

COMMONWEALTH OF MASSACHUSETTS

DISCHARGE PLANNING SPECIFICATIONS FOR REQUESTS FOR RESPONSES

This document address some of the requirements of a cross-cutting initiative developed by the Working Group on Discharge Planning, as included in the Executive Office for Administration and Finance's Policy Report: ***Moving Beyond Serving the Homeless to Preventing Homelessness***. The initiative is "*Ensure Consistency in Discharge Planning among the Commonwealth's Vendors*". It contains required Request for Response specification language pertaining to discharge planning for Purchase of Service (POS) contracts with human and social service providers.

The specifications were developed by the multi-department Procurement Review Team and will be incorporated into upcoming Requests for Responses (RFRs) for certain services. They are based on the "*Characteristics of an Effective Discharge Planning Policy and System*" as developed by the Working Group on Discharge Planning. The specifications will also be incorporated, wherever feasible, into Standard Contract Form Amendments when departments exercise their options to renew contracts with providers.

There are three broad categories of services for which discharge planning language has been developed. The specifications serve as a "starting point" or generic baseline for the services within these categories.

The language may be further customized by the purchasing department, depending on the consumers and the specific service. The three categories are:

1. Residential
2. Other Services
3. Clinical Training

The list of specific services by department and type, which may be amended periodically, is attached to this document.

1. RESIDENTIAL

This category consists of residential services that may be short or long term in duration. The determination of whether a service is long or short term is made by each department for the specific service. Discharge planning language for short term residential services may be less prescriptive in nature.

Request for Response (RFR) Performance and Contract Specifications:

Transitional and Discharge Planning: The Commonwealth and the Department of TBA are committed to promoting social and economic self-sufficiency and ensuring

public safety. Transitional and discharge planning is an important required component of this Request for Response and is reflected in the evaluation criteria. Further, transitional and discharge planning performance measurements will be incorporated into the resulting contract from this RFR. These performance measurements will clearly delineate the contractor's role and responsibility regarding authority and custody as well as transition and discharge activities in partnership with the department. The contractor is to describe in detail a transitional/discharge planning component that must include, at a minimum, the following:

Intake/Assessment: The contractor must demonstrate support that discharge planning begins at intake with a comprehensive intake and assessment procedure/protocol. This intake, if not provided by the department, must include an assessment of the client's/offender's program and service needs in all areas, including supportive services in the community upon discharge.

Matching/Plan Development: A case manager, discharge planner or other appropriate/designated professional knowledgeable in transitional/discharge planning must be assigned to the consumer/offender, if such an individual has not been assigned by the department. As the result of the assessment, the contractor (in partnership with the department, if appropriate) must jointly develop a transitional/discharge plan for the next service or program or discharge anticipating the consumer's/offender's movement along a continuum of services that prepares the individual for self-sufficiency. Client/offender needs are to be individualized. The contractor is to match the needs of the consumer/offender to the appropriate programs and supportive services in the community.

Education/Resource Listing: The contractor (and department, if appropriate) must inform the consumer/offender of his/her options regarding services available upon transition/discharge. This information must be made available even if the consumer/offender is uncooperative, uninterested or unwilling at the time of these attempts. The contractor must fully document the attempts and the consumer's/offender's response.

Coordination: The contractor must be committed to the concept of a continuum of care and supportive services for the consumer/offender to prepare the individual for self-sufficiency. The contractor must actively solicit the participation of other community-based resources (including visits to and from the next service provider) throughout the consumer's/offender's transition and discharge phase.

Transition/Discharge: The contractor (in partnership with the department, if appropriate) must ensure the smooth transition to the next service or the reintegration of the consumer/offender into the community. The consumer/offender must be involved in the transition/discharge and supportive service arrangements. The discharge must be fully documented and include the consumer's/offender's responsiveness (or lack thereof) to the contractor's efforts.

The Commonwealth has determined that the discharging of consumers into homeless shelters is not an appropriate discharge plan. It is the Commonwealth's goal, through the implementation of aggressive and comprehensive discharge planning efforts, to reduce the number of inmates/clients who go into shelters after having been in residential programs. Bidders in their response to this RFR will be required to provide a plan of action which will become a contract performance goal that will enable the Commonwealth to achieve this goal.

Data Collection/Tracking: The contractor must document all service delivery phases from intake to discharge, including a summary of the discharge destination. Beginning with the assessment, certain data will be collected. The contractor must also track the progress of the consumers/ offenders after they have left the program for their next service level or for community reintegration. The minimum tracking period will be for TBA (as specified by the department). Data collection, documentation and tracking are vital to the department's understanding of the success of the contractor's transition/discharge planning efforts and will be reflected in outcomes as stated in the performance measures.

The department reserves the right to amend any of the above requirements at its sole discretion. Further, the department recognizes the legal and civil rights of the clients/offenders receiving services from the contractor. As such, the department may engage in dialogue regarding the above at the contractor's request. This dialogue may result in an amendment to the above components if the department and contractor deem it necessary.

2. OTHER SERVICES – NON RESIDENTIAL

This category consists of non-residential services. Discharge planning language for these types of services is limited in nature.

Request for Response (RFR) Performance and Contract Specifications:

Transitional Planning: The Commonwealth and the Department of TBA are committed to promoting social and economic self-sufficiency and ensuring public safety. Transitional planning is an important required component of this Request for Response and is reflected in the evaluation criteria. Further, transitional planning performance measurements will be incorporated into the resulting contract from this RFR. The contractor is to describe in detail a transitional planning component that must include, at a minimum, the following:

Intake/Assessment: The contractor must demonstrate support that transitional planning begins at intake with an appropriate intake and assessment procedure/protocol. This intake, if not provided by the department, must include an assessment of the client's/offender's program and service needs.

Matching/Plan Development: A case manager or other appropriate/designated professional knowledgeable in transitional/discharge planning should be assigned to the consumer/offender, if such an individual has not been assigned by the department. As the result of the assessment, the contractor (in partnership with the department, if appropriate) should jointly develop a transitional plan for the next service or program or discharge anticipating the consumer's/offender's movement along a continuum of services that prepares the individual for self-sufficiency. Client/offender needs are to be individualized. The contractor is to match the needs of the consumer/offender to the appropriate programs and supportive services in the community.

Education/Resource Listing: The contractor (and department, if appropriate) must inform the consumer/offender of his/her options regarding services available upon transition. This information must be made available even if the consumer/offender is uncooperative, uninterested or unwilling at the time of these attempts. The contractor must fully document the attempts and the consumer's/offender's response.

Coordination: The contractor must be committed to the concept of a continuum of care and supportive services for the consumer/offender to prepare the individual for self-sufficiency. The contractor must actively solicit the participation of other community-based resources, as appropriate (including visits to and from the next service provider) throughout the consumer's/offender's transition and discharge phase.

Transition/Discharge: The contractor must ensure the smooth transition to the next service or the reintegration of the consumer/offender into the community. The consumer/offender must be involved in the transition/discharge and supportive service arrangements. The discharge must be fully documented and include the consumer's/offender's responsiveness (or lack thereof) to the contractor's efforts.

Data Collection/Tracking: The contractor must document all service delivery phases from intake to transition, including a summary of the transition/destination. Beginning with the assessment, certain data will be collected. The contractor must also track the progress of the consumers/offenders after they have left the program for their next service level or for community reintegration. The minimum tracking period will be for TBA (as specified by the department). Data collection, documentation and tracking are vital to the department's understanding of the success of the contractor's transition planning efforts and will be reflected in outcomes as stated in the performance measures.

The department reserves the right to amend any of the above requirements at its sole discretion. Further, the department recognizes the legal and civil rights of the clients/offenders receiving services from the contractor. As such, the department may

engage in dialogue regarding the above at the contractor's request. This dialogue may result in an amendment to the above components if the department and contractor deem it necessary.

3. DEPARTMENTAL CLINICAL TRAINING SERVICES

This category consists of clinical training services for departments with services covered by discharge planning language. Please note: OSD has a Statewide Contract (ST7J502) for Training and Organizational Development Services. As such, the suggested language below should be incorporated into requests for quotations from qualified statewide contractors. If the Statewide Contract does not meet the needs of the department and the department conducts a procurement for training services, the following language should be incorporated into the Request for Response:

Request for Response (RFR) Performance and Contract Specifications:

Transitional Planning Curriculum: The Commonwealth and the Department of TBA are committed to promoting social and economic self-sufficiency and ensuring public safety. Training, developed within the fuller context of human development, must have an emphasis on transitional planning. Transitional planning is an important required component of this Request for Quotation/Response and is reflected in the evaluation criteria. The trainer must incorporate the department's *Discharge Planning Policy and System* in the curriculum. Further, transitional planning training performance measurements will be incorporated into the resulting contract or Memorandum of Understanding. [Monica had resulting contract from this Memorandum of Understanding/RFR]. The trainer is to describe in detail a transitional planning component of the training that must include, at a minimum, the following:

Intake/Assessment: The trainer must demonstrate knowledge and support of the concept that transitional planning begins at intake with an appropriate intake and assessment procedure/ protocol.

Matching/Plan Development: The trainer must include the role of a case manager or other appropriate/designated professional knowledgeable in transitional/discharge planning in the curriculum. Training should also cover the joint development of a transitional plan for the next service or program or discharge anticipating the consumer's/offender's movement along a continuum of services that prepares the individual for self-sufficiency. The trainer must demonstrate that an emphasis will be placed on individual client/offender needs throughout the training. The trainer must teach the students how to match the needs of the consumer/offender to the appropriate programs and supportive services in the community.

Education/Resource Listing: The trainer must cover resources available to the department and the consumer/offender regarding service options available upon transition/discharge.

Coordination: The trainer must demonstrate a thorough understanding and ability to convey the concept of human development via a continuum of care and supportive services for the consumer/offender to prepare the individual for self-sufficiency. The trainer must encourage departments to solicit the participation of other community-based resources throughout the consumer's/offender's transition and discharge phase.

Transition/Discharge: The trainer must provide strategies to accomplish the smooth transition to the next service or the reintegration of the consumer/offender into the community. The trainer must teach that the consumer/offender is to be involved in the transition/discharge and supportive service arrangements. The trainer must encourage the full documentation of the transition.

Data Collection/Tracking: The trainer must cover appropriate documentation of all service delivery phases from intake to transition, including a summary of the transition/destination. The trainer must teach students to track the progress of the consumers/offenders after they have left the program for their next service level or for community reintegration.

The department reserves the right to amend by expansion and/or additional specifications any of the above requirements at its sole discretion.

LIST OF SERVICES BY DEPARTMENT AND TYPE

DEPARTMENT OF CORRECTION

<u>CODE</u>	<u>RESIDENTIAL</u>
7402	CONTRACTED INMATE HOUSING
7405	SUBSTANCE ABUSE
7407	TREATMENT PRGM SEXUALLY DANGER
7409	BOOT CAMP LONGWOOD
	<u>OTHER</u>
7408	COUNSELING / EDUCATION
7404	E & T

DEPARTMENT OF SOCIAL SERVICES

<u>CODE</u>	<u>RESIDENTIAL</u>
BWCP	BATTERED WOMEN & CHILDREN PROG.
FOSO	FOSTER CARE
FOSC	CONTRACTED FOSTER CARE
FOSM	FOSTER CARE MANAGEMENT SUPPORT
RESO	RESIDENTIAL SERVICE
RESC	COMMONWORKS
RESG	GROUP HOME
RESS	RESIDENTIAL SHELTER
REST	RESIDENTIAL TREATMENT CENTERS
	<u>OTHER</u>
BWCS	BATTERED WOMEN & CHILDREN SERV
CSSP	PROTECTIVE CONTRACTED SUPPORT
CSSS	CONTRACTED SERVICE MANAGEMENT
	<u>TRAINING</u>
FOSM	FOSTER CARE MANAGEMENT SUPPORT
RESC	COMMONWORKS

DEPARTMENT OF VETERANS' SERVICES

CODE

RESIDENTIAL

1133

HOMELESS VETERANS

OTHER

1131

OUTREACH/COUNSEL

DEPARTMENT OF MENTAL HEALTH

CODE

RESIDENTIAL

3048

RESPITE CARE SERVICES

3049

ADULT RESIDENTIAL SERVICES

3075

INDIVIDUALIZED SUPPORT, RESIDENTIAL

3079

CHILD ADOLESCENT RESIDENTIAL SERVICES

3080

INTENSIVE RESIDENTIAL TREATMT

3081

CLINICALLY INTENSIVE RES. TREATMENT

3132

COMPREHENSIVE PSYCHIATRIC SERV

OTHER

3015

CLIENT AND COMMUNITY EMPOWERMENT

3029

DISASTER CRISIS

3024

PRE-SCREENING AND ASSESSMENT

3026

CORRECTIONAL MENTAL HEALTH

3027

ADULT FORENSIC COURT SERVICE

3031

PROGRAM OF ASSER COMM TREAT. (PACT)

3034

COMMUNITY SUPPORT CLUBHOUSE

3036

SERV FOR EDUCATION & EMPLOYMENT

3037

DAY REHABILITATION

3039

HOMELESS AND SUPPORT SERVICES

3050

OUTPATIENT SERVICES

- 3051 CONTRACTED DAY TREATMENT
- 3053 DROP-IN CENTER/SOCIAL CLUB
- 3057 JUVENILE COURT CLINIC SERVICES
- 3058 FAMILY/CAREGIVERS SUPPORT
- 3059 COMMUNITY REHABILITATIVE SUPPORT
- 3064 OUTPATIENT SERVICES (CH)
- 3065 COMMUNITY & SCH THER SPT
- 3066 FLEX SUPPORT (NON-RES)
- 3068 CHILD/ADULT DAY SERVICES

DEPARTMENT OF YOUTH SERVICES

RESIDENTIAL

- 2500 SECURE TREATMENT
- 2501 SECURE DETENTION
- 2502 ASSESSMENT
- 2503 GROUP CARE
- 2504 FOSTER CARE
- 2505 REVOCATION
- 2506 RESIDENTIAL SERVICES M.S.A.
- 2509 SPECIALIZED FOSTER CARE
- 2512 LONG TERM TREATMENT (766)
- 2516 INDEP. LIVING
- 2518 JUVENILE OFFENDER BOOT CAMP.

OTHER

- 2507 OUTREACH AND TRACKING
- 2514 DAY REPORTING
- 2519 NON - TRADITIONAL

DEPARTMENT OF PUBLIC HEALTH

CODE**RESIDENTIAL**

3301	JAILS
3302	SUMMER CAMP SERVICES
3304	STUDENT INDEP. LIVING EXP.
3305	OUTREACH AND REFERRAL
3386	RESIDENTIAL TREATMENT
3389	SASI - SA SHELTER FOR IND
3395	INPATIENT DETOXIFICATION
3400	CRIMINAL JUSTICE PROGRAM
3401	2ND OFFENDER RESIDENTIAL
3416	HIV/AIDS SUPPORT HOUSING
3429	SHELTER PROGRAM – SHATTUCK HOSPITAL
3434	TRANSITIONAL SUPPORT SERVICES
3455	SPEC. RESIDENT SERVICES WOMEN
3470	YOUTH RESIDENTIAL

OTHER

3300	COMPREHENSIVE HOME HEALTH
3306	SEARCH BSAS ED & ASSESS
3322	ACT NOW HIV EARLY INTERV
3378	SUBSTANCE ABUSE DAY TREATMENT
3383	ALT TREATMENT/VIOLENT OFF
3385	AMBULATORY SERVICES
3397	NARCOTIC TREATMENT
3399	RELAPSE PREVENTION MGMT
3424	HEPITITIS C PROJECT
3426	ADOLESCENT SERVICES
3428	HIV/AIDS MULTI-SRV IN CHC
3430	HIV/AIDS CONS & CLIENT SRV

3445 SPEC. STABILIZATION ADOL.

TRAINING

J50 MASS MEDICAL INTERPRETERS ASSOCIATION

SHERIFFS

CODE

RESIDENTIAL

SUBSTANCE ABUSE

DISCHARGE PLANNING

LIFE SKILLS

OTHER

HEALTH CARE

AIDS AWARENESS

EDUCATIONAL SERVICES

PARENTING PROGRAMS

DISCHARGE PLANNING

DEPARTMENT OF MEDICAL ASSISTANCE

CODE

OTHER

MANAGED CARE ORGANIZATIONS (MCO)

ACUTE HOSPITAL RFA

PSYCHIATRIC RFA

NON-ACUTE HOSPITAL RFA

Behavioral Health Partnership

TRAINING

MANAGED CARE ORGANIZATIONS (MCO)

**MASSACHUSETTS REHABILITATION
COMMISSION**

CODE

RESIDENTIAL

2208 INDEPENDENT LIVING
2216 INDEPEND. LIVING - RESIDENTIAL
2226 SHIP RESIDENTIAL

OTHER

2201 VOCATIONAL SERVICES
2202 DEAF SERVICES
2215 INDEP LIVPROGR - NON-RESIDENTIAL
2225 STATEWIDE HEAD INJ PROG - NON-RES
2227 ANCILLARY SERVICES