



MEETING NOTICE
INVITATION TO NEGOTIATE COMMITTEE
WEDNESDAY, JULY 25, 2012
7:30 - 9:30 a.m.
COUNTY – CITY BUILDING – 555 S 10TH ST
ROOM 113

AGENDA

1. Approval of Minutes - July 11, 2012
2. Consumer Input in Development of ITN
3. Draft ITN
4. Pat Talbott Appreciation (Tuesday, July 31, 2012 County Board Meeting)

**MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC)
INVITATION TO NEGOTIATE (ITN) COMMITTEE
WEDNESDAY, JULY 25, 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); Captain Joe Wright, Lincoln Police Department (LPD); Brent Smoyer and Jane Raybould, County Commissioners; Gary Lorenzen, Mental Health Foundation; Gail Anderson, CMHC Advisory Committee; J Rock Johnson, consumer advocate; Kerry Eagan, County Chief Administrative Officer (Ex-Officio); and Vince Mejer, Purchasing Agent (Ex-Officio)

Committee Members Absent: Scott Etherton, CMHC (Ex-Officio); Wendy Andorf, CMHC (Ex-Officio)

Others Present: Ann Taylor, County Clerk's Office

Sorensen called the meeting to order at 7:36 a.m.

1 APPROVAL OF THE JULY 11, 2012 MINUTES

J Rock Johnson asked that the minutes be amended to reflect that when she asked that consumer(s) be mentioned whenever provider(s) were (see the fourth bullet point on Page 3) her intent was that whenever providers receive notification or are asked to provide input, the same accommodation should be made for consumers.

No action was taken on the minutes at this time.

2 CONSUMER INPUT IN DEVELOPMENT OF THE INVITATION TO NEGOTIATE (ITN)

Sorensen asked J Rock Johnson whether she had a proposal. J Rock Johnson said no, her intent was to place the item that appears in the project (communicate project status to consumers, CMHC employees, providers and stakeholders) on the agenda. She said since that is now how the item is listed, she would like it specifically placed on the next meeting agenda. Halstead asked whether she wants to discuss a plan on how to communicate with those different interest groups. J Rock Johnson said that would be one approach. She noted there were two letters from the County Board to CMHC employees, consumers and family members (Exhibits A and B) made available at CMHC

and two television shows on 5 City-TV that provided updates on CMHC but did not feel that was adequate. She said that was why she wanted to bring this forward for discussion. Sorensen said he thought the idea was to meet with providers to see what ideas they might have regarding how to improve the ITN, and to develop steps on how to involve consumers. Raybould concurred, noting there had been discussion of how to develop a plan on how to update and engage consumers. She asked J Rock Johnson if it would be helpful to have a presentation at Midtown Center (day rehabilitation program) or an open house at CMHC. J Rock Johnson said the Nebraska Behavioral Health Services Act states consumer involvement is to be a priority in all aspects of consumer delivery and planning. Sorensen suggested that the Behavioral Health Advisory Committee and (BHAC) Consumer Family Coalition might be able to assist in getting the ITN document out to consumers. J Rock Johnson said she wants to see active consumer involvement and said that can be challenging since there haven't been many opportunities to listen to consumer concerns. Anderson noted the CMHC Planning Committee provided those avenues through a "listening tour", focus groups and a town hall meeting to gather input from consumers, parents, family members and guardians, staff, advocacy groups, service providers and the public on potential changes in providing community mental health services. She said in her observation the same people attended and the Committee did not get the level of input and activity from the community that it envisioned. C.J. Johnson felt consumer input on the ITN document would not be useful, suggesting it would be better to ask those presenting proposals to tell how they received input from consumers in developing their proposal and how they will continue to have consumer input. Eagan concurred, noting one of the major requirements in the ITN document (Exhibit C) is that 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. J Rock Johnson asked that discussion of consumer involvement (feedback and planning) be scheduled on the August 8th meeting agenda. Raybould suggested it may be beneficial for Sorensen to provide an update at a County Board of Commissioners Meeting or on 5-City TV.

Smoyer arrived at 8:00 a.m.

3 DRAFT INVITATION TO NEGOTIATE (ITN)

Eagan reviewed changes to the ITN document (see Exhibit C). Wright noted a crisis team has not been established yet (see the last bullet on Page 3). Consensus was to change the bullet to read: *The new provider(s) will need to demonstrate the ability to work closely with the Crisis Center.*

Additional changes were suggested:

- Under Invitation to Negotiate Process:
 - ▶ Indicate that groups or a collaborative may submit a proposal.
 - ▶ Add a statement that the provider must meet the eligibility requirements to make application as a Federally Qualified Health Center (FQHC) Look-Alike Learning Community.
- Under New Service Model Requirements:
 - ▶ Add the phrase and delivery after the phrase operation of programming in the third bullet point.
- Under Relationship with the County:
 - ▶ Change the first bullet to state that the new provider(s) will be allowed to remain at the existing location of 2201 South 17th Street and at the Midtown Center, 2966 "O" Street, for at least two (2) years.
- Under Evaluation Criteria:
 - ▶ Add a bullet point to emphasize the need for financial sustainability.
 - ▶ Add a bullet point to state the provider needs to have the ability to evaluate demonstrated outcomes in the area of efficiency, effectiveness, and consumer satisfaction.
 - ▶ Add a bullet point to address delivery of wellness and prevention programs.
 - ▶ Add the word peer-centered in front of the word assessment in the seventh bullet.
 - ▶ Delete the word housing from the tenth bullet.
 - ▶ Delete the fourteenth bullet.

J Rock Johnson said she is uncomfortable with the terms consumer involvement and consumer satisfaction. Sorensen clarified that more specific evaluation criteria will be developed for the proposals and said the providers need to demonstrate how they have done things without the Committee giving them clues on how to respond. J Rock Johnson felt more specificity as to what would be required is needed.

J Rock Johnson expressed concerns regarding the use of the term behavioral health care in the document. Eagan said there was a conscious effort to use that term rather than mental health services because it is more broad. J Rock Johnson also expressed concern regarding use of the term peer supported programming and said a group called the Recovery Project is developing materials on recovery to present to the Committee.

J Rock Johnson also asked that the Committee be provided with the eligibility requirements to be a Federally Qualified Health Center (FQHC) Look-Alike Learning Community prior to the next meeting.

**4 PAT TALBOTT APPRECIATION AT THE TUESDAY, JULY 31, 2012
COUNTY BOARD OF COMMISSIONERS MEETING**

Informational only.

5 OTHER BUSINESS

There was consensus to form a subcommittee, comprised of Eagan; Mejer; C.J. Johnson; Linda Wittmuss and Amanda Tyerman-Harper, Region V Systems; and J Rock Johnson, to work on the ITN specifications.

Alan Green, Executive Director, Mental Health Association of Nebraska (MHA-NE), appeared and asked that the Committee be mindful of the State's definition of behavioral health and the difference between recovery-based and clinical-based programming.

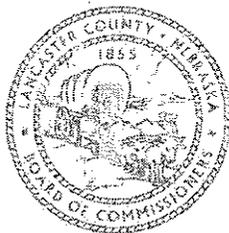
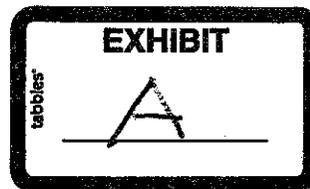
RETURNING TO ITEM 1

There was consensus to approve the July 11, 2012 minutes.

6 ADJOURNMENT

There being no further business, the meeting was adjourned at 9:01 a.m.

Submitted by Ann Taylor, County Clerk's Office.



LANCASTER COUNTY BOARD OF COMMISSIONERS

Bernie Heier Larry Hudkins Deb Schorr Brent Smoyer Jane Raybould

Kerry Eagan, *Chief Administrative Officer* Gwen Thorpe, *Deputy Administrative Officer*

April 5, 2012

Dear CMHC Employees, Consumers and Family Members:

The Lancaster County Community Mental Health Center (CMHC) was established in 1976 for the purpose of providing behavioral health services in the community rather than in state institutions. Thanks to a highly trained and dedicated staff, the CMHC has effectively served this purpose. However, fiscal constraints are making it increasingly difficult for Lancaster County to adequately fund the critical programs and services offered by the CMHC. For this reason the CMHC Planning Committee was established to provide the Lancaster County Board with a sustainable long-term plan for providing quality behavioral health services in our community.

The Committee recognized an opportunity to improve services, and recommended the establishment of a new service model based on the integration of primary care and behavioral health services, peer support, and more consumer involvement in programing. The County Board has accepted this recommendation, and is now working with Region V Systems to establish the essential components of the new service model. The next step will be an invitation to providers to submit cooperative and innovative proposals for providing services under the new model.

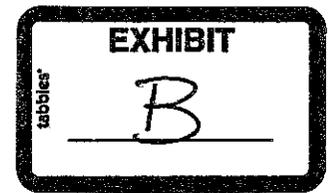
To help facilitate a seamless transition for consumers and family members, the CMHC will be maintained at the current location for up to two (2) years, and CMHC employees will remain as County employees during the transition process. Also, a communication plan is being developed to provide timely and accurate information on the transition, including regular updates on Channels 5 and 10.

Finally, Ron Sorensen is being hired as the CMHC Director to replace Dean Settle after he retires. As the former director of the Division of Behavioral Health Services for the State of Nebraska, Ron comes to the CMHC with extensive knowledge and experience. In the upcoming months Ron will be meeting with employees, consumers, family members and other stakeholders. The County Board has great confidence in Ron's ability to lead the CMHC through the transition period.

Sincerely,

Deb Schorr, Chair
Lancaster County Board of Commissioners

F:\files\COMMISS\Chair's Letters\Schorr 2012\CMHC letter.wpd



LANCASTER COUNTY BOARD OF COMMISSIONERS

Bernie Heier Larry Hudkins Deb Schorr Brent Smoyer Jane Raybould

Kerry Eagan, Chief Administrative Officer Gwen Thorpe, Deputy Administrative Officer

May 24, 2012

Dear CMHC Employees, Consumers and Family Members:

With the assistance of new Community Mental Health Center (CMHC) Director Ron Sorensen, Lancaster County is moving forward with modernizing and improving community-based behavioral health services. A cooperative agreement with Region V has been established to govern the Invitation to Negotiate (ITN) process for creating the new service model, and a diverse and talented committee has been put together to draft the document which will be the basis for gathering innovative and cooperative proposals from all providers in our community.

Committee members include:

- Ron Sorensen, who will chair the Committee
• Lori Siebel, CEO and President of the Community Health Endowment
• Pat Talbott, member of the Mental Health Association and CMHC Advisory Committee
• CJ Johnson, Region V Administrator
• Gail Anderson, member of the CMHC Advisory Committee
• J. Rock Johnson, a strong behavioral health consumer advocate
• Judy Halstead, Director of the Lincoln-Lancaster County Health Department
• Captain Joe Wright of the Lincoln Police Department
• Gary Lorenzen, Chairman of the Lincoln/Lancaster Mental Health Foundation
• Tony Messineo, business leader and consumer advocate
• Jane Raybould, Lancaster County Commissioner
• Brent Smoyer, Lancaster County Commissioner

Ex officio members of the Committee include: Wendy Andorf, CMHC Program Manager for Community Support Services; Scott Etherton, Crisis Center Program Manager; Vince Mejer, Lincoln-Lancaster County Purchasing Agent; and Kerry Eagan, Chief Administrative Officer for the Lancaster County Board.

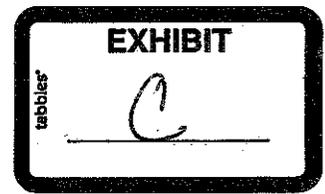
The first Committee meeting has been tentatively set for Wednesday, May 30, 2012. Meeting notices, agendas, and minutes will be available on the Lancaster County Clerk web site. Also, regular updates will continue on Channels 5 and 10, with the next installment now airing.

Finally, Lancaster County wishes to extend it's deep felt appreciation to Dean Settle, who has successfully guided the CMHC since 1999. Dean retires May 25, 2012, and he will be missed by all.

Sincerely,

Handwritten signature of Deb Schorr

Deb Schorr, Chair
Lancaster County Board of Commissioners



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 the purpose of transition of the Lancaster County Mental Health Center (CMHC) to a new recovery-based service model. The model should integrate behavioral health services and primary health care, with peer supported programming and extensive consumer involvement. ~~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 programing 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 Community Mental Health Center (CMHC) was established by Lancaster County 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 providing integrated community-based behavioral health and primary care services. ~~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.

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(s) 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(s) 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 old Intake and Detention building after Corrections, which will be extensively remodeled and renamed as the Justice Center South. The new provider(s) will need to demonstrate the ability to work closely with the Crisis Center County to help keep down the population of the Crisis Center, including cooperation with the 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(s) 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(s) will need to demonstrate how they would provide both behavioral health and primary medical care to General Assistance clients.

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 integration ~~co-location~~ of behavioral health and primary care services
- Active participation of consumers is clearly demonstrated
- ~~Peer supported programing~~
- 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(s), ~~including a communication plan~~
- Active use of supportive ~~housing living~~
- Ability to work effectively with Medicaid and the introduction of a managed care approach, 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
- Cultural and linguistic competency

E. REGION V SYSTEMS

The group(s) or organization(s) selected under this ITN will contract with Region V Systems to provide the services. Region V Systems, a political subdivision of the state of Nebraska, has the statutory responsibility for organizing and supervising comprehensive mental health and substance abuse services in the Region V Systems area which includes 16 counties in southeast Nebraska.

Region V Systems, one of six regional behavioral health authorities in Nebraska, along with the state's three Regional Centers, make up the state's public mental health and substance abuse system, also known as the Nebraska Behavioral Health System (NBHS). Region V Systems is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designated authority for administration of mental health and substance abuse programs for the state.

Each RGB appoints a regional administrator (RA) to be the chief executive officer responsible to the RGB. The RGB also appoints an advisory committee for the purpose of advising the Board regarding the provision of coordinated and comprehensive behavioral health services within the Region to best meet the needs of the general public. In Region V, the Behavioral Health Advisory Committee (BHAC) is comprised of 15-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region V Systems' purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance services funded through a network of providers.

Region V Systems is responsible for the development and management of a provider network that serves the behavioral health needs of southeast Nebraska. Currently, Region V Systems has 12 providers in its network who have met the minimum standards required to be a member of the network; each provider has a contract with Region V to deliver a variety of behavioral health services.

Region V Systems, as payor of last resort, primarily serves financially eligible adults and youth with or at risk of serious mental illness, substance abuse, and/or substance dependence.

Region V's geographical area includes Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in southeast Nebraska.

II

F:\files\COMMISS\COMMITTEES\CMHC ITN Review Committee\Invitation to Negotiate.wpd