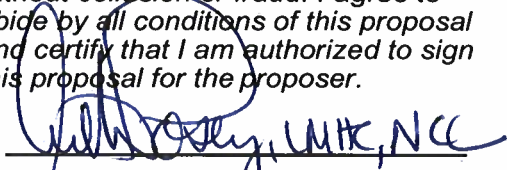


<p>DELIVER TO: Indian River County Hospital District 1705 19th Pl Suite G-3 Vero Beach, FL 32960</p> <p>MAIL TO: Indian River County Hospital District Attn: Ann Marie Suriano 1705 19th Pl Suite G-3 Vero Beach, FL 32960</p>	<p align="center">REQUEST FOR PROPOSAL & PROPOSER ACKNOWLEDGMENT</p>
<p>RFP Writer: IRCHD MH Delivery Team</p>	<p>RFP No: 2020-001</p>
<p>Pre-Submission Conference Date: November 10, 2020 10:00 a.m.</p>	<p>RFP Title: Mental Health/Substance Abuse Intensive Outpatient Program.</p>
<p>Pre-Bid Location: 1705 19th Pl, Suite G-3 Vero Beach, FL 32960</p>	<p>RFP Opening Date, Time & Location: November 16, 2020, 10:00 a.m. IRCHD Conference Room 1705 19th Pl, Suite G-3 Vero Beach, FL 32960</p>
<p>Proposal Due Date & Time: November 13, 2020, 5:00 p.m.</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Proposer Name: Behavioral Health Center Cleveland Clinic Indian River Hospital</p> <p>Mailing Address: 1190 37th Street</p>	<p><i>I hereby certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal for the proposer.</i></p> <p align="center"> Authorized Signature</p>
<p>City, State, Zip Code: Vero Beach, FL 32960</p>	<p>Typed or Printed Name: Anne W. Posey, LMHC, NCC</p>
<p>Type of Entity (Circle One): Corporation</p>	<p>Title: Assistant Administrator</p>
<p>Incorporated in the State of: FL Year: 1984</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: 772-563-4666 X 1858</p>	
<p>Fax Number: 772-770-2025</p>	
<p>E-Mail Address: PoseyA3@ccf.org</p>	

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL
 Mental Health/Substance Abuse Intensive Outpatient Program**

Submitted by:

Cleveland Clinic Indian River Hospital

Behavioral Health Center

RFP # 2020-001

Scope of Work

Provide a specific description of the proposed mental health and dual substance use disorder services and the staffing necessary (All clinical positions are to hold current licensure in the State of Florida and be credentialed to bill for services rendered) at the Intensive Outpatient Program to serve the population, including other surrounding activities that may take place within or through the program. Describe how you will segment patients (age appropriate) to address and achieve most effective treatment. Including how you will provide for hours of service. How will the available services provided be communicated to the community?

The Behavioral Health Center at Cleveland Clinic Indian River Hospital proposes to create and implement an Intensive Outpatient Program (IOP). Our proposal is to start with an adolescent IOP (13-17) and once this program is running successfully to expand the program to additional tracts, to include ages 9-12 and 18-25. We anticipate this program could also be replicated to other age groups as additional needs are identified. Each of these age groups will require specific curriculum that is age and developmentally appropriate, as well as ensuring space to provide care and keep the populations separate.

The IOP for adolescents, ages 13-17, is intended for youth who need a level of care that will divert them from more intensive services. Appropriate youth will be identified as needing a more intensive level of services than traditional outpatient services. These youth may attend the IOP as a way of diverting from an inpatient level of care or as a transition from an inpatient unit back into the community. The purpose is to ensure that the youth are able to remain in the community, and either continue to participate in school or return to school while coping with their emotional needs.

We believe we are uniquely qualified to provide this level of care. The Behavioral Health Center has previously operated an Intensive Outpatient program and we also have resources within the Cleveland Clinic system, who operate this level of care in Ohio. We have a strong tele-psychiatry program already in place that could be utilized in the program to ensure timely access to care, and also in case we need to adjust programming due to the pandemic.

The primary focus is to help youth develop resiliency and coping strategies utilizing Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and additional evidenced-based treatments to cope with behavioral health needs and co-occurring substance use disorders. Individual and Family therapy will be components of the program offered if identified as a need on the treatment plan. A multi-family therapy group will also be offered as part of this program.

The program will meet three days per week for three hours per day. The program will meet from 4pm-7pm Tuesday, Wednesday and Thursday. Consideration of other non-traditional hours (such as weekends) will be considered if the program expands to other populations. IOP is considered care at the intermediate, ambulatory level. Treatment is active and time-limited and designed to meet specific needs as identified through a comprehensive assessment and documented treatment plan.

The program will preferably be held in-person, but consideration of the use of a virtual platform will be addressed given the current pandemic and need to possibly adjust programming based on community health needs. We believe we can provide this program using existing space within the Behavioral Health Center.

The Behavioral Health Center at Cleveland Clinic will follow all specific regulations relative to IOP as found in the Medicare Hospital Benefit manual, Local Coverage Determination (LCD) and Outpatient Psychiatry and Psychology Services policies and procedures. Joint Commission Accreditation will also ensure the program is meeting appropriate standards.

Intensive Outpatient is an extremely regulated service and must be ordered by a physician and be reasonable and necessary for the diagnosis and treatment of the patient's condition. There must also be evidence that the patient can be reasonably expected to benefit from this level of care. In order to ensure that the youth is appropriate for this level of care, a psychosocial and psychiatric assessment must be completed within 30 days prior to admission to the program or within 48 hours after admission.

Appropriate evidence-based screening tools will be used to supplement the assessment process. During program development we will decide the most appropriate screening tool. Some examples are:

- Pediatric Symptom Checklist (PSC)
- Spence Children's Anxiety Scale (SCAS)
- CRAFFT Screening Tool
- Columbia Depression Scale
- Columbia Suicide Severity Rating Scale (CSSR-S)

During the assessment process, substance use assessments will be conducted. A variety of evidence based tools exist that could be utilized specific to the population. Some examples are:

- Screening to Brief Intervention (S2BI)
- Brief Screener for Alcohol, Tobacco and other Drugs (BSTAD)
- Alcohol Use Disorders Identification Test-C (AUDIT-C)
- Drug Abuse Screen Test (DAST-20)
- Clinical Opiate Withdrawal Scale (COWS)

In addition to screening for program appropriateness, we will also screen for any barriers to treatment such as transportation and ensure we can work through those barriers.

The psychiatrist must write admission orders, be involved in developing and signing the Initial Treatment Plan and Treatment Plan reviews. The patients must be seen by psychiatry every 30 days and progress notes of these visits must be documented. We would propose that youth in the program would be seen by the program Psychiatrist for the duration of their treatment and then transition back to their community providers. We would explore both in-person and tele-psychiatry options for this service.

The primary treatment modality outside of psychiatry support is group therapy. Two licensed clinicians will be employed to provide the services necessary for this program. Group size is up to 12 participants with two co-leaders, however the adolescent population might benefit from smaller groups of 8-10 participants. Primary therapy modalities will be Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Life Skills curriculum. For those participants with co-occurring substance use disorders, a specialized group will be held weekly for co-occurring treatment. Samples of curriculum are included as Attachments 1-3 to this proposal.

Providing a light meal or heavy snack will also be considered as we begin formal development of the program, given the time the program meets each day.

Treatment planning is an integral part of our proposal. The youth and family will be expected to participate in treatment planning and review to ensure they are aware of the expectations of the program and the progress toward their goals.

Liaison with the Indian River County School District and community providers that may be treating the youth will be critically important. Representatives from the Indian River County School District's Mental Health Team will be invited to Treatment Team meetings, with parent/guardian consent, to ensure they are aware of both progress and any critical issues that may impact the youth at school. Community providers will, with parent/guardian consent, be invited to Treatment Team meetings. A monthly progress report will be sent to the community provider for ongoing continuity of care, if they are unable to attend. Use of virtual meetings for treatment teams may present an opportunity for maximum participation.

Referral sources for Intensive Outpatient can come from a variety of settings, including but not limited to:

- Indian River School District
- McCabe Connections Center/Mental Health Collaborative
- Local Behavioral Health providers
- Primary Care/Pediatric medical providers
- CCIRH's Behavioral Health Center inpatient child and adolescent unit

Community providers will be notified of the program and how to refer youth through a variety of methods including, but not limited to:

- Email communication
- Social Media

- Office Visits
- Community Presentations

Provide both a transition and ramp up plan, including timeline for these services and staffing, including how you will manage the program in the event of low volume, payer source fluctuation, and high-volume presentation. This should be a well-tested model that can be scaled up or expanded *and*, if successful, can be grown and replicated. Attach a budget including any start-up capital necessary.

The initial ramp up phase would include recruitment and hiring of caregivers and program development activities. We are proposing the following positions:

Program Manager: Responsible for program development and oversight. We anticipate expanding the program to the 9-12 population and the 18-25 population. Based on community need, these age groups could be expanded. Program development activities include, but are not limited to:

- Developing specific policies, procedures and forms for Program operations.
- Developing the Program Curriculum and target services.
- Preparing Program to meet the Licensing and Regulatory mandates of the state of Florida.
- Coordinating the staff training and education for Program start-up.
- Develop Quality Assurance and Patient Satisfaction Processes.
- Community Liaison activities.
- Monthly record reviews for compliance and quality.
- Program development for expansion of age groups.

Licensed Clinicians (2): Responsible for program delivery which includes initial assessments, treatment plan development and review, provision of individual, group and family therapy using evidenced-based curriculum, liaison with community providers. We do anticipate recruitment for only Licensed Clinicians could be challenging.

Licensed Psychiatrist: Responsible for psychiatric evaluation and order for program, treatment planning and review, medication management, crisis intervention.

Mental Health Technician (MHT): Industry and Practice standards require patients must be supervised at all times. This position would assist with supervision between groups, snack time, restroom breaks as well as end of day dismissal time (often parents want to speak to the therapists and supervision is more challenging). The MHT can also provide Life Skill and Psychoeducational groups.

Office Coordinator: Responsible for basic office support (phones/reception), data collection, utilization review, compilation of quality and patient satisfaction data.

We anticipate approximately a six-month ramp up period prior to the acceptance of patients into Phase One.

Utilizing the most current Community Needs Assessment and other survey tools and data, show leadership and knowledge of the focus area, identify target populations and important health care trends,

The Community Needs Assessment – Indian River County Community, published July 10, 2020, identified that many of the youth in Indian River County continue to face issues including untreated mental illness and chronic school absenteeism. It was reported that only 38% of respondents reported that children have access to affordable mental healthcare services. Rates for school absenteeism in Indian River County is 17.2% of students being absent 21+ days as compared to 11.3% in the State of Florida.

The 2018 Community Health Needs Assessment Report for Indian River County identified the following statistics. The Suicide Age-Adjusted Mortality in Indian River County between 2014-2016 was 14%. In 2017 it rose to 23.7% which is well above the Florida rate of 14.1%

The Behavioral Health Center showed an approximate 21% growth rate in admissions to our Child and Adolescent Unit from 2017 to 2019. Year-to-date in 2020 we have admitted 264 youth to the child and adolescent unit. The number is depressed due to the COVID pandemic and the stay-at-home order, but since school has restarted, admissions are again growing.

Define a business model, including services, staffing, and collaborations, to support long term financial sustainability of the core focus area healthcare services, commitment to continued provision of services, and the reimbursement structure that best supports the ongoing success. Describe how a collaborative effort to bring public and private partners together may augment services and revenue sources.

Cleveland Clinic Indian River Hospital's Behavioral Health Center has a long track record of providing quality behavioral healthcare services to the community on an inpatient basis. We are supported by Cleveland Clinic Indian River Hospital and we have established processes in place that can easily be adapted to this program. The Behavioral Health Center has clinicians with experience in providing this level of care, who can be a resource for this new program.

In addition, we have the Cleveland Clinic Florida Regional system and the Cleveland Clinic Ohio system to provide ongoing support. Cleveland Clinic Ohio has eight successful Intensive Outpatient programs established and will be a resource for our program.

We will work closely with our community partners to ensure ease of referrals and continuity of care for the youth when they return to the community.

Describe how the responding organization will manage a sliding fee scale and District indigent resident qualification. If you are a provider outside Indian River County, please describe how you will treat, manage and track out of county patients presenting to the program.

Cleveland Clinic Indian River Hospital has an established process for qualifying indigent residents for hospital district funding, should the need arise. Most youth that we see have some type of insurance coverage such as Medicaid, Healthy Kids or private insurance, however reimbursement rates are often below program costs. There may be youth that do not have Intensive Outpatient as a covered benefit on their plan.

Our proposal is to provide the program using Hospital District funds as outlined in the Budgetary needs section. As we determine the viability of this program from a revenue standpoint, we will work collaboratively with the Hospital District around sustainability. Based on the payer mix, volume and staffing needs to provide the level of care requested, we have significant concerns that it will be self-sustaining in the future. Therefore, we propose that the program will be contingent on Hospital District funding.

Define how you will establish quantifiable benchmarks and tracking process with indicators.

We will establish benchmarks that will ensure we are meeting standards of quality care, as well as benchmarks related ensuring we have the necessary structure in place to receive maximum reimbursement.

We will measure patient progress in various ways:

- Weekly use of questionnaires to determine progress such as the Mood and Feeling Questionnaire (MFQ) which measures depression.
- Admissions/Readmission to inpatient setting.
- School attendance.

Quality measures will include:

- Psychiatric evaluation performed timely and admission orders written.
- Treatment plans created within 3 day of admission.
- Treatment plans reviewed with physician at 7 days and 30 days.
- Treatment plans include individualized goals, with appropriate timeframes.
- Treatment plan is reviewed every 30 days.

Link the amount of funding necessary to these stated measurable outcomes i.e. funding will be dependent on achieving these stated measurable outcomes in addition to patient satisfaction to annually measure success in improving the health and safety of the community.

We will measure patient satisfaction using Perception of Care and Press Ganey tools to ensure patients are satisfied with the Intensive Outpatient Program, and make changes to the program as needed based on the result. In addition, we will provide annual questionnaires to

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community partners, such as the School District, to gauge satisfaction and the need for any adaptations.

Annual Estimated Budget: Given the shortened timeline of the response to the RFP and following the pre-submission conference, the budget is a general estimate. We welcome the opportunity to further discuss this in more detail if chosen.

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Proposed Budget:

Phase 1 – Adolescent Intensive Outpatient Program (13-17)

Program Manager	\$96,000 (salary + benefits)	1 FTE	\$96,000
Licensed Clinician	\$75,000 (salary + benefits)	2 FTE	\$150,000
Licensed Psychiatrist	\$300/per hour	15/hrs./ month	\$54,000
Office Coordinator	\$50,000 (Salary + benefits)	1 FTE	\$50,000
MHT	\$50,000 (Salary + benefits)	.5 FTE	\$25,000
Compu+M20:S44ters/Furniture			\$10,000
Clinical Supplies			\$5,000
Miscellaneous (transportation/meals)			\$5,000
Total Cost			\$395,000

Phase 2 – Adult Intensive Outpatient Program (18-24)

Licensed Clinician	\$75,000 (salary + benefits)	1 FTE	\$75,000
Licensed Psychiatrist	\$300/per hour	15/hrs./month	\$54,000
Computers/Furniture			\$10,000
Clinical Supplies			\$5,000
MHT	\$50,000 (Salary + benefits)	.5 FTE	\$25,000
Miscellaneous (transportation/meals)			\$5,000
Total Cost			\$174,000
Combined Cost (Phase 1 & 2)			\$569,000

Phase 3 – Children’s Intensive Outpatient Program (9-12)

Licensed Clinician	\$75,000 (salary + benefits)	1 FTE	\$75,000
Licensed Psychiatrist	\$300/per hour	15/hrs./month	\$54,000
MHT (.5 FTE Phase 1)	\$50,000 (Salary + benefits)	.5 FTE	\$25,000
Computers/Furniture			\$10,000
Clinical Supplies			\$5,000
Miscellaneous (transportation/meals)			\$5,000
Total Cost			\$174,000
Combined Cost (Phase 1 & 2 & 3)			\$743,000

Please feel free to contact me with any questions or concerns. As we noted in the pre-submission conference, this response is more of a “letter of intent” than a robust response to the RFP.

Respectfully Submitted,

Anne W. Posey, LMHC, NCC
 Assistant Administrator - Behavioral Health Center
 Cleveland Clinic Indian River Hospital

Attachment 1 - RFP 2020-001

ADOLESCENT IOP CURRICULUM- CBT (Sample)

Intro to CBT

- Introduction to CBT Video-

Handouts

- The Cognitive Model coversheet (therapist aid)
- The Cognitive Model - Thoughts-Emotions-Behaviors
- The Cognitive Model Example and Practice Sheet
- The Cycle of Anxiety
- Positive Self-Talk/Coping Thoughts Worksheet
- Coping Card for Distressing/Unhelpful Thoughts

Behavioral Activation

- The Mental Health Benefits of Exercise
- Sleep Habit and Rituals
- Breaking the Cycle of Depression Packet:
 - List of 15 Pleasant Activities
 - Activity List: Examples
 - Positive Activities for Behavioral Activation:
 - Weekly Schedule for Behavioral Activation:
 - Behavioral Activation

Understanding and Managing Automatic Negative Thoughts:

- Intro to AT's video- (YouTube Wellcaste - 4.5 minutes)

Handouts

- How to Control Automatic Negative Thoughts and Master Your Mind Packet

Understanding and Using Mindfulness Skills:

- YouTube video- Mindfulness is a Superpower (Dan Harris)

Handouts

- Understanding Mindfulness & Mindfulness Meditation
- Mindfulness How To
- Beginner's Guide to Mindfulness Meditation links (3 short videos) on YouTube

Understanding and Managing Unwanted Intrusive Thoughts

How Does This Serve Me? Activity

Group Members down a common emotional difficulty they have in life, such as depression or anger. Make a list of ways that feeling is serving you in your life. For example, "Depression serves to express my grief, protect me from failure, gets me attention and/or people leave me alone."

"Anger allows me to feel powerful and in control." Make another list of some alternative ways of getting those needs met.

Fold a paper into three sections, entitled "My Feeling", "How it serves me", and "alternatives". Can use words to identify each section use magazine images, making a collage for each section, or use the white board.

Review of 15 Common Cognitive Distortions and how to Re-frame

Understanding Core Beliefs: Investigating negative consequences & learning to challenge these beliefs

Catastrophizing and 4 Things to Remember the Next Time Spiraling Down

ABC Model- Intro to REBT

Relapse Prevention Plan Development:

Schedule meeting with parent/adolescent when complete to review together & sign

Attachment 2 – RFP 2020-001
Adolescent IOP CURRICULUM: DBT (Sample)
Skills Training Handouts for DBT® Skills Manual for Adolescents: Rathus & Miller

Introduction to DBT

DBT Cheat Sheet

Walking the Middle Path

Dialectics: What Is It?

Dialectics “How-to” Guide

Thinking Mistakes

Dialectical Dilemmas

Thinking and Acting Dialectically

Validation

How Can We Validate Others & How Can We Validate Ourselves?

Behavior Change

Ways to Increase Behaviors

Positive Reinforcement

Ways to Decrease or Stop Behaviors

Distress Tolerance

Crisis Survival Skills: Distract with “Wise Mind ACCEPTS”

Practice Exercise: Distract with “Wise Mind ACCEPTS”

Crisis Survival Skills: Self-Soothe with Six Senses

Crisis Survival Skills: IMPROVE the Moment

Crisis Survival Skills: Pros and Cons

Create Your Crisis Survival Kit for Home, School, or Work

Accepting Reality: Choices We Can Make

Accepting Reality: Turning the Mind

Willingness vs. Willfulness

Ways to Practice Accepting Reality

Emotion Regulation

Taking Charge of Your Emotions: Why Bother?

Goals of Emotion Regulation Skills Training

Short List of Emotions

What Good Are Emotions?

A Model of Emotions

Accumulating Positive Experiences—Short Term

Pleasant Activities List

Parent–Teen Shared Pleasant Activities List

Accumulating Positive Experiences—Long Term

Wise Mind Values and Priorities List

Building Mastery and Coping Ahead

PLEASE Skills

FOOD and Your MOOD

BEST Ways to Get REST: 12 Tips for Better Sleep

Advanced Emotion Regulation Skills

The Wave Skill: Mindfulness of Current Emotions

Check the Facts and Problem Solving

Opposite Action to Change Emotions

Behavior Chain Analysis

Interpersonal Effectiveness

What Is Your Goal and Priority?

What Stops You from Achieving Your Goals?

Building and Maintaining Positive Relationships:

GIVE Skills

Getting Someone to Do What You Want:

DEAR MAN Skills

Maintaining Your Self-Respect: **FAST Skills**

Worry Thoughts and Wise Mind Self-Statements

THINK Skills

Mindfulness

Mindfulness: Taking Hold of Your Mind

Mindfulness: Why Bother?

Three States of Mind

Observing Yourself in Each State of Mind

Mindfulness "What" Skills

Mindfulness "How" Skills

Attachment 3 - RFP 2020-001

Adolescent IOP Life Skills Development Curriculum

1. Understanding Self

- a. Understanding our emotions
- b. Understanding our values and assuring behaviors are in line with values
- c. Recognizing and building on our strengths
(Handouts on therapistaid.com)

2. Relationship Skills

- a. Healthy vs Unhealthy
- b. Boundaries & Limit Setting
(Handouts on therapistaid.com)

3. Understanding and Managing Anger

- a. Understanding/recognizing feelings beneath anger
- b. What triggers our anger
- c. Skill Practice of Relaxation Breaths
- d. Managing anger responses
(Handouts on therapistaid.com)

4. Assertive Skill Building

- a. Practicing Assertive Communication
- b. Managing Conflict
- c. Self-Advocacy/Assertiveness

5. Understanding and Managing Anxiety

- a. Understanding the Different types of Anxiety & Methods to Treat each(therapistaid)
- b. Understanding the Cycle of Anxiety (therapistaid)
- c. Understanding and managing the "Worry Wheel" (My Anxious Mind- A Teen's Guide to managing anxiety and panic)

6. Understanding and Managing Procrastination

- a. Understanding what type of procrastinator you are and ways to manage those behaviors and underlying feelings
- b. Impact on anxiety

7. Setting Goals

- a. Understanding the Stages of Change
- b. SMART Goals

8. Positive Psychology: The Science of Happiness

Use 1st 11 minutes of 'Happy' documentary by Roko Belic-

Discussion on Intentional Activities to Improve Mood/Happiness

9. Forgiveness: Understanding the benefits of practicing forgiveness

10. The Power of Vulnerability: Whole Hearted Living (Brene Brown)

11. Gratitude- Daily practice using their self -decorated 'Gratitude Boxes' and filling out 2-3 slips a day for what they are Grateful for or Mindfulness Moments experienced