



## Fairfax-Falls Church Behavioral Health System of Care

### Short Term Behavioral Health Care Program

#### Provider Opportunity

The Behavioral Health System of Care (BHSOC) Program is a new initiative of the County Board of Supervisors to improve access to children's behavioral health services. The *Short Term Behavioral Health Service for Youth* is a component of the Behavioral Health System of Care initiative. This project will provide short-term outpatient behavioral health care services to youth in Fairfax County and the cities of Fairfax and Falls Church. This program will provide a service for youth in our community who need timely access to short term outpatient behavioral health services.

The County seeks to enter into Agreements for the Purchase of Services with **firms** and **individual mental health care providers** for an expanding pilot program providing short-term behavioral health intervention for youth with time sensitive mental health needs, but whose issues are not critical enough to warrant an assessment for hospitalization.

Qualified offerors are encouraged to submit a proposal to provide short term outpatient individual counseling as described below:

- I. Target Population: Services will be provided to the following targeted population:
  - A. Youth residents of Fairfax County and the cities of Fairfax and Falls Church.
    - a. Individuals 12 – 21 years of age
    - b. Individuals with a behavioral health issue
  - B. Youth will be referred, primarily but not exclusively, by Fairfax County Public Schools (FCPS) psychologists and social workers.

- II. Locations: Services should be provided in a professional and confidential setting secured by the provider in a location or easily accessible to locations in or near Fairfax County and the cities of Fairfax and Falls Church.
  
- III. Tasks to be performed: The Short Term Behavior Health Service for Youth contractor(s) will provide:
  - A. Services pursuant to the laws, rules and regulations of the County of Fairfax & Commonwealth of Virginia.
  - B. Minimum Required Services are:
    - 1. Initial appointment available within 3-5 business days. Potential client capacity for individual will include at least 1 client at any given time for the short term intervention and upon completion, acceptance of an additional client within 3-5 business days. The ability to serve more than one client at any given time is desired but not required.
    - 2. Complete the Global Appraisal of Individual Needs – Short Screener (GAIN-SS) assessment tool, provided by the BHSOC Program, upon the first interview and termination interview.
    - 3. STBH Clinical Assessment (see attachment A). It is preferred that you use this provided tool. If you are not able to, please discuss with the BHSOC program manager.
    - 4. Review and completion of Statement of Understanding with the client and parent. (Attachment B)
    - 5. Clinical assessment session and individual counseling sessions (up to 8 total sessions for entire process). An additional two sessions may be requested when clinically appropriate with additional factors contributing to the family’s ability to access services without public funding.
    - 6. Inclusion of parents/caregivers in counseling sessions when clinically indicated; communication with parents/caregivers between sessions as clinically appropriate.
    - 7. During the intervention and as it terminates, referrals to the Fairfax-Falls Church Community Services Board (CSB) and other public or private behavioral health services as appropriate and notify the referring party of status.
    - 8. A method of responding to after-hours emergencies, communicated to clients through an after-hours office message. After-hours response by the provider is preferred; if the provider’s method of addressing after-hours emergencies is

through referral to other emergency services, please explain below, including your protocol for following up with the client subsequent to an after-hours emergency intervention. Your emergency response to this client population needs to be consistent with your typical business practices.

9. Individual records are the property of the treatment provider. If parent has signed to consent to exchange information with referral source, provider will comply.
10. When youth and family's copay and deductible amounts are too low for STBH funding, access the youth and family's private insurance
11. GAIN-SS assessment certification: Post award of an APOS, providers will be required to complete the GAIN-SS assessment on-line training prior to serving first referral. Each provider can bill for one hour of service for the training once the training has been completed and documentation of such provided to the BHSOC office. Training must be completed prior to seeing first client.
  - a. The GAIN-SS will be completed at the beginning and end of the service period for each youth and forwarded to the County with other required documentation.

C. Outcome Measures, Data Reporting, and Performance.

1. The desired outcomes of this project are a reduction of symptoms for individual youth facing barriers to short term behavioral health care.
2. Reporting Requirements: The contractor will complete the following documents during the course of treatment:
3. Clinical Assessment on STBH provided template.(Attachment A)
4. Statement of Understanding with the client and parent. (Attachment B)
5. Summary of Client Contacts, to be included in submitted monthly invoices. Invoice document to be provided by the BHSOC program to providers.
6. Progress Notes, to be maintained in the client record with the provider.
7. Discharge summary on STBH provided template (Attachment C) to be provided upon completion of authorized sessions

- with final invoice.
8. The reporting requirements are the minimum requirements for the measurements that must be reported to the BH-SOC within 60 days of the termination of the last session. If documents requested above are not submitted in the required time period, payment for services will not be made.
  9. Copies of all Serious Incident Reports must be submitted to the BH-SOC contract manager within 24 hours of the incident.
- D. Provider Requirements:
1. Credentialing:
    - a. Participating clinicians must be licensed in the Commonwealth of Virginia or, at a minimum, master's level clinician (counseling resident, social work supervisee, psychology resident) under the supervision of a licensed clinician.
    - b. Participating clinicians must present documentation of **at least 12 hours/CEU's or graduate coursework in Cognitive Behavioral Therapy, at least 12 hours/CEU's or graduate coursework in Trauma Informed Care and at least 2 hours/CEU's in Risk Assessment.**
    - c. Participating clinicians may be granted a six month waiver of training requirements in order to complete training in Cognitive Behavioral Therapy, Trauma Informed Care and Risk Assessment. Training may be acquired on-line and/or in workshops. Attachment C contains a list of on-line training resources.
  2. Capacity:

Potential client capacity for individual provider will include *at least 1 client* at any given time for the short term intervention and upon completion, acceptance of an additional client(s) within 3-5 business days. The ability to serve more than one client at any given time is desired but not required.
  3. Exclusions:

Individual clinicians cannot be a current Fairfax County Public Schools or Fairfax County employee.

IV. Submission requirements:

- A. Complete BHSOC STBH Provider Application. Include the following attachments:
  - a. Copy of clinical license for all clinicians proposed to provide services,
  - b. Current resume(s) of each clinician,
  - c. Documentation of required training for each clinician,
  - d. Copy of insurance accord certificate,
  - e. A completed and signed W-9 form (Tax Identification)

V. Selection Criteria:

The county reserves the right to award multiple Agreements of Purchase of Services to meet the needs of the target population. Approved Providers will be placed on the list based on the following criteria:

- A. Quality and completeness of response
- B. Qualifications to provide services
- C. Acceptance of the terms of an Agreement for the Purchase of Services (APOS). A sample APOS is posted along with this solicitation at:  
<http://www.fairfaxcounty.gov/admin/cm/solicitations.htm>