



MEETING NOTICE
INVITATION TO NEGOTIATE COMMITTEE
WEDNESDAY, JULY 11, 2012
7:30 - 9:30 a.m.
COUNTY – CITY BUILDING – 555 S 10TH ST
ROOM 113

AGENDA

1. Approval of Minutes - June 27, 2012
2. Region V Adult Planning Process (Provider Survey) - Region V Systems
3. Invitation to Negotiate Draft
4. Letter of Appreciation to Pat Talbott

MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC)
INVITATION TO NEGOTIATE (ITN) COMMITTEE
WEDNESDAY, JULY 11, 2012
COUNTY-CITY BUILDING, ROOM 113
7:30 A.M.

Committee Members Present: Ron Sorensen, Community Mental Health Center (CMHC); C.J. Johnson, Region V Systems; Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD); Lori Seibel, Community Health Endowment (CHE); Cpt. Joe Wright, Lincoln Police Department (LPD); Brent Smoyer and Jane Raybould, County Commissioners; Gail Anderson, CMHC Advisory Committee; J Rock Johnson, consumer advocate; Kerry Eagan, County Chief Administrative Officer (Ex-Officio); Vince Mejer, Purchasing Agent (Ex-Officio) Scott Etherton and Wendy Andorf, CMHC (Ex-Officio)

Committee Members Absent: Gary Lorenzen, Mental Health Foundation

Others Present: Linda Wittmuss and Amanda Tyerman-Harper, Region V Systems; Ann Taylor, County Clerk's Office

Sorensen called the meeting to order at 7:30 a.m.

1 APPROVAL OF THE JUNE 13, 2012 MINUTES

MOTION: Raybould moved and Anderson seconded approval of the minutes.

J Rock Johnson questioned whether the Committee had taken action to form a subcommittee to work on the Invitation to Negotiate (ITN) document (see Agenda Item 3). Sorensen suggested that the last sentence in the first paragraph under that item be amended to address her concern. The sentence will now read: Eagan will bring a rough draft back to the Committee in two weeks.

J Rock Johnson then asked that the first paragraph on Page 2 be amended to indicate that Kathy Reynolds and Jeff Capobianco of the National Council for Community Behavioral Healthcare frequently stated that consumer involvement was critical to success.

There was no objection to the requested changes.

ROLL CALL: Sorensen, C.J. Johnson, Halstead, Seibel, Wright, Smoyer, Raybould, Anderson, and J Rock Johnson voted aye. Motion carried 9-0.

2 REGION V ADULT PLANNING PROCESS (PROVIDER SURVEY)

C.J. Johnson asked the Committee members whether they want to proceed with a survey.

Halstead questioned whether provider input is needed at this point or if it would be better to wait and get input from providers on the Invitation to Negotiate (ITN) document.

Sorensen felt the Committee had already decided to work on drafting the ITN document and to bring providers in as the process moves along to discuss areas relevant to them.

Seibel asked whether it will be an open invitation.

Eagan suggested they start with the Region V service network.

C.J. Johnson said anyone in attendance who is interested in being part of this as a provider should be provided contact information for the others in attendance so they can begin discussions on how they might collaborate.

Mejer said the Purchasing Department will notify providers they know may have an interest of the ITN. The ITN will also be advertised in the newspaper and on the City/County website. He added that he assumes there will be a pre-submission conference.

Halstead suggested they utilize all media options.

Seibel asked whether the intent is to hold both a pre-submission conference and a public hearing to comment on the ITN.

Sorensen noted the proposal has to be approved by both the County Board and the Region V Governing Board by the end of September. He said that process should provide an opportunity for input on what needs to be changed or added before moving to the pre-conference phase.

Halstead said pre-conferences usually involve the logistics of what is expected and the rules.

C.J. Johnson said there will be three different sets of public meetings in which the document will be presented: 1) County Board; 2) Region V Governing Board; and 3) Behavioral Health Advisory Committee.

Raybould felt there should be one more outreach effort, similar to the forums held by the CMHC Planning Committee, to engage the consumers.

J Rock Johnson agreed that the consumers need to be engaged. She asked to add a communication plan to the agenda.

It was suggested that this should be scheduled as a specific item on the next agenda.

3 INVITATION TO NEGOTIATE (ITN) DRAFT

Eagan presented the Invitation to Negotiate (ITN) draft (Exhibit A).

Brief discussion took place regarding Region V's requirement that all bidders attend a conference. C.J. Johnson explained that if everyone in the room comes to an agreement and signs off, then it is not necessary to proceed with a competitive bidding process.

In response to a question from Halstead, Eagan explained that the County will contract with Region V and Region V will contract with the providers. Halstead said it appears it will be up to Region V how to facilitate the ITN because Region V will be the sole source contractor. Eagan said the contracts will be with Region V but it won't solely be Region V's decision because it is Lancaster County's facility and employees.

Etherton arrived at 8:30 a.m.

Seibel suggested the purpose statement be reworded to state the purpose is to gather cooperative and creative proposals for providing public mental health services, rather than operating and managing the Lancaster County CMHC because that entity will be going away.

Halstead said it might be better to state it is to gather cooperative and creative proposals for operating and managing the services of the CMHC.

Discussion followed and Eagan and C.J. Johnson agreed to work on rewording the purpose statement.

There was consensus to attach the CMHC Program and Services Report, CMHC's budget, and the CMHC Planning Committee Report as exhibits and a link to the Health Management Associates (HMA) Report to the ITN document.

The following changes were suggested:

- Specify core services.
- Add a statement at the beginning that the County and Region V continue to be committed to provide behavioral health services and recovery-based services.
- Change new provider to new provider(s) throughout the document.
- Use the word consumer(s) whenever the word provider(s) is used.

- Explain the relationship with Region V before Evaluation Criteria.
- Under Evaluation Criteria -
 - ▶ Substitute the word integration for co-location in the second bullet.
 - ▶ Add language to the third bullet to indicate there needs to be documentation of consumer involvement in the development of the proposal.
 - ▶ Add including a communication plan to the end of the sentence in the eighth bullet.
 - ▶ Substitute the word living for housing in the ninth bullet.
 - ▶ Add a bullet relative to peer supported programming.
 - ▶ Add a bullet to indicate the capacity to fulfill the requirements of Region V Systems as an approved network provider.
 - ▶ Add a bullet relative to the ability to provide culturally and linguistically appropriate services.
 - ▶ Delete the thirteenth bullet.
- Under Relationship with Lancaster County -
 - ▶ Add language to the statement in the third bullet that preliminary planning is now underway to relocate the Crisis Center to the County's Intake and Detention building to indicate the building will be extensively remodeled and renamed the Justice Center South.
 - ▶ Rephrase the term "keep down the population" in the third bullet to state that the new provider will have to work closely with the County and the emergency system of care.

Halstead exited the meeting at 8:55 a.m.

J Rock Johnson questioned the use of the term "behavioral health services" in the document as CMHC has only offered mental health services. She felt the definition of behavioral health services merits discussion. J Rock Johnson also questioned the population, noting the document refers to The Heather and the Mid-Town Center which serve a group of individuals that are federally identified as having severe mental illnesses. She suggested there needs to be a distinction because that is a population that may not get funded in a transition and she wants to make sure that doesn't happen.

4 LETTER OF APPRECIATION TO PAT TALBOTT

NOTE: Pat Talbott has resigned from the Committee.

Eagan indicated the County Board would like to recognize Talbott's contributions at a future County Board of Commissioners Meeting.

RETURNING TO ITEM 3

C.J. Johnson said Region V will lay out its process after the ITN document is finalized and will assess how to include Lancaster County or whether there will be a "handoff" to allow Region V to carry out the process. He said he believes Lancaster County can get re-involved after the proposals come in and Region V determines the direction it is headed.

Mejer said he assumed the County would be involved throughout the proposal process.

Eagan said that is why the County involved the Purchasing Department.

C.J. Johnson said there is certain criteria that has to be met with the funding that comes to Region V through the State and said there can't be an assumption that Lancaster County will RFP out the funding that Region V receives. He said Region V will need to issue it with the County funding part of that proposal.

There was consensus to have C.J. Johnson, Eagan, Mejer and Amanda Tyerman-Harper of Region V Systems, meet to discuss the technical aspects.

J Rock Johnson indicated she has some other comments regarding the ITN document and agreed to forward them to Eagan.

OTHER BUSINESS

J Rock Johnson asked that Committee members be sent copies of the Memorandum of Understanding between Lancaster County and Region V for the purpose of defining the duties and responsibilities of Region V and the County in the development of a new service model for the provision of integrated primary care and community behavioral health services in Lancaster County (County Contract No. C-12-0241).

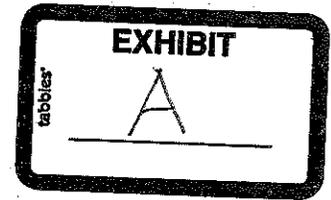
5 ADJOURNMENT

There being no further business, the meeting was adjourned at 9:08 a.m.

Submitted by Ann Taylor, County Clerk's Office.

DRAFT

INVITATION TO NEGOTIATE
Specification No. _____
Community Behavioral Health Services
Integrated with Primary Health Care



I
INTRODUCTION

A. PURPOSE

This Invitation to Negotiate (ITN) is issued by Lancaster County and Region V Systems for the purpose of gathering cooperative and creative proposals for operating and managing the Lancaster County Community Mental Health Center (CMHC). The intent is to create a new recovery-based service model which integrates behavioral health services and primary health care, with peer supported programming and extensive consumer involvement.

B. INVITATION TO NEGOTIATE PROCESS

The ITN is intended to function as an open process for groups and organizations interested in submitting proposals, and is less rigid than a formal Request for Proposals (RFP). Collaboration among providers is encouraged. Proposals will be evaluated based on responsiveness to the requirements of this document and a demonstrated ability to perform. It is possible the County and Region V will negotiate with more than one entity in order to develop a service system for the CMHC which best fits the needs of the community. Groups and organizations submitting successful proposals will enter into service contracts with Region V Systems.

C. BACKGROUND

The CMHC was established in 1976 through a federal grant under the Comprehensive Community Mental Health Centers Act for the purpose of treating persons with severe and persistent mental illness in the community rather than in state institutions. Original services included inpatient care, outpatient care, medical services, consultation and evaluation, children's services (no longer provided), and program evaluation. Today the CMHC offers a wide variety of additional behavioral health services, including:

- Service coordination
- The Heather, a transitional living program for patients moving from the Lincoln Regional Center (LRC) to the community
- The Sexual Trauma Offense Prevention Program (STOP)
- The Outsider Arts Program

- The Harvest Program, a collaboration with CenterPointe and Aging Partners providing services to mentally ill elderly persons with substance abuse issues
- Assertive Community Treatment (ACT), a collaboration with CenterPointe and Lutheran Family Services providing specialized services in the community and at home to clients who have not responded well to traditional outpatient care
- Mid-Town Center, which provides psychiatric rehabilitation and other related services
- Homeless/Special Needs Outreach Program
- Emergency services, including a 24-hour crisis line, mobile crisis service, walk-in services, and with availability of services and phone contact after regular business hours

A description of the programs offered at the CMHC, including budget information, number of FTE's, persons served, services, and funding sources can be found in Attachment ____.

Although the CMHC has effectively provided a broad range of community based behavioral health services for many years, it is becoming increasingly difficult for Lancaster County to sustain the existing level of service. In response to this problem, the Lancaster County Board of Commissioners established the Community Mental Health Center Planning Committee to review the operations of the CMHC and provide the Lancaster County Board with an effective, sustainable long-term plan for the CMHC. A copy of the Planning Committee's report and recommendations to the County Board is available at _____. The delivery and coordination of mental health services in Lancaster County was also addressed in a report prepared by the Health Management Associates (HMA) for the Community Health Endowment. The HMA report is entitled, "A comprehensive plan to address appropriate, effective and sustainable health care services for the uninsured and Medicaid populations in Lincoln, Nebraska." The HMA report specifically addressed the CMHC and provided the County Board with a recommendation on how to provide services in the future. A copy of the HMA report can be found at _____.

Based upon the information and recommendations provided by the Planning Committee and HMA, and recognizing an opportunity to improve services, Lancaster County Board and Region V are proceeding with this ITN to identify the best proposals for operating the CMHC.

D. NEW SERVICE MODEL REQUIREMENTS

Major Requirements

The goal of the County and Region V is to establish a new service model for the CMHC which is highly effective and sustainable. Major requirements for the new service system include:

1. Integration of behavioral health and primary care services - Proposals must address how the integration of behavioral health services and primary health care will be accomplished.

2. Core services - Proposals must identify the core behavioral health programs and services which will be offered at one central location, and which services can be effectively offered at other locations throughout the community.
3. Consumer involvement and peer support - Proposals must include a plan for how consumer involvement and peer support will be incorporated in all phases of design, development, implementation, and operation of programming.

Evaluation Criteria

Proposals will be evaluated on a number of considerations including, but not limited to, the following:

- Use of effective partnerships in delivering mental health, substance abuse, and primary care services
- Effective plan for co-location of behavioral health and primary care services
- Active participation of consumers is clearly demonstrated
- Recovery-based model for all services
- Trauma informed approach to all services
- Comprehensive plan for assessment of all consumers
- Either onsite treatment or active referral for substance abuse
- Effective plan for the transition of consumers for the Lancaster County CMHC to the new provider
- Active use of supportive housing
- Ability to work effectively with Medicaid and thorough understanding of potential changes under the Affordable Care Act
- Efficient and streamlined admission process for all levels of service
- Use of a medical home model similar to the one being promoted by the Center for Medicaid Services (CMS) for individuals with more than one chronic health condition
- Relationship with providers of Tribal services to ensure they have access to services that are not available within their service system
- Demonstrate an active relationship with the Lincoln Police Department

Relationship with Lancaster County

Although Lancaster County will no longer be a provider of community-based behavioral health services at the CMHC, the County will still have a direct interest in how effectively those services are provided by the new provider. The new provider will need to maintain an excellent working relationship with the County. Areas of mutual interest include:

- **Location of CMHC facility** - To help guarantee a smooth transition, the new provider will be allowed to remain at the existing location of 2201 S. 17th Street for up to two (2) years.
- **CMHC Staff** - All efforts should be made to retain as many of the current CMHC staff members as possible. CMHC employees are highly trained and have years of experience providing specialized care, often to consumers with severe and persistent mental illness. Retaining existing staff will also provide a continuity of care which is important to many consumers.
- **Crisis Center** - Lancaster County will continue to operate the Crisis Center. For the immediate future the Crisis Center will remain on the 2nd floor of the CMHC building. Preliminary planning is now under way to relocate the Crisis Center to the County's Intake and Detention building after Corrections moves to the new jail. The new provider will need to demonstrate the ability to work closely with the County to help keep down the population of the Crisis Center, including how the provider will develop a crisis team for this purpose.
- **Community Corrections** - The CMHC presently provides supportive services to individuals under the supervision of the Lancaster County Community Corrections Department. The County's Behavioral Health Jail Diversion Program, which was previously located at the CMHC, is now operated by Community Corrections. The new provider will need to address how they will continue to provide these services.
- **General Assistance** - Behavioral health services are provided to County General Assistance clients by the CMHC. With the integration of behavioral health services and primary medical care, the new provider will need to demonstrate how they would provide both behavioral health and primary medical care to General Assistance clients.