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| StateSeal.JPG | **RFP-****22-71589 – DCS Competency Attainment Services**  **Attachment F – Technical Proposal Template** | |
| **Respondent:** | | Damar Services, Inc. |
| **Instructions:**  Request for Proposal (RFP) 22-71589 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments.  Please review the requirements in Attachment K, Scope of Work (SoW), carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.** Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. | | |

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| **1** | **General Requirements and Definitions**  Please respond to each question detailed below:   * List any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation. * Confirm you have carefully reviewed all requirements listed in RFP Section 1.4 and the Scope of Work (Attachment K). Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation. |
| **Additional Terms and Definitions**  Damar is not proposing any additional terms in this RFP response.  **Scope of Work**  Damar has reviewed the Scope of Work proposed in detail and is not proposing any exceptions or substitutions in this RFP response. | |
| **2** | **SoW Sections 1, 2, and 3 – Introduction, Background and Objectives, and Minimum Contractor Qualifications**  Provide an overview of your proposal and describe how you currently meet and/or propose to meet the requirements in SoW Sections 1, 2, and 3, including, but not limited to, the specific elements highlighted below:   * Describe why you are best suited to provide these services to the State. * Demonstrate your understanding of competency attainment, specifically in terms of competency attainment for children. * Demonstrate your understanding of Indiana’s program goals and describe how your proposal will meet all program goals identified in SoW Section 2.4. * Describe and demonstrate your familiarity and experience with Indiana DCS and/or other relevant populations. * Describe your experience providing Competency Attainment Services or related services, including any experience specific to the provision of competency attainment services for children. |
| **Describe How Damar is Best Suited to Provide These Services to the State**  Damar Services, Inc. (Damar) is **uniquely positioned** to provide competency attainment services for the state of Indiana. Damar has **extensive and exceptional qualifications** to provide the needed and requested services – being one of only a few, if not the only organization, to provide protocol-based competency attainment services through the administration of a best practice and nationally accepted curriculum.  Under the supervision and training of Dr. Jim Dalton, Damar Services, Inc. has provided competency attainment (formerly known as competency restoration) services for the past **15 years.** All competency attainment services have been provided to children. Damar has provided competency services to children residing in residential treatment settings, in residential group home settings, and to children who are residing in the community with parents or other community-based settings (e.g., foster care). **Damar has provided Court ordered Competency Attainment Services to approximately 118 youth over the past 15 years.**  Initial competency obstacles included the presence of an intellectual disability, the presence of interfering mental health symptoms, or the presence of emotional/psychosocial immaturity (most often due to young age). Among the 118 served, **78% were determined to be restored to competence – usually within 90 to 120 days**. The outcomes were achieved using individualized psycho-education interventions including intensive case management, mental health treatment, and/or developmentally informed in-vivo instruction and experiences/exercises provided by specially trained master’s level clinicians. Supports were provided on average of three times weekly and occurred in community/home based and residential settings. Children with primary mental health interference and IQs above 70 demonstrated the highest rates of attainment. Children with IQs of 60 or below with secondary mental health impairment demonstrated the lowest rates of attainment.  **Damar’s Competency Attainment Services are rooted in the Virginia Juvenile Competency Program (VJCP) model.** The VJCP emphasizes the presence of a primary case manager that coordinates all interventions and supports guided by an individualized treatment plan, provided in the least restrictive setting possible. The model emphasizes the systematic identification of barriers to competency and provides direct face-to-face services approximately three times weekly with independent evaluation of competency occurring dynamically – and formally before every Court date/review. The goal of VJCP is to attain/restore competency to the level that the youth is likely to remain competent for the foreseeable future. The Commonwealth of Virginia enacted a juvenile competency law in 1999 – from which the VJCP model was initiated. After more than 10-years of implementation, **the VJCP model has been significantly studied and evaluated for efficacy.**  Damar has unique and specialized qualifications that differentiate it from other organizations. In support of this RFP response, the following qualifications and features of Damar Services are differentiating – when considering the very specialized services needed and requested.   * **Unmatched experience**. Damar’s mission is to build better futures for children and adults facing life’s greatest developmental and behavioral challenges. And, for more than 55 years, Damar has focused on this specific mission. Unlike any other organization in Indiana, Damar has more than 15-years of direct competency attainment services experience. * **Specific experience in developing and implementing competency attainment plans and services to children ordered by the Juvenile Court to participate in a competency attainment program.** Damar is the only broad service organization that has extensive experience in creating and implementing competency attainment plans and services for children in need of such interventions and supports. * **Expertise in Competency Evaluation and Attainment Services.** Damar is in a unique position to have employed/access to doctoral and master level clinicians who have previously participated in competency evaluation and attainment services. Damar’s wide array of service areas and leadership and large size allow it to be flexible in the development and implementation of new programs and services.   Damar’s oversight bodies (state licensing, COA, CARF, BHCOE) **ensure guidelines and standards of safety and clinical efficacy are in place and active at all times**, including, but not limited to:   * Staff Qualifications, Training and Oversight * Treatment Program and Planning * Crisis Management * Workplace Safety * Responsible Financial Management * Collaboration and Coordination of Care * Ethics and Consumer Protection * HIPAA Compliance * Patient Satisfaction * Employee Satisfaction * **Complete continuum of care** – Damar’s service and support array has expanded over the years to include a full continuum of support and care opportunities. From early identification and intervention to the aging adult, Damar provides services to children as young as two years of age through the adult years – even those who are significantly mature (older than 60). Damar’s service opportunities are varied and include: three community-based ABA clinics, outpatient behavioral health supports, the operations of a private school on campus, the operation of a public charter school, residential placement/supports for children, community-based group homes for children and adults, community-based and in-home supports, behavioral management services, intensive behavioral interventions, diagnostic and evaluation services, foster care services, 24-hour supports for adults living in their own homes, among others. In sum, Damar provides services to more than 1,500 individuals daily. * **Experience in providing state-wide services.** Damar’s full continuum of care touches lives all over the state of Indiana. In recent years, Damar has provided services as far south as Evansville and has far north as Elkhart. The centralized Indianapolis operations of Damar and its vast resources allow distant management of services to be effective and efficient. As the State is aware, Damar implemented one of DCS’s largest pilot projects (Integrated Service Pilot – ISP) in past years – reaching those in need in the majority of Indiana counties by partnering with distant providers and providing extensive training and outreach.   In partnership with St. Joseph Carmelite Home in East Chicago, Damar is currently establishing services in the northern/northwest part of the state – Lake County. This additional Damar hub is expected to provide additional partner and continuity opportunities for the execution of competency attainment services in Indiana.   * **Financial stability** – Damar’s annual operating revenue is soon to exceed **$100M.** **Damar has no debt and maintains significant operating cash reserves**. Damar’s headquarters are located on an 83-acre campus in southwest Marion County (just south of the Indianapolis International Airport). Further, Damar has operation locations and assets across Marion County and in the doughnut counties around central Indiana. Damar is audited annually by the auditing firm of BKD and has a long history of clean financial audit results (See last two years of audited financial in **Attachment A**). * **Organizational capacity and outreach** – In addition to all the services that Damar provides, Damar Services oversees and manages the operations and assets of the Damar Foundation, Inc. (a separate 501(c)3 organization), the Damar Charter Academy (a separate 501c3 organization), Damar Medical Services, Inc. (a separate 501c3 organization), Damar Specialized Services, LLC, Damar Support Services, LLC, Damar Pharmacy Services, LLC, Damar Institute, LLC, and Damar Transportation, LLC. * **Substantial expert professional resources** – Damar employs more than 1,200 staff positions and supports more than 250 contracted professionals to support and fulfill the mission. Some of those positions are listed below for reference. * MD Physicians/Psychiatrists * Physician Assistants * RN/LPN Nurses * BCBA Professionals * ABA Therapists (RBT Certified) * Doctoral Level Child and Adolescent Psychologists * Clinical Case Managers * Clinical Social Workers * Occupational Therapists * Speech Therapists * Physical Therapists * Direct Support Professionals * Recreation Specialists * Training Specialists * Housekeepers * Dieticians * Maintenance * Accountants (CPA) * **Well-established performance and quality improvement processes** – Damar has an extensive and sophisticated quality improvement process that includes day-to-day communication, monitoring and processing of critical incidents and expands to the reporting of daily, weekly, and monthly dashboard reports on quality, safety, and outcome variables. Damar has an independent process of specific quality monitoring that reports directly to the President and CEO of Damar Services. * **Engaged Board of Directors** – Damar has a **25-member Board of Directors** that is active and involved in the organization’s mission and outcomes. Expertise on the Board includes legal, clinical, medical, financial, construction and safety specialists. The Board also includes several parents of children who are challenged with developmental disabilities and autism. In addition to the Board of Damar Services, the Damar Foundation operates with a Board appointed by Damar Services. Damar Charter Academy is overseen by its own **nine-member independent Board of Directors**. Damar Charter Academy is also overseen and governed by the Indianapolis Mayor’s Office of Education Innovation (OEI). Damar Medical Services, Inc. is overseen by its own **nine-member independent Board of Directors.** * **Extensive training resources and curriculum** - Damar has a substantial training department that provides initial and on-going training and supports for more than 1,200 staff members. Training supports range from the basics of safety and OSHA compliance to extensive clinical topics such crisis intervention, trauma-informed environments, applied behavioral analysis, and best-practice clinical interventions for short-term residential services, and competency attainment, among others. * **Robust and expansive community partnerships** - Clinically, Damar has long-term and well-established partnerships and service agreements with a community mental health center (Meridian Health Services), a pediatrician/physician group (IU Health Physicians), a child psychiatry group (IU School of Medicine Department of Psychiatry) and an ancillary professional services group (Kids Count) for additional and supplemental speech, OT and PT services as well as professional ABA consultation and training.   Damar has professional relationships with hundreds of vendors in various industries including clinical equipment, IT equipment and services, construction, interior design, architectural, dietary, housekeeping, maintenance, education, landscaping, and health services, among others.  Additionally, Damar has strong relationships with hundreds of residential and community-based providers. It is these relationships and access to clinicians across the state that will allow the provision of state-wide competency attainment services to be achieved.   * **National reputation** – Damar is a recognized leader in the developmental disability and autism space in the country. Damar is a member of the national Provider Exchange – providing expert training to short-term residential and inpatient programs across the country. Through the Building Bridges Initiative (BBI), this national expertise and training is supported by the federal government through the Substance Abuse and Mental Health Services Administration (SAMHSA). * **National accreditation** – All of Damar’s inpatient, residential, short-term diagnostic, foster care, ABA and community-based services are accredited by the Council on Accreditation (COA), Council on the Accreditation of Rehabilitation Facilities (CARF) and/or the Behavioral Health Center of Excellence (BHCOE). In addition, all Damar’s programs are in excellent standing with state licensing/oversight authorities – Medicaid, Department of Child Services, Bureau of Developmental Disabilities Services, Bureau of Quality Improvement Services. * **Experience serving state governments** - Over the last 55 years, Damar has worked with tens of thousands of individuals, family members, agencies, funders, philanthropists, employees, employers, state offices and professionals to achieve the mission of building better futures for individuals facing life’s greatest developmental and behavioral challenges. Damar has a very long history of substantive relationships with state government offices including DCS, BDDS, DARS, DOE, Medicaid, and DOC. Damar’s services have spanned all 92 counties in Indiana. Damar is highly regarded in its work with state government in achieving the highest level of outcomes for Indiana’s citizens.   With Damar’s strong and established leadership and guiding principles, the organization has **led several initiatives and innovations in partnerships with government entities over the years**.     * Damar was the first to open a Medicaid-funded children’s group home in Indiana. * Damar has been instrumental in the de-institutionalization of children and adults in Indiana by being an early provider of community-based Medicaid Waiver services to children, adults and families in their own communities. * Damar operates the first outpatient mental health clinic designed specifically to meet the behavioral health needs of individuals with developmental and behavioral challenges and their families. * Damar was the first organization licensed as a Child Placing Agency (LCPA) to focus exclusively on the special needs’ population in Indiana. * In partnership with the DOE, Damar opened the first private, accredited special needs school (Damar Academy) focusing on the educational needs of children with severe autism and other related developmental conditions. * Damar was the first to open a charter school – Damar Public Charter Academy – designed to meet the specific and specialized educational needs of students with significant developmental and behavioral disorders. * Damar established the Indiana Association of Sexual Offender Practitioners (IN-AJSOP) – Indiana’s first and only initiative to improve the identification and treatment of youth with sexually harmful behaviors. This initiative has significantly expanded over the years to its current status. In collaboration with more than 46 organizations across the State of Indiana and more than 300 individual professionals and practitioners, IN-AJSOP is recognized by DCS and other state agencies as the official credentialing and governing body for Indiana. * Damar worked very closely with the State of Indiana in 2006 and 2007 when the State moved to close the state-funded institution, Silvercrest – a long-standing institution for youth with severe developmental and behavioral conditions. Damar partnered with the State Board of Health by providing specific intervention and transition consultation as well as length of stay and financial outcomes for comparison. The State successfully closed this institution – saving millions of dollars each year. For the few children that continued to need placement, Damar provided respite or placement and support for transition back to the community.   In addition to working with Indiana’s state government officials and agencies, Damar has been active with other states to promote best practices, provide training, and to support practice-change among residential providers across the country. Indeed, Damar’s work in Indiana around innovation and best practices has been recognized across the country. The Substance Abuse and Mental Health Services Administration (SAMHSA), through its Building Bridges Initiative, has recognized Damar as a demonstration and model site for best practices in community-based and residential services for the United States. Damar was recognized in 2010 and again in 2011 in SAMHSA publications for its partnership with Indiana DCS in creating the Integrated Services Pilot (ISP) – a public-private partnership with DCS - for best clinical and fiscal practices in the United States.  **Understanding of Competency, Competency Attainment – Especially in Children**  A child is most often found not competent to stand trial for one, or a combination of three primary challenges/obstacles:   1. Intellectual Disability/Learning Disability – The child’s cognitive functioning is not sufficient to have a basic and concrete knowledge of the legal process, is not sufficient to have a rational appreciation of what Court is about, is not sufficient to allow meaningful participation with defense counsel and is not sufficient to participate in legal decision-making and the consideration of alternatives; and/or 2. Mental Health/Psychiatric Interference – The child’s mental health condition (treated or untreated) manifests significant symptoms that interfere with their capacity to understand proceedings, have a rational appreciation of what happens in Court, interferes with their ability to participate with counsel, and interferes with legal decision-making and the consideration of alternatives; and/or 3. Psychosocial/Emotional Immaturity – The child’s developmental status (possibly related to young age) is not sufficient to understand proceedings, to have a rational appreciation of what happens in Court, to participate with counsel, and to understand legal decision-making and the consideration of alternatives.   Within the context of these primary competency obstacles, every child’s Competency Attainment plan is individualized. Interventions most commonly utilize a combination of case management, mental health treatment, and direct competency training and education.  Factors that Differentiate Competent and Not Competent Youth  **Intellectual Disability/Learning Disability:**  FSIQ > 70 Low Risk  FSIQ 50 -70 Moderate Risk  FSIQ < 50 High Risk  Competency Attainment primarily includes executive functioning stabilization, behavioral stabilization, and direct instruction/education – including in-vivo Courtroom experiences/exposures.  **Mental Health/Psychiatric**:  When mental health symptoms interfere with Competency (e.g., severe depression, psychosis, delusions, symptoms of schizophrenia, etc.), stabilization and treatment of symptoms is primary. This may include direct treatment with medications, crisis management, and direct psychotherapies. In these cases, there is a positive correlation between mental health symptom stability and competency.  **Psychosocial/Emotional Immaturity:**  Age < 12 High Risk  Age 13 – 15 Elevated Risk  Age > 15 Low Risk  Competency Attainment primarily includes executive functioning stabilization, behavioral stabilization, and direct instruction/education – including in-vivo Courtroom experiences/exposures.  **Understanding of Indiana’s Program Goals and How Proposal Supports Those Goals**  Damar understands that DCS has the goal of implementing the requirements of IC 31-37-26. Upon implementation, DCS seeks services that will ensure that any child involved in the juvenile justice system is guaranteed a right to a fair trial and due process. Due process may include the determination of competency to stand trial and, when needed, competency attainment attempts. In this regard, it is important that, if possible, Indiana children involved in the juvenile justice system have competency restored. Competency attainment/restoration results in the child understanding the legal process, understanding the nature of their alleged offense in the community, and having the capacity and skills to participate with their attorney in the own defense. Damar shares and values the DCS goal of ensuring that children are provided services in the least restrictive setting possible, based on the needs of the child and with consideration of community safety. Finally, Damar shares the DCS goal of ensuring that competency attainment services are provided on an individualized basis to each and every child in need of the service – with attention to developmental, mental health, family, community, and intellectual functioning variables.  **Familiarity and Experience with DCS and with the Populations DCS Supports and Serves**  Over the last **55 years**, Damar has worked with tens of thousands of individuals, family members, agencies, funders, philanthropists, employees, employers, state offices and professionals to achieve the mission of building better futures for individuals facing life’s greatest developmental and behavioral challenges. Damar has a very long history of substantive relationships with state government offices including DCS, BDDS, DARS, DOE, Medicaid, and DOC. Damar’s services have spanned all 92 counties in Indiana. Damar is highly regarded in its work with state government in achieving the highest level of outcomes for Indiana’s citizens.  **Damar’s service and support array has expanded over the years to include a full continuum of support and care opportunities**. From early identification and intervention to the aging adult, Damar provides services to children as young as two years of age through the adult years – even those who are significantly mature (older than 60). **Damar’s service opportunities are varied and include: three community-based ABA clinics, outpatient behavioral health supports, the operations of a private school on campus, the operation of a public charter school, residential placement/supports for children, community-based group homes for children and adults, community-based and in-home supports, behavioral management services, intensive behavioral interventions, diagnostic and evaluation services, foster care services, 24-hour supports for adults living in their own homes, among others. In sum, Damar provides services to more than 1,500 individuals daily.**  **Damar’s full continuum of care touches lives all over the state of Indiana**. In recent years, Damar has provided services as far south as Evansville and has far north as Elkhart. The centralized Indianapolis operations of Damar and its vast resources allow distant management of services to be effective and efficient. As the State is aware, Damar implemented one of DCS’s largest pilot projects (Integrated Service Pilot – ISP) in past years – reaching those in need in the majority of Indiana counties by partnering with distant providers and providing extensive training and outreach.  In partnership with St. Joseph Carmelite Home in East Chicago, Damar is currently establishing services in the northern/northwest part of the state – Lake County. This additional Damar hub is expected to provide additional partner and continuity opportunities for the execution of competency attainment services in Indiana.  **Experience Providing Competency Attainment Services in Indiana**  Damar Services, Inc. has provided competency attainment (formerly known as competency restoration) services for the past **15 years.** All competency attainment services have been provided to children. Damar has provided competency services to children residing in residential treatment settings, in residential group home settings, and to children who are residing in the community with parents or other community-based settings (e.g., foster care). **Damar has provided Court ordered Competency Attainment Services to approximately 118 youth over the past 15 years.**  Initial competency obstacles included the presence of an intellectual disability, the presence of interfering mental health symptoms, or the presence of emotional/psychosocial immaturity (most often due to young age). Among the 118 served, **78% were determined to be restored to competence – usually within 90 to 120 days**. The outcomes were achieved using individualized psycho-education interventions including intensive case management, mental health treatment, and/or developmentally informed in-vivo instruction and experiences/exercises provided by specially trained master’s level clinicians. Supports were provided on average of three times weekly and occurred in community/home based and residential settings. Children with primary mental health interference and IQs above 70 demonstrated the highest rates of attainment. Children with IQs of 60 or below with secondary mental health impairment demonstrated the lowest rates of Attainment.  Damar’s Competency Attainment Services are rooted in the Virginia Juvenile Competency Program (VJCP) model. The VJCP emphasizes the presence of a primary case manager that coordinates all interventions and supports guided by an individualized treatment plan, provided in the least restrictive setting possible. The model emphasizes the systematic identification of barriers to Competency and provides direct face-to-face services approximately three times weekly with independent evaluation of competency occurring dynamically – and formally before every Court date/review. The goal of VJCP is to attain/restore competency to the level that the youth is likely to remain competent for the foreseeable future. The Commonwealth of Virginia enacted a juvenile competency law in 1999 – from which the VJCP model was initiated. After more than 10-years of implementation, the VJCP model has been significantly studied and evaluated for efficacy. | |
| **3** | **SoW Sections 4 and 5 – Eligible Population and Geographic Coverage of Services**  Describe how you propose to execute SoW Sections 4 and 5 in their entirety and in alignment with State laws, including but not limited to Indiana Code (IC) 31-37-26, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Detail your plan for receiving DCS Competency Attainment Services referrals. * Describe the geographic coverage of your proposed services, including whether you plan to provide services statewide or to specific counties and/or regions within the State. If you are proposing to only provide services in specific counties and/or regions within the State, please outline these counties and/or regions. |
| **Plan for Receiving Competency Attainment Services Referrals**  Competency Attainment Services are provided in the least restrictive setting as dictated and ordered by the Court. Damar’s Competency Attainment Program (CAP) is based in the community and is headquartered alongside Damar’s community and outpatient programs and offices. Damar’s Competency Attainment Program (CAP) would oversee and provide all Competency Attainment services in Indiana. This would be accomplished by the establishment of a network of master’s and Doctoral level Competency Attainment specialists across the state of Indiana – recruited, supported, and maintained by Damar Services. These professionals would receive initial and ongoing training by Damar Services and would be assigned cases based on location of need by region in the state. Specialists in the CAP program would most often be found as existing providers in DCS contracted community-based provider network and in community mental health centers. Given its expertise and experience and reach, Damar would oversee, supervise, and regulate CAP services for Indiana’s Juvenile Court system. Through a single primary provider, efficiencies, protocols, training and supports, and standards will be more easily facilitated and maintained.  **Steps to the Referral**  In accordance with SB 368 and the resulting Indiana Code (IC) 31-37-26, if a Court has reasonable grounds to believe that a child is not competent, the Court will order the child to undergo competency evaluation. The evaluation must be completed by a “disinterested person” – defined as an independent psychologist or psychiatrist. The Court has often had two, and when needed, three, independent psychologists/psychiatrists conduct assessments to ensure reliability of competency findings. The resulting report from the psychologist/psychiatrist makes an opinion of a) the child is competent to stand trial, b) the child is not competent to stand trial and not likely to obtain competency within 180 days (or another specified time period), or c) the child is not competent to stand trial but likely can be made competent through competency attainment services within 180 days (or another specified time frame).   1. If the Court finds the child is not competent to stand trial but may be able to obtain competency within the time frames outlined in Indiana Code 31-37-26, the Court may order the child to participate in Competency Attainment services through Indiana’s qualified provider (Damar Services). It is anticipated that the order would result in a referral to Damar from the child’s Probation Officer. 2. Through a dedicated line of communication and as provided to Indiana Courts – Damar would be listed as the Competency Attainment Provider in Kidtraks. The Kidtraks portal would be used to make referrals to Damar for Competency Attainment Services. 3. Upon this decision and the referral, the Court would notify Damar of the service order for the child/youth and would provide each Competency Assessment report it has received on the child within 10-days of the order/referral. 4. Within 15 days of receiving the order and the Assessment reports, Damar submits a written Competency Attainment Plan to the Court. 5. The Court would notify Damar of acceptance or rejection of the Attainment Plan. Once approved, Damar makes initial contact with the child/placement provider/parent within 7-days to begin Competency Attainment Services.   **Geographic Coverage**  Damar recommends to the State that it consider contracting for Competency Attainment Services with Damar Services as the single provider of statewide coverage for these services. A single provider allows for uniformity of services, better compliance to standards, a single gateway for the Courts to Competency Attainment Services, and more effective control and accountability for the State. | |
| **4** | **SoW Sections 6.1, 6.2, and 6.3 – Competency Evaluation, DCS Competency Attainment Services Overview, and Competency Attainment Curriculum**  Describe how you propose to execute SoW Sections 6.1, 6.2, and 6.3 in their entirety and in alignment with State laws, including but not limited to IC 31-37-26, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Demonstrate how service provision will differ for children residing in different placement settings. * Explain how you will ensure services are provided in the least restrictive setting that is consistent with the child’s ability to attain competency, and the safety of both the child and the community. * Detail how you will ensure that services are individualized to meet each child’s specific needs. * Describe how you will develop each child’s Competency Attainment Plan and submit this plan to the court within 30 days of receipt of the Competency Assessment. * Provide an outline of an example individual Competency Attainment Plan, including, but not limited to the following topics: the specific needs of the child, how the Contractor plans to meet those needs, the specific services that will be provided, and a proposed timeline. * Describe how you will provide individualized, in-person services at a frequency and level of care that is consistent with the individualized needs of the child, including any information on tools and/or assessments that you will utilize to identify the necessary frequency and level of care for each child. * Detail your proposed juvenile competency attainment curriculum, including all topics and/or modules, evidence-based practices, and learning activities that may be utilized. * Describe how you will deliver your proposed juvenile competency attainment curriculum based on the individualized needs of the child, including how you will specialize service delivery for children that require different levels of care. |
| **Competency Attainment Services for Children in Different Placement Settings**  As ordered by the Court or otherwise directed to Damar, Competency Attainment Services will be provided in the least restrictive setting that is consistent with the child’s ability to attain competency – including considerations of the safety of the child, the family, and the community. **The least restrictive setting is directed and ordered by the Court** – which could vary based on settings noted below:   * Non-residential setting – Unless the Court orders differently, Competency Attainment services will be completed in 90 days if the child is not charged with what would be a felony if the crime was committed by an adult, and within 180 days if the child is charged with what would be a felony if committed by an adult. * Residential setting where the child is placed solely or in part for Competency Attainment Services – Unless the Court orders differently, Competency Attainment services will be completed in 45 days if the child is not charged with what would be a felony if the crime was committed by an adult, within 90 days if the child is charged with what would be a felony Level 4, Level 5, or Level 6 if committed by an adult, and within 180 days if the child is charged with murder or a Level 1, Level 2, or Level 3 felony if committed by an adult. * Residential, detention, or other secure setting where the child has been placed for reasons other than to solely participate in Competency Attainment, but is participating in Competency Attainment Services, unless the Court orders differently, Competency Attainment Services will be completed in 90 days if the child is not charged with what would be a felony if the crime was committed by an adult, and within 180 days if the child is charged with what would be a felony if committed by an adult.   **Least Restrictive Setting**  As ordered by the Court or otherwise directed to Damar, Competency Attainment Services will be provided in the least restrictive setting that is consistent with the child’s ability to attain competency – including considerations of the safety of the child, the family, and the community. The least restrictive setting is directed and ordered by the Court – which could vary based on settings. As an additional assurance that the least restrictive setting is utilized at all times, the following protocol is followed by Damar when providing Competency Attainment Services.   1. Thirty days from the date of the initial order and referral to Damar, and every 30 days thereafter, a Report on the child’s progress is submitted to the Court by the provider **(a sample Report is noted in Attachment P).** 2. If at any time during Competency Attainment Services, the competency attainment provider believes that the child could continue services in a less restrictive setting, that recommendation must be made to the Court in writing no more than three (3) days after that determination. That recommendation is a clinical recommendation that must be staffed with the Program Director and the Central Coordinator. 3. If at any time during Competency Attainment Services, the provider believes that the child has attained competency, that recommendation must be made to the Court in writing no more than three (3) days after that determination. The determination of competency attainment must include documentation in an assessment report and the determination must be approved by a licensed psychologist or psychiatrist and documented as such. 4. If at any time during Competency Attainment Services, the provider believes that the child cannot and will not attain competency that recommendation must be made to the Court in writing no more than three (3) days after that determination. The determination that a child cannot or is not likely to attain competency must include documentation in an assessment report and the determination must be approved by a licensed psychologist or psychiatrist and documented as such.   **Individualized Competency Attainment Plans**  **It is the ongoing goal of Damar, and a best practice, to ensure that each child’s competency attainment plan is unique to his/her situation, needs, obstacles and skills.**  A child is most often found not competent to stand trial for one, or a combination of three primary challenges/obstacles:   1. Intellectual Disability/Learning Disability – The child’s cognitive functioning is not sufficient to have a basic and concrete knowledge of the legal process, is not sufficient to have a rational appreciation of what Court is about, is not sufficient to allow meaningful participation with defense counsel and is not sufficient to participate in legal decision-making and the consideration of alternatives; and/or 2. Mental Health/Psychiatric Interference – The child’s mental health condition (treated or untreated) manifests significant symptoms that interfere with their capacity to understand proceedings, have a rational appreciation of what happens in Court, interferes with their ability to participate with counsel, and interferes with legal decision-making and the consideration of alternatives; and/or 3. Psychosocial/Emotional Immaturity – The child’s developmental status (possibly related to young age) is not sufficient to understand proceedings, to have a rational appreciation of what happens in Court, to participate with counsel, and to understand legal decision-making and the consideration of alternatives.   Within the context of these primary competency obstacles and considering every child’s situation, needs, obstacles to competency and skills, every child’s Competency Attainment plan is individualized.  Factors that Differentiate Competent and Not Competent Youth  **Intellectual Disability/Learning Disability:**  FSIQ > 70 Low Risk  FSIQ 50 -70 Moderate Risk  FSIQ < 50 High Risk  When there are primary intellectual/learning concerns, Competency Attainment primarily includes executive functioning stabilization, behavioral stabilization, and direct instruction/education – including in-vivo Courtroom experiences/exposures.  **Mental Health/Psychiatric**:  When mental health symptoms interfere with Competency (e.g., severe depression, psychosis, delusions, symptoms of schizophrenia, etc.), stabilization and treatment of symptoms is primary. This may include direct treatment with medications, crisis management, and direct psychotherapies. In these cases, there is most often a positive correlation between mental health symptom stability and competency.  **Psychosocial/Emotional Immaturity:**  Age < 12 High Risk  Age 13 – 15 Elevated Risk  Age > 15 Low Risk  When there are primary psychosocial/emotional immaturity obstacles, Competency Attainment primarily includes executive functioning stabilization, behavioral stabilization, and direct instruction/education – including in-vivo Courtroom experiences/exposures.  **All Competency Attainment Cases through Damar are staffed at least monthly with the Program Director and when needed, the licensed psychologist, to ensure that services are individualized to the specific needs, obstacles, skills, and situations of the child and family.**  The daily use of the **Fidelity Tool based on Attainment Phases and Indicators of Quality (See Attachment Q)** ensures that the variables of competency determinations and least restrictive determinations/opinions are provided in writing within 3 days of any determination. Competency and least restrictive determinations are provided as needed (always within 3 days of determination) using the 30-day report format. The submission of determination reports are regulated by the Central Coordinator.  **Competency Attainment Plans Submitted Within 30-days**  If the Court finds the child is not competent to stand trial but may be able to obtain competency within the time frames outlined in Indiana Code 31-37-26, the Court may order the child to participate in Competency Attainment services through Indiana’s qualified provider (Damar Services).   * Upon this decision, the Court would notify the Competency Attainment provider (Damar) of the service order for the child/youth and would provide each Competency Assessment report it has received within 10-days of the order. * Within 30-days of receiving the order and the Assessment reports, the provider (Damar) would submit a written Competency Attainment Plan to the Court that is individualized for the child. * The Court would notify the provider (Damar) of acceptance or rejection of the Competency Attainment Plan. Once approved, the provider (Damar) makes initial contact with the child/placement provider/parent within 7-days to begin Competency Attainment Services.   Damar has a **centralized process for all 30-day reports** required for submission to DCS and/or to the Court. The centralized process will be utilized by the Competency Attainment program and compliance to the 30-day report requirement is regulated by Damar’s extensive **Quality Performance and Improvement Department**. Billing for services cannot be submitted without the submission of the 30-day report. As such, Damar’s accounting department serves as a secondary check for timely submission of 30-day reports.  **Competency Attainment Plans**  Competency Attainment Plans are developed through information provided by the Competency Assessment report(s) and by any other written documentation provided to Damar by the Court or family. On some occasions, it will be necessary for Damar to have direct interactions with the child and/or family to develop the plan. This would be necessary when the Competency Assessment reports are inadequate or do not provide enough information to develop and Individualized Plan. The Competency Attainment Plan will provide the structure for the 30-day summary reports.  The following provides an outline for information provided in a Competency Attainment Plan and 30-Day Review Document:   1. Demographics (Name, Age, Gender, Court, Referral Source) 2. Date of Plan 3. Brief Introduction/Brief History/Reason for Referral 4. Competency Assessment Findings (Obstacles to Competency) 5. Competency Attainment Goals (Targeting Obstacles) 6. Method of Intervention 7. Expected Dates of Review or Completion 8. Statement of Least Restrictive Setting (Justification/Court Order) 9. Special Considerations 10. Primary Provider Assigned 11. Oversight Psychologist Assigned   After Court Approval   1. Date of Court Approval 2. Date of First Contact   30-Day Reports (Include all Content Above and Adds Content Below)  N. Progress on Competency Attainment Goals  O. Assessment Statement of Least Restrictive Setting  P. Attainment Progress/Status   1. Preparation for Attainment (Prerequisite for Successful Training)   The client’s general intellectual and communication skills are assessed (e.g., can the individual communicate verbally, signs, gestures; can the individual tolerate the content and stress of the content; characteristics of trainers/staff that match the needs of the individual; assessing the setting in which attainment occurs; establishing the pace of sessions, establishing trust and rapport, etc.)  Not Started/In Process/Complete   1. Purpose of the Training   Review and understanding of charges, pleas, potential consequences  Not Started/In Process/Complete   1. Courtroom Personnel   Roles of the Judge, Prosecutor, Defense, Family, Bailiff, Court Reporter, alignments, supports, etc.  Not Started/In Process/Complete   1. Courtroom Proceedings   Trial, Pleas, who speaks, when to speak, etc.  Not Started/In Process/Complete   1. Communication With Attorney   Giving Testimony, Assisting with Defense  Not Started/In Process/Complete   1. Tolerating Stress/Emotions   Predicting emotions, normalizing, establishing reactions, acceptable and unacceptable behaviors in the Court  Not Started/In Process/Complete   1. Generalizing Learning to the Courtroom Setting   Not Started/In Process/Complete  Q. Summary  R. Prognosis for Attainment and Expected Time Frames  S. Recommendations (Including Case Management , Medication/Medical, Treatment/Therapy  Needs and Frequency of These Services, if applicable)  T. Crisis Management Plan (if applicable)  U. Signature of Provider and Credentials/Date  V. Oversight Psychologist (as Needed)  **Individualized Plans – Time Limits, Frequency, and Level of Care**  Competency Attainment Services are individualized and are provided consistent with the orders of the Court and the standards for time frames noted below.  Non-residential setting – Unless the Court orders differently, Competency Attainment services will be completed in **90 days** if the child is not charged with what would be a felony if the crime was committed by an adult, and within **180 days** if the child is charged with what would be a felony if committed by an adult.  Residential setting where the child is placed solely or in part for Competency Attainment Services – Unless the Court orders differently, Competency Attainment services will be completed in **45 days** if the child is not charged with what would be a felony if the crime was committed by an adult, within **90 days** if the child is charged with what would be a felony Level 4, Level 5, or Level 6 if committed by an adult, and within **180 days** if the child is charged with murder or a Level 1, Level 2, or Level 3 felony if committed by an adult.  Residential, detention, or other secure setting where the child has been placed for reasons other than to solely participate in Competency Attainment, but is participating in Competency Attainment Services, unless the Court orders differently, Competency Attainment Services will be completed in **90 days** if the child is not charged with what would be a felony if the crime was committed by an adult, and within **180 days** if the child is charged with what would be a felony if committed by an adult.  Frequency of Competency Attainment Services   * Services to Children Placed at Home/Community   These Competency Attainment Services are provided in the home or alternative community-based setting as determined by the **Individualized Competency Attainment Plan.**   * Services to Children in Non-Damar Residential Placement Settings   Children placed in non-Damar residential or detention settings and who require Competency Attainment Services will be processed and coordinated in the same manner as children in less restrictive settings. However, depending on the **Individualized Competency Attainment Plan,** these services will be provided in the residential unit and/or on the residential campus or in the detention center. Coordination of services is the responsibility of the Central Coordinator located in Indianapolis.   * Services to Children in Damar Residential Settings   Children placed at Damar who require Competency Attainment Services will have services overseen by the Central Coordinator and a specialized team of residential-based clinicians and experts in Competency Attainment Services – consistent with the **Individualized Competency Attainment Plan.**  Clinical Caseloads  Community-Based: 2 - 3 hours weekly  Damar Residential: 4 - 6 hours weekly  Non-Damar Residential: 4 – 6 hours weekly  **Juvenile Competency Attainment Curriculum**  Damar’s Competency Attainment Services are rooted in the Virginia Juvenile Competency Program (VJCP) model. The VJCP emphasizes the presence of a primary case manager that coordinates all interventions and supports guided by an individualized treatment plan, provided in the least restrictive setting possible. The model emphasizes the systematic identification of barriers to Competency and provides direct face-to-face services approximately three times weekly with independent evaluation of competency occurring dynamically – and formally before every Court date/review. The goal of VJCP is to attain/restore competency to the level that the youth is likely to remain competent for the foreseeable future. The Commonwealth of Virginia enacted a juvenile competency law in 1999 – from which the VJCP model was initiated. After more than 10-years of implementation, the VJCP model has been significantly studied and evaluated for efficacy.  Program Process  Within the context of an individualized plan of Competency Attainment, Damar’s Competency Attainment Program includes the following Attainment phases:   1. Preparation for Attainment (Prerequisite for Successful Training)   The youth’s general intellectual and communication skills are assessed (e.g., can the individual communicate verbally, signs, gestures; can the individual tolerate the content and stress of the content; characteristics of trainers/staff that match the needs of the individual; assessing the setting in which Attainment occurs; establishing the pace of sessions, establishing trust and rapport, etc.). This phase may include an update of the proposed Competency Attainment Plan to the Court.  This phase is expected to be completed within 14-days of the referral for services.     1. Purpose of the Training   Review and understanding of charges, pleas, potential consequences.  This phase is completed using interventions targeting primary competency obstacles (e.g., cognitive, mental health, psychosocial/emotional immaturity). This phase is expected to be completed within 30 days of the referral for services.   1. Courtroom Personnel   Role of the Judge, Prosecutor, Defense, Family, Bailiff, Court Reporter, alignments, supports, etc. This phase is completed using interventions targeting primary competency obstacles (e.g., cognitive, mental health, psychosocial/emotional immaturity). This phase is expected to be completed within 40 days of the referral for services.   1. Courtroom Proceedings   Trial, Pleas, who speaks, when to speak, etc.  This phase is completed using interventions targeting primary competency obstacles (e.g., cognitive, mental health, psychosocial/emotional immaturity). This phase is expected to be completed within 60 days of the referral for services.   1. Communication With Attorney   Giving Testimony, Assisting with Defense  This phase is completed using interventions targeting primary competency obstacles (e.g., cognitive, mental health, psychosocial/emotional immaturity). This phase is expected to be completed within 80 days of the referral for services.   1. Tolerating Stress/Emotions   Predicting emotions, normalizing, establishing reactions, acceptable and unacceptable behaviors in Court. This phase is completed using interventions targeting primary competency obstacles (e.g., cognitive, mental health, psychosocial/emotional immaturity). This phase is expected to be completed within 90 days of the referral for services.   1. Formal Competency Re-Evaluation and Opinion   If/as required, re-evaluation of competency obstacles is completed/overseen by a doctoral level licensed psychologist – evaluating and documenting specific Attainment variables and responses (e.g., memory, intellectual functioning, mental health stability, developmental status, etc.).  *Note. Phases are cumulative and overlap at times. The pace of program completion is determined by the client’s level of responsivity. Determination of competency attainment or that competency will not be able to be attained within expected time frames can be made at any time and in any phase. Completion of the Competency Attainment Program predicts attainment but does not guarantee that attainment has occurred. As a guideline, Competency Attainment should be completed in 180 days or less.* | |
| **5** | **SoW Section 6.4 – Additional Supporting Services**  Describe how you propose to execute SoW Section 6.4 in its entirety and in alignment with State laws, including but not limited to IC 31-37-26, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe the case management services that will be provided for children enrolled in DCS Competency Attainment Services, including information on the frequency and intensity of service provision. * Demonstrate how case management service provision will be individualized to the needs of each child, including if additional services are available for children with high acuity needs. * Detail how you will coordinate, or provide, medical and therapeutic care based on the individualized needs of each child. If you plan to coordinate these services with external entities, please identify these entities and the services they are able to provide. * Describe how you will coordinate, or provide, medication management services based on the individualized needs of each child. * Detail your plan for supporting a child during a medical or mental health emergency, including but not limited to, crisis response practices and access to transportation. |
| **Case Management Services**  Depending on the needs of the child receiving Competency Attainment Services, case management may be a primary, secondary need, or tertiary need. The Individualized Competency Attainment Plan will identify and address those needs and may evolve over time based on the developments of the case and the progress of the case. It is anticipated that Damar will need to provide primary case management services in addition to Competency Attainment Services. When this occurs and is beyond the scope of the primary competency provider, the Central Coordinator will assign a case manager to the case – with specific case management goals. Case management services will be accessed and provided via Damar’s extensive provider network – including Damar’s own case management providers and access to other DCS contracted service providers (residential and community-based).  **Medical and Clinical (Therapeutic) Services**    Depending on the needs of the child receiving Competency Attainment Services, medical and/or therapeutic services may be a primary, secondary need, or tertiary need. The Individualized Competency Attainment Plan will identify and address those needs and may evolve over time based on the developments of the case and the progress of the case. It is anticipated that Damar will need to provide primary medical and/or therapeutic services in addition to Competency Attainment Services. When this occurs and is beyond the scope of the primary competency provider, the Central Coordinator will assign these providers to the case – with specific medical or therapy/treatment goals. These services will be accessed and provided via Damar’s extensive provider network – including Damar’s own providers and through access to other DCS contracted service providers (residential and community-based).  **Medication Management**  Depending on the needs of the child receiving Competency Attainment Services, medication services may be a need. The Individualized Competency Attainment Plan will identify and address those needs and may evolve over time based on the developments of the case and the progress of the case. It is anticipated that Damar will need to provide primary medication services in addition to Competency Attainment Services – in certain cases. When this occurs and is beyond the scope of the primary competency provider, the Central Coordinator will assign a medication provider to the case – with specific medication management goals. These services will be accessed and provided via Damar’s extensive provider network – including Damar’s own providers and through access to other DCS contracted service providers (residential and community-based). Medication services may also be provided virtually.  **Crisis Management**  Depending on the needs of the child receiving Competency Attainment Services and his/her family, crises may occur. In most cases, a Crisis Management Plan is part of the Individual Competency Attainment Plan. The Individualized Competency Attainment Plan will identify and address those needs and these needs may evolve over time based on the developments of the case and the progress of the case. It is anticipated that Damar will need to ensure that Crisis Management services are available to each case assigned for Competency Attainment Services. The Central Coordinator will ensure that each Plan includes a crisis management component and that resources are available – including transportation, response to family needs, concrete assistance, etc. These resources will be accessed and provided via Damar’s extensive provider network – including Damar’s own providers and through access to other DCS contracted service providers (residential and community-based). | |
| **6** | **SoW Sections 6.5 and 6.6 – DCS Competency Attainment Service Settings and Duration and Contractor Collaboration**  Describe how you propose to execute SoW Sections 6.5 and 6.6 in their entirety and in alignment with State laws, including but not limited to IC 31-37-26, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe your plan to provide competency attainment services within the statutory timeframes outlined in SoW Section 6.5, including how your plan may change based on the child’s service setting. * Demonstrate your ability to collaborate with other State contractors, including but not limited to, other DCS Competency Attainment Services providers, community-based service providers, and residential providers. |
| **Statutory Timeframes**  Statutory time frames for initiating, conducting, and completing Competency Attainment Services have been made clear through IC 31-37-26. Damar intends to comply with all time frames delineated by the RFP and requirements. Competency Attainment Services are housed and delivered through Damar’s extensive and expansive Community-Based program and through the leadership of that program. Damar ensures that timely initiation and completion of services occurs through a precise protocol for accepting referrals, working directly with the Courts, and monitoring the progress of each case through the use of a Fidelity Tool **(Attachment Q).**  Specific requirements and time frames, as well as referral management and initiation of service information is listed below:   * Non-residential setting – Unless the Court orders differently, Competency Attainment services will be completed in 90 days if the child is not charged with what would be a felony if the crime was committed by an adult, and within 180 days if the child is charged with what would be a felony if committed by an adult. * Residential setting where the child is placed solely or in part for Competency Attainment Services – Unless the Court orders differently, Competency Attainment services will be completed in 45 days if the child is not charged with what would be a felony if the crime was committed by an adult, within 90 days if the child is charged with what would be a felony Level 4, Level 5, or Level 6 if committed by an adult, and within 180 days if the child is charged with murder or a Level 1, Level 2, or Level 3 felony if committed by an adult. * Residential, detention, or other secure setting where the child has been placed for reasons other than to solely participate in Competency Attainment, but is participating in Competency Attainment Services, unless the Court orders differently, Competency Attainment Services will be completed in 90 days if the child is not charged with what would be a felony if the crime was committed by an adult, and within 180 days if the child is charged with what would be a felony if committed by an adult.   Like all other services housed and initiated through Damar’s Community-Based program, specific protocols and oversight ensure that referral and service response times are occurring. Referral management and initiation of service guidelines for Competency Attainment are listed below:  In accordance with SB 368 and the resulting Indiana Code (IC) 31-37-26, if a Court has reasonable grounds to believe that a child is not competent, the Court will order the child to undergo competency evaluation. The evaluation must be completed by a “disinterested person” – defined as an independent psychologist or psychiatrist. The Court has often had two, and when needed, three, independent psychologists/psychiatrists conduct assessments to ensure reliability of competency findings. The resulting report from the psychologist/psychiatrist makes an opinion of a) the child is competent to stand trial, b) the child is not competent to stand trial and not likely to obtain competency within 180 days (or another specified time period), or c) the child is not competent to stand trial but likely can be made competent through competency attainment services within 180 days (or another specified time frame).   1. If the Court finds the child is not competent to stand trial but may be able to obtain competency within the time frames outlined in Indiana Code 31-37-26, the Court may order the child to participate in Competency Attainment services through Indiana’s qualified provider (Damar Services). It is anticipated that the order would result in a referral to Damar from the child’s Probation Officer. 2. Through a dedicated line of communication and as provided to Indiana Courts – Damar would be listed as the Competency Attainment Provider in Kidtraks. The Kidtraks portal would be used to make referrals to Damar for Competency Attainment Services. 3. Upon this decision and the referral, the Court would notify Damar of the service order for the child/youth and would provide each Competency Assessment report it has received on the child within 10-days of the order/referral. 4. Within 15 days of receiving the order and the Assessment reports, Damar submits a written Competency Attainment Plan to the Court. 5. The Court would notify Damar of acceptance or rejection of the Attainment Plan. Once approved, Damar makes initial contact with the child/placement provider/parent within 7-days to begin Competency Attainment Services.   **Collaboration with Other Service Providers in Indiana**  In addition to its own robust resources, Damar has extensive experience in working with other service providers in Indiana to meet the needs of Hoosier children and their families. Damar has strong relationships with the majority of DCS-contracted community-based providers, community mental health centers, and private practitioners.  **Expansive community partnerships** - Clinically, Damar has long-term and well-established partnerships and service agreements with a community mental health center (Meridian Health Services), a pediatrician/physician group (IU Health Physicians), a child psychiatry group (IU School of Medicine Department of Psychiatry) and an ancillary professional services group (Kids Count) for additional and supplemental speech, OT and PT services as well as professional ABA consultation and training.  Damar has professional relationships with hundreds of vendors in various industries including clinical equipment, IT equipment and services, construction, interior design, architectural, dietary, housekeeping, maintenance, education, landscaping, and health services, among others.  Additionally, Damar has strong relationships with hundreds of residential and community-based providers. It is these relationships and access to clinicians across the state that will allow the provision of state-wide competency attainment services to be achieved. | |
| **7** | **SoW Sections 7 and 8 – Project Management and Staffing**  Describe how you propose to execute SoW Sections 7 and 8 in their entirety and in alignment with State laws, including but not limited to IC 31-37-26, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Provide an outline of your proposed Service Delivery Plan, including how you will adhere to all reporting, meeting, and communication requirements. * Describe how you will meet all court notification requirements outlined in SoW Section 7.3, including the information that will be included in each report. * Provide an outline of your proposed Individual Monthly Progress Report, including at a minimum, all information outlined in SoW Section 7.4.2. * Detail how you will collect, track, and report client and service data, including all minimum information outlined in SoW Sections 7.4.1, 7.4.2, and 7.4.3. * Provide a detailed Staffing Plan containing the Full-Time Equivalents (FTEs) for all proposed staff positions and an organizational chart. Describe which staff position(s) will be responsible for each requirement in the Scope of Work. Provide a table outlining all staff positions and FTEs, including identification of which staff positions and/or FTEs will be provided by subcontractors (if any). * Provide names and resumes for the individuals you propose to fulfill each required staff position in SoW Section 8.1 and describe how these individuals meet or exceed all experience requirements. If any individuals have not been identified yet, provide a job description at minimum. * Describe your plan to monitor proposed subcontractors (if any) to ensure all services provided adhere to contract requirements. |
| **Service Delivery Plan**  Damar intends to implement CAS by integrating the service line into an already existing business entity at Damar that includes the current capacity to provide local and distant services in Indiana – Community-Based Services. Community-Based Services has existing leadership that can be expanded to oversee and ensure quality implementation of the CAS described in this RFP. All of the supporting resources are in place currently (therapy, case management, crisis response, accounting, quality assurance, clinical and staffing supervision and review) through Damar-employed and contracted professionals and will expand with duplicated protocols to provide CAS in Indiana. Please see expanded staffing and ancillary resources in the below Staffing Plan.  Competency Attainment Services has significant reporting requirements. Those requirements will be maintained effectively in the same way that Damar ensures other reporting requirements – scheduled supervision, the use of a Fidelity Tool, and management oversight and checkpoints. The final monthly check for timely submission of reports and communications is through the billing department (nothing can be billed without the supporting documentation in place).  Damar has an existing Electronic Medical Record (EMR) system that can be utilized. The use of the EMR provides additional reminders and alerts to ensure that appropriate documents are submitted in a timely fashion.  Service Level Management  This is part of the responsibility of the CAS Program Director – including ensuring that all resources are available to receive and serve referrals to the CAS program.  Capacity Management  This is a joint responsibility of the CAS Program Director and the Central Care Coordinator. At all times CAS must have the clinical and administrative resources available to receive and serve children referred to the program. The ongoing oversight of the program includes continual monitoring of current and expected capacity with the ability to comply with all time frame expectations.  Availability Management  This is a joint responsibility of the CAS Program Director and the Central Care Coordinator. At all times CAS must have the clinical and administrative resources available to receive and serve children referred to the program. The ongoing oversight of the program includes continual monitoring of current and expected capacity with the ability to comply with all time frame expectations. Damar’s CAS program must have ongoing availability of resources to serve Hoosier children ordered to undergo CAS.  Financial Management  Under the ultimate oversight of Damar’s Chief Financial Officer, the budget, revenue and expenses of the program are closely monitored and reported at least monthly to program leaders. Damar is required by its CEO and Board of Directors to have extensive operating reserves in case of emergency or unexpected financial situations of payors that might delay payments.  Service Continuity  Damar’s planned responses to any service interruption due to unforeseen circumstances is outlined in **Attachment N** – Comprehensive Disaster Recovery Plan.  **Outline of Individual Monthly Progress Report**  Competency Attainment Plans are developed through information provided by the Competency Assessment report(s) and by any other written documentation provided to Damar by the Court or family. On some occasions, it will be necessary for Damar to have direct interactions with the child and/or family to develop the plan. This would be necessary when the Competency Assessment reports are inadequate or do not provide enough information to develop and Individualized Plan. The Competency Attainment Plan will provide the structure for the 30-day summary reports.  The following provides an outline for information provided in a Competency Attainment Plan and 30-Day Progress Report Document:   1. Demographics (Name, Age, Gender, Court, Referral Source) 2. Date of Plan 3. Brief Introduction/Brief History/Reason for Referral 4. Competency Assessment Findings (Obstacles to Competency) 5. Competency Attainment Goals (Targeting Obstacles) 6. Method of Intervention 7. Expected Dates of Review or Completion 8. Statement of Least Restrictive Setting (Justification/Court Order) 9. Special Considerations 10. Primary Provider Assigned 11. Oversight Psychologist Assigned   After Court Approval   1. Date of Court Approval 2. Date of First Contact   30-Day Reports (Include all Content Above and Adds Content Below)  N. Progress on Competency Attainment Goals  O. Assessment Statement of Least Restrictive Setting  P. Attainment Progress/Status   1. Preparation for Attainment (Prerequisite for Successful Training)   The client’s general intellectual and communication skills are assessed (e.g., can the individual communicate verbally, signs, gestures; can the individual tolerate the content and stress of the content; characteristics of trainers/staff that match the needs of the individual; assessing the setting in which Attainment occurs; establishing the pace of sessions, establishing trust and rapport, etc.)  Not Started/In Process/Complete   1. Purpose of the Training   Review and understanding of charges, pleas, potential consequences  Not Started/In Process/Complete   1. Courtroom Personnel   Roles of the Judge, Prosecutor, Defense, Family, Bailiff, Court Reporter, alignments, supports, etc.  Not Started/In Process/Complete   1. Courtroom Proceedings   Trial, Pleas, who speaks, when to speak, etc.  Not Started/In Process/Complete   1. Communication With Attorney   Giving Testimony, Assisting with Defense  Not Started/In Process/Complete   1. Tolerating Stress/Emotions   Predicting emotions, normalizing, establishing reactions, acceptable and unacceptable behaviors in the Court  Not Started/In Process/Complete   1. Generalizing Learning to the Courtroom Setting   Not Started/In Process/Complete  Q. Summary  R. Prognosis for Attainment and Expected Time Frames  S. Recommendations (Including Case Management, Medication/Medical, Treatment/Therapy  Needs and Frequency of These Services, if applicable)  T. Crisis Management Plan (if applicable)  U. Signature of Provider and Credentials/Date  V. Oversight Psychologist (as Needed)  **Collecting, Reporting, and Tracking Data**  Damar has extensive experience in the collection, analyzing, and reporting of data for purposes of tracking performance, outcomes and financial efficiencies. Established reporting protocols will be utilized for CAS. The majority of data to be tracked can be done through Damar’s Electronic Medical Records system through regular input of documents. Damar’s extensive Performance and Quality Improvement Program accesses, analyzes, tracks, and responds to the data as prescribed by program leadership and any external requirements. The CAS Program Director ensures that all of the following data is entered, tracked and reported:   * Number of Referrals Received Per Quarter * Number of Clients Served to Date * Demographics of Clients (Age, Referral County) * Percentage of Competency Attainment Barriers (Intellectual Delay, Immaturity/Young Age, Mental Health Condition, More than One Barrier) * Average Length of Service Per Client in Weeks * Average Number of CAS Sessions Provided Weekly Per Client * Competency Attainment Percentage * Percentage of Monthly Reports Submitted by the 10th of the Month * Percentage of Cases Requiring Additional Services (Case Management, Medication, Crisis Intervention, Therapy)   **Staffing Plan – To Meet all Service, Response and Communication Requirements**  The following staffing plan will be enacted to meet the service and other requirements listed in this RFP. The staffing plan is based on an estimate of 100 unduplicated annual cases with an average of 4 direct CAS provided weekly per client referred and to include case management, therapy, medical, and crisis intervention services as needed/as prescribed or added in the Individual Competency Attainment Plan.  Services will be provided by a combination of Damar employed professionals and other professionals contracted throughout the state.  CAS Program Director – 1/4 FTE (Damar Employed)  The Program Director is responsible for the vast oversight of the program and ensures resources are available for the program to meet stated goals in the RFP. The Program Director is also responsible for ensuring timely data collection and data reporting (monthly, quarterly). The Program Director also uses his/her professional connections to recruit and maintain professional resources for the program. The Vice President of Community-Based Programs serves as the CAS Program Director and reports directly to Damar’s Chief Operating Officer.  CAS Supervisor – 1 FTE (Damar Employed)  The supervisor directly oversees the competency attainment services provided and provides support and direction to the professional providing the service. The Supervisor provides regular face to face supervision of providers. In some cases, that supervision may be provided virtually (e.g., when services are provided in distant areas of the state). The CAS Supervisor Reports to the Vice President of Community-Based Services.  CAS Central Care Coordinator – 2 FTE (Damar Employed)  The Care Coordinator is responsible for ensuring referrals are received and accepted and that the protocols for initiating the case are followed. With assistance, the Care Coordinator completes and submits the Competency Attainment Plan to the Court and monitors the Court’s response to the Plan. The Care Coordinator assigns cases to CAS service providers and monitors service compliance standards. The Care Coordinator reports to the Vice President of Community-Based Services  Psychologist – 2 FTE (Damar Employed/Contracted)  The psychologist provides training to employed and contracted CAS professionals, oversees the efficacy and fidelity of services, approves changes to the Competency Attainment Plan, and qualifies and verifies the attainment or lack of attainment of competency. The psychologist provides clinical and administrative services as requested/required by the Competency Attainment Plan. The Psychologist reports administratively to the Supervisor.  Prescribing Professional – 1/2 FTE (Damar Employed/Contracted)  The prescribing professional provides direct medication services to clients who require such services when requested by the Care Coordinator. The Prescribing Professional reports to the Medical Coordinator.  Medical Coordinator – 1/6 FTE (Damar Employed/Contracted)  The Medical Coordinator oversees the prescribing professional and ensures that medical coordination and communication is occurring when a child is already receiving medical or medication services from a community physician/nurse practitioner/physician’s assistant.  If the prescribing professional or Medical Coordinator is a psychiatrist, they may also provide training to employed and contracted CAS professionals, oversee the efficacy and fidelity of services, approve changes to the Competency Attainment Plan, and qualify and verify the attainment or lack of attainment of competency. The Medical Coordinator reports to the Chief Operating Officer.  Direct CAS Provider (Skills Trainer) – 6 FTE (Damar Employed/Contracted)  The Direct CAS Provider implements the Individual Competency Attainment Plan and provides related services as outlined in the Plan. The Skills Trainer Reports to the Supervisor  Case Manager – 4 FTE (Damar Employed/Contracted)  The Case Manager provides case management related services (transportation, coordination, access to services, concrete assistance) as prescribed in the Individual Competency Attainment Plan. The Case Manager reports to the Supervisor of the CAS Program.  CAS Performance and Quality Improvement Professional – 1/4 FTE (Damar Employed)  The quality and compliance professional is responsible for any and all data collection and reporting as described in the Collecting, Reporting, and Tracking Data section of this RFP response. The CAS Quality Improvement Professional reports to the Vice President of Quality and Compliance at Damar.  Accounting and Billing Professional 1/6 FTE (Damar Employed)  Provides monthly invoicing for program to DCS based on documents submitted and approved for billing. The Billing Professional reports to the Finance Director at Damar.  See Available/Relevant Job Descriptions in **Attachment R.**  **Monitoring of Subcontractors**  Presently, Damar utilizes hundreds of professional contractors to provide services to clients – especially in Community-Based Services. Extensive effort is put forth to ensure that Contracted services are of high quality, of high ethics, have the absence of fraud, and meet the high standards of Damar Services. Contractor services are monitored for quality and oversight by the use of a Contractor Agreement, extensive background check requirements, regular training requirements, and regular supervision requirements. Contractor performance is evaluated and monitored in the same way that a Damar’s employee’s performance and behaviors are monitored and evaluated. Contractors are required to submit prescribed and expected documentation for services provided. Payment to contractors is contingent on documentation and adherence to standards. | |
| **8** | **SoW Sections 9, 10, 11, and 12 – Implementation and Transition Requirements, Billing and Invoicing, Performance Measures, Corrective Actions and Payment Withholds**  Describe how you propose to execute SoW Sections 9, 10, 11, and 12 in their entirety, including, but not limited to, the specific elements highlighted below:   * Please demonstrate your understanding of and indicate that you agree to comply with the implementation and transition requirements described in SoW Section 9, including affirming that services will begin by the operational start date of December 31st, 2022. Please provide a draft implementation work plan. * Please demonstrate your understanding of and indicate that you agree to comply with the billing and invoicing requirements described in SoW Section 10. * Please demonstrate your understanding of and indicate that you agree to comply with the performance measurement requirements listed in SoW Section 11. Outline your data collection practices, including any software utilized for data collection, cleaning, and analysis. Please propose any additional performance measures you believe the State should consider. * Please demonstrate your understanding of and indicate that you agree to comply with the corrective action and payment withhold requirements described in SoW Section 12. List any corrective actions that you have been subject to in the past five (5) years for services similar to those described in this RFP. Additionally, please describe what measures you will take to avoid corrective action throughout the life of the contract. |
| **Implementation and Transition Requirements**  Damar is prepared to recruit, hire, arrange, organize the department, and train all involved in CAS before the start of the contract. These activities will begin immediately upon award notification. If awarded, Damar commits to the submission of a work plan to DCS by November 20, 2022, and a readiness for service on December 31, 2022. The expected time frames for implementation and transition include the following:  September 1, 2022  Notification of Award  September 2, 2022  Transition and implementation meeting occurs and includes prioritized planning, recruitment, arrangement, job postings, and coordination of service with time frames delineated. Review of the RFP standards. Responsible persons include President and CEO, Chief Operating Officer, and Vice President of Community-Based Services.  October 2, 2022  Roles, responsibilities, outreach to provider community, contractor and employee development is partially completed/completed.  November 2, 2022  CAS Training is completed.  November 15, 2022  Trial run of processes completed and reviewed.  November 20, 2022  Specific Implementation and Transition Plan submitted to DCS  December 31, 2022  All resources in place to receive first referrals.  **Billing and Invoicing Requirements**  Damar understands and agrees that billing and invoicing for CAS differs based on the setting of the child (community, residential, detention). Damar understands that services are billed on an hourly rate and shall include only CAS services that are provided directly to the child. Non-direct activities (e.g., supervision, oversight, clinical staffing, report writing, collateral contacts, travel time, etc.) are not billed directly but rather these costs are included in the hourly rate.  Damar understands that medically necessary services are to be provided by Medicaid or other third- party payers and may be utilized to contribute to competency attainment. If there is insurance that covers medically necessary services, those pay sources should be exhausted before billing DCS (e.g., inpatient psychiatric hospitalization, substance abuse detox).  **Performance Measurements**  Damar agrees to the minimal standards set for by DCS for data collection and analysis. Those minimal standards are included in the following performance standards/data points implemented by Damar:   * Number of Referrals Received Per Quarter * Number of Clients Served to Date * Demographics of Clients (Age, Referral County) * Percentage of Competency Attainment Barriers (Intellectual Delay, Immaturity/Young Age, Mental Health Condition, More than One Barrier) * Average Length of Service Per Client in Weeks * Average Number of CAS Sessions Provided Weekly Per Client * Competency Attainment Percentage * Percentage of Monthly Reports Submitted by the 10th of the Month * Percentage of Cases Requiring Additional Services (Case Management, Medication, Crisis Intervention, Therapy)   Damar has extensive experience in the collection, analyzing, and reporting of data for purposes of tracking performance, outcomes, and financial efficiencies. Established reporting protocols will be utilized for CAS. The majority of data to be tracked can be done through Damar’s Electronic Medical Records system (MedEZ) through regular input of documents. Damar’s extensive Performance and Quality Improvement Program accesses, analyzes, tracks, and responds to the data as prescribed by program leadership and any external requirements. The CAS Program Director ensures that all required data is entered, tracked, and reported.  **Corrective Action and Payment Requirements**  Damar understands that failure to provide services to the satisfaction of the state – as outlined in the RFP – may result in corrective actions. Any request for correction action by the state requires that Damar respond with a Plan of Correction within 10 days of the request/notice – demonstrating actions to resolve any deficiencies, explanation of the nature of the deficiency, and the times frames for immediate and permanent resolution of the deficiencies.  Damar understands that the State may decide to withhold payment (up to 10% of the following monthly invoice and all subsequent invoices) until the plan of correction is implemented. Damar understands that failure to provide a Plan or Correction when required or failure to implement the Plan in the time frame proposed could result in a forfeiture of the dollars withheld.  Damar works to avoid deficiencies by high level compliance with standards and through regular review by the Performance and Quality Department – including internal audits. | |