expected effect of this changing coordination requirement on the need for PRTF-based services over the next 3 years.</p>	<p>NH DHHS estimates that all the requirements in Families First, SB 14 and other service developments and enhancements will help to reduce the overall need for any non-community based treatment. Since this system is not yet implemented in NH, It is not yet known, what the impact will be to any current or future service provision.</p>

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38.	<p>Specialized treatments for conditions such as substance misuse, eating disorders, “sexualized behaviors”, “chronic aggression and self-harm” are listed as potential services at the PRTF (see Section 1.2.2.4 at pp. 2-3 of the RFI). What is the expectation of the department regarding the level of demand for each of these treatment areas? Please describe the basis for that expectation. What is the department’s expectation about whether the co-location of this array of services is appropriate, whether such services can be provided in the same facility as other behavioral health services, which a PRTF may provide, and what is the basis for those expectations?</p>	<p>Through the RFI, NH DHHS is looking for information on how to best incorporate these conditions or special care needs into this level of care and to what degree.</p>
39.	<p>What locations other than SYSC for a PRTF have been considered?</p>	<p>NH DHHS is looking for information from respondents as to how to best locate this level of care.</p>
40.	<p>What consideration has been given to developing several smaller (i.e. 8-10 bed) PRTF facilities?</p>	<p>NH DHHS is looking for information from respondents to how best develop and implement this level of care in NH.</p>