



**MEETING NOTICE**  
**INVITATION TO NEGOTIATE COMMITTEE**  
**WEDNESDAY, SEPTEMBER 12, 2012**  
**7:30 - 9:00 a.m.**  
**COUNTY – CITY BUILDING – 555 S 10<sup>TH</sup> ST**  
**ROOM 113**

**AGENDA**

1. Approval of Minutes - August 22, 2012
2. Draft ITN

**MINUTES  
COMMUNITY MENTAL HEALTH CENTER (CMHC)  
INVITATION TO NEGOTIATE (ITN) COMMITTEE  
WEDNESDAY, SEPTEMBER 12, 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 (via conference call); Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD); Lori Seibel, Community Health Endowment (CHE); Captain Joe Wright, Lincoln Police Department (LPD); Jane Raybould and Brent Smoyer, County Commissioners; Gary Lorenzen, Mental Health Foundation; J Rock Johnson, consumer advocate; Kerry Eagan, County Chief Administrative Officer (Ex-Officio); Vince Mejer, Purchasing Agent (Ex-Officio); Scott Etherton, CMHC (Ex-Officio); and Wendy Andorf, CMHC (Ex-Officio)

Committee Members Absent: Gail Anderson, CMHC Advisory Committee

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

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

**1 APPROVAL OF THE AUGUST 22, 2012 MINUTES**

J Rock Johnson asked that the fifth paragraph on Page 3 of the minutes be reworded to read as follows: *J Rock Johnson asked that evaluation be added to the Consumer Involvement section on Page 12.*

**MOTION:** Lorenzen moved and Halstead seconded approval of the minutes with that revision. Sorensen, Halstead, Seibel, Wright, Raybould, Smoyer, Lorenzen and J Rock Johnson voted aye. C.J. Johnson's response was not audible. Anderson were absent from voting. Motion carried 8-0.

**2 DRAFT INVITATION TO NEGOTIATE (ITN)**

The Committee reviewed the revised draft document (Exhibit A). It was noted that revisions were made to the document after input from the Committee at the last meeting. The document was also reviewed by the Region V Governing Board and Behavioral Health Advisory Committee (BHAC) and they approved the process that was outlined and moving forward with the document.

Lorenzen asked whether CMHC staff have reviewed the document. Sorensen said while some have seen it, others will be forwarded a copy soon.

Raybould referred to Section 5: General Instructions on Submission of Proposals to the ITN; Subsection 3: Transition/Communication Plan (see Page 15) and said she believes there should be specific benchmarks and time lines, not only for CMHC but the additional programs coordinated by CMHC, and a communication plan that includes staff, consumers and collaborators in the transition process. Amanda Tyerman-Harper, Region V Systems, asked what approach is the Committee's preference: 1) A concept paper, then moving into negotiations with the parties that are selected; or 2) A very detailed program plan that includes time lines and benchmarks. Linda Wittmuss, Associate Regional Administrator, Region V Systems, said the language was an effort to balance ideas without being too prescriptive. Raybould asked whether those components would be made a condition of the award. Wittmuss said once that process has been completed, more concrete expectations could be relayed. Raybould said she wants to make sure there is some indication that it will be required because it is fundamental to achieving successful outcomes. Halstead suggested the addition of a sentence which states an approved transition timeline and communication plan will be part of the final negotiations. J Rock Johnson said she would like to add that those individuals who are being transitioned should be involved in the planning. Lorenzen felt the time line should be part of the ITN evaluation criteria.

Lorenzen said the clients served by CMHC are much different than many community mental health centers, noting many of them have been released from the Lincoln Regional Center (LRC). He said that has implications on the resources needed to treat these people, including medical management. Tyerman-Harper said not all of the service definitions require that the clients be diagnosed with serious and persistent mental illness (SPMI). Wittmuss said information regarding the current population will be provided in an attachment, i.e., services, number of clients served and diagnostic patterns. J Rock Johnson said clients with the most needs are the priority and that should be reflected. She said those at risk of experiencing disruption in function may also have greater need of recovery support.

Seibel asked that Item A under Subsection 1.4 Target Population be revised to read *Persons 19 and over* instead of *Persons over 19 years of age*.

Seibel asked for clarification of the term community-based organization in the first paragraph on Page 3. Wittmuss said it is a general term but the definition should probably be added (see definitions on Page 4). Seibel suggested that the definition of primary care also be added.

Wright questioned whether the target population defined on Page 3 is too broad noting there are a lot of individuals treated and released into Lancaster County that are not Lancaster County residents. He asked whether the County will tie its funds to County residents. Eagan said the level and terms of County funding have not been determined yet.

Seibel asked whether it is necessary to state that preliminary planning is now underway to relocate the Crisis Center (see Page). She also questioned the statement that the new provider(s) will need to demonstrate how they will deliver both behavioral health and primary health care to consumers receiving General Assistance (GA) (see Page 8). Eagan said it needs to be clarified whether the bid will include primary health care for all GA clients.

Halstead disseminated data regarding General Assistance (GA) primary care at the Lincoln-Lancaster County Health Department (LLCHD), noting they only provide care for acute needs (Exhibit B).

Lorenzen questioned the operating budget amount (\$10,148,301) shown in the first paragraph on Page 1. Sorensen said the figure is inaccurate and will be corrected.

Seibel noted that the second paragraph states that Region V contracts with CMHC for publicly funded behavioral health services in the amount of \$3,201,565 and asked whether that includes funding for the Crisis Center. Andorf indicated it does. There was consensus to break out that amount of funding. Halstead suggested it also be noted that Medicaid and Medicare reimbursements may not be the same as they were for CMHC. Sorensen said they will try to come up with better numbers.

J Rock Johnson suggested that it also be noted that this population has different health needs than the general population. Halstead said potential providers should indicate in their proposal how they will address those needs.

Seibel noted staff's questions on the bottom paragraph on Page 7 regarding the option of remaining at the existing location. Eagan said those issues will be addressed in the contract. He also asked that the word *invested* be changed to *vested* in that paragraph.

Seibel asked whether there will be provisions for facility renovation. Raybould said tenant improvements would be addressed in the lease.

Mejer referred to Subsection 2.1, Posting on Page 9 and said an advertisement could also be posted on the County's website referring potential providers to Region V System's website. He then referred to Subsection 2.3, Limits on Communications which states there will be written responses to questions and suggested that it be by

addendum, with each response numbered. Mejer also referred to Subsection 2.5, Notice of Intent to Submit a Proposal on Page 10 and questioned the need for the notice. Tyerman-Harper said it may be helpful to know who intends to attend the Pre-submission Conference. She added it has been used as a step in the process in other ITN's. There was consensus to leave it as written.

Mejer noted that one area of Section 5: General Instructions on Submission of Proposals to the ITN (see Page 13) states the provider must submit an electronic version of the proposal and another section states it is not required. Tyerman-Harper said it can be reworded but said Region V does not want it to be the only method of submission. Mejer suggested that a clause be added to indicate that the cost of submitting a proposal and preparing any documents will be borne by the submitter.

Mejer then referred to Subsection 7.3, Negotiation Methodology on Page 17 and questioned the statement that Region V may negotiate with one or more providers simultaneously. Halstead said she would like providers to demonstrate that they can collaboratively come together through the proposal process. Tyerman-Harper said providers that demonstrate that could be given priority preference in points value within the evaluation criteria.

Seibel asked who will evaluate the responses. It was suggested that the County and Region V determine who will serve on the Evaluation Team. There were also suggestions that it include someone with a medical or psychology background and someone familiar with the recovery-based concept.

J Rock Johnson said she would like to see involvement of consumers and a focus on a recovery-based service model that will include recovery outcomes and recovery performance indicators. She agreed to provide suggested language to Region V staff.

Copies of Guidelines for Consumer and Family Participation were disseminated (Exhibit C).

Sorensen exited the meeting at 8:40 a.m.

J Rock Johnson referred to Subsection 6.2, Consumer Involvement (see Page 17) and suggested that evaluation and actively promote consumer-operated programs and services be added. She also suggested that employment of peer providers be added to Subsection 6.4, Infrastructure. Tyerman-Harper said the reference to infrastructure goes back to whether the Committee wants the program plan defined or more of a concept paper at this point in the process. J Rock Johnson felt identifying principals may not be enough and said she believes there are areas that need specificity.

J Rock Johnson also noted that CMHC has operated a van driver service, as an employment program and a service for clients, that isn't reflected in the document. Andorf said CMHC also has a cleaning contract with Trabert Hall.

Lorenzen noted that a significant amount of language was struck on Pages 11 and 15. Tyerman-Harper said the language moved to Subsection 1.5, Minimum Standards of Eligibility for Respondents on Pages 4 and 5. She said to let her know if he feels that something was lost.

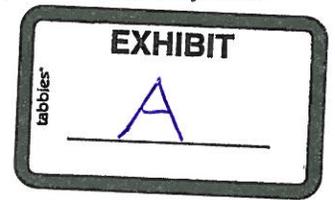
Andorf suggested inclusion of best practices in working with the SPMI population. J Rock Johnson said evidence-based best practices should be included as well. She also suggested that recovery competency, training and a plan to develop those may also be infrastructure issues. J Rock Johnson noted that the new provider(s) could employ peers and said there needs to be preparation for that.

Halstead and Lorenzen exited the meeting at 8:50 a.m.

### **3 ADJOURNMENT**

There being no further business, the meeting was adjourned at 8:55 a.m.

Submitted by Ann Taylor, County Clerk's Office.



**DRAFT #2---September 10, 2012**  
**Lancaster County & Region V Systems**  
**Invitation Intention to Negotiate (ITN) Response Package**

**Contents**

**SECTION 1: INTRODUCTION AND PURPOSE**.....1

1.1 Introduction.....2

1.2 Statement of Need.....3

1.3 Statement of Purpose .....3

1.4 Definitions.....4

1.5 Minimum Standards for Eligibility for Respondents.....4

**SECTION 2: INVITATION TO NEGOTIATE PROCESS** .....7

2.1 Posting.....8

2.2 Contact Person .....8

2.3 Limits on Communication .....8

2.4 Schedule of Events and Deadlines .....8

2.5 Notice of Intent to Submit a Proposal.....9

2.6 Pre-submission Conference .....9

2.7 Acceptance of Proposals .....9

2.8 Posting of Proposal Scores.....9

2.9 Posting of Intent to Award.....10

**SECTION 3: MINIMUM PROGRAMMATIC REQUIREMENTS** .....11

3.1 General Statement.....11

3.2 Programmatic Authority .....11

3.3 Target Population and Scope of Service.....11

**SECTION 4: FINANCIAL SPECIFICATIONS**.....13

4.1 Allocation of Funds.....13

4.2 Non-Transfer of Funding Award .....13

4.3 Use of Subcontractors .....13

<b>SECTION 5: INSTRUCTIONS TO THE RESPONDENTS TO THE ITN.....</b>	<b>13</b>
5.1 How to Submit a Proposal .....	13
5.2 Submission Instructions .....	14
5.3 Proposal Documents .....	14
<b>SECTION 6: ITN EVALUATION METHODOLOGY .....</b>	<b>16</b>
6.1 Service Development .....	16
6.2 Consumer Involvement .....	17
6.3 Transition / Communication Plan .....	17
6.4 Infrastructure.....	17
6.5 Minimum Standards.....	17
<b>SECTION 7: REGION V SYSTEMS RIGHTS AND RESPONSIBILITIES.....</b>	<b>17</b>
7.1 Right to Reject Any and All Proposals:.....	17
7.2 Right to Withdraw the ITN .....	17
7.3 Negotiation Methodology .....	17
<b>SECTION 8: ATTACHMENTS.....</b>	<b>19</b>
8.1 Attachment A—Report and Recommendation: CMHC Planning Committee .....	19
8.2 Attachment B—The Recovery Project .....	20
8.3 Attachment C—Service Rates .....	21
8.4 Attachment D—Cover Page .....	22
8.5 Attachment E—Executive Summary .....	23
8.6 Attachment F—SAMSHA Health Home Guidance Document.....	24
8.7 Attachment G—Request for Information .....	27

## SECTION 1: INTRODUCTION AND PURPOSE

### 1.1 Introduction

#### **Lancaster County Community Mental Health Center:**

Lancaster County 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. **To date, CMHC continues to provide mental health treatment, rehabilitation and crisis services to approximately XXXX individuals in Lancaster County each year. Original services included inpatient care, outpatient care, medical services, consultation and evaluation, children's services (no longer provided), and program evaluation.**

**The current array of services offered by CMHC and the number of persons served within each of these services is summarized in Attachment A. CMHC's operating budget in FYXXXX was \$10,148,301. Revenue sources include Region V Systems, Medicaid, Medicare, Lancaster County and client fees. CMHC revenues for FYXXXX are reflected in Attachment B.**

#### **Region V Systems:**

Region V, 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 area, which includes 16 counties in southeast Nebraska. Region V, 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. **Region V currently contracts with CMHC for publicly funded behavioral health services in the amount of \$3,201,565, approximately one third of the revenues for CMHC.**

Region V 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, 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 RGB 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 is comprised of 15-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region V's purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance abuse services funded through a network of providers. Region V is responsible for the development and management of a provider network that services the behavioral health needs of southeast Nebraska. Currently, Region V has 12-13 providers in its network ~~who~~ **that** 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, as payer 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.

## 1.2 Statement of Need

In June 2011 the Lancaster County Board of Commissioners established the Community Mental Health Center (CMHC) Planning Committee given the responsibility of advising the Board on the best model for providing services in the future and the proper role of the County in funding and providing these services. The goal of the Committee is to provide the County Board with an effective, sustainable long-term plan regarding how community-based mental health services should be provided in Lancaster County.

The CMHC Planning Committee submitted its final report to the Lancaster County Board in February 2012, recommending the creation of a new recovery-based service model, which integrates primary care and behavioral health services with extensive consumer involvement and emphasis on peer-supported programming. The Planning Committee further recommended the County Board work with Region V Systems to prepare specifications for the new service model to be used in soliciting collaborative and innovative proposals through an Invitation ~~Intention~~-to Negotiate (ITN) process. The County Board accepted these recommendations, and the CMHC ITN Committee was established to assist the Board in defining the essential components of the new service model. This panel is charged with developing the process to transition CMHC from County governance to the private sector.

Recommendations relevant to this process and providing guidelines for development of the new service system are summarized in three different reports:

1. CMHC Planning Committee Report: The Lancaster County Board of Commissioners established the CMHC Planning Committee in June of 2011 for the purpose of reviewing how the County is providing behavioral health services at the CMHC; determining the best model for providing services in the future; and advising the Lancaster County Board as to the proper role of the County in funding and providing these services. The Report and Recommendations of the CMHC Planning Committee is in Attachment **XX**.
2. Health Management Associates Report: Delivery and coordination of mental health services in the County was also addressed in a report prepared by the Health Management Associates (HMA) for the Community Health Endowment. The HMA report specifically addresses 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: [http://www.chelincn.org/images/pdfs/HMA\\_CHE\\_Report\\_1\\_30\\_2012.pdf](http://www.chelincn.org/images/pdfs/HMA_CHE_Report_1_30_2012.pdf). (include as an attachment?)
3. The Recovery Project Report: Consumers of Lancaster County have a vested interest in the CMHC transition process and have provided input into this ITN in a set of standards and recommendations relating to recovery-based integrated services can be found in Attachment **XX**. The report is based on extensive research on recovery-based models of behavioral healthcare. Vital information regarding standards and recommendations from over 40 white papers and federal publications help to operationalize a recovery-based model of care. These recommendations and standards serve as an excellent reference for providers in the development of a recovery-oriented system of care.

## 1.3 Statement of Purpose

Pursuant to the findings and recommendations of the Planning Committee and Lancaster County Board, Lancaster County (County) and Region V Systems (Region V) are seeking to identify prospective contractors through an Invitation to Negotiate (ITN) process. Qualified candidates will be community-based organizations with demonstrated experience in ~~mental~~ behavioral health services that are interested in assuming a role in the provision of ~~mental~~ behavioral health services that will replace the current CMHC service system. The contracted service provider(s) will assume the responsibility of administering, managing and providing ~~mental~~ behavioral health services to residents of Lancaster County.

It is the intent of Region V Systems to contract for the administration, management and provision of Region funded behavioral health services and supports in Lancaster County. The primary goal of the service delivery system is to improve the mental health and lives of the residents of Lancaster County by making mental health crisis, treatment, rehabilitation, and support services available through a comprehensive, integrated community-based system of care and to engage and encourage persons with mental illness to live, work, learn and participate fully in their community.

A formal Transition Plan for assuming responsibility for the administration, management, and provision of services will be mutually negotiated and developed with the Region V and the County Board.

#### 1.4 Target Population

Subject to the availability of funds, the provider(s) will deliver a comprehensive array of behavioral health services to eligible individuals within the target population as defined below:

~~Services shall be located in Lancaster County, Nebraska but available and accessible to persons located in all 16 counties in Region V's geographical area. The general populations for which the services shall be provided include:~~

- A. Persons over 19 years of age who reside within **Lancaster County** and the Region V geographic service area;
- B. Adults with a risk of experiencing disruption in functioning or impairments due to
- C. behavioral health issues;
- D. Adults who meet financial guidelines (see Attachment X) and do not have coverage for services through other payer sources or who qualify for Medicaid; and,
- E. Mental health community service priorities including :
  - 1) Persons being treated in a Regional Center who are ready for discharge;
  - 2) Persons being treated in a community inpatient setting or crisis center and who are awaiting discharge;
  - 3) Persons committed to outpatient care by a Mental Health Board
- 4) All others

**What is the county's continued role, investment and how does it impact this? Will they have additional or conflicting requirements for their \$?**

#### 1.5 Scope of Service

As can be seen in Attachment A., CMHC offers a wide variety of crisis, **treatment**, and rehabilitation services. **At this time the Region is not prescribing services to be provided as part of the transition process and development of the new service system although it does reserve the**

right to identify core services that must remain as part of the service system. Providers submitting a response to the ITN may apply for one or all services as described in Attachment A and currently comprising the CMHC service system. Providers may also submit a proposal separate from the services outlined because as indicated this is not intended to be prescriptive and alternative approaches are encouraged. The ITN process promotes innovative, collaborative proposals that provide for a recovery-based, evidence-based service model that integrate behavioral health and primary care.

Over the past few years, the Nebraska Behavioral Health Division (NBHD) developed new service definitions designed to meet the needs of the population while promoting service delivery efficiency and effectiveness. NBHD service definitions can be found at: [http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_bhsvcdef.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_bhsvcdef.aspx).

It is expected that the Region V/County new service delivery system will take advantage give consideration to these **all available** new service options and in incorporating a full range of crisis, **treatment** outpatient, and rehabilitation services in a variety of settings. Utilizing a multitude of service levels **A comprehensive menu of services and supports will best meet the needs of the target population.** is encouraged in the population. ITN respondents must identify the core behavioral health services they intend to offer and planned service locations. Locations must be convenient **and accessible** to the persons served population (along bus lines). **Preference will be given to service locations located on city bus routes.**

#### 1.4 Definitions (if we desire to include this section will need to plug in definitions—further review proposal for others to add?)

Behavioral Health Services  
Consumer-Focused  
Co-occurring Disorder  
Cultural and Linguistic Competence  
Evidence Based Practices  
Individuals Served  
Invitation to Negotiate (ITN)  
Outcome  
Peer Supported Programming  
Principles of Recovery  
Proposal  
Quality Improvement  
Stakeholders  
System of Care

#### 1.5 Minimum Standards of Eligibility for Respondents

- A. Minimum Standard Requirements: Eligible respondents may be a state, county, or community-based public; private not-for-profit; private for profit; or faith-based organization. Respondents must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the target population as evidenced by the following:
- 1) Region V Provider Network member or, if a new applicant, demonstrate ~~necessary prerequisites~~ **how it meets all the requirements outline in the Minimum**

**Standards for Enrollment in Region V Systems' Behavioral Health Provider Network (Attachment XXX) to be included as a member of Region V Systems' Provider Network;**

- 2) In operation and in good standing (based on a current independent audit) for at least 24 months;
- 3) Have approval as a Nebraska Medicaid ~~approved~~ provider for behavioral health services or willingness/ability to obtain Nebraska Medicaid provider status;
- 4) **Hold** national accreditation in the provision of behavioral health services by a nationally recognized accreditation organization, i.e. CARF, COA, TJC, or have an accreditation development plan that outlines the agency's timeline (minimum 2 years) of applying for national accreditation;
- 5) Current applicable Nebraska behavioral health licensed clinicians and physicians on staff (**including contracted personnel**);
- 6) **Have** current license as a "Nebraska Mental Health Center" **by the State of Nebraska** or plan to obtain such license;
- 7) Ability to build the organizational capacity to serve the population within the chosen service category(s);
- 8) Ability to provide services within Region V's geographic area;
- 9) Able to initiate services effective **XXX**;
- 10) **Willingness to accept contracted rates for services as identified in Attachment X**
- 11) **Ability to serve the identified target population as defined in Section 1.4**

**B. Minimum Service Delivery Requirements: The core elements that providers must address in their service design and proposals are as follows:**

**Requirement 1: System of Care Development and Management**—Mental health services that are coordinated and developed into an integrated network of services accessible and responsive to individuals in need of mental health services and community stakeholders. To accomplish this, providers support the application of evidence based and recovery oriented practices in program development and design, training, and quality improvement activities. System of care development and management will include the following elements:

- Demonstration of a collaborative approach to service delivery with diverse community stakeholders ensuring a community driven and supported system of care;
- Implementation of a comprehensive, continuous integrated system of care model to address the needs of individuals with behavioral health needs with creative, collaborative community approaches preferred;
- Integration of behavioral health and primary care services;
- Implementation of a system of care that is recovery-based, consumer focused, supports the individual and family, and builds resiliency in the community;
- Demonstration of approaches that emphasis consumer involvement and peer supported programming through all phases of design, development, implementation, operation and delivery of programming
- Demonstration of an approach to provision of services designed to meet the unique cultural and linguistic needs of the community to be served.

Preference will be given to proposals that emphasis the following elements in their service design:

**a) Integration with Primary Care:** Various models of integrated behavioral/primary healthcare exist and, based on the needs of the individual, different models are appropriate. A background document on integrated behavioral/primary healthcare, “Evolving Models of Behavioral Health into Primary Care,” authored by the Millbank Foundation (2010), can be found at: <http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf>. It is highly recommended that all ITN Respondents review this document as they plan for integrated services.

Although, integrated behavioral/primary healthcare is an essential component of the envisioned ~~County/Region~~ service system, it is anticipated that some behavioral health providers may not be offering primary care as a part of their service package, and some primary care providers may not be offering a complete package of behavioral health services (crisis, treatment, rehabilitation). However, in both scenarios, providers must address how they will ensure the behavioral and primary healthcare needs of those they serve. Partnerships between behavioral health and primary care providers are highly recommended.

**b) Adherence to a Recovery-Based Principles**

Reference The Recovery Project document here

The provider(s) shall, at a minimum, adhere to the principles of recovery in the development, implementation, and delivery of behavioral health services both individually and through the management and oversight of subcontractors, as applicable. Individuals are able to recover more quickly when their hope is encouraged, life roles are defined, culture is understood and when educational and social needs are considered. To this end, the provider(s) will:

- A. Promote dignity and respect for all individuals served and their families;
- B. Incorporate a broad array of services and supports ;
- C. Ensure services meet the individual’s needs and strengths, and ensure that individual’s differences are considered and valued;
- D. Ensure that services are provided throughout the community in the least restrictive setting;
- E. Ensure that services are accessible within reasonable driving distance or along city bus lines and at times convenient to persons served;
- F. Ensure that services are coordinated across the service system;
- G. Ensure that intervention and treatment services focus on the whole person
- H. Ensure assessment and treatment is from a holistic approach which promotes the treatment of co-occurring substance abuse and mental health disorders;
- I. Follow the Principles of Recovery which include choice, hope, trust, personal satisfaction, interdependence, and community involvement;
- J. Ensure that services will be provided from a strength-based perspective, focusing on the person’s competencies;
- K. Ensure that service will be consumer focused, focusing on increasing the individual’s ability to successfully cope with life challenges and build resiliency;

- L. Implement a system of care that is consumer focused, supports the individual and family, sustains recovery, builds resiliency, and optimizes the partnership with community stakeholders;
- M. Ensure that cultural and linguistic competence is provided throughout the system of care.

**Requirement 2. Quality Improvement:** A series of management techniques and processes used to assess and improve internal provider operations and network services. Quality improvement focuses on performance and seeks to continuously improve quality of services provided. The provider(s) will establish a clearly delineated quality improvement program that provides for the meaningful involvement of staff members, individuals served, and other stakeholders. The program will include the following elements:

- Establishing quality improvement goals and objectives;
- Developing reliable and valid performance measures;
- Measuring performance in relation to performance outcomes established at the local, State and Federal level, as applicable;
- Making continuous and progressive improvements, and measuring the impacts of these improvements;
- Reviewing the results of quality assurance reviews, critical incident reports, and the numbers and kinds of grievances and appeals and using this information to initiate system improvements;
- Identifying service problems and improvement opportunities;
- Measuring individuals served satisfaction and reviewing for improvement opportunities;
- Developing quantitative indicators, outcomes and outputs that can be used by the County and Region to objectively measure a provider's performance and used to improve services.

**Requirement 3. Data Collection, Reporting and Analysis:** Activities that use data elements to track cost, utilization, quality of care, access to services, and individuals served outcomes within the system. For the purposes of this procurement, data collection, analysis, and reporting will include the following elements:

- Demonstration of accuracy and timeliness of data submitted into
- Demonstration of how information will be monitored and tracked and how technical assistance and training and other corrective action will occur.
- Any reference to EHR? Magellan? EBHIN?

**Requirement 4. Relationship with Lancaster County:** Although Lancaster County ~~will no longer be a~~ **under this process will discontinue its status as a provider** of community-based behavioral health services through CMHC, the County still has a **invested** ~~direct~~ interest in how effectively ~~these~~ **these** services are delivered by the new provider(s). 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~~ **aid in** a smooth transition, the new provider(s) will ~~be allowed~~ **have the option of remaining** to ~~remain~~ at the existing location of 2201 S. 17<sup>th</sup> Street for ~~at least a~~ **minimum** two (2) years **period**. **(two years from when? At what cost? Specifics?)**

- Midtown Center: Lancaster County owns the Midtown Center at 2966 O Street, which houses CMHC programs for psychiatric rehabilitation and other related services. The County will consider proposals for the continued use of this property for this or other behavioral health services.
- CMHC Staff: All efforts should be made to retain as many of the current CMHC employees 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 employees will also provide a continuity of care, which is essential to consumers.
- Crisis Center: The County will continue to operate the Crisis Center. For the immediate future, the Crisis Center will remain on the 2<sup>nd</sup> 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. The new provider(s) will need to demonstrate the ability to work closely with the Crisis Center.
- General Assistance: Behavioral health services are provided by CMHC to consumers receiving County General Assistance. With the integration of behavioral health and primary health care, the new provider(s) will need to demonstrate how they will deliver both behavioral health and primary health care to consumers receiving General Assistance. (ITN Committee suggested additional information—do we need to include an attachment with a table showing costs, persons served etc?)

## SECTION 2: INVITATION TO NEGOTIATE PROCESS

This Invitation to Negotiate (ITN) is issued by Region V Systems for the purpose of **soliciting** ~~gathering cooperative and creative~~ **collaborative and innovative** proposals for the transition of the Lancaster County Mental Health Center (CMHC) service array to a ~~new recovery-based~~ behavioral health service model that is 1) consumer focused, 2) recovery-based, 3) inclusive of peer supported programming 4) inclusive of consumers in program design at all levels of development and implementation, 4) evidence-based, 5) trauma informed and 6) integrated with primary health. ~~The County/Region V model will integrate behavioral health services and primary health care, with peer supported programming and extensive consumer involvement.~~

The ITN is intended to function as an open process for groups and organizations interested in submitting responses and is less rigid than a formal Request for Proposals (RFP). It provides an opportunity for interested parties to learn about Lancaster County and Region V's expectations and specifications and provide written documentation in response. Ideally, the ITN process will lead to further ~~discussions~~ **negotiations** with qualified parties and ~~eventually lead to potential offers and related details.~~ and subsequent contract awards with selected provider(s). The provider(s) selected through the ITN process will contract with Region V for the delivery of services.

The current array of services provided by CMHC includes **an array** ~~a mix~~ of crisis, ~~outpatient,~~ **treatment,** and rehabilitation services and does not include integration with primary care. ~~It is possible~~ **The County and Region V reserves the right to** will negotiate with more than one entity in order to develop a service system inclusive of crisis, ~~outpatient,~~ **treatment,** rehabilitation, and primary care services that best fits the needs of the community. Collaboration among providers in the design of a mix of services (crisis, ~~outpatient,~~ **treatment,** rehabilitation and primary care) is **strongly** encouraged.

~~Selected~~ groups and organizations submitting successful ITN Responses will enter into service contracts with Region V. ITN Responses will be evaluated based on responsiveness to the requirements of this document and a demonstrated ability to perform.

## **2.1 Posting**

All notices, decisions, and intended decisions and other matters relating to the ITN process will be electronically posted on Region V System's website: [www.region5systems.net](http://www.region5systems.net).

Region V reserves the right to amend, modify, supplement or clarify this ITN at any time at its sole discretion. The electronic posting on [www.region5systems.net](http://www.region5systems.net) is the official posting. It is the exclusive responsibility of the interested parties to check the website for the following:

- A. Changes to the solicitation;
- B. Other documents referenced by the solicitation (Attachments);
- C. Written official responses to written inquiries;
- D. Notice of Intent to Negotiate;
- E. Notice of Intent to Award

## **2.2 Contact Person**

The contact point for all communication regarding this ITN is:  
Procurement Manager Name, Organization, Address, Phone Number, Email

## **2.3 Limits on Communications**

Questions to the identified contact person regarding this ITN may be made either by fax, email, or written correspondence using Attachment E "Request for Information". Written responses to questions will be made by Region V personnel within three business days **and posted accordingly on the Region V website.**

Under the parameters of the ITN process, with the exception of clarifying questions, prospective respondents are prohibited from **contacting personnel of Region V Systems, the Department of Health and Human Services, Lancaster County and the Community Mental Health Center; members of Region V's Behavioral Health Advisory Committee (BHAC) or Regional Governing Board (RGB); Lancaster County Board members or members of the ITN Committee** ~~Region V personnel, DHHS personnel, BHAC members, RGB members, LCMH staff, Lancaster County staff, or Lancaster County Board members~~ regarding this ITN solicitation during the period following the release of this ITN, after the release of available funding amounts, during the proposal evaluation period, and until a determination is made and announced regarding an invitation to submit further information. **Violation of these provisions may be grounds for rejecting a reply to this ITN.**

## **2.4 Schedule of Events and Deadlines**

The County and Region V expect to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change. In addition,

the County and Region V reserve the right to issue a Request for Proposals if enough information is not gathered through the ITN responses received.

Activity	Date/Time
1. <del>Announce ITN Process and Deadlines</del> Announcement	1/31/13
2. Notice of Intent to Submit a Proposal to be received by Region V (Submission is not mandatory)	?????
3. Pre-submission Conference	?????
4. Closing Date for Receipt of Proposals	3/31/13
5. Evaluation of Replies	4/30/13
6. BHAC	5/1/13
7. Regional Governing Board	5/13/13
8. Posting of Proposal Scores and Notice of Intent to Negotiate	5/14/13
9. Negotiation Meetings	?????
10. Posting of Notice of Intent to Award	
11. Anticipated Effective Date of Contract(s)	

**2.5 Notice of Intent to Submit a Proposal**

Prospective providers wishing to submit a *Notice of Intent to Submit a Proposal* may do so by sending the notice to the contact person specified in Section 2.2. This is not required, but preferred, prior to attendance at the Pre-submission Conference. The format for the *Notice of Intent to Submit a Proposal* will be electronically posted along with this solicitation documents at: [www.region5systems.net](http://www.region5systems.net) Submission of a *Notice of Intent to Submit a Proposal* does not bind the organization to submit a proposal.

**2.6 Pre-submission Conference**

All interested parties are required to attend the pre-submission conference to be held at the time and location as specified in Section 2.4. The purpose of the pre-submission conference is to review the contents of the ITN, to explore potential service model designs, and to identify interested providers that may wish to collaborate with other interested providers in developing and providing the services to be purchased. Interested parties will have the opportunity to present oral questions regarding this ITN. However, oral responses from Region V staff to questions asked at the pre-submission conference shall not be considered binding. Attendance at the pre-submission conference is a prerequisite for acceptance of proposals from interested parties/prospective providers or groups of providers.

**2.7 Withdrawal of Proposals**

The applicant may withdraw its proposal, with written notification, at any time in the process. In such instance, a letter of withdrawal with an original signature by an authorized officer/executive must be submitted to the Contact Person identified in Section 2.2, either by hand delivery or by certified mail.

**2.8 Acceptance of Proposals**

A. **Proposal Deadline:** No requests for extensions of the due date will be approved. All proposals must be received by the Contact Person identified in Section 2.2 at the date,

time and address specified in Section 2.4 of this document. Changes, modifications or additions to submitted proposals will be not be accepted after the identified deadline for submission of proposals.

- B. Receipt Statement** Replies not received by the Contact Person at the specified place and by the specified date and time will be rejected as non-responsive and returned unopened to the provider by Region V. Region V will retain one (1) unopened original proposal for use in the event of a dispute. Region V/County accepts no responsibility for mislabeled/mis-sent mail.

## 2.9 Posting of Proposal Scores

The results of the proposal scoring shall be posted electronically in accordance with the Schedule of Events described in 2.4 at: [www.region5systems.net](http://www.region5systems.net)

## 2.10 Posting of Intent to Award

The results of the negotiation activities including posting of intended award shall be posted electronically in accordance with the Schedule of Events and Deadlines described in Section 2.4 at: [www.region5systems.net](http://www.region5systems.net)

## ~~SECTION 3: SERVICE DELIVERY REQUIREMENTS~~

### ~~Major Requirements~~

~~The goal of the County and Region V is to establish a new service model, which is highly effective and financially 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 that 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 supported programming—Proposals must include a plan for how consumer involvement and peer supported programming will be incorporated in all phases of design, development, implementation operation, and delivery of programming. (See The Recovery Project Attachment B)~~

### ~~Some suggested alternative language:~~

~~The goal of the County and Region V is to establish a new service model, which is highly effective and financially sustainable. Major requirements for the new service system include: (Reworded—moved to Core Elements/Baseline Functions)~~

## SECTION 4: FINANCIAL SPECIFICATIONS

### 4.1 Allocation of Funds

ADD fund amounts available, funding source (role of County, any \$ from the County (GA \$) that may be separate from Region funds), contract terms

*Should reference to NFFS Services Reimbursement method*

Fee for Service (FFS): Services are reimbursed based on a unit of service up to the designated capacity specified in the contract. The funding amounts are annualized based upon 12 months of service or upon units of service delivered during the fiscal year. The use of funds provided under Region V Network Provider Contracts are limited to the employment of personnel; technical assistance; operation of programs; leasing, renting, maintenance of facilities and minor improvements; and for the initiation and continuation of programs and services. Region V will not fund:

- A. Financial contributions to individuals.
- B. Fund-raising events.
- C. Lobbying.
- D. Abortion.
- E. Laboratory or clinical research.
- F. Projects which do not serve the Region V geographical area.
- G. Purchase or improvement of land, purchase or permanent improvement for any building or other facility, or purchase major medical equipment.
- H. Cash payments to intended recipients of health service.

**4.2 Non-Transfer of Funding Award**

Any contract awarded to a successful applicant may not be transferred or assigned by the applicant/contractor to any other organization or individual.

**4.3 Use of Subcontractors**

The chosen provider may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Anticipated use of subcontractors must be clearly explained in the ITN Narrative identifying the proposed subcontractors and their proposed role. Use of treatment subcontractors and the terms and conditions of the subcontract must be approved by Region V in advance of execution of any subcontract. The successful applicant is fully responsible for all work performed by subcontractors. No subcontract into which the successful applicant enters with respect to performance under the contract will, in any way, relieve the successful applicant of any responsibility for performance of its duties.

## SECTION 5: GENERAL INSTRUCTIONS ON SUBMISSION OF PROPOSALS TO THE ITN

### 5.1 Method of Delivery and Receipt of Proposals

Any proposal must be received by the Region according to the deadline set forth in the Schedule of Events and Deadlines, **Section 2.4**, of this document. The provider(s) may choose and is responsible for the method of delivery to the Region except that **facsimiles or electronic transmissions will not be accepted at any time**. An untimely reply will be rejected and returned. The Region will keep one copy for its records. **The Region is not responsible for any lost or misdirected submittal.**

All proposals received by the date and time specified in the, **Schedule of Events and Deadlines, Section 2.4**, become the property of Region V Systems. The Region shall have the right to use all ideas, or adaptation of ideas, contained in any reply received in response to this ITN. Selection or rejection of the proposal shall not affect this right.

All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. ITN responses that do not conform to the items provided in this document will not be considered. All applicants must adhere to the following guidelines.

### 5.2 Submission Instructions

~~1. Proposals must adhere to the following requirements:~~

- ~~a. FAX copies will not be accepted.~~
- ~~b. Two-sided copying is allowed, but not required.~~
- ~~c. Proposals received late will not be accepted and will be returned to the sender unopened.~~
- A. Respondents must submit one (1) original and **ten (10) copies** (do we want more copies as I assume we will need for ITN Committee etc.?) of the ITN Response to the Contact Person specified in **Section 2.2** by the date, time and place specified in **Section 2.4**.
- B. **The provider must submit an electronic version of the proposal at the same time as the hard copies are received by the Region.**
- C. ITN responses must be clearly referenced as **ITN Response** on the outside of the envelope or package.
- D. Responses must be typed in 10-point font or larger, submitted on standard 8 ½” by 11” paper, numbered consecutively on the bottom right-hand corner of each page, starting with the Cover Page through the last document, including required attachments.
- E. Staple or clip the original and each copy of the response at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.
- F. FAX copies will not be accepted.
- G. Two-side copying is allowed but not required.
- H. Designated information must be provided on Region V forms provided in the attachments of this document. Electronic versions are available on the Region V website.

### 5.3 Proposal Format:

ITN Response Proposals must be organized in the following sections in the following order: ~~shall include the following documents:~~

- A. Cover Page

Complete the entire Cover Page (Attachment X) and obtain the signature of the chief executive officer, board chairperson, or other individual with the authority to commit the applicant to a contract for the proposed program/services.

B. Executive Summary

Complete the entire Executive Summary (Attachment X). **The Executive Summary must summarize the three components of the ITN Program Narrative which are: Program Narrative, Development/Implementation Time Line Plan, and Budget Justification Narrative.**

C. ITN Capacity Development Plan/Narrative:

Do we want to include our Program Narrative Elements i.e. Organization Capability, Purpose, Need, Target Population and Geographic Area, Goals to include Process indicators, outcome indicators, Admission Criteria etc.??? Incorporate the following as preference/priority areas within those guidelines.

- 1) **Service Development:** The County and Region V are looking for innovation in how a provider(s) can deliver integrated and coordinated behavioral/primary health care to County residents who met financial eligibility requirements. Services funded will be evidence-based, trauma informed, recovery-oriented, **outcome based** and include the utilization of peer supported programming. Providers must be equipped to treat co-occurring disorders with either onsite or active referral capability. The inclusion of prevention and wellness components embedded within the service(s) is expected. Providers will be capable of demonstrating efficient and streamlined admission to all levels of services. **Describe project partnerships, anticipated project outcomes, and evaluation measures.**

A major component of the funded service system includes integrated behavioral/primary health care. This component must be based upon a recognized behavioral health/primary health care model. SAMHSA and The Center for Medicaid Services (CMS) have developed a Guidance Document for states that provides key questions organized according to Health Home Service components. (Attachment F.) The document is intended to be useful, however not prescriptive, for providers responding to this ITN. Further information regarding health homes can be found on the SAMHSA website.

<http://www.samhsa.gov/healthreform/healthhomes/>

As mentioned earlier in this document, another important resource addressing integrated behavioral/primary care is located at:

<http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf>.

Partnerships and formal collaborations are highly recommended in the development and implementation of services. In addition, collaborative relationships with local organizations outside of the provider network that can enrich the lives of those served is expected.

Please describe a vision for the recovery-oriented, integrated behavioral/primary health services you hope to deliver. Include details related to evidence-based practices, use of peer supported programming, ability to treat co-occurring disorders and provide trauma-informed services, number of individuals you intend

to serve, service locations(s), staffing, and any other components you feel will strengthen your opportunity to deliver the service. Please limit this section to ten (10) pages.

## 2) Consumer Involvement:

~~Consumer Involvement and Inclusive of Peer Supported Programming—All ITN Respondents must include a plan for how consumer involvement and peer supported programming will be incorporated in all phases of design, development, implementation operation, and delivery of programming. (See The Recovery Project Attachment B) (moved to Core Elements/Baseline Functions)~~

Consumer involvement is a priority in all aspects of behavioral health service planning and delivery. The County and Region V expect organizations to employ strategies to involve consumers in the organization's policies/planning; management/governance; service delivery; and training program development activities. Organizations must assure meaningful and significant participation by consumers and advocates in the design, development and implementation of all services. As mentioned earlier, The Recovery Project document (Attachment B.) provides guidance for consumer involvement strategies.

Please describe how you will incorporate consumer involvement in the development of the services you wish to deliver. Please limit this section of your response to two (2) pages.

- 3) **Transition/Communication Plan:** The transition from the current CMHC system to a new service delivery system will be stressful for consumers receiving services from CMHC and CMHC employees. The ultimate goal is to reduce the stress of transition and retain as many consumers and staff as possible. To accomplish this goal, careful transition planning must be employed to ensure a smooth transition for both groups. In addition, a communication plan developed to assure transparency and to assist consumers, families, and employees with the transition is expected.

A complete transition / communication plan is not required at this time; however, a thoughtful approach to the plan and the plan components is required. Please discuss how you will develop a transition / communication plan (stakeholders included, process, communication, etc.) and describe the components of the plan and format you feel will be most effective. Please limit this section of your response to two (2) pages.

- 4) **Infrastructure:** The County and Region V are searching for the best possible candidates, with demonstrated success in the field, to provide services to Lancaster County residents. The infrastructure of the organization is critical in the delivery of services.

Please discuss your organization's infrastructure capacity in the following areas. Please limit this section of your response to seven (7) pages.

- Network Experience: Experience working with a network administrator in the delivery of publicly funded behavioral health services.

- Administrative Structure: Current and proposed administrative structure.
- Health Insurance: Capacity to work effectively with Nebraska Medicaid and other health insurance companies
- Program Evaluation: Data collection, analysis, and reporting.
- Health Information Technology: Electronic medical records, health information exchange, e-prescribing, practice management, etc.
- Financial Management System
- Quality Improvement Program

5) **Supporting Minimum Standards Documentation**: Please attach the following supporting documents:

- Financial Audit Summary
- Current Facility Licensure
- Accreditation Certificate
- Most Recent Accreditation Report, and
- Number of Staff by Licensure

## SECTION 6: ITN EVALUATION CRITERIA—~~METHODOLOGY~~

**Describe evaluation team here. Suggested language as follows** The Region shall identify at least XXX evaluators with a combination of appropriate financial, data, and programmatic expertise to evaluate the proposals. The team will be comprised of a minimum of X evaluators with financial expertise and a minimum of X evaluators with behavioral health expertise.

The maximum points available are XX. The evaluation will be performed using XXX evaluation tools (to be developed?). Evaluators will be instructed to provide ratings in X point increments on criterion items. Evaluators with financial expertise will score criterion items XXXX. Evaluators with behavioral health expertise will score criterion items XXXX. The average of all evaluators' scores for each criterion rated will be tabulated. The vendor's final score will be the sum of all average criterion scores.

The Region intends to extend an invitation to enter into negotiations with up to X highest ranked providers. The Region reserves the right to negotiate with a fewer number or greater number of provider in the best interest of the community. An invitation to a provider to enter into the negotiation phase of the schedule shall not be construed as a contract award.

The posting of Proposal Scores and the Notice of Intent to Negotiate will be posted in accordance with Section 2.

**DEVELOP EVALUATION TOOL with designated point values and include the following/Reference as an Attachment** Proposals will be evaluated on the following points. (Base on Capacity Plan Development guidelines to be added—the following are priority areas and will be given preference in evaluation)

### 6.1 Service Development:

- Innovation, effectiveness, and efficiency of service delivery model
- Inclusion of evidence-based, trauma informed, recovery-oriented, and peer supported program components
- Ability to deliver co-occurring services
- Inclusion of prevention and wellness components
- Integrated behavioral/primary healthcare approach

- Utilization of partnerships and local organizations
- 6.2 **Consumer Involvement:** Strength of strategies to involve on-going meaningful and significant consumer involvement in agency activities including:
- Policies/Planning
  - Management/Governance
  - Service Delivery
  - Training Program Development
- 6.3 **Transition/Communication Plan**
- Logical approach to the development of the Transition/Communication Plan
- 6.4 **Infrastructure**
- Network experience
  - Strength of administrative structure
  - Experience working with Medicaid and other health insurance companies
  - Strength of program evaluation
  - Usage of health information technology
  - Sophistication of financial management system
  - Evidence of an effective quality improvement program
- 6.5 **Minimum Standards**
- Financial Standing
  - Facility Licensure
  - Accreditation & Recent Report
  - Depth of Current Staffing

## **SECTION 7: REGION RIGHTS AND RESPONSIBILITIES**

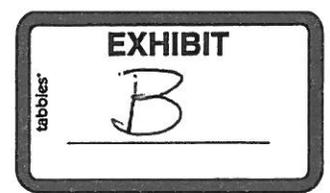
- 7.1 **Right to Reject Any and All Proposals:** The Region reserves the right to reject any and all proposals.
- 7.2 **Right to Withdraw the ITN:** The Region reserves the right to withdraw the ITN at any time, including after and award is made and by doing so assumes no liability to any provider.
- 7.3 **Negotiation Methodology:** The Region may negotiate with one or more providers simultaneously. The Region intends to extend an invitation to enter negotiations up to the three highest ranked providers based on the rating methodology outlined in Section 6. The Region reserves the right to negotiate with fewer or greater providers based on the best interest of the community. An invitation to a provider to enter the negotiation phase of the schedule shall not be construed as a contract award.

Providers selected to enter negotiations should be prepared to discuss and address any issue in the ITN or the provider's proposal to the ITN.

Each party to the negotiations will designate a lead negotiator. The lead negotiators will establish a communication protocol allowing for contact between parties as provided in Section 2.X.

While there may be ad hoc workgroups assigned during the negotiations, all final decisions and agreements between the parties will be made at the negotiation meetings and agreed to by the lead negotiators. Negotiation meetings are scheduled as listed in Section 2.4. (Are these OPEN meetings?) The Region will designate the Region's negotiation team. The Region's negotiation team will recommend a provider(s) for further negotiations or contract award based on consensus agreement.

**ATTACHMENTS TO BE ADDED AS PROPOSAL IS FINALIZED**



GA Primary Care at LLCHD ONLY Data from March 1, 2011 to February 29, 2012 :

Top ten diagnoses calculated by using the total number of unduplicated clients who were diagnosed with this condition. Listed in order from the most frequent diagnosis to least frequent diagnosis: Joint Pain, Depression, Anxiety, Lumbago, Hypertension, Diabetes, Morbid Obesity, Tobacco Use, Sinus Infection, and Nondependent Drug/Alcohol Abuse. (See below)

Top 10 dx (based on 412 unduplicated patients)

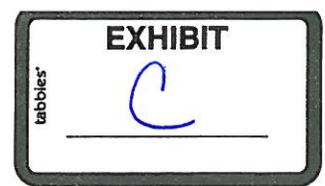
- 1) Joint Pain = 119 (several types of joints added together)
- 2) Depression = 98
- 3) Anxiety = 91
- 4) Lumbago = 87
- 5) Hypertension = 81 (several types of HTN added together)
- 6) Diabetes = 68 (several types of diabetes added together)
- 7) Morbid Obesity = 39
- 8) Tobacco Use = 37
- 9) Sinus Infection = 30
- 10) Nondependent Drug/Alcohol Abuse = 30 (several types of drugs abused added together)

GA Primary Care at LLCHD ONLY Data from July 1, 2011 - June 30, 2012

- 1) Total number of unduplicated patients served in General Assistance Medical Clinic: 423
- 2) Total number of patient visits to the GAMC: 3,061 (average of a little over 7 visits per patient per year).

Our county revenue starting June 1, 2012 is \$375,815 for the year, an additional \$6,000 is estimated in revenue from new Medicaid eligible's we can back bill for once eligible for disability.

Includes physician and/or APRN clinic office visits, RN case management to coordinate specialty referrals, coordination with Medication Assistance Program, Rx ordering thru Wagey (GA pharmacy), 24 hour RN on-call for patients to call with concerns in lieu of ED, lab draws and in-house labs (we use Neb LabLinc as our reference lab - those costs are paid directly by the County at Medicaid rates). We do NOT have radiology here, so the county payment to us does not include radiology.



## Guidelines for Consumer and Family Participation

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development and implementation of projects funded through SAMHSA's grant programs. The following guidelines are intended to promote consumer and family participation in SAMHSA grant programs.

In general, applicant organizations should have experience and a documented history of positive program involvement by recipients of mental health or substance abuse services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

**Program Mission** —The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

**Program Planning** —Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.

**Training and Staffing**— Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

**Informed Consent**— Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA GFAs. These requirements must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.

**Rights Protection** —Consumer and family members must be fully informed of all of their rights including those related to information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

**Program Administration, Governance, and Policy Determination**— Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

**Program Evaluation**— Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

[www.samhsa.gov/grants/apply.aspx](http://www.samhsa.gov/grants/apply.aspx)

Recources for Grant Writing

22June10