RFP No. 26-01-24200 Questions

Questions Regarding Participation in the Competency Diversion Program

Safety and Behavioral Expectations

1. What procedures or consequences are in place if a participant becomes verbally, emotionally, or physically abusive toward the provider or office staff?

   Safety for providers and staff is a primary consideration. Law enforcement should be contacted if the actions rise to the level of a crime, such as battery on a health care worker, or assault. The incident would be reported to the Program Judge, defense counsel and DA's office to consider whether the participant can remain in the Program.

2. If a participant demonstrates abusive or threatening behavior that is not attributable to severe psychiatric impairment, would the court support the clinic's decision to discharge the participant from services in accordance with office safety policies?

   The treatment provider has full discretion to discontinue services if a participant demonstrates threatening or abusive behavior. Whether the participant is discharged from the Program is in the Judge's discretion on a case-by-case basis.

Program Structure and Caseload

3. How many participants are projected to be enrolled in the program annually?

   The number varies based on charges filed and competency history of individuals. There are currently 25 participants in the Program, with capacity for 45.

4. Is there a capped caseload for providers participating in the program?

   No, there is not a predetermined caseload cap. However, we will work with the treatment provider to ensure they are not taking on more work than is manageable.

5. What is the typical or expected length of participation for individuals enrolled in the competency diversion program?

   Individuals charged with misdemeanors are usually in the Program for 6 months, but may complete in 90 days in some cases. Individuals charged with felonies are in the Program from 6 months to one year.

Roles and Responsibilities

6. What specific services are expected from the Forensic Peer Support Specialist?

Forensic Peer Support Specialists, also called Navigators, maintain contact with participants on a weekly basis and support the individual's Navigation Plan, which can include obtaining housing, Medicaid applications, assistance in getting into inpatient treatment, obtaining identification documents, income support applications, Social Security applications and obtaining benefits and SNAP benefits. The Navigators assist participants to ensure they check in with pretrial services or the adult probation office if the participant is under supervision, as well as ensure that participants attend court hearings in any pending cases. They also work with the social workers employed by defense counsel for the benefit of participants.

7. What clinical responsibilities are expected from the Behavioral Medicine Specialist beyond evaluation and medication management?

The treatment provider is expected to develop a treatment plan for the individual with recommendations for ongoing treatment, and to provide ongoing therapy services for the individual which are billed to the participant's insurer, such as Medicaid. Participants are not required to participate in therapy sessions in order to remain in the Program.

8. Are court appearances expected of the peer support specialist and/or the provider?

Yes, peer support specialists participate in court status hearings twice a month. The Provider is not required to participate in the Court hearings but may participate if they feel it is appropriate to report on a participant's status.

Transportation

9. Is transportation for participants provided by the program, or would providers or peer support specialists be expected to transport participants if needed?

The peer support specialist employed by the Provider may transport participants if needed, at the provider's discretion. Court employees are not permitted to transport participants.

Documentation and Reporting

10. Is documentation required after every participant contact?

Yes.

11. Will documentation occur within the provider's existing electronic health record system (Hopeful Hearts Mental Health), or within a court or program-specific documentation system?

The Court uses the Data Information Management System (DIMS) software to input documentation. It is program-specific, with modules set up for treatment providers to enter required information. Training is available for providers through the Administrative Office of the Courts and optional, ongoing training is available monthly.

12. How frequently are progress reports required for the court?

Participants attend status hearings once a month, at which time the participants' progress is reported to the Court. Hearings are held twice a month, with roughly half of the participants having hearings during each session. Participants may be required to have status hearings twice a month if the contact with them is minimal, if they are not engaged in the Program, or if they receive new charges.

13. Who is responsible for preparing and submitting reports to the court — the clinician, the peer specialist, or program administration?

The Program Manager prepares the staffing notes for the Court with input from the provider and navigators.

14. Are peer support specialists ever required to testify in court regarding their interactions with participants?

Yes, peer support specialists participate in the hearings and provide updates on participants' progress.

Attendance and Compliance

15. What consequences occur if a participant fails to attend scheduled appointments?

Participants are not required to attend therapy sessions. They are required to have contact with the peer support specialists and/or the treatment provider on a weekly basis, and may be discharged from the Program if they are not engaged with the provider and/or the peer support specialist.

16. If a participant misses an appointment, what responsibility does the provider have for reporting or follow-up with the court?

Missed appointments are logged in the DIMS system and that information is provided to the Court as part of the status notes prepared by the Program Manager prior to each hearing.

Relapse and Substance Use

17. How are relapses handled within the program? If a participant resumes substance use, does this result in removal from the diversion program or additional treatment interventions?

The Competency Diversion Program is not a "drug court" or "treatment court." Substance use does not result in removal from the Program unless new charges are filed against an individual, which may result in removal, at the discretion of the Program Judge. Substance use may require adjustments to the Treatment Plan or Navigation Plan.

18. Will our office be responsible for performing drug testing, or is this handled through another component of the program?

No. The Program does not perform drug testing on participants.

Liability and Risk Management

19. What level of liability falls on the participating provider and clinic within this program? Does the court or program provide any liability protections or coverage for participating clinicians?

The provider is required to procure and maintain insurance which may include: automobile liability insurance, workers' compensation when required by the Workers' Compensation Act, and professional liability insurance.

Funding and Administrative Structure

21. Is funding guaranteed for the full fiscal year for services provided through this program?

Yes, the Program is fully funded for Fiscal Year 2027.

22. What billing or reimbursement structure will be used for clinical services (program funding, insurance billing, or another mechanism)?

Clinical services are expected to be billed to the participant's insurer, such as Medicaid. If a participant does not have insurance, the provider or peer support specialists are expected to assist the participant in obtaining insurance if eligible. If unable to secure insurance, the provider must communicate with the Court to discuss alternative funding for services.

Clinical Authority and Program Oversight

23. Who makes final clinical decisions regarding treatment plans and medication management — the treating clinician or the court team?

The treatment provider makes final clinical decisions regarding treatment plans and medication management. The Program is voluntary for participant, and the Court does not have a role in enforcing treatment plans or medication management for participants. The goal of the Program is to provide needed services, and does not involve sanctions or supervision.

24. Who supervises or administers the diversion program (for example, a judge, program coordinator, or multidisciplinary team)?

The Program is overseen by a Program Manager. Participants enter the Program voluntarily with the approval of the DA's office, the defense counsel and the judge who has jurisdiction over the original case. A magistrate judge serves as the Program Judge and conducts status hearings and makes determinations regarding progress in the Program and continued participation. The Program is supervised overall by the assigned district court judge. The Program operates under guidelines issued by the Administrative Office of the Courts.

Communication and Coordination

25. How frequently are multidisciplinary meetings or staffing conferences held with the court team regarding participants?

Since the Program is not a treatment court, the structure is different and does not include staffings. Updates regarding participants are provided to the team in writing prior to each hearing.

Confidentiality and Information Sharing

26. How is HIPAA compliance handled when sharing clinical information with the court or other members of the diversion team?

Confidential information is maintained in the DIMs system. Participants sign a Release of Information upon entering the Program to allow for the limited sharing of information.

Discharge or Program Removal

27. Under what circumstances can a participant be removed from the diversion program?

In the Judge's discretion, a participant may be removed for lack of engagement, or receiving new charges, but the Program strives to work with all individuals to the greatest extent possible to avoid removal from the Program.

Emergency Situations

28. What procedures are in place if a participant becomes psychiatrically unstable or requires emergency intervention?

The Program will notify defense counsel and work with the parties to obtain inpatient treatment for the individual. The Program does not preclude an "interested person" from pursuing a civil commitment if they believe there are grounds to do so.

Scope of Services

29. Is the expectation that the Behavioral Medicine Specialist will provide psychiatric evaluation and medication management only, or are therapy services also expected?

Therapy services are expected as part of the treatment plan, but participants are not required to participate in therapy sessions in order to remain in the Program.

Administrative Time

30. Are providers compensated for administrative time related to required reports, meetings, or court appearances?

Providers may include administrative time in their proposals for contract negotiation.

Additional Clarification

31. If a participant refuses medication, refuses treatment, or is clinically non-compliant, what authority does the treating clinician have to modify the treatment plan or discharge the patient from services? Does the court ever direct specific treatment decisions such as medication choices or levels of care?

The treating clinician has the ability to modify the treatment plan, and may discharge the person from services. However, the participant is not required under this Program to follow a recommended treatment plan as a condition of remaining in the Program. Participation in a treatment plan is voluntary. The Court does not direct specific treatment decisions.

32. What level of responsibility does the participating provider have for participant behavior outside of scheduled appointments? For example, if a participant reoffends, relapses, or experiences psychiatric decompensation between visits, what reporting or intervention expectations fall on the provider?

The provider is not responsible for participant behavior. The Court staff review jail logs daily as well as police logs for any evidence of a participant reoffending and includes any new arrests or charges on the hearing status reports. If a participant experiences psychiatric decompensation, the treatment provider would be expected to work with defense counsel and court team to obtain needed services, such as inpatient treatment. There are no sanctions or penalties for “relapse” or substance use.

33. If at any point the provider determines that continued participation in the program is no longer clinically appropriate or operationally feasible for the practice, what is the process for withdrawing from the program?

The Provider must provide 45 days' notice to the Court administrator.

34. If the program expands beyond the initially projected number of participants, how will caseload increases be managed, and will providers have the ability to limit the number of diversion participants seen within their practice?

The Program will be limited to 45 active participants but not all are required to be seen by the treatment provider.