



REQUEST FOR INFORMATION (RFI)

SERVICE ARRAY:	Medication Management, Outpatient Therapy, and Targeted Case Management (MH/SA)
POPULATION GROUP:	Adult

SCHEDULE OF EVENTS

ACTION	DEADLINE
RFI Availability	June 14, 2011
Question & Answer Conference at 414 East Main St.	June 21, 2011
Final Deadline for Receipt of RFI Responses	June 28, 2011
Evaluation	June 29-30, 2011
Award Notification to all Bidders	July 1, 2011
Effective Date for Master Service Agreement & Implementation	July 1, 2011

A. PURPOSE

The Durham Center is interested in contracting with a Critical Access Behavioral Health Agency (CABHA) qualified and interested in providing Medication Management, Outpatient Therapy and Mental Health/Substance Abuse Targeted Case Management services for individuals with no insurance and with a behavioral health disorder identified by the Durham Center Access Assessment Team. Providers with experience and expertise working with individuals connected to the criminal justice system are encouraged to apply.

B. INTRODUCTION

The Durham Center is the Local Management Entity (LME) for Durham County under a Performance Agreement with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The Durham Center serves as a manager of public policy and resources serving Durham County and as a coordinator for specialty services and supports for Medicaid enrollees and priority populations as defined in the North Carolina State Plan.

Durham County's total catchment population is approximately 263,000. The Durham Center LME manages behavioral health and intellectual/developmental disability services for approximately 10,000 consumers annually. A full array of Behavioral Health and Intellectual/Developmental Disability services are provided through the Durham Center LME Qualified Provider Community (QPC).

The Durham Center administrative services are organized to focus on three primary stakeholders: consumers, providers and the community. The administrative structure includes Customer Services, Finance, Utilization Management, Quality Management, Care Management, Care Coordination and Contract Management/Provider Relations.

C. VISION

We are a community with energy and momentum that embraces people with disabilities as equal partners and valued citizens. When citizens with disabilities reach their full potential, the entire community benefits.

D. MISSION

We pursue a community effort dedicated to supporting the lives of citizens affected by mental illness, developmental disabilities, and substance abuse by assuring a collaborative, accessible, responsive and efficient system of services and supports.

E. VALUES

- We value finding ways to nurture our community's strengths to accomplish what none of us can do alone.
- We value the involvement of stakeholders for the advancement of all citizens in our diverse community.
- We value partnerships with community agencies that ensure best practices are applied through person centered planning.
- We value community resources that offer durable ways to support people with disabilities.
- We value community partners that leverage dollars and develop in kind partnerships to respond to the MH/DD/SA needs of all citizens.
- We value advocacy efforts that challenge the service delivery system to improve continuously.
- We value accountability of all parties in the MH/DD/SAS system.
- We value exemplary practices that lead to meaningful outcomes and are cost effective.
- We value high consumer and family satisfaction.
- We value collaboration with our community partners and stakeholders.
- We value building community capacity that includes the identification of existing community resources and gaps.
- We value services and supports that are consumer and family friendly, age appropriate, and culturally competent.
- We value the flexibility of the MH/DD/SA services system to provide services and supports when needed, at the level needed, and in the amount necessary, so that people may enter and exit components of the system as their needs change without fear of re-entry complications.
- We value ongoing community education that helps eliminate stigma and discrimination.

F. PROVIDER COMMUNITY

The Durham Center's Qualified Provider Community (QPC) is an organized partnership of community providers whose goal is to provide timely and medically necessary behavioral health, developmental disability and substance abuse services to all people who are referred with services authorized by The Durham Center.

G. SCOPE OF SERVICE

Organizational Requirements: The organization shall be capable of meeting the requirements as delineated in this scope of service.

Name of Program/Services: Medication Management, Outpatient Therapy, and Targeted Case Management (MH/SA TCM) by a CABHA Certified Agency in the State of North Carolina.

Funding: Services rendered shall be reimbursed on a fee-for-service arrangement. Services authorized will be based on an IPRS benefit package developed with input from the selected provider. All outpatient services will be reimbursed at a licensed level billing using only CPT codes. The funding will be based on the number of slots allocated to provider based on the benefit package. For the purposes of this RFI, respondents should anticipate 10-15 total new referrals from the Durham Center Access Assessment Team and TDC Adult Services Array each week (approximately 130 per quarter).

Statement of Need: Each quarter more than 350 new individuals enter The Durham Center's Adult Behavioral Health Service array through the Durham Center Access Assessment Team. Nearly 100% of these individuals are recommended to a level of service that includes at minimum medication management and outpatient therapy. With a growing need for these services in the community and the current providers of these services either at or approaching capacity, additional options need to be developed.

Over the past several quarters there has been an increased need for MH/SA TCM, as evidenced by individuals receiving services from multiple providers without a true clinical home available to generate a Person-Centered Plan and assist these individuals new to the system in navigating the behavioral health and other related systems. Additionally, based on a recent study conducted using Jail Admission data from January 1-November 30, 2009, 68.3% of those with behavioral health issues in the Durham County Jail were dually-diagnosed (mental illness and substance abuse), 28% carried a substance abuse diagnosis, and 2.3% carried solely a mental health diagnosis.

Although not always the case, many times these individuals lack an identified mental health and/or substance abuse provider and connecting individuals to services quickly is difficult for several reasons (e.g. the unspecified length of time individual will be in jail and an inability for mental health and substance abuse providers to bill for services to incarcerated persons). Every individual that enters the Durham County Jail is screened using the Brief Jail Mental Health Screen (BJMHS). Of the 4,801 individuals that entered the Durham County Jail between January 1 and June 30, 2010, 797 (17%) were identified as needing either emergent or further assessment, which is often indicative of a mental health and/or substance abuse disorder/disability.

The majority of those identified as needing emergent or further assessment have both a mental health and substance abuse disorder (co-occurring/dual-diagnosis). Upon discharge many of these individuals either do not qualify for Medicaid or have had their Medicaid discontinued due to their incarceration. The Durham Center Access Assessment Team offers regular assessment slots at the Durham County Jail to connect individuals identified as needing services to the services for which they qualify. Additional referral options are needed, especially for those with IPRS-funding for basic outpatient services.

Description of Program/Service: The Durham Center is requesting proposal(s) from qualified providers with an interest providing outpatient services for individuals with IPRS funding with the following services: Medication Management, Outpatient Therapy and MH/SA TCM. Many of the individuals referred may have frequent contact with the criminal

justice system and have been identified by Durham County Jail Staff, The Durham Center, Durham Police Department, and/or other identified stakeholders as having unaddressed or under-addressed mental health and/or substance abuse issues. **The provider selected shall provide medication management as a standalone service when clinically appropriate and maintain the ability and capacity to do so. The provider selected must be able to accommodate emergency appointments and individuals discharged from the hospital for medication management services upon notification from The Durham Center's Care Coordination Team.** The provider selected is encouraged to collaborate with a multitude of Durham County partners and work to fill the marked need for this additional service capacity.

The Durham Center is committed to remaining an active partner in helping to create and sustain necessary systematic, cultural, and attitudinal changes to enable individuals to access treatment in a time sensitive, cost-efficient manner. Providers applying for this RFP shall be certified Critical Access Behavioral Health Agencies in the State of North Carolina, endorsed for these services as well as offer two additional services in the Adult Continuum that may be added by The Durham Center if there is an emergency need for another provider (e.g., CST and/or ACTT).

Provider is expected to have staff proficient in many of the following evidenced-based practices:

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Seeking Safety
- Integrated Dual Disorder Treatment
- Interpersonal Therapy
- Acceptance and Commitment Therapy
- Trauma-Focused Cognitive Behavioral Therapy

Target Population and Eligibility Criteria: Adults, age 18 and over whom:

- Have a diagnosed mental health condition or co-occurring mental health and substance abuse diagnoses
- Have been evaluated by the Durham Center Access-Assessment Team and referred for a basic benefit outpatient level of service
- Are stepping down from a more intensive level of service (e.g., CST) and require access to a potential combination of medication management, outpatient therapy, and MH/SA TCM.

Required Elements of the Program/Services: All services must adhere to the appropriate service definitions, which can be found at: www.ncdhhs.gov/MHDDSA/stateplanimplementation/DMHDDSA%20Service%20Definitions%20Manual%20-%20Revisions%2015%20January%20..pdf. Additionally, the applicant shall develop a proposal that addresses the need for individualized care as stated in the "Description of the Program/Services" section above. Provider(s) shall base their proposals upon an anticipated referral volume of 10-15 new referrals per week. The proposal must specifically address the following components:

- A timeline for when services will be available to individuals if provider is selected to contract with The Durham Center.

- A description of your agency's philosophical approach, background, and experience and explain how they relate to services for individuals as related to this RFP.
- The number of individuals who will be served at any given time (e.g., capacity for medication management services) and the expected number to be served over the course of the Fiscal Year.
- A plan for adhering to HIPAA, 42 CFR, and other related confidentiality standards.
- A description of program design for treatment services that may include any or all of the following:
 - Integrated Treatment: it is the expectation that the selected vendor demonstrate the knowledge, skills, and techniques to comprehensively address both mental health and substance abuse issues in the individuals served.
 - Individual and group counseling. Strong consideration will be given to agencies that have the desire and acumen to utilize group sessions versus more costly individual sessions when the opportunity is available (e.g., medication management groups).
 - Recovery support services and connection to community-based, non-paid resources.
 - Family-based treatment that assures access for individuals responsible for minor children and addresses parenting issues through connection to appropriate community-based support groups and classes.
 - Case management consisting of face-to-face contacts, with the majority of contacts being made in the community rather than in office-based settings.
 - Provision of or referral for medical prevention/interventions services which includes, but is not limited to: a medical examination, lab work, etc...
 - Additional recognition will be given to applicants who address possible transportation issues through location of services being provided in close proximity to target population.
 - A description of possible service venues including community sites, office-based settings, and/or other locations based on the needs of the individuals being served
- A plan for developing and operating the program in close partnership with all relevant associates and stakeholders, including but not limited to, The Durham Center, System of Care (SOC), law enforcement, employment agencies, the Bureau of Vocational Rehabilitation (BVR), and other providers who contract with The Durham Center for the provision of mental health and/or substance abuse services.
- Crisis Response - describe or provide your organization's protocols for responding to individuals experiencing a crisis, first responder duties, and provision for psychiatric appointments within 24 hours.
- A plan for rendering services that are culturally and gender responsive.
- A description of how this program shall operate within The Durham Center's SOC and be implemented and guided according to its standards.
- A plan for assuring that the applicant, if receiving funds from The Durham Center, shall not discriminate against individuals who are using appropriately prescribed medications to assist their recovery (e.g. methadone, buprenorphine, etc.) or to treat a mental health disorder (i.e., psychotropic medications).
- A plan for providing clinical supervision to all applicable employees. This process must address the following:
 - Each licensed employee providing direct, billable behavioral health services must meet applicable North Carolina professional licensure standards for his/her Scope of Practice and according to appropriate service definition/s.

- Every employee who provides clinical services must be monitored and receive at least monthly supervision to assure services are delivered as defined in this contract and according to the evidence-based treatment model being used.
- The content of supervision must be documented to include knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
- Evidence that staff have been trained in evidenced-based and best-practice services to be offered as part of the proposed service array (e.g., training documentation, certification, CV's and/or resume).
- Evidence that the applicant is in good standing with The Durham Center and all regulatory and oversight entities (e.g. DMH, DMA, Durham County, etc.).

Quality Improvement: The provider(s) shall be required to develop a quality improvement plan (if the provider selected does not already have one on file) that includes expected outcomes, performance indicators (or related goals), and how individual and program progress will be measured in accordance with TDC standards. Agency shall maintain 100% with NC-TOPPS and all other State-mandated outcomes and performance measures applicable for services being provided.

Expected Outcomes: Applicants must agree to, and describe their capacity and methods for complying with the following expected outcomes:

- Making contact with referrals within two business days of receiving a referral. If unable to make contact, provider shall contact the referring individual for follow-up.
- Timely initiation and engagement of services as defined by two visits in 14 days and four visits in 45 days following engagement.
- Increasing the percentage of clients who report a reduction of psychiatric symptoms at the time of discharge from treatment.

Additional program outcomes shall be developed as directed by the TDC Mental Health Program Specialist and approved by TDC Quality Management Team (QMT) with the selected provider. Outcome measures may include, but are not limited to the following:

- A reduction in psychiatric symptoms resulting in improved functioning.
- Increase in employment and income and/or successful completion of SSI/SSDI applications for individuals that are eligible for those receiving MH/SA TCM.
- Regular attendance and participation for a substantial period of time (amount of time to be defined by The Durham Center Mental Health Program Specialist and contract service provider).
- Improved quality of life.
- Reduction in crisis and emergency service utilization (e.g. DCA, hospital emergency room, etc.).
- Reduction in at-risk behaviors.

The provider who is selected shall be expected to track individual outcomes using a database and provide a standardized report on a monthly basis to The Durham Center's Mental Health Program Specialist.

Collaboration:

- The provider(s) shall utilize a SOC principles approach to assist the individual and family to achieve the goals in the Treatment Plan and/or Person-Centered-Plan (PCP). This shall

be accomplished by identifying individual needs that can be served by other providers and public agencies in The Durham Center’s community and by engaging service providers in treatment planning.

- The provider(s) shall create and offer “one stop shopping,” wherever possible, rather than placing the burden of coordinating services on individuals being served.
- The provider(s) shall be expected to attend every All Provider Meeting, which occur on a quarterly basis and are posted on The Durham Center website at www.durhamcenter.org.
- The provider(s) shall communicate current capacity and any developing waiting list information to the Durham Assessment Team Supervisor and The Durham Center Mental Health Program Specialist on a weekly basis.
- Provider shall attend monthly Behavioral Health Providers Meeting and is strongly encouraged to become part of the Substance Abuse and Mental Health Subcommittee.

RFI Response Requirements: Each agency that responds to this RFI shall be rated based on the following question as they relate to your organization. Each section and corresponding question has a scoring rating.

Questions	Weight
A. Description of Agency Services and Operations:	1-15
1. Describe the services your organization currently provides and specifically cite any relevant experience serving individuals that would qualify your agency to provide the medication management, outpatient therapy, and/or MH/SA TCM services described above.	10
2. Briefly describe your agency’s philosophical approach, background, and experience and explain how they relate to services for individuals that are indigent who may or may not have a criminal background and/or current legal involvement.	
3. How will you use the location/structure of your agency’s facility(s) to accommodate individuals with physical handicaps in accordance with applicable laws such as “The Americans with Disabilities Act?” Also, describe how you will assist individuals in accessing public transportation.	5
4. What is your agency’s history of developing, managing, and operating programs within Durham County?	
5. How will your agency’s Information Technology structure (including the current operating system and software) facilitate the process of communicating data to TDC and other agencies?	
Total Score for this Section	15
Questions	Weight
B. Program Design:	1-35
1. Implementation Plan: What is your timetable for developing and implementing the services described in this RFP?	5
2. Program Design: How you plan to develop and operate this program to meet the needs of the target population based on the required elements listed above? Please include your staffing plan.	25
3. How will the qualifications and credentials of your staff contribute to the overall quality of these services (highlight each employee’s familiarity and use of evidence-based practices, whenever applicable, when answering this question)?	5
Total Score for this Section	35
Questions	Weight

C. Funding:	1-30
1. What documents can you provide that reflects a fiscally sound agency that is able to undertake the services described above? What were the results of your most recent audit report, accompanying audit statements, and letters?	10
2. Do you have any Tax liens with IRS and/or outstanding liens with Durham County, DMA or other LME's?	10
3. What costs would you anticipate for operating these program/services for Fiscal Year 2012 outside of a fee-for-service arrangement?	10
Total Score for this Section	30
Questions	Weight
D. Quality Improvement:	1-20
1. What is your quality improvement plan for monitoring program performance and evaluating individual outcomes?	5
2. Describe your agency's current (or prior) innovative practices in providing services to individuals who have mental illness or who are dually-diagnosed in accordance with SOC principles.	5
3. How will your agency provide services that address the cultural diversities and potential physical limitations of individuals served?	5
4. What methods will you use to protect confidentiality of individuals served?	5
Total Score for this Section	20
TOTAL RATING SCORE	100

H. BUDGET

Fee-for-Service

I. QUESTION AND ANSWER CONFERENCE

The Durham Center will hold an RFI Question and Answer Conference on **June 21, 2011** at **10:00-11:00** at 414 E. Main Street (2nd Floor of Health and Human Services Building) to answer question and solicit input from interested parties. Those who cannot attend the conference may submit written questions/suggestions to the address listed below or to cbaines@durhamcountync.gov. The vendor(s) selected would become contract affiliates of The Durham Center, as soon as possible with a target date set for **July 1, 2011**. Should vendor(s) selected have an existing contract with The Durham Center; an addendum to the contract will be developed.

J. CONTACT PERSON FOR QUESTIONS

The contact person for questions or assistance is:

Bill Smith
The Durham Center
414 E. Main Street
Durham, NC 27701
919-560-7364
wsmith@durhamcountync.gov

K. SEND WRITTEN RESPONSES TO

Mail or deliver one original and five (5) copies of your response by **June 28, 2011** (insert date) to:

**The Durham Center
Attention: Contracts
414 E. Main Street
Durham, NC 27701**

Responses to this request will become the property of The Durham Center. Proprietary information that is considered confidential should not be included. Participation in this request for information is optional, and is not required to respond to any subsequent procurement. Neither The Durham Center nor the interested party has any obligation under this request.