

MEMORANDUM

DATE: August 8, 2012
TO: NSMHA Advisory Board
FROM: Joe Valentine, Executive Director
RE: August 9, 2012, Board of Director's Agenda

Please find for your review the following proposed motion that went before the NSMHA Board of Directors at the August 9, 2012, meeting for approval:

INTRODUCTION ITEMS

Mental Health Block Grant

The State has decided to continue the current MHBG contracts for an additional nine (9) months and is prorating the funding for the period of the amendment. The current contract funding does not carry over into the amendment cycle; all 10/1/11-9/30/12 billings must be to NSMHA by October 15, 2012, as is standard practice. NSMHA will reapply for MHBG funds in March of 2013 for a contract start date of July 1, 2013. Below are the contract amendments that will be brought before the Board for action at the September meeting:

NSMHA-COMPASS HEALTH-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$113,787 for a new maximum consideration of \$265,503.

NSMHA-COMPASS HEALTH BAILEY PEER CENTER-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.

NSMHA-CONSUMER VOICES ARE BORN (CVAB)-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.

NSMHA-HOPE OPTIONS-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$27,138 for a new maximum consideration of \$71,322.

NSMHA-ISLAND COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,625 for a new maximum consideration of \$59,047.

NSMHA-OPPORTUNITY COUNCIL ADULT-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$84,325.

NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$83,125.

NSMHA-SAN JUAN COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$21,750 for a new maximum consideration of \$38,750.

NSMHA-SENIOR SERVICES-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$30,750 for a new maximum consideration of \$82,194.

NSMHA-SKAGIT COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$39,413 for a new maximum consideration of \$98,963.

NSMHA-SNOHOMISH COUNTY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$47,250 for a new maximum consideration of \$130,250.

NSMHA-SUN COMMUNITY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,250 for a new maximum consideration of \$103,250.

NSMHA-TULALIP TRIBES-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$48,750 for a new maximum consideration of \$113,750.

NSMHA-WCPC RAINBOW RECOVERY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$270,834.

ACTION ITEMS

Motion #12-026

To authorize NSMHA Executive Director Joe Valentine to submit a letter of intent to the Department of Social and Health Services and Washington State Health Care Authority, for the North Sound Mental Health Administration to become part of a qualified "Health Home Network" serving one or more counties within the North Sound Region.

Motion #12-027

To approve the following monthly budget transfers starting August 2012:

Skagit County Children's Outpatient Services

Increase Catholic Community Services Northwest by \$675 per month. Decrease Compass Health \$658 per month. Decrease Sea Mar Healthcare \$16 per month.

Snohomish County Adult Outpatient Services

Increase Bridgeways by \$5,921 per month. Increase Sunrise Services by \$13,220 per month. Decrease Compass Health \$15,783 per month. Decrease Sea Mar Healthcare \$3,357 per month.

Snohomish County Intensive Adult Outpatient Services

Increase Sunrise Services by \$1,834 per month. Decrease Compass Health \$662 per month. Decrease Bridgeways \$1,171 per month.

Snohomish County Children's Outpatient Services

Increase Catholic Community Services Northwest by \$870 per month. Decrease Compass Health \$817 per month. Decrease Sea Mar \$52 per month.

Whatcom County Adult Outpatient Services

Increase Lake Whatcom by \$7,647 per month. Increase Sea Mar by \$3,920 per month. Decrease Whatcom Counseling & Psychiatric Clinic \$10,931 per month. Decrease Interfaith Community Health Center \$634 per month.

Whatcom County Children's Outpatient Services

Increase Catholic Community Services Northwest \$2,774 per month. Decrease Sea Mar by \$226 per month. Decrease Whatcom Counseling & Psychiatric Clinic \$2,547 per month.

PIHP contract amendments due to the above budget transfers

To approve NSMHA-BRIDGWAYS-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$52,250 for a new maximum consideration of \$1,645,121.

To approve NSMHA-CATHOLIC COMMUNITY SERVICES NW (CCSNW)-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$47,509 for a new maximum consideration of \$3,946,726.

To approve NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 2 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$197,120 for a new maximum consideration of \$24,220,032.

To approve NSMHA-INTERFAITH-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$6,974 for a new maximum consideration of \$650,137.

To approve NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$83,017 for a new maximum consideration of \$1,869,600.

To approve NSMHA-SEA MAR-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$2,959 for a new maximum consideration of \$1,726,408.

To approve NSMHA-SUNRISE-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$165,594 for a new maximum consideration of \$3,089,802.

To approve NSMHA-WHATCOM COUNSELING & PYSCHIATRIC (WCPC)-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$148,258 for a new maximum consideration of \$4,890,251.

PROPOSED ITEM

Motion xxx

To authorize NSMHA Executive Director, Joe Valentine, to submit a letter of intent to the Department of Social and Health Services and Washington State Health Care Authority for the North Sound Mental Health Administration to become part of a qualified "Health Home Network" serving one or more counties within the North Sound Region.

Background:

On July 27, 2012 the Department of Social and Health Services [DSHS] and Washington State Health Care Authority [HCA] issued a letter soliciting Letters of Intent from organizations interested in becoming either a Health Home "Lead Entity" or participating in a Home Health Network to provide care coordination services [attached]. This solicitation is in preparation for the state's implementation of "Health Home Services" for high risk populations who are receiving both Medicare and Medicaid services. "Health Home Services" are designed to provide care coordination of primary health care and behavioral health care services to persons with one or more chronic conditions in order to better integrate services that will reduce the utilization of more expensive interventions. In order to be selected as a Health Home lead entity, organizations must already have a comprehensive network of health care services in place. However, organizations can also indicate interest in being a part of a Health Home network in which another organization acts as the lead entity.

NSHMA and its provider agencies already provide care coordination services to persons suffering from mental illness. Leveraging the capacity of this existing system would make the most efficient use of public resources in integrating primary health care and mental health services, particularly to persons suffering from the most acute forms of mental illness. The state will be holding regional forums on its Health Home proposal in September. However, these forums will be open only to those who submit Letters of Intent. By submitting a Letter of Intent, NSMHA can be included in future state planning for Health Homes and also be in a position to work with other organizations interested in building a Health Home Network in the North Sound Region. Letters of intent are non-binding and do not commit organizations submitting them to any specific contractual or fiscal obligations.

cc: County Coordinators
NSRSN Management Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

August 14, 2012

1:00 PM

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Comments from the Public
4. Ombuds Snapshot (bi-monthly)
5. Approval of the July Meeting & Retreat Minutes, Chair – 5 minutes
6. Monthly Committee Reports
 - a. Executive Director – 5 minutes
 - i. Regional Health Care Alliance Task Force
 - b. Finance/Executive Committee – 5 minutes
 - i. Revisions to By-Laws
 - c. Planning Committee – 5 minutes
 - d. Quality Management Oversight Committee (QMOC) – 5 minutes
7. Old Business
 - a. Statewide Consumer Network Conference – brief report
8. Action Items Being Brought To The Board of Directors
 - a. Introduction Items
 - b. Action Items
9. New Business
 - a. 2013 RFQ Presentation
 - b. Marketing for Advisory Board membership
10. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
11. Other Business
12. Adjournment

NOTE: The next Advisory Board meeting will be September 11, 2012, in the NSMHA Conference Room.

**North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD**

July 10, 2012

1:00 – 3:00

Present:	Island: <i>Candace Trautman</i> Skagit: <i>Susan Ramaglia and Joan Lubbe</i> Snohomish: <i>CarolAnn Sullivan and Fred Plappert</i> Whatcom: <i>Mark McDonald, Russ Sapienza, David Kincheloe and Larry Richardson</i>
Staff:	<i>Joe Valentine, Margaret Rojas and Rebecca Pate, recording</i>

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS		
Chair Trautman	The Chair convened a brief Advisory Board meeting at 11:00 to discuss a few items that needed attention. There was not a Finance or Executive Committee meeting today.	Informational
REVISIONS TO THE AGENDA		
Chair Trautman	Candy asked for any additions to the agenda and nothing was added.	Informational
APPROVAL OF MINUTES		
Chair Trautman	The Chair asked for any revisions to the minutes and a motion was made to approve as written, seconded and motion carried.	Informational Motion carried
COMMENTS AND CORRESPONDENCE FROM THE CHAIR		
Chair Trautman	Candy mentioned several members went to NAMI Conference and good information was shared.	Informational
NEW BUSINESS		
Chair Trautman	<p>The Chair mentioned the statewide consumer conference and Margaret mentioned the State has asked RSNs to pay for some scholarships and lodging. Russ and Mark stated they were interested in going. It was tabled for the moment. Margaret said it was about Hope and Advocacy more focused on consumer advocacy. Candy asked for a motion for Russ and Mark to attend with one night's lodging and transportation. Larry made a motion to approve two scholarships for Mark and Russ with one night's lodging and transportation, seconded and motion carried.</p> <p>The Chair mentioned the statewide consumer conference and Margaret stated the State has asked RSNs to pay for some scholarships and lodging. Russ and Mark stated they were interested in going. It was tabled for the moment. Margaret said it was about Hope and Advocacy more focused on consumer advocacy. Candy asked for a motion for Russ and Mark to attend with one night's lodging and transportation. Larry made a motion to approve two scholarships for Mark and Russ with one night's lodging and transportation, seconded and motion carried.</p>	<p>Informational</p> <p>Motion carried</p> <p>Motion carried</p>

	<p>Fred wanted to discuss the order of the agenda. The following suggestions were discussed and made to all future agendas:</p> <ul style="list-style-type: none"> • 1 – Call to Order • 2 – Revisions to the Agenda • 3 – Comments from the Public • 4 – Ombuds Report (bi-monthly) • 5 – Approval of Meeting Minutes • 6 – Monthly Committee Reports – add Planning • 7 – Old Business • 8 – Actions Items Being Brought to the Board of Directors • 9 – New Business with break outs if needed (i.e., information, action and discussion items as sub-bullets) • 10 – County Advisory Board Representatives Reports • 11 – Other Business • 12 - Adjournment <p>David made a motion to accept this new agenda format for future meeting, seconded and motion carried.</p> <p>Fred briefly discussed the 2013 budget preparation and requested any suggested changes to items for budget funding be submitted to him by the end of August so he can formulate a budget proposal to the full Board in October. Email budget to members.</p>	<p>Motion carried</p> <p>Email budget to members</p>
ITEMS PREVIOUSLY BROUGHT TO THE BOARD OF DIRECTORS		
Introduction and Action Items		
<p>Joe Valentine</p>	<p>Joe mentioned contract changes that have already gone before the Board of Directors and been approved. Joe stated the first two items regard the changes in payment for the Evaluation and Treatment facility. The following items were presented:</p> <p>To approve NSMHA-HOPE OPTIONS-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Everett Housing Authority Hope Options by \$8,000. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$44,184.</p> <p>To approve NSMHA-OPPORTUNITY COUNCIL ADULT-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Opportunity Council by \$2,250. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$49,150.</p> <p>To approve NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Opportunity Council by \$1,050. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$47,950.</p>	<p>Informational</p>

To approve NSMHA-SENIOR SERVICES of SNOHOMISH COUNTY-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Senior Services by \$10,444. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$51,444.

To approve NSMHA-SKAGIT COUNTY-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Skagit County by \$7,000. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$59,550.

To approve NSMHA-SNOHOMISH COUNTY-MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to Snohomish County by \$20,000. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$79,850.

To approve NSMHA-WHATCOM COUNSELING & PSYCHIATRIC (WCPC) RAINBOW RECOVERY MHBG-11-12 AMENDMENT 1 for the purpose of increasing the allocation of funding to WCPC by \$8,334. The term of this Agreement remains in effect through September 30, 2012 with a new maximum consideration of \$158,334.

CHILDREN'S ADMINISTRATION

(NSMHA has been notified the contracts listed below are in process, however, at this time we do not have the actual funding allocations, the amounts listed are estimates based on the previous agreement)

To approve NSMHA-DSHS-NSMHA-SKAGIT WRAPAROUND PILOT-12-13 for the purpose of funding the fidelity wraparound pilot in Skagit County. The term of this Agreement is July 1, 2012 through June 30, 2013. The estimated maximum consideration for this Agreement is \$153,400.

To approve NSMHA-DCFS-NSMHA-SKAGIT WRAPAROUND PILOT-12-13 for the purpose of funding the fidelity wraparound pilot in Skagit County. The term of this Agreement is July 1, 2012 through June 30, 2013. The estimated maximum consideration for this Agreement is \$80,000.

To approve NSMHA-DCFS-NSMHA-INTENSIVE WRAPAROUND-12-13 for the purpose of funding the fidelity wraparound pilot in Skagit County. The term of this Agreement is July 1, 2012 through June 30, 2013. The estimated maximum consideration for this Agreement is \$729,960.

	<p><u>County</u> To approve NSMHA-SKAGIT COUNTY-NSMHA-SKAGIT WRAPAROUND PILOT-12-13 for the purpose of funding the fidelity wraparound pilot in Skagit County. The term of this Agreement is July 1, 2012 through June 30, 2013. The maximum consideration for this Agreement is \$36,000</p> <p><u>Medicaid</u> To approve NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 1 for the purpose of amending the budget to include a \$4,481 monthly rental payment for the Evaluation & Treatment Center and to increase the residential Greenhouse budget by \$9,042. The term of this Agreement remains in effect and the new maximum consideration is \$24,380,634.</p> <p><u>State</u> To approve NSMHA-COMPASS HEALTH-SMHC-11-13 AMENDMENT 1 for the purpose of amending the budget to include a \$1,494 monthly rental payment for the Evaluation & Treatment Center and to increase the residential Greenhouse budget by \$27,124. The term of this Agreement remains in effect and the new maximum consideration is \$10,978,326.</p>	
ADJOURNMENT		
Chair Trautman	A motion was made to adjourn the regular meeting, seconded and motion carried. The next meeting is August 14, 2012, in the North Sound Mental Health Administration Conference Room.	Informational Motion carried

	<p>Larry said offering workshops in our area would be beneficial. Check into this for information.</p> <p>Group consensus was it would be nice to order the information presented at the NAMI Convention. Rebecca will email David and he will obtain information about cost, etc. to present at the next meeting. Information can be obtained at http://www.nami.org/convention/fingertips</p> <p>Russ mentioned this Thursday in Bellingham from 7-9 at St. Luke's Education Center there would be a meeting to discuss Dialectical Behavioral Therapy (DBT).</p>	<p>"special needs trust"</p> <p>Email David</p>
ADVISORY BOARD BY-LAWS/COMMITTEE APPOINTMENTS		
<p>David Kincheloe Joe Valentine Margaret Rojas Candy Trautman</p>	<p>David stated some marketing needs to be developed regarding membership for the Advisory Board. He suggested NSMHA be in charge of requirements and/or appointments but Margaret said this could not be done because of the Interlocal Agreement with each county. Joe suggested a document could be drafted and presented to the County Coordinators.</p> <p>Margaret said the Finance needs to be called out as to who should be on it under Article VI. Joe stated Past Chair could be added to the Executive Committee and this would help with mentoring. Change Nominating Committee to appointed by Chair. Candy suggested combining Executive-Finance Committee into one committee. Margaret suggested adding to #3 something regarding review of budget and expenditures. In #1 remove separate Finance Committee and combine with Executive. In #2 add something about one of the at-large being someone with some fiscal background with two additional at-large and add Chair Emeritus.</p> <p>David suggested under Article VII #3 should be changed and remove timeframe specificity. It was suggested to remove the first sentence and keep the last two sentences. Joe and Margaret will draft changes and get out before next meeting for review. David suggested drafting some language for Planning and QMOC as per committee charter.</p> <p>It was decided that Joe and Margaret will draft up a revised set of By-Laws and send them out for review and input prior to approval.</p>	<p>Informational</p> <p>Joe & Margaret develop draft revised By-Laws and send out prior to next meeting</p>
ADVISORY BOARD MEMBERSHIP		
	<p>Russ stated on their local Whatcom Advisory Board they have had some specialists (i.e., psychiatrist, pediatrician, clinical, etc.) He stated this is good because it provides knowledge/understanding of how they can/do work with us in our efforts. Mark said this is good because it creates a better understanding of cross-system issues. Larry mentioned he talked to a doctor friend and he is willing to serve on this Board to fill the Whatcom vacancy. He will contact him about the vacancy.</p>	<p>Informational</p>

	<p>Candy stated Snohomish has always had difficulty filling positions. She asked if someone from another county could fill those vacancies. Joe stated Interlocal Agreement would have to be changed since it stipulates how many members are to be from each county. Joe mentioned the RCW stipulates law enforcement should also be involved. David said their county includes various law enforcement individuals. He said perhaps he could ask two law enforcement individuals known to him to serve and they are from Snohomish County, which could help solve some of the problem with Snohomish vacancies. David also mentioned someone affiliated with Peace Health that lives in Everett that he might be able to encouraged to join. Joe suggested that if Advisory Board members know of someone who might be a good fit for the Board they could talk to them and encourage them to participate. Candy stated that utilizing retired professionals could also be beneficial. Mark suggested a campaign via media to encourage professionals to become involved. Candy suggested that outreach must be done beyond County Coordinators. Larry suggested contacting County Executives and County Councils. Fred mentioned veterans could be enlisted. David suggested enlisting providers personally to participate. He suggested something being put on the website. CarolAnn suggested attending the local Advisory Board meetings and giving recruitment presentations. Mark stated that mentioning involvement in funding decisions could be an incentive for individuals to become involved. Joe stated drafting a recruitment flyer would be a good idea. Discussion followed.</p> <p>Joe mentioned the Tribes are interested in a seat on the Advisory Board. He stated he would check with the Tribes and add that to the draft to be sent out.</p> <p>David said having a central website for our five county region would be very beneficial with initial questions posted that could direct individuals to resources to meet their needs. Joe stated this is something NSMHA is looking at.</p> <p>Margaret mentioned getting youth involved and encouraged members to look at that avenue.</p>	<p>David & Fred volunteered to help with the marketing efforts</p> <p>Draft a recruitment flyer</p> <p>Joe check with Tribes about membership</p>
COMMITTEE DISCUSSION FORUM		
	<p>Joe stated the background on this is due to input provided by members of the Advisory Board. He stated future plans are to present issues one month for discussion and the next month for approval. He posed a question about “What information would be helpful to have when an issue is being presented?” David said if costs are involved it should be included. CarolAnn and David said these forms would be beneficial to future input. David and Russ mentioned it would be helpful to use bullet points to better identify the separate issues. It was recommended that “conclusions” be</p>	<p>Informational</p>

	<p>changed to “action desired”. Joe said the next time an item is brought to the members it will be presented this way for clarity. David stated it would be beneficial to have information about where this has been presented and efforts taken/done (i.e., what committees have seen it and what action the committee took). David suggested having something above Agenda Item about where the issue has been and action taken. Rebecca mentioned it could also be input into a footer at the end of the document. David suggested “no cute” on presentation materials but more “professional”. Larry said another consideration to take into account is how much computer/internet knowledge an individual might have. Discussion followed.</p>	
STRATEGIC PLANNING		
	<p>Joe stated there are two items to discuss:</p> <ul style="list-style-type: none"> • Structure of Strategic Planning • Budgetary Issues. <p>Joe stated budget is about \$65 Million with a total of 140,000 on Medicaid. He added our contract states NSMHA is responsible for providing services to these individuals, as well as, non-Medicaid with State funding.</p> <p>Joe said NSMHA hopes Strategic Planning will provide a direction in which to provide services in the most cost efficient way. He stated this plan helps with decision making such as fund balance expenditures and re-allocation of Mental Health Block Grant (MHBG) monies. Joe acknowledged it is even more important now for consumer input given the extent of change being created by healthcare reform. He mentioned that managed care plans are already developing ways to cut costs and this is why it is important for consumer input to be taken into consideration. He wanted input on what the members consider important/critical issues to be considered for input into the plan (i.e., where are we at now, what are our goals, where do we want to go, etc.). The following issues were mentioned:</p> <ul style="list-style-type: none"> • Co-morbidity issues <ul style="list-style-type: none"> ○ Mental Illness/Disease ○ High % of smoking ○ Reduction in funding for Tobacco prevention • Substance Abuse/Co-Occurring Disorders • Lack of continuity with providers (fragmentation of resources) • Primary Care Physician – Health Home • Suicide prevention education • Dental and Eye Care (reinstated) • Programs for Individuals released from incarceration 	<p>Informational</p>

	<ul style="list-style-type: none"> • Increase number of Peer Counselors and resources for supported employment • Stop supporting facilities that do not use evidenced-based practices (EBP) • Mental Health Courts in each county • Education/Training for shared decision making/treatment goals • Strengths-based resiliency training • Greater outreach efforts by providers • Hot line for patient engagement • Supported housing • Expansion of Education so providers are as knowledgeable as possible • Gap in services for the elderly 50+ • Day Treatment facilities (i.e., Drop-In Centers that are safe and accessible) 	
HEALTHCARE REFORM		
Joe Valentine	<p>Joe stated the State has two options regarding healthcare:</p> <ul style="list-style-type: none"> • Option 1 – paying for health homes • Option 2 – fully capitated model <p>He said that under the “fully capitated model” if managed care plans agree to provide all services the dollars that usually come to the Regional Support Networks (RSN) will go to the managed care providers for the persons they are serving. He said two of the five counties in the North Sound Region (Whatcom and Snohomish), in addition to King County – are interested in Option 2, the fully capitated model. If option 2 is implemented in these counties, then it will reduce the level of funding that is available for mental health services in the rest of the region. Under the fully capitated model required services would be called out in the contract. If enough managed care people opt not to go with this option, NSMHA needs to ensure enough funding will be left for NSMHA to serve these individuals.</p>	Informational
BUDGETING		
Margaret Rojas Joe Valentine	<p>Margaret reviewed funding streams with most monies coming from federal government, to the state, to Regional Support Networks, to providers with additional monies coming from legislative provisos and grants (Substance Abuse and Mental Health Services Administration (SAMHSA), Developmental Disability funding, local funding through match from San Juan in 2012. Another is Program for Assertive Community Treatment (PACT) that is a higher level of care funded through State and legislature for individuals coming out of Western State Hospital. Another was Program for Assisted Living Skills (PALS) that was discontinued with some of the funding going to Lake Whatcom for using within their PACT and the other allocated for a PACT in</p>	Informational

	<p>Skagit. She said there is a full PACT in Snohomish (100 slots) operated by Compass. She said. "Jail Services" is a proviso from the legislature, which the counties love because this helps with transition back into the community.</p> <p>Margaret stated Medicaid funds cover residential, outpatient, crisis, triage and intensive. She added state funds help cover Medicaid Personal Care that is for the more needy individuals.</p> <p>Margaret mentioned the internal budget is provided so members could see where our funding comes from and how it is allocated out. She added the inpatient payments are watched closely to ensure services are provided accordingly, which includes intensive outpatient services (PACT).</p> <p>Margaret said as budgets come in there are requirements on how the funds flow out of NSMHA. The only funds that are flexible are the Mental Health Block Grant (MHBG).</p> <p>Joe stated the budget for 2013 focuses on the required services to be provided with Medicaid and State funds. The MHBG funds can be more flexible and are being looked at to fund some of the resources not eligible for Medicaid/State funds.</p>	
REQUEST FOR QUALIFICATIONS (RFQ)		
	<p>Joe said the RFQ this year will be for operation of Evaluation and Treatment facility, outpatient and intensive services. Next year will be for Crisis and triage services. He added stipulations and requirements will be stated in the contracts.</p> <p>Evidenced-based practices are going to be a part of the RFQ that NSMHA will soon be issuing. Supported employment, housing, community resources for dementia patients, need for bi-lingual staff, cultural competency are some issues that are currently lacking in the system. Joe said it is apparent several areas in our community have problems accessing care (i.e., Arlington, Darrington, Concrete, etc.). David mentioned there is a lack of resources/help for the deaf and he is working with Peace Health to develop some resources.</p> <p>Joe stated the RFQs will be presented in September and you will have one month to review. The RFQs will be approved at the October Board of Directors meeting.</p> <p>Margaret will put a call out for participants in the fund balance allocation and Skagit Program for Assertive Community Treatment (PACT).</p> <p>Margaret stated currently there are 6900 open episodes of Medicaid and 2400 non-Medicaid receiving services monthly.</p>	<p>Informational</p>

CONTRACT DEVELOPMENT/MONITORING		
	Joe stated that at a future Advisory Board meeting, he and Margaret will provide an overview of the process for monitoring the contracts.	Informational
SUMMARIZE		
	Location with easier access and/or better directions. No walnuts in cookies. Attendance was great. Agenda items were nicely developed. Regular meeting Agenda format revised to a more useful order. General overall consensus was the retreat was a great success. Strategic values identified. Obtaining materials regarding NAMI convention. Addition/use of discussion form for future meetings	Informational
OTHER AGENDA ITEMS FOR NEXT YEAR		
	Changes in healthcare reform Hospitalization ins/outs – funding, discharge planning, etc. Continuity of Care Days to respond when discharged from hospital – Care Coordination	Informational
ADJOURNMENT		
Chair Trautman	The retreat was adjourned at 3:40.	Informational

North Sound Regional Health Care Alliance Task Force

Draft Charter: August 1, 2012

Proposal:

Create a “North Sound Regional Health Care Alliance Task Force” to develop a regional approach to identifying opportunities for improved care coordination between primary health care, behavioral health services, Long-Term Care services, and other public systems that serve or come into contact with persons suffering from mental illness and/or chemical dependency.

Background:

- The Affordable Health Care Act created new opportunities to coordinate primary health care, behavioral health, and long-term care services in order to achieve better cost containment while at the same time improving health outcomes.
- The State of Washington is moving to implement provisions of the Affordable Health Care Act by contracting with Managed Care Organizations [MCOs] to provide coordinated care to persons enrolled in the state “Healthy Options” program.
- The State is planning to further integrate care by creating several models that would integrate care for persons who are receiving services from both Medicare and Medicaid [the “Dual Eligibles”]. Managed Care Organizations would also play a key role in the management and delivery of services.
- The North Sound Mental Health Administration has proposed to its 5 member counties that the North Sound region support the development of a “Regional Health Care Alliance” to create a mechanism for local input and accountability in the design and implementation of these various models.
- Key concerns prompting the exploration of creating a Regional Health Care Alliance include the ability to ensure that consumers continue to receive quality care, that savings can be reinvested in local service delivery systems, that consumers in the smaller counties have equal access to quality care, and that we take advantage of the assets of existing regional service delivery systems and local partnerships in planning and coordination.

Objectives:

1. Create a “*Regional Health Care Alliance Task Force*” that would bring together key local stakeholders from health care and behavioral health care systems, public health, long-term care, and other public systems that serve or come into contact with persons suffering from mental illness and substance abuse disorders.
2. Identify regional requirements for effective care coordination between health care, behavioral healthcare, and long-term care services.
3. Develop a plan to compare data from various systems in order to identify opportunities for improved care coordination to high system users and/or how to better connect persons suffering from mental illness and/or chemical dependency with treatment services.
4. Monitor the implementation of the “Healthy Options” managed care contracts and later the implementation of managed care contracts serving the “Dual Eligibles”.

5. Pursue fund development opportunities to support regional data analysis, planning, and further development of care coordination strategies that more effectively coordinate efforts across multiple systems.

Deliverables

Year One

1. Create a Regional Health Care Alliance Task Force Steering Committee.
2. Review and Finalize a Charter for the “Regional Health Care Alliance Task Force”.
3. Hold at least 2 Regional Stakeholder Meetings
4. Develop a list of regional requirements for effective care coordination.
5. Develop a plan to establish metrics and measure the effectiveness of care coordination activities related to the persons being served by the “Health Options” managed care plans.
6. Map and compare existing data sets for persons being served by health care, behavioral health care, long-term care services, and other public systems.
7. Develop a plan to conduct data analysis to identify opportunities for improved care coordination.

Year Two

1. Issue a report on the degree to which regional requirements for effective care coordination under the Healthy Options contracts have been met.
2. Identify areas of improvement in care coordination for “Healthy Options” clients and implications for improved care coordination to other populations, e.g., populations to be served by the new “Dual Eligible” plans for either the “Health Home” strategies or “Fully Capitated” models.
3. Issue a report on the profile of ‘high system users’ and recommendations for intensive care coordination strategies to promote more cost effective strategies for addressing the needs of this population.
4. Develop and submit funding proposals to private philanthropic organizations, including health care foundations, to further support the work of the Regional Health Care Alliance Task Force.

Task Force Composition

- Task Force Steering Committee
- Regional Health Care Alliance Task Force
- Staff and Consultant support
- Community Stakeholders

ADVISORY BOARD BY LAWS

ARTICLE I: PURPOSE

The purpose of the North Sound Mental Health Administration (NSMHA) Advisory Board is to provide independent and objective advice to the North Sound Mental Health Administration Board of Directors and provide independent feedback to local jurisdictions and service providers.

Additionally, it is the purpose of the Advisory Board to advocate for the people we serve in the community, at the local Advisory Board, at the State Legislature and in Congress. It is our mission to promote Recovery and Resiliency in our region. The North Sound Mental Health Administration Advisory Board is established in compliance with the **Interlocal Agreement Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties** executed in October 1989, and in compliance with the provisions of RCW, chapter 71.05, 71.24, 71.34 and applicable federal law and regulations.

ARTICLE II: DUTIES

The duties of the North Sound Mental Health Administration Advisory Board shall be:

1. To provide oversight regarding North Sound Mental Health Administration's activities and to advise the North Sound Mental Health Administration Board of Directors concerning the planning, delivery and evaluation of those mental health services which promote recovery and resilience and are the responsibility of the North Sound Mental Health Administration.
2. To provide a medium for public testimony regarding mental health concerns which are the responsibility of the North Sound Mental Health Administration. The Advisory Board will cover the cost of transportation to enable consumers to appear for testimony.
3. To review and provide comment on all North Sound Mental Health Administration Strategic Plans, Quality Assurance Plans and service delivery plans and budgets, which relate to the mental health services before such plans and budgets are acted on by the North Sound Mental Health Administration Board of Directors.
4. To ensure the needs of all consumers within the region, including, but not limited to, people with special needs, the elderly, the disabled, children, Native Americans, Gay Lesbian Bisexual and Transgender (GLBT) and those who are low income are met within the plans established by the North Sound Mental Health Administration Board of Directors.
5. To conduct site visits of North Sound Mental Health Administration service providers, special interest groups, Department of Social and

Health Service (DSHS) agencies, private sector service providers, hospitals and community programs. Site visits are designed to provide North Sound Mental Health Advisory Board members with first hand information to provide informed recommendations to the North Sound Mental Health Administration Board of Directors.

6. To assist the North Sound Mental Health Administration with dissemination of information to the public who reside within the five (5) counties of the North Sound Mental Health Administration.
7. To perform such other duties as the North Sound Mental Health Administration Board of Directors, Department of Social and Health Services and/or Mental Health Division may require.

ARTICLE III: MEMBERSHIP

1. The North Sound Mental Health Administration Advisory Board shall consist of twenty-one (21) members representing each county as follows:

Island County	(3)	Three
San Juan County	(2)	Two
Skagit County	(3)	Three
Snohomish County	(8)	Eight
Whatcom County	(5)	Five

2. Length of term and rotation of membership shall be determined by the code of each individual county party to the North Sound Mental Health Administration.
3. At least one (1) member from each county will be a voting member on that county's local Mental Health Advisory Board.
4. Fifty-one (51%) percent (WAC 388-865-0222), (2) of the North Sound Mental Health Administration Advisory Board membership will be comprised of people who are, consumers, family and foster family members or caregivers, including youths, older adults, or people with a disability and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be included in membership to the board.
5. The Mental Health Advisory Board will be representative of the demographic character of the region and the ethnicity and broader cultural aspects of consumers being served.

ARTICLE IV: APPOINTMENT

1. Representatives of each county party to the North Sound Mental Health Administration Advisory Board shall be appointed according to each county's usual and customary method of appointment.

ARTICLE V: OFFICERS

1. Officers of the North Sound Mental Health Administration Advisory Board shall include a Chair and a Vice-Chair. The Vice-Chair shall assume the office of Chair at the end of the Chair's term/s.
2. Term of office shall be for ~~two one~~ (24) years with the opportunity for re-nomination to serve one (1) additional term for a maximum of two (2) consecutive terms per person.
3. A slate of candidates shall be presented by the Nominating Committee annually at the November Advisory Board meeting. Elections, with nominations from the floor, shall occur at each December meeting. Officer shall assume duties beginning with the following January meeting.

ARTICLE VI: COMMITTEES

1. Standing committees of the North Sound Mental Health Administration Advisory Board shall be: Executive-~~Finance, and~~ Nominating, ~~and Finance.~~
2. The Executive-~~Finance~~ Committee shall consist of the Chair, Vice-Chair, Chair Emeritus and other members-at-large (not to exceed ~~two~~ three), appointed by the Chair. Efforts will be made to ensure one member have the experience and/or understanding of financial management.
3. The Executive-~~Finance~~ Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled Board meetings. The committee will review and recommend for approval all Advisory Board fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive Committee shall review the by-laws once each calendar year.
4. Nominating Committee members shall be appointed by the Chair. ~~in accordance with Roberts Rules of Order.~~
5. The Chair may establish and appoint members to Ad-Hoc Committees as the need arises.
6. Committee appointments to the NSMHA Board Committees shall be made each January at the regular meeting of the NSMHA Advisory Board by the Chair. The standing committees are Planning and Quality Management Oversight, membership appointments shall be in accordance with the respective committee charter.

ARTICLE VII: MEETINGS

1. The North Sound Mental Health Administration Advisory Board shall meet at least ten (10) times each year at a date and time mutually

agreeable to members of the Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair for cause.

2. Special meetings may be called by the Chair as needed and/or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties party to the North Sound Mental Health Administration, by way of contact with the Chair. Special meetings shall be called within five (5) working days of the request following notice of at least forty-eight (48) hours of each member of the Advisory Board.
3. ~~Telecommuting/video conferencing will be permitted if a board member is further than 90 minutes away, or is sick, hospitalized or caring for a family member.~~ Two teleconferencing/video conferencing will be allowed during a calendar year. Exceptions may be granted by the Chair.
4. Committee meetings shall be held at the discretion of the Committee Chair.
5. Roberts Rules of Order shall govern all proceedings of all meetings of the North Sound Mental Health Administration Advisory Board and committees, insofar as they do not conflict or are inconsistent with the provision of these By-Laws.
6. The Board shall comply with the State of Washington Open Meetings Act.

ARTICLE VIII: QUORUM

1. The presence of at least fifty (50%) percent of the total appointed representatives from at least three (3) of the five (5) counties party to the North Sound Mental Health Administration shall constitute a quorum.
2. The Executive Committee quorum shall consist of a majority of the Executive Committee members.
3. Teleconference/video conference attendance shall be considered in the constitution of a quorum.

ARTICLE IX: RESIGNATION/TERMINATION

1. The Advisory Board Executive Committee will contact absentee members to ascertain their continued status on the Advisory Board.
2. After three (3) consecutive unexcused absences or 5 unexcused absences per calendar year, the Chair, when possible, will request that another member from the same county be appointed by the county authority as a representative to the NSMHA Advisory Board.

North Sound Mental Health Administration (NSMHA) Discussion Form for Advisory Board 08/14/2012

AGENDA ITEM: Introduction of DRAFT 2013 Request for Qualifications(RFQ) for Mental Health Outpatient Services

REVIEW PROCESS: Planning Committee () **Advisory Board (X)** Board of Directors ()

PRESENTER: Joe Valentine/Lisa Grosso

COMMITTEE ACTION: Action Item () **FYI & Discussion (X)** FYI Only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

OBJECTIVE:

To introduce the DRAFT 2013 RFQ to the Advisory Board for their subsequent review and feedback in August prior to discussion scheduled for the next scheduled meeting on Tuesday, September 11, 2012.

BACKGROUND:

1. 02/2011 At the Planning Committee in February 18, 2011 NSMHA announced intention to pursue an RFQ for Outpatient Services.
 - a. The North Sound Region went through a major clinical redesign and RFQ process to shift to the fee-for-service model and introduce high intensity services for both children and adults and Fidelity Supported Employment in 2006 and 2007.
 - b. The new system will have been operational for five years in June 2012.
2. 05/2011 A plan and timeline was developed for this major process to be completed with a new 5 year contract targeted for October 1, 2012. This information was shared at the Integrated Provider meeting of May 13, 2011. The Providers at this meeting expressed concern over conducting an RFQ in current time of budget reductions and change.
3. 05/2011 The Planning Committee was briefed on May 17, 2011 and a decision was made to recommend a delay in the RFQ of 9 months, later approved by the Advisory Board and motion approved by the Board of Directors June 9, 2011. The RFQ timeline was adjusted by 9 months for a new 5 year contract targeted for July 1, 2013.
4. Business case for RFQ:
 - a. The Planning Committee agreed over 2 years ago that NSMHA would re-RFQ Outpatient Services, at a minimum, every five years to ensure choice for consumers.
 - b. Several Providers not currently on contract have inquired about becoming Providers within the North Sound Region's public mental health system, including one Provider that has a child psychiatrist. Current Providers have expressed interest in expansion of services.
 - c. There are new requirements in Healthcare Reform with key drivers of evidence based practices and federal and state move towards integration of medical and behavioral healthcare, to name a few.
 - d. The DRAFT 2013 RFQ is for Mental Health Outpatient Services:
 - i. Outpatient and Medication Services for all ages and fee for service intensive services for Children/Youth in San Juan County only (Contract Start: 10/01/2013)
 - ii. Intensive Outpatient (IOP) for Adults/Older Adults (Contract Start: 10/01/2013)
 - iii. Evaluation & Treatment (E&T) (Contract Start: 07/01/2013)
5. 06/2012 Integrated Provider Meeting Update on June 18, 2012 - NSMHA 2013 RFQ
 - a. Projected Timeline for DRAFT 2013 RFQ, modified following feedback from the Providers to include:
 - i. 3 full calendars months for applications
 - ii. 1 month earlier contract award announcement (04/8 vice 05/14/2013)
 - iii. Contract start for Outpatient and Medication Services and IOP Adults/Older Adults is 10/1/2013 (vice 07/1/2013) to afford 5 full months for transition planning

North Sound Mental Health Administration (NSMHA) Discussion Form for Advisory Board 08/14/2012

6. Current DRAFT 2013 RFQ Timeline:

- a. AUGUST 2012
 - i. **08/14 Introduction to Advisor Board**
 - ii. 08/17 Review, discussion and recommendation of Planning Committee
- b. SEPTEMBER 2012
 - i. **09/11 Review, discussion and recommendation of Advisory Board**
 - ii. 09/13 Introduction to Board of Directors
- c. OCTOBER 2012
 - i. 10/11 Review, discussion and recommendation of Board of Directors
 - ii. 10/30 Release of RFQ released to the public
- d. NOVEMBER 2012
 - i. 11/09 Non-Mandatory Bidders Conference
 - ii. 11/23 Due date for questions regarding Application and/or selection process
 - iii. 11/28 Due date for Letter of Interest form
- e. DECEMBER 2012
 - i. 12/12 Target date for release of Responses to Questions
- f. FEBRUARY 2013
 - i. 02/01 Due date for Complete RFQ Applications
- g. APRIL 2013
 - i. 04/08 Target date to announce Contract Awards
- h. JULY 2013
 - i. 07/01/2013 New E&T Contract begins
- i. OCTOBER 2013
 - i. 10/01 New Outpatient and Medication and Intensive Outpatient Service Contracts begin

PREVIOUS ACTION(S) TAKEN:

- 1. JUNE 2012
 - a. 06/26 Announced to County Coordinators at their meeting – COMPLETED
- 2. JULY 2012
 - a. 07/13 Distributed in Planning Committee packet for review/edit and comment feedback during the period 07/13-08/03/2012 - COMPLETED
 - b. 07/20 Introduction to Planning Committee – COMPLETED
 - c. 07/24 Introduction to County Coordinators – COMPLETED

North Sound Mental Health Administration (NSMHA) Discussion Form for Advisory Board 08/14/2012

3. AUGUST 2012

- a. 08/09 Announcement in the Executive Director Report to the Board of Directors - PENDING
- b. 08/14 Introduction to Advisory Board – **PENDING**
- c. 08/17 Review/Discussion and Recommendation at Planning Committee - PENDING

CONCLUSIONS/ACTION REQUESTED:

Recommend the DRAFT 2013 RFQ move forward on the timeline as outlined above, with introduction to each Committee/Board in one month, followed by discussion and recommendation in the following month, with recommended changes addressed prior to moving to the next level.

Request **Advisory Board members** review the DRAFT 2013 RFQ document and provide feedback by **close of business (5 p.m.), Tuesday, 08/28/2012**, to allow recommendations to be reviewed and processed for discussion at the next meeting scheduled for 09/11/2012.

Feedback may be submitted by electronic comment in the DRAFT 2013 RFQ document included in the packet distributed 8/10/2012 by return E-mail attachment to Lisa_Grosso@nsmha.org, by including responses in an E-mail to Lisa_Grosso@nsmha.org, by facsimile (360.416.7017) or sent to NSMHA by USPS mail: 117 N 1st St, Ste 8, Mount Vernon, WA 98273 to arrive by **close of business (5 p.m.), Tuesday, 08/28/2012**.

FISCAL IMPACT:

No change to the current modified fee-for-service; new contract to ensure choice for consumers

ATTACHMENTS:

DRAFT 2013 RFQ

DRAFT 2013 RFQ Gantt Chart Timeline

Memo To: Interested Community Mental Health Agencies
From: Joe Valentine
Executive Director
North Sound Mental Health Administration
Date: October 30, 2012
Subject: Request for Qualifications (RFQ)

The North Sound Mental Health Administration (NSMHA) is seeking applications from licensed Community Mental Health Agencies to serve NSMHA enrollees and individuals in the five-county region that includes Snohomish, Skagit, Island, San Juan, and Whatcom Counties. We are seeking service providers for:

- Outpatient and Medication Services
- Intensive Outpatient (IOP) Services Adults and Older Adults
- Evaluation & Treatment (E&T) Center

If you are interested in being a provider of one or more categories of services in one or more of these counties, you are invited to study the enclosed packet and complete the required forms.

The NSMHA will be holding a non-mandatory *Bidders' Conference* on **Friday, November 9, 2012 from 10:00 a.m. to 12:00 p.m.** (noon) at the NSMHA offices, 117 N. 1st Street, Suite 8, Mt. Vernon, WA. If your agency is interested in submitting an application, you must return the enclosed *Letter of Interest* form by close of business (5 p.m.) **Wednesday, November 28, 2012**. If these forms are not submitted you will not be eligible to submit an application. However, returning these forms does not commit you to completing a full application. *Questions* regarding this process or the application must be received in writing by NSMHA by **Friday, November 23, 2012**. *Answers* to all questions will be mailed to all applicants on or around **Wednesday, December 12, 2012**.

Four copies of the completed and signed *Application Form* must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by close of business (5 p.m.) **Friday, February 1, 2013**. Postmarks are not acceptable. Email or fax will not be accepted.

NSMHA will award multiple contracts and will select only a sufficient number of providers to meet the projected NSMHA service needs. Applicant agencies will be evaluated by an Evaluation Team that will score the Application. The NSMHA management will recommend finalists to the Board of Directors based on the Evaluation Team's findings. Awards will be announced on **Monday, April 8, 2013**. Appeals of the selection decision must be made within one week of notification to the NSMHA Board of Directors. Provider selected must be prepared to provide services for the Evaluation and Treatment Center (E&T) beginning **Monday, July 1, 2013**. Providers selected must be prepared to provide services for the Outpatient and Medication and Intensive Outpatient (IOP) services for Adults/Older Adults beginning **Tuesday, October 1, 2013**.

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFQ; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

IMPORTANT DATES

- October 30, 2012:** RFQ released to the public
- November 9, 2012:** Non-Mandatory Bidders Conference
- November 23, 2012:** Due date for questions regarding Application and/or selection process
- November 28, 2012:** Due date for Letter of Interest form
- December 12, 2012:** Target date for release of Responses to Questions
- February 1, 2013:** Due date for completed RFQ Applications
- April 8, 2013:** Target date to announce Contract Awards
- July 1, 2013:** Contract start date for Evaluation and Treatment (E&T) Center
- October 1, 2013:** Contract start date for Outpatient and Medication Services and Intensive Outpatient (IOP) for Adults and Older Adults

SECTIONS OF THIS REQUEST FOR QUALIFICATIONS PACKET:

- I. Letter of Interest Form
- II. Overview and Instructions
- III. Request for Qualifications Response Form
- IV. Budget Instructions and Budget Forms
- V. NSMHA Clinical Design
- VI. NSMHA Finance and Contracting Design
- VII. Sample NSMHA Provider Contract

Section I: LETTER OF INTEREST FORM

*Please type or print all information. Return the completed and signed form to the NSMHA office at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858. Letter of Interest Form **must be received by NSMHA by November 28, 2012**. Faxed, E-mail, late or incomplete forms will not be accepted.*

IDENTIFYING INFORMATION

Agency Name: _____
 Director's Name: _____
 Address: _____
 Street or Box #: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____

After reviewing the entire packet, place an "X" in each section of the following grid that corresponds to the Sub-Region, County and Service Area you are interested in serving:

Sub-Region	1				2			3
County/ Service Area	Snohomish County				Skagit County	Island County	San Juan County	Whatcom County
	N. County	Everett	S. County	E. County	County- wide	Whidbey I.	Camano I.	County- wide
• Outpatient and Medication Services								
• Intensive Outpatient Services –Adults/ Older Adults								
• Evaluation & Treatment Center								

Signature below indicates an interest in becoming a Community Mental Health Agency (CMHA) for the North Sound Mental Health Administration (NSMHA). I understand that signing this letter does not bind me to submission of a full application. All information submitted in this letter of intent is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA.

Name and Title (print or type)

Signature **Date**

Section II: OVERVIEW AND INSTRUCTIONS

North Sound Mental Health Administration's History and Structure

History of NSMHA

The NSMHA began operations on January 1, 1991. The NSMHA, formerly the North Sound Regional Support Network (NSRSN), was formed by an interlocal agreement between Island, San Juan, Skagit, Snohomish and Whatcom counties that define the geographic service area of the North Sound Region. NSMHA contracts with the Division of Behavioral Health and Recovery (DBHR) of the State of Washington to provide public mental health services for these five counties (North Sound Region). NSMHA is governed by a Board of Directors comprised of elected officials or their designated alternates, the Chair and Vice-Chair of the Regional Advisory Board, and representatives of the 8 Tribal sovereign nations within the North Sound Region. According to the terms of the Interlocal Agreement, Board of Director votes are divided as follows:

• Snohomish County – 4	• Island – 1
• Whatcom County – 2	• San Juan – 1
• Skagit County – 1	• Tribes – 1

In 1991, the NSMHA took over from the five counties contracts with 16 mental health providers to provide services. Services were paid on a fee for service and block contract basis at that time. Then, NSMHA developed a tier system of payment based on the severity of a person's mental illness. In 1997, the NSMHA issued a Request for Proposals (RFP) to provide capitated, managed care mental health services for all Medicaid eligible people across the North Sound Region, plus carve-outs for specialty services, including crisis line and some Involuntary Treatment Act (ITA) services, as well as, services to Hispanics and Native Americans.

A major need at this point in the history of NSMHA was to create a public mental health system that integrated outpatient, inpatient and crisis services. The Request for Proposal (RFP) issued by NSMHA sought mental health provider agencies that could deliver innovative, effective mental health services, be accountable to the public and demonstrate the ability to coordinate with other social service agencies.

This Request for Qualifications (RFQ) represents a stage in contracting and funding of mental health services. This contracting and funding model is driven by changes in Center for Medicaid and Medicare Services (CMS) funding policies. CMS has moved away from capitated managed care funding systems to an actuarially-sound fee for service rate determination system. Using a fee for service model provides more consumers the ability to access mental health services and the intensity of services will increase with the severity of individual's illness. This system is intended to continue the opportunity for choice to individuals in service providers.

The Mission of NSMHA is the *VISION OF HOPE AND PATHS TO RECOVERY*:

“Improving the mental health and well being of individuals and families in our communities.”

NSMHA's Vision and Core Values:

1. We encourage ourselves, our partners and our providers to deliver services with dignity and respect.
2. We support individuals on their paths towards recovery by encouraging all people to achieve their full potential and quality of life in a community of their choosing.
3. We honor the voice and choice of all individuals to direct their lives.
4. We encourage the provision of services that are designed in collaboration with the individual, are community-based, culturally sensitive, clinically appropriate, built on strengths and provide the array of supports needed for a person to achieve the highest possible quality of life.
5. We ensure that services are accessible and locally available 24 hours a day, 7 days per week.
6. Our person-centered, coordinated system of service delivery is based on community assessment, measureable outcomes and systematic program evaluation and is accountable to our community.
7. We reduce barriers to services and provide a safety net for our most vulnerable citizens.
8. We provide age-appropriate services that address the special needs of youth, adults, older adults and families that are informed by research, evidence-based practice guidelines and nationally recognized standards of care.
9. We ensure individuals have access to a continuum of services, employment and housing, including integrated services for those with multiple needs, achieved through collaboration and partnerships with other systems and organizations.

The following table summarizes the three services to be included in this RFQ. Budgets are based on projections from actual usage in FY2011 and are subject to change based on additional revenue information and the results of this RFQ process.

RFQ Section and Service Title	Projected Annual Budget	Estimated Number of Clients	Estimated Number of Service Units	Unit of Service Measure
1. Outpatient and Medication Services all ages and Intensive Services for Children/ Youth in San Juan County	\$21,015,472	15,746	156,832	Client Hours
2. Intensive Outpatient Services Adults/Older Adults	\$2,897,670	385	21,470	Client Hours
3. Evaluation & Treatment Center	BID	16 Beds/Day	16 Beds/Day	Per diem

INSTRUCTIONS

Please read the entire RFQ packet first and follow directions.

Proposals must be clearly typewritten, single-spaced, on 8.5" x 11" paper and typed double sided. Do not use a type font smaller than 12 point. You may use the Microsoft Word version of this RFQ as the template for completing your Application.

If you choose to not use the Microsoft Word version of this RFQ to complete your Application, your responses must restate each question or use the same numbering and lettering sequence as in the RFQ. In either case, responses and supporting documentation must be in the same sequence as the RFQ.

Please make all written responses clear, specific and brief. Quality not quantity counts.

Applicant agencies must complete:

Section 1: Identifying Information,

Section 5: Other Information,

Section 6: Current Mental Health Individuals Served,

Section 7: Testimony of Agreement, Accuracy and Signature,

Service referenced in the table above (1 through 3) that you are applying for in this RFQ,

Section IV: Budget Instructions and Budget Forms if you are applying to provide services in the North Sound Region for the E&T only

Four copies of the completed and signed *Application Form* must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by close of business (5 p.m.) **February 1, 2013**. Postmarks are not acceptable. Email or fax will not be accepted.

SCORING AND SELECTION PROCESS

NSMHA will award multiple contracts and will select only a sufficient number of providers to meet the projected NSMHA service needs. If more capacity is identified for a given service than the projected need, the application scoring process will be used to prioritize awards; higher scoring Applications for that service will receive a greater proportion of the award.

Applicant agencies will be evaluated by an Evaluation Team that will score the Application. The NSMHA management will recommend finalists to the Board of Directors based on the Evaluation Team's findings. Provider selected for the Evaluation and Treatment (E&T) Center must be prepared to provide services beginning **July 1, 2013**. Providers selected for Outpatient and Medication services and Intensive Outpatient (IOP) services for Adults/Older Adults must be prepared to provide services beginning **October 1, 2013**.

Each item in Sections 1 – 7 has either a Scoring Weight, shown at the left of the item or an N/S that means Not Scored. Each item that is scored will receive a score of 0, 1, 2, 3, or 4. This score will be multiplied by the weight for that item to arrive at the total scored points for the item. For example, if an item has a weight of 10 and an evaluator assigns a score of 3, that item for that evaluator will be given a total score of 30 points.

Each evaluator shall independently assign a score to each item based on the written proposals. Scores will then be summed for all members of the Evaluation Team for each section of the Application.

The scoring process will use the following scoring method:

- 4 points – Applicant exhibits extensive experience and capacity to address the needs and achieve the outcomes described by the item.
- 3 points – Applicant exhibits strong experience and capacity to address the needs and achieve the outcomes described by the item.
- 2 points – Applicant exhibits only partial experience and capacity to address the needs and achieve the outcomes described by the item.
- 1 point – Applicant exhibits limited experience and capacity to address the needs and achieve the outcomes described by the item.
- 0 points – Applicant exhibits no experience or capacity to address the needs and achieve the outcomes described by the item.

Providers that can demonstrate strengths in the following areas of special emphasis will receive additional consideration in scoring:

1. Employment of Peer Counselor/Specialists as part of the service continuum
2. Offer employment services such as a Supported Employment services, job clubs, or counseling from vocational specialists,
 - a. In lieu of offering such services, agencies will be given additional consideration if they provide a plan of how they will increase the rate of employment amongst the adults they serve to 15% by the end of this contract.

- Sections with Budget Forms will have the Budget Scores added to the Total Scores. Budget scores will be computed as a percentage of the least expensive budget.

The matrix below illustrates how scores will be compiled for each Application. Each of the three service areas will include the points for that area plus the points recorded in Section 1: Identifying Information and Section 5: Other Information.

	Outpatient and Medication	Intensive Outpatient (IOP) Adult/Older Adult	E&T Center
1. Identifying Information		X	X
2. Outpatient and Medication Services	X		
3. Intensive Outpatient Services Adults/Older Adults		X	
4. Evaluation & Treatment Center			
5. Other Information	X	X	X

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFQ; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

APPEALS

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to Applicants who wish to appeal a disqualification of Application or award of contract:

- All appeals must be in writing and physically received by the NSMHA Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the postmarked notice of intent to award or disqualification.

Address appeals to:

Joe Valentine
 Executive Director
 North Sound Mental Health Administration
 117 N. 1st Street, Suite 8
 Mt. Vernon, WA 98273-2858

- Appeals must specify the grounds for the appeal including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.
- Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

Section III: REQUEST FOR QUALIFICATIONS RESPONSE FORM

1. IDENTIFYING INFORMATION

- N/S 1.1 Agency Name: _____
- N/S 1.2 Director's Name: _____
- 1.3 Contact Person for this RFQ: _____
- N/S Contact Person's Phone #: _____
- Contact Person's Fax #: _____
- Contact Person's Email Address: _____
- 1.4 Address: _____
- N/S City: _____
- State: _____
- N/S 1.5 Tax ID #: _____
- 1.6 Type of Organization (check one): Non-Profit: ; Governmental: ;
- N/S For Profit Corporation: ; Partnership: ; Sole Proprietorship:
- Other: (Please explain): _____
- 1.7 What is your status as a Licensed Community Mental Health Agency?
- Are Currently Licensed: YES NO; Will have License prior to 10/01/2013:
YES NO
- N/S 1.8 If YES, specify your certification(s): _____
- 1.9 Is your organization a Federally Qualified Health Clinic (FQHC) YES
NO;
- 10 1.10 Number of years providing Mental Health Services to Medicaid and/or Indigent
points Individuals: _____
- N/S 1.11 Submit a copy of your most recent independent financial audit.
- 1.12 Submit a copy of any accrediting organization (e.g., JCAHO, CARF) reports
N/S that have been completed in the last 24 months for your Community Mental
Health Agency (CMHA) or any part thereof.
- 1.13 Mark the Services that you are applying for in this RFQ:
- Outpatient/Medication Services
- N/S Intensive Outpatient Services (Except of Skagit County Wraparound Pilot) –
Children/Youth/Adults/Older Adults
- Evaluation & Treatment Center

2. OUTPATIENT AND MEDICATION SERVICES (Including fee for service intensive services for Children/Youth in San Juan County Only) (Complete only if applying to provide this service)

During the clinical design process it was estimated that approximately 4,700 children and 9,000 adults/older adults will be Level of Care Utilization System (LOCUS) Levels 1–3. In addition, 300 children and 756 adults will be LOCUS Level 4 and not served through the Intensive Outpatient Service Program. The services in this section are for these cohorts and will be contracted on a modified Fee for Service basis up to a billing cap for each contracted CMHA. This includes fee for service for intensive services for Children/Youth in San Juan County only. For this section in FY2012, we have projected a \$21,015,472 annual budget for serving 15,746 clients with 156,832 hours of service.

Projected Outpatient/Medication Cases: Cases by Level by County - FY 2013

	Island	San Juan	Skagit	Snohomish	Whatcom	other/ unknown	Total
Children (0-17) Medicaid (includes Partial Year Enrollees)							
L1: Low Hrs: 0-10	129	20	503	1,840	498	86	3,076
L2: Med Hrs: 11-30	80	9	189	810	286	37	1,411
L3: Med-Hi Hrs: 31-60+	4	6	23	92	30	2	157
Total Cases	240	46	781	3,127	932	146	5,272
Children (0-17) Non-Medicaid							
L1: Low Hrs: 0-10	19	2	50	189	50	21	331
L2: Med Hrs: 11-30	13		20	98	26	17	174
L3: Med-Hi Hrs: 31-60+	1		1	21	2	3	28
Total Cases	42	2	79	359	96	45	623
All Children	282	48	860	3,486	1,028	191	5,895
Adults (18+) Medicaid (includes Partial Year Enrollees)							
L1: Low Hrs: 0-10	201	21	667	2,319	927	133	4,268
L2: Med Hrs: 11-30	161	36	412	1,068	549	63	2,289
L3: Med-Hi Hrs: 31-60+	30	17	110	225	120	9	511
Total Cases	427	80	1,279	4,238	1,774	240	8,038
Adults (18+) Non-Medicaid							
L1: Low Hrs: 0-10	57	4	89	627	172	49	998
L2: Med Hrs: 11-30	32	4	43	263	86	30	458
L3: Med-Hi Hrs: 31-60+	10	1	13	62	13		108
Total Cases	111	13	160	1,092	340	97	1,813
All Adults	538	93	1,439	5,330	2,114	337	9,851
All Clients, All Ages	820	141	2,299	8,816	3,142	528	15,746
Medicaid, All Ages	667	126	2,060	7,365	2,706	386	13,310
Non-Medicaid, All Ages	153	15	239	1,451	436	142	2,436
All Clients, All	820	141	2,299	8,816	3,142	528	15,746

Payors

N/S 2.1 Enter the Current Staff Full Time Equivalent (FTE) Capacity to provide these Services by Service Area for each Clinician Type:

Sub-Region	1				2				3	
County/ Service Area/ Clinician Type	Snohomish County				Skagit County		Island County		San Juan County	Whatcom County
	N. County	Everett	S. County	E. County	E. County	W. County	Whidbey	Camano I.	County-wide	County wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners)										
b. Registered Nurses/Licensed Practical Nurses										
c. Psychologists and Masters Level Clinicians										
d. Agency Affiliated Counselors (below Masters Degree)										
e. Certified Peer Support Staff										
f. Other (Describe)										
Total Clinical FTEs										

2.2 Enter any Additional Staff Full Time Equivalent (FTE) Capacity that could be available by October 1, 2013 to Provide this Service by Service Area for each Clinician Type in the first graph, and in the second, indicate those that are bi-lingual:

N/S

Sub-Region*	1			2				3	
County/ Service Area/ Clinician Type	Snohomish County			Skagit County		Island County		San Juan** County	Whatcom County
	N. County	Everett	S. County	E. County	W. County	Whidbey	Camano I.	County-wide	County-wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician Assistants-Certified)									
b. Registered Nurses/Licensed Practical Nurses									
c. Psychologists and Masters Level Clinicians									
d. Agency Affiliated Counselors (below Masters Degree)									
e. Certified Peer Support Staff									
f. Other (Describe)									
Total Clinical FTEs									

Sub-Region*	1			2				3	
County/ Service Area/ Bi-Lingual	Snohomish County			Skagit County		Island County		San Juan** County	Whatcom County
	N. County	Everett	S. County	E. County	W. County	Whidbey	Camano I.	County-wide	County-wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician Assistants-Certified)									
b. Registered Nurses/Licensed Practical Nurses									
c. Psychologists and Masters Level Clinicians									
d. Agency Affiliated Counselors (below Masters Degree)									
e. Certified Peer Support Staff									
f. Other (Describe)									
Total Clinical FTEs									

NOTES:

*NSMHA will enter into discussion with the Counties and successful bidder for creative solutions to address service needs in areas that are geographically isolated.

** For San Juan County, the successful bidder needs to be prepared to provide 24 hour crisis service under the contract, which is planned for RFQ in 2014.

10
points

2.3 Describe the capabilities of current staff to facilitate the process of collaboration between the individual, their family/natural supports, and service providers that results in timely and coordinated access to medically necessary, cost-effective services that promote recovery and resiliency as defined by the identified core competencies (see attached). Indicate how this capacity was determined. Also describe how your agency will ensure that these capabilities are sustained.

2.4 Demonstrate how psychiatric rehabilitation is a core component of your services delivered to individuals with severe and persistent mental health issues and how they ensure staff providing psychiatric rehabilitation are competent in utilizing intervention strategies to assist individuals in meeting their goals (See Attachment XX).

2.5 Describe how your agency will ensure that individuals are able to receive an appointment within the required timelines (3 business days from the request for service for an expedited intake, 14 calendar days from the request for service for a routine intake, 7 calendar days for an outpatient appointment following discharge from inpatient psychiatric care, 28 calendar days for the first routine outpatient appointment following the request for service).

Special consideration in scoring will be given to agencies that are able to demonstrate current utilization of or a concrete plan of implementation for (including a timeline for implementation) an open access or same day access to care model.

2.7 Provide specific examples of how you work with individuals to develop recovery oriented goals and plans related to this category of services. Describe your agency's efforts and ability with regard to:

2.7.1 Your experience and expertise in utilizing collaborative documentation practices/efforts (see attachment xx for more information on Collaborative Documentation).

- 30 points
- 2.8 Describe your experience and ability to manage care for individuals with severe mental illness who have intensive needs that often result in acute care hospitalization, evaluation and treatment facility admission or residential placements; due to the acuity of a severe mental illness or serious emotional disturbance. How do you intend to manage the risk and provide services in the community? In this description, indicate how individuals that need services beyond what you believe you can provide (i.e., specialized services or a more intensive level of care) will be identified and how you will ensure that their needs are met (i.e., transfer of care to another network provider, coordinated care with another network provider, subcontract with specialized provider). Also, identify what service limitations your agency has. Please also indicate your ability to provide on-site consultation and discharge planning for individuals in 24-hour facilities. Make sure to address these needs for Children/Youth/Adults/Older Adults.
- 30 points
- 2.9 Describe your ability to assess and manage the psychiatric medication needs and to integrate medication services with other components of an individual's recovery plan. In particular, describe your process and ability to manage emergency medication requests, both as they arise and in the crisis plan. Please specify how you monitor and manage the health status of individuals receiving atypical antipsychotic medications (i.e. weight, blood pressure, diabetes, lipids).
- 30 points
- 2.10 Describe your experience and ability to work within the LOCUS system including proper assessment, level of care assignment and providing appropriate levels of services. Also describe your ability to develop methods for individuals to step down in level of care or to end an episode of care to allow capacity for new persons to be served.
- 20 points
- 2.11 It will be a NSMHA contract expectation that CMHAs (with a release of information (ROI)) will notify Primary Care Providers (PCPs) when individuals are admitted into RSN-funded services and medications are initially prescribed or subsequently changed by the CMHA prescriber. Describe your practice model/protocols for integrating care between mental health and primary care/medical services, including psychiatric consultation for primary care providers, protocols for determining when medication services would be provided by PCPs and when medication services would be provided by Psychiatry (for initial requests, as well as, step down from specialty mental health services).
- 20 points
- 2.12 Describe your experience and ability to implement evidence-based practices (EBPs), working with partners in other systems to develop a shared approach to implementation. Please specify the EBPs currently available in your agency and those EBPs you will commit to implementing in the next contract period, in particular: Motivational

Interviewing, Illness (Wellness) Management and Recovery, Functional Family Therapy, Fidelity Supported Employment, Dialectical Behavior Therapy, Integrated Dual Disorder Treatment (IDDT), Trauma Focused Cognitive Behavioral Therapy and one or more of the Adult evidence-based trauma informed care treatments.

10 points 2.13 Describe your experience and ability to assure cultural and linguistic competence for individuals served at your agency (See Attachment XX).

10 points 2.14 Describe how you have integrated certified peer counselors into your agency. What positions are held by peers within your agency? What specific plans do you have for adding certified peer counselors in the future?

N/S

Sub-Region	1				2				3
County/ Service Area/ Age Group	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
	N. County	Everett	S. County	E. County	E. County	W. County	Whidbey	Camano I.	County- wide
Transition Age Adults (18-20)									
Adults (21- 59)									
Older Adults (60+)									

2.15 Describe your experience and ability to implement and increase employment services for youth in transition and adults, working with partners in other systems (i.e., DVR) to develop a shared approach to implementation. See Attachment XX regarding expectations pertaining to increasing employment services.

2.16 Describe your agency's capacity and ability to provide trauma-informed care. A contract expectation will be for all providers to conduct a trauma-informed care assessment of your agency and plan for improvement. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

2.17 NSMHA expects that all child/family serving agencies adhere to Systems of Care (SOC) Values and Philosophy. Describe your agency's understanding of and plans to implement SOC by addressing each of the following core values: Family

Driven; Youth Guided; Cultural and Linguistic Competence (please expand on 2.9 above addressing this value in the context of SOC philosophy); Individualized and Community Based; and Evidenced Based (please expand on 2.8 above addressing this value in the context of SOC philosophy).

DRAFT

3. INTENSIVE OUTPATIENT SERVICES –ADULTS/OLDER ADULTS (Complete only if applying to provide this service)

The RFQ responses will serve as the basis for allocating the slot capacity for Intensive Outpatient Services.

The services in this section will be contracted on a modified Fee for Service basis up to a billing cap for each contracted CMHA. For Sections 3 in FY2011 we have projected a \$2,897,670 annual service budget for serving 385 clients with 21,470 hours of service.

The clients with LOCUS 4 and above are the primary target of this program but it is estimated that 43% of the clients will be below LOCUS 4.

Intensive Outpatient Services: Cases by County - FY 2013

Cases	Island	San Juan	Skagit	Snohomish	Whatcom	other/ unknown	Total
Adults (18+)							
Medicaid	10		60	151	93	10	324
Non-Medicaid	4		8	35	12	2	61
Total Cases	14		68	186	105	12	385

N/S 3.1 Enter the Current Intensive Outpatient Services Slot Capacity (Total): _____

Sub-Region	1				2				3	
County/ Service Area	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County	
	N. County	Everett	S. County	E. County	E. County	W. County	Whidbey	Camano I.	County- wide	County- wide
Slots by Service Area										

N/S 3.2 Enter any Additional Intensive Outpatient Services Slot Capacity that could be available by October 1, 2013 (Total): _____

Sub-Region	1				2				3
County/ Service Area	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
	N. County	Everett	S. County	E. County	County- wide	Whidbey	Camano I.	County- wide	County- wide
Slots by Service Area									

- 20 points
- 3.2.1 Describe the capabilities of current staff to facilitate the process of collaboration between the individual, their family/natural supports and service providers that results in timely and coordinated access to medically necessary, cost-effective services that promote recovery and resiliency as defined by the identified core competencies (See Attachment XX). Indicate how this capacity was determined. Also describe how your agency will ensure that these capabilities are sustained.
- 3.2.2 Demonstrate how psychiatric rehabilitation is a core component of your services delivered to individuals with severe and persistent mental health issues and how they ensure staff providing psychiatric rehabilitation are competent in utilizing intervention strategies to assist individuals in meeting their goals (See Attachment XX).
- 3.2.3 Describe how your agency will ensure that individuals are able to receive an appointment within the required timelines (3 business days from the request for service for an expedited intake, 14 calendar days from the request for service for a routine intake, 7 calendar days for an outpatient appointment following discharge from inpatient psychiatric care, 28 calendar days for the first routine outpatient appointment following the request for service).
- Special consideration in scoring will be given to agencies that are able to demonstrate current utilization of or a concrete plan of implementation for (including a timeline for implementation) an open access or same day access to care model.
- 3.3 Provide specific examples of how you work with individuals to develop recovery oriented goals and plans related to this category of services.
- 3.3.1 Describe your experience and expertise in utilizing collaborative documentation practices/efforts (see Attachment XX for more information on Collaborative Documentation).
- 30 points
- 3.4 Describe your experience and ability to manage care for individuals with severe mental illness who have intensive needs that often result in acute care hospitalization, evaluation and treatment facility admission, or residential placements; due to the acuity of a severe mental illness how do you intend to manage that risk and provide services in the community? In this description, indicate how individuals that need services beyond what you believe you can provide (i.e., specialized services or a more intensive level of care) will be identified and how you will ensure that their needs are met (i.e., transfer of care to another network provider, coordinated care with another network provider, subcontract with specialized provider). Also, identify what service limitations your agency has. Please also indicate your ability to provide on-site consultation and discharge planning for individuals in 24-hour facilities. (See Attachment XX)
- 30 points
- 3.5 Describe your ability to assess and manage psychiatric medication needs and the integration of medication services with other components of an individual's

recovery plan. Please specify how you monitor and manage the health status of individuals receiving atypical antipsychotic medications (i.e., weight, blood pressure, diabetes, lipids).

- 30 points 3.6 Describe your experience and ability to work within the Level of Care Utilization System (LOCUS) Children’s LOCUS (CALOCUS) system, including proper assessment, level of care assignment and providing appropriate levels of services. Also, describe your ability to develop methods for individuals to step down in level of care or to end an episode of care, to allow capacity for new persons to be served.
- 20 points 3.7 Describe your experience and ability to implement evidence-based practices (EBPs), working with partners in other systems to develop a shared approach to implementation. Please specify the EBPs currently available in your agency and those EBPs you will commit to implementing in the next contract period, in particular: Motivational Interviewing, Illness (Wellness) Management and Recovery, Functional Family Therapy, Fidelity Supported Employment, Dialectical Behavior Therapy, Integrated Dual Disorder Treatment (IDDT), Trauma Focused Cognitive Behavioral Therapy and one or more of the Adult evidence-based trauma informed care treatments.
- 10 points 3.8 Describe your experience and ability to assure cultural and linguistic competence for individuals who are served at your agency (See Attachment XX).
- 10 points 3.9 Describe how you have integrated certified peer counselors into your agency. What specific plans do you have for adding certified peer counselors in the future?
- N/S 3.10 Place an “X” in each section of the following grid that corresponds to the Age Group and County you are interested in serving with Intensive Outpatient Psychiatric & Mental Health Services.

Sub-Region	1	2			3	
County/ Service Area/ Age Group	Snohomish County	Skagit County	Island County		San Juan County	Whate om County
		County- wide	Whidbey	Camano I.	County- wide	County- wide
Transition Age (18-20)						
Adults (21-59)						
Older Adults (60+)						

- 3.11 Describe your experience and ability to implement and increase employment services for youth in transition and adults, working with partners in other systems (i.e., DVR) to develop a shared approach to implementation. See Attachment XX regarding expectations pertaining to increasing employment services.

3.12 Describe your agency’s capacity and ability to provide trauma-informed care. A contract expectation will be for all providers to conduct a trauma-informed care assessment of your agency and plan for improvement. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

4. INTENSIVE OUTPATIENT SERVICES –CHILDREN, YOUTH, AND FAMILIES IN SAN JUAN COUNTY (Complete only if applying to provide this service)

The RFQ responses will serve as the basis for allocating the slot capacity for Child/Youth Intensive Outpatient Services.

The services in this section will be contracted on a modified Fee for Service basis up to a billing cap for each contracted CMHA. For Sections 3 in FY2011 we have projected a \$xxxx annual service budget for serving xxx clients with xxxhours of service.

The clients with LOCUS 3 and above are the primary target of this program but it is estimated that X of the clients will be below LOCUS X.

Intensive Outpatient Services: Cases by County - FY 2013

Cases	Island	San Juan	Skagit	Snohomish	Whatcom	other/unknown	Total
Adults (18+)							
Medicaid	10		60	151	93	10	324
Non-Medicaid	4		8	35	12	2	61
Total Cases	14		68	186	105	12	385

Please reference CALOCUS definitions for Level 3 & 4 when answering the question below:

4.1 In addition to answering 2.13, please describe your agency’s ability to meet the needs of children/ youth assessed at CALOCUS Level 3 & 4 by responding to each of the following categories from an SOC foundation: CLINICAL SERVICES; SUPPORT SERVICES; CRISIS STABILIZATION AND PREVENTION SERVICES; CARE ENVIRONMENT.

5. EVALUATION AND TREATMENT (E&T) CENTER (Complete only if applying to provide this service)

North Sound Mental Health Administration is seeking a licensed qualified provider to implement a 16 bed unit for residents 18 years and above from any place in the North Sound Region who is experiencing a severe mental health crisis who would otherwise meet hospital admission criteria.

This provider will need to provide the staffing and organizational supports needed to run this locked program at the facility located in Mukilteo purchased by NSMHA and now owned by Snohomish County.

These services will be provided in an environment using a trauma informed care approach designed to support safety and confidentiality for individuals 18 years and older who pose an actual or imminent danger to self, others, or property due to a mental illness. This provider will be able to demonstrate a universal principle and commitment to nonviolence and the creation of a trauma informed culture. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

To be effective, by law (RCWs 71.05, 71.24, ACs 388-865, 246-227 248-25) the E & T must have the capability to provide these services and support elements:

- a. A 24 hour per day, 7 days per week, 365 days per year including all legal holidays, 16 bed unit
- b. Evaluation, treatment and recovery support provided by or under the direction of licensed psychiatrists, nurses and other Mental Health Professionals, as well as, Certified Peer Support staff and discharge planners.
- c. Provide staffing sufficient to assure the safety of all individuals at the E & T, including individuals placed at the facility and staff 24 hours a day. This includes the capacity to admit new individuals 24 hours a day.
- d. Provide medication assessment, stabilization and management during the period of commitment.
- e. All Involuntary Treatment Act (ITA) RCW 71.05 (72 hour detention and/or 14 day commitment, 90 Most Restricted, and single bed certification) services to include coordination with Designated Mental Health Professionals, prosecutors, all court proceedings and coordination with Western State Hospital.
- f. Discharge planning involving the individual, family and significant others to ensure coordination, continuity of care and services and provide adequate follow up support (per contract) in making the transition from crisis to wellness.
- g. Meet Washington State Licensing and certification standards for operating an E & T.
- h. Ensure services will meet the requirements delineated in WAC 388-865, and WAC 246-337, or its successors, and be based on the best and promising practices of recovery published by the Substance Abuse and Mental Health Services Administration (SAMHSA.)

- i. Utilize a recovery oriented model of care and team approach that focuses on individual's personal needs, as well as, strengths, talents and capabilities that can be utilized to achieve wellness post discharge.
- j. Support, training and supervision of Peer Support and paraprofessional staff.
- k. Directly provide all medically necessary rehabilitation services.
- l. Arrange, provide and manage transportation on discharge or transfer to another facility. Provider is responsible for payment of transportation on discharge.
- m. Per WAC 246-337 and WAC 388-865, must meet the insurance, staffing and program requirements of a state licensed E&T as outlined in the sample contract, Attachment III.

Providers submitting responses to this inquiry will be expected to document their capacity for effectively delivering services and demonstrate their willingness to do so in a collaborative community environment providing services for residents of the North Sound Region while applying the values espoused by the North Sound Mental Health Administration.

Providers making application to establish an E&T must propose to operate using the existing E&T facility located in Mukilteo, and owned by Snohomish County.

The services in this section will be contracted on a Capacity Funded basis with 1/12th monthly payments for each contracted CMHA. For this section in FY2012 we have projected a \$2,803,644 annual budget for the regional E&T.

5.1 Enter the Current E&T Bed Capacity (Total): 16

6. OTHER INFORMATION

- 10 points 6.1 **Recovery and Resilience:** Describe your agency's philosophical belief of Recovery and Resilience for children with serious emotional disturbance and adults with mental illness and how your daily operations reflect this belief.
What recovery initiatives have you implemented in your agency?
- 10 points 6.2 **Integration with Community Services:** List three health and human services organizations your organization collaborates with on a regular basis regarding client services. Attach name and phone number for contact person in each organization.
- 10 points 6.3 **Quality Improvement:** Attach a copy of your current Quality Improvement Plan and a copy of a recent Quality Improvement Progress/Status Report.
- 20 points 6.4 **Staffing Ratios:** List the following number of Full Time Equivalent (FTE) staff that work in your mental health program, by staff type:
Service Delivery Staff FTEs: _____
Direct Service Support Staff FTEs: _____
Administrative and Supervisory Staff FTEs: _____
- 10 points 6.5 **Administrative Overhead Percentage:** What is the Mental Health Administrative Overhead Cost calculated as a Percentage of your Total Mental Health Budget? _____
- 20 points 6.6 **Staff Retention:** What is your agency's turnover rate for Clinical Staff and Supervisors for the period of July 1, 2011 through June 30, 2012? Turnover rate should be measured by: (adding the number of employees who resigned during this time period and the number of employees who were discharged) and dividing this sum by the (total number of employees who were on the payroll for that time period).
a. Number of Employees who Resigned: _____
b. Number of Employees who were Discharged: _____
c. Total Employees Leaving Employment: _____
d. Total Employees on the Payroll for the Year: _____
e. Turnover Rate: _____(c. divided by d.)
- N/S 6.7 **Lawsuits:** Have you been involved in any lawsuits in the last 24 months? _____
If YES submit a description of each lawsuit, the current status and the outcome, if a resolution has occurred.
- N/S 6.8 **Complaints:** Have any complaints involving your organization been filed with any licensing agencies (i.e., Department of Social and Health Services (DSHS), Department of Health (DOH) in the last 24 months? _____
If YES, submit a description of each complaint, the current status, and the outcome, if a resolution has occurred.

7. CURRENT Individuals being SERVED

List the number of mental health individuals served in the last year by your organization, by age group and payment source:

N/S	Age Group	Medicaid	Non-Medicaid	Total
	Children (0-17)			
	Transition Age (18-20)			
	Adults (21-59)			
	Older Adults (60+)			
	Total, All Ages			

8. TESTIMONY OF AGREEMENT, ACCURACY AND SIGNATURE

I have reviewed the sample contract and am prepared to fulfill all the requirements. All information submitted in this application is true to my best knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA. I certify that this is signed by an individual authorized to make decisions for the organization.

NAME AND TITLE (print or type)

SIGNATURE DATE

Section IV: BUDGET INSTRUCTIONS AND BUDGET FORMS

Please complete the budget forms if you are proposing to provide services in the following Section:

5. Evaluation & Treatment Center

The Applicant should complete the budget forms using the supplied Excel-based Service Budget spreadsheets. Printouts of these forms should become part of your Proposal.

Direct Service and Supervisory Staff, Part A: Please enter the following information in this section:

Position Title: Enter the position title(s) for the direct service and clinical supervisory staff being proposed for the service.

Comments (Optional): Enter explanatory comments for positions that are not self-explanatory.

Full Time Equivalents (FTEs): Enter the number of FTEs for each position.

Direct Service and Supervisory Staff, Part B: Please enter the following information in this section:

Position Title: Re-enter the position title(s) from Part A.

Average Annual Salary per FTE: Enter the average annual salary per FTEs for each proposed position.

Benefits & Payroll Taxes %: Enter the average fringe benefits and payroll tax rates, as a percentage of salaries, for each position.

Average Compensation per FTE (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Average Annual Salary per FTE x (1 + Benefits & Payroll Taxes %).*

Annual Compensation (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Position FTEs from Section 3 x Average Compensation per FTE.*

Other Expenses: Please enter the following information in this section:

Other Direct Service Expense – Percent of Total Compensation: This item contains the non-salary/benefits/payroll taxes for the cost center providing the services. Expenses included in this section should be consistent with the program costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

Other Direct Service Expense – Amount (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Total Compensation x Other Direct Service %.*

Administrative Expense - Percent of Total Compensation:

This item contains the administrative and fundraising costs allocated to the direct services. Expenses included in this section should be consistent with the administrative and fundraising costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

Administrative Expense – Amount (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Total Compensation x Administrative Expense %.*

Note: Budget for Mukilteo facility rental, maintenance and taxes of \$5,974.92 a month or \$71,699.04 per year is a requirement of this contract. This is a rental agreement with monthly payments to Snohomish County. This cost should be added to the annual budget proposal.

Total Cost, Cost Offset, Cost per Slot: Please enter the following information in this section:

Proposed Slots (COMPUTED): *Pulled down from the first part of the budget template.*

Total Expenses (COMPUTED): *Sum of Compensation and Other Expenses.*

Costs covered by other Funding Sources: If a portion of the direct service and administrative costs will be funded by other funding sources, enter the dollar amount that will be covered by those other funding source(s).

Net Cost to NSMHA (COMPUTED): *Total Cost minus Cost covered by Other Funding Sources.*

Total Cost per Slot (COMPUTED): *Total direct service and administrative costs divided by the number of slots.*

Net Cost per Slot (COMPUTED): *Net Cost to NSMHA divided by the number of slots.*

2: ATTACHMENT I: NSMHA CLINICAL DESIGN

(See Attached)

ATTACHMENT II: NSMHA FINANCE AND CONTRACTING DESIGN

(See Attached)

ATTACHMENT III: SAMPLE NSMHA PROVIDER MEDICAID & STATE CONTRACT

(See Attached)

DRAFT

ATTACHMENT XX: CORE COMPETENCIES

Core Competencies (adapted from the Case Management Society of America's Standards of Practice for Case Management and the American Case Management Association's Standards of Practice)

- a. Demonstrates care based on the principles of Recovery and Resiliency;
- b. Demonstrates cultural competence, which includes awareness and respect of diversity;
- c. Assesses the individual's health and psychosocial needs and collaboratively develops a Recovery & Resiliency Plan with the individual and family/natural supports;
- d. Facilitates communication and collaboration with the individual, family/natural supports and other members of the healthcare team (including providers outside the CMHA, such as, primary care providers) to minimize fragmentation in services, increase adherence to care plan, achievement of desired outcomes;
- e. Educates the individual, family/natural supports and other systems about treatment options, community resources, etc. in order to ensure timely and informed decisions and to promote individual/family's self-advocacy/determination;
- f. Ensures cost effective utilization of medically necessary services;
- g. Engages in ongoing professional development to improve knowledge of community resources, relevant rules and regulations, best practices, standards of care and clinical practice trends and treatment.

ATTACHMENT XX: PSYCHIATRIC REHABILITATION

Psychiatric Rehabilitation Intervention Strategies (taken from the US Psychiatric Rehabilitation Association Certification Exam Blueprint):

Use outreach techniques, including telephone, mail and personal visits in order to engage individuals

- a. Teach communication skills to individuals to help them achieve their goals;
- b. Teach individuals problem-solving skills;
- c. Develop relapse prevention strategies for mental and physical health and co-occurring disorders;
- d. Utilize group formats to engage individuals in a wide range of activities;
- e. De-escalate crises experienced by individuals in order to avoid negative outcomes;
- f. Modify environments of individuals to initiate and sustain the recovery process;
- g. Use motivational enhancement and readiness development strategies to initiate and sustain the recovery process;
- h. Encourage individuals to continue fulfillment of desired roles.

ATTACHMENT XX: COLLABORTIVE DOCUMENTATION

Collaborative documentation is a process in which clinicians and clients collaborate in the documentation of Assessments, Recovery Plans and ongoing treatment planning.

Collaborative documentation can help improve client engagement and involvement. It can also help focus clinical work on change and positive outcomes.

Providers who can demonstrate strengths in the area of collaborative documentation, as evidenced by such items as;

- a. Progress notes signed by the client;
- b. Progress notes indicating the client selected what was the most useful/helpful part of the counseling session for them and that their selection was recorded in the Progress note by the therapist;
- c. Recovery plans that include client-selected goals/objectives;
- d. Assessments that include direct quotes from the client regarding what they want/need out of treatment.

ATTACHMENT XX: CULTURAL AND LINGUISTIC COMPETENCE

For the bullet points below, responses should be judged/scored in the following descending order, highest score to lowest:

- a. A description of how things are currently assured/provided, noting references to appropriate WACs/RFCs. *Higher priorities should be given to those potential providers who can demonstrate knowledge of the standards under which we will judge them.*
- b. A description of how things are currently assured/provided, without noting references to appropriate WACs/RFCs.
- c. A coherent plan as to how things are currently assured/provided, noting references to appropriate WACs/RFCs. *Higher priorities should be given to those potential providers who can demonstrate knowledge of the standards under which we will judge them.*
- d. A coherent plan as to how things are currently assured/provided, without noting references to appropriate WACs/RFCs.
- e. Points should be given to applicants who can describe:
 1. how they currently assure **cultural competence**, or
 2. what their plan is to assure it
- f. Points should be given to applicants who can describe:
 1. how they currently provide **interpreter & translation** services, or
 2. what their plan is to provide it

For Mental Health Professionals (MHP) Specialists, responses should be judged/scored in the following descending order, highest score to lowest:

- a. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) internally, with on-site employees;
- b. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with on-site employees, or with external contracted MHP Consultants;
- c. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with external contracted MHP Consultants, only;
- d. The provider's application describes a plan for the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with on-site employees, &/or with external contracted MH Specialist Consultants;

ATTACHMENT XX: EMPLOYMENT SERVICES

Employment promotes stability, recovery and gives people the opportunity to choose how, where and with whom they spend their lives. Employment should always be a point of discussion between case managers and the people they serve.

EMPLOYMENT SERVICES PLAN: Contractors will develop and implement a plan to make employment a priority at their agencies in order to reach a rate of 15% employment amongst the adults they serve. Plans should include:

- a. Any training the agency will offer to staff that will increase the staff's ability to help consumers think about and make decisions around employment;
- b. Any plans to hire or retain employment specialists;
- c. Any agreements with other agencies to provide employment services;
- d. Plans to coordinate referrals and services with the Washington State Division of Vocational Rehabilitation;
- e. Participation with other contractors and NSMHA in the development of region-wide initiatives to support contractors as they strive to increase employment amongst the people they serve.

Additional consideration in scoring proposals will be given to those proposals that are founded on evidence-based, supported employment practices as described by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Additional consideration in scoring proposals will be given to those proposals that include initiatives to help young adults transition directly from school into work.

ATTACHMENT XX: SAMHSA AND RECOVERY BASED SYSTEM OF CARE GUIDELINES

SAMHSA GUIDING PRINCIPLES relevant to the services provided at the E and T.

SAMHSA definition of Recovery: A process of change whereby individual work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

Guiding principles:

- a. There are many pathways to recovery
- b. Recovery is person-centered
- c. Recovery is holistic
- d. Recovery is supported by peers and allies
- e. Supported by addressing trauma
- f. Culturally based and influenced
- g. Supported through relationships
- h. Involves individual, family and community strengths and responsibility
- i. Based on respect
- j. Emerges from hope

Elements of recovery-oriented systems of care and services:

- a. Person-centered
- b. Inclusive of family and other ally involvement
- c. Individualized and comprehensive services across the lifespan
- d. Systems anchored in the community
- e. Continuity of care
- f. Partnership-consultant relationship relationships
- g. Strength-based
- h. Culturally responsive
- i. Responsiveness to personal belief systems
- j. Commitment to peer recovery support services
- k. Inclusion of voices and experiences of recovering individuals and their families
- l. Integrated services
- m. System-wide education and training
- n. Ongoing monitoring and outreach
- o. Outcomes driven
- p. Research based
- q. Adequately and flexibly financed

NSMHA SYSTEMS OPERATIONS TEAM

Plan of Action and Milestones – Phase 1 Development to Release

2013 RFQ for Community Mental Health Services

Wednesday, June 20, 2012

ID	Task Name	Start	Finish	Duration	Q1 12			Q2 12			Q3 12			Q4 12			Q1 13		
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Open Review of Draft 2013 RFQ by Staff	1/9/2012	2/6/2012	21d	■														
2	Draft List of Services for RFQ	2/1/2012	5/15/2012	75d	■														
3	Assignment of Groups to Review Draft RFQ	5/16/2012	6/29/2012	33d	■														
4	Re-Announcement of RFQ and MH Services at Integrated Provider meeting	6/18/2012	6/18/2012	1d	■														
5	Reviews of RFQ by County Coordinators, Planning Committee and Advisory Board	7/2/2012	8/17/2012	35d	■														
6	Prepare and Approval of RFQ by BOD for Release	9/3/2012	10/11/2012	29d	■														
7	Schedule Room for Bidder's Conference	6/5/2012	6/5/2012	1d															
8	RFQ Administrative Review, Finalize, Distribute	10/12/2012	10/29/2012	12d	■														
9	Release RFQ	10/30/2012	2/1/2013	69d	■														

NSMHA SYSTEMS OPERATIONS TEAM

Plan of Action and Milestones – Phase 2 Release to Contract 2013 RFQ for Community Mental Health Services

Wednesday, June 20, 2012

ID	Task Name	Start	Finish	Duration	Q4 12		Q1 13			Q2 13			Q3 13			Q4 13	
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
1	RFQ Bidder's Conference	11/9/2012	11/9/2012	1d													
2	Questions from Bidders Due	11/23/2012	11/23/2012	1d													
3	Letter of Interest from Bidders Due	11/28/2012	11/28/2012	1d													
4	Response to Bidders Questions	12/12/2012	12/12/2012	1d													
5	RFQs Applications Due at NSMHA	10/30/2012	2/1/2013	69d													
6	Internal Review of RFQ Applications for Completeness	2/4/2013	2/8/2013	5d													
7	Scoring Team Evaluations	2/11/2013	2/15/2013	5d													
8	RFQ Results Reviewed at LT	2/19/2013	2/19/2013	1d													
9	RFQ Results presented to Planning Committee	2/22/2013	2/22/2013	1d													
10	RFQ Results presented to Advisory Board	3/5/2013	3/5/2013	1d													
11	RFQ Results presented to Board of Directors	3/14/2013	3/14/2013	1d													
12	RFQ Contract Negotiation/Preparation	3/15/2013	4/5/2013	16d													
13	NSMHA Announces Contract Awards	4/8/2013	4/8/2013	1d													
14	Transition Planning for Contract Changes (As needed)	4/9/2013	9/30/2013	125d													
15	New Contracts Begin	10/1/2013	10/1/2013	1d													