**RFS 24-77045**

**Attachment D**

**Technical Proposal Response Template**

**Instructions:**

Respondents shall use this template Attachment D as part of their Technical Proposals. Respondents must also complete E, F, and G as part of their Technical Proposals. Please note, Attachment J is referenced in Attachment D. Attachment J is not a response template - a Respondent’s acceptance or feedback of this attachment is provided in Attachment D.

In their Technical Proposals, Respondents shall explain how they propose to perform the work, specifically answering the question prompts in the template below.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents may reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

Respondents are strongly encouraged to submit inventive proposals for addressing the Program’s goals that go beyond the minimum requirements set forth in this RFS.

**Section 1. General Information**

* + - 1. In 2,000 words or less, describe why your organization should be selected as part of the Demonstration.

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| Centerstone has 65+ years’ experience and capacity successfully providing a full array of behavioral health services for individuals across the lifespan, including experience administering CCBHC grant programs. As a pioneer of the CCBHC initiative within the state, Centerstone has been implementing the CCBHC model since 2016, after being selected as part of the State’s demonstration grant award. Centerstone was awarded SAMHSA’s 2018 and 2020 *CCBHC Expansion Grants*, which established the agency’s Bloomington clinic as a CCBHC in 2018. The Bloomington CCBHC served 1,400+ individuals from May 1, 2020 to September 30, 2021, meeting enrollment targets despite the many challenges associated with providing services during the COVID-19 pandemic. As of 2022, past 30-day mental health hospitalization decreased by 93% and past 30-day behavioral health-related emergency room usage decreased by 100% among participants. Building on the successes of the CCBHC and in reflection of Centerstone’s commitment to the State’s CCBHC initiative, the agency offers CCBHC services out of its Columbus and Richmond hub locations, increasing access to CCBHC services for individuals across 15 counties.  Centerstone’s CCBHC sites operate as a network throughout the agency’s Indiana service footprint in order fill in service continuum gaps, including as DCOs to other local providers as requested. The agency also has a well-established internal resource array available to ensure the proposed CCBHC sites can adequately serve all eligible individuals and meet all reporting and evidence-based model requirements. For example, Centerstone regularly leverages Centerstone’s Military Services to provide training/ education in military culture and appropriate, trauma-informed evidence-based practices for working with Veterans and active members of the Armed Forces to equip staff to address the unique needs of service recipients with military backgrounds and their families. Centerstone’s Institute for Clinical Excellence and Innovation conducts innovative research and program evaluation, leads quality improvement initiatives, creates supportive environments for change, and provides state-of-the-art clinical education to prevent and treat mental illness and addiction. Centerstone’s CCBHC sites are well positioned to deliver the complete scope of CCBHC services directly and/or via DCO and are passionate about enhancing the initiative throughout Indiana. Centerstone has taken concrete steps toward CCBHC expansion by implementing CCBHC services in additional clinics across the state.  With its vast CCBHC operating experience, Centerstone has the implementation knowledge and expertise necessary to: 1) support the State’s application to SAMHSA’s Demonstration Program; 2) obtain CCBHC Designation/Certification by Demonstration Program Start (estimated to start in July 2024); and 3) collaborate with the State during the Demonstration Program. Centerstone will provide all requested information/data (e.g., financial information required for rate-setting; qualitative/quantitative information on quality metrics, evidence-based practices) necessary for the State to submit its Demonstration Program application. In accordance with the designation/certification process, Centerstone’s proposed CCBHC sites have met the requirements set forth in the Certification Criteria Response Template (Attachment E) and have completed Community Needs Assessments according to federal and State expectations. Centerstone will work collaboratively with the State and provide additional information required by the State for CCBHC designation/certification. Throughout the Demonstration Program, Centerstone will provide the State with data and information necessary to advance the State’s planning efforts for the statewide CCBHC model expansion. Per State and federal guidelines, Centerstone will report on the following during the Demonstration Program: quality metrics (i.e., clinic-collected and State-collected measures), required and optional evidence-based practices, and pre-approved screening and assessment tools. Centerstone commits to providing periodic written and ad-hoc status reports to DMHA, as requested, regarding activities, project status, notable discoveries, and outstanding issues and action items. On an at least monthly basis, Centerstone will participate in collaborative touchpoints with the State and will be available to attend additional meetings as requested by the State.  For over 65 years, Centerstone has been an integral part of the community safety net in all 15 of the counties served by its CCBHC sites. As the predominant mental and substance use disorder services provider, Centerstone has from its start developed strong partnerships with community stakeholders, some resulting in formal contracts, some defined through collaborative agreements, and others through more informal relationships. Through work with these community partners, Centerstone has expanded access to care in sites outside its clinics, been able to reach previously underserved populations, and been able to better engage individuals working with multiple organizations and between levels of care. |

* + - 1. How many sites or locations is your organization applying for to be a part of the Demonstration Program? Where is each site located? What geographic area(s) does each site serve? As applicable, please propose the service area your site(s) would serve.

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| Centerstone is applying for **3 sites to be a part of the Demonstration Program.** The agency’s sites are at: **645 South Rogers Street in Bloomington** (i.e., Bloomington CCBHC), **720 North Marr Road in Columbus** (i.e., Columbus CCBHC), and **831 Dillon Drive in Richmond** (i.e., Richmond CCBHC). The Bloomington CCBHC site serves Centerstone’s West region, comprising residents in a 5-county geographic catchment area (i.e., Brown, Lawrence, Monroe, Morgan, and Owen). The Columbus CCBHC site serves Centerstone’s Central region, comprising residents in a 5-county geographic catchment area (i.e., Bartholomew, Decatur, Jackson, Jennings, and Jefferson). The Richmond CCBHC site serves Centerstone’s West region, comprising residents in a 5-county geographic catchment area (i.e., Fayette, Randolph, Rush, Union, and Wayne). In total, Centerstone **proposes a 15-county service area:** Bartholomew, Brown, Decatur, Fayette, Jackson, Jefferson, Jennings, Lawrence, Monroe, Morgan, Owen, Randolph, Rush, Union, and Wayne (see graphic right). |

**Section 2. Staffing**

2.4.2.1 How many staff are in your total workforce currently? How many vacancies do you presently have? How many vacancies do you project over the next year? What staffing levels or specializations do you have the highest need for?

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| Centerstone of Indiana employs a robust staffing array with a **current workforce** totaling 1,221 across 60 clinics/facilities. Across these clinics/facilities, the agency estimates 160 vacancies in total, including 40 vacancies at the 3 proposed CCBHC sites, and projects to maintain the same number of vacancies with current operations over the next year. There are efforts underway to recruit and hire new staff to fill these vacancies and retain existing staff to avoid additional vacancies. Through years of experience, Centerstone has found that this level of vacancies is not disruptive to operations for an organization of this size/scope, utilizing proven strategies to ensure continuity of operations. Years of delivering an array of services, including CCBHC services, across multiple locations has given Centerstone insight into key staffing positions needed in order to successfully implement the CCBHC model. Drawing on that experience and insight, Centerstone prioritizes the following **staffing levels/specializations** to ensure continuity of services and operations: licensed therapists, community-based staff (e.g., peers and coaches), nursing staff (e.g., licensed practical nurses, RNs), and medical assistants. |

2.4.2.2 What support do you need for staffing to meet the CCBHC certification requirements by 7/1/24?

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| Centerstone has the prerequisite staff to meet CCBHC certification requirements by 7/1/24, and has plans in place for expanded staffing that would enable clients to access care in their preferred formats/locations. Current staffing includes Nurses, Therapists, Counselors, Care and Recovery Support staff (e.g., Recovery Coaches, Peers), and Crisis Specialists (see chart right). The agency leverages federal and other payer resources, as they are available, in order to offset/support costs related to staff salaries as well as administrative costs that cover recruitment and onboarding, in order to maximize existing resources for CCBHC operations; however, these resources are often time limited, creating additional costs in order to maintain CCBHC staffing. Anticipated **financial support** resulting from the transition to an expense-based reimbursement model will allow Centerstone to build a more robust staffing plan further tailored to community needs. For example, Centerstone will leverage financial support to offset the cost of hiring hard-to-recruit positions (e.g., licensed therapists, nurses). |

2.4.2.3 What goals do you have for your workforce capacity for CCBHC?

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| The main **goal for Centerstone’s CCBHC workforce capacity** is recruiting/hiring and continuing to retain more licensed professionals. Centerstone’s CCBHC sites have estimated necessary staffing additions (e.g., on-site, in-person licensed/unlicensed clinicians [e.g., Therapists, nurses]) across the 3 proposed CCBHC sites in order to bolster CCBHC services. Centerstone will offer a competitive salary and conduct aggressive recruitment activities to recruit/hire qualified behavioral health providers. Centerstone utilizes Workday to manage hiring procedures (e.g., job posting, recruitment, interview schedules) and ongoing personnel management. The onboarding process for new staff begins with the Human Resources Department conducting all necessary administrative work (e.g., background checks, network log-in, personnel file creation) and the required agency orientation. All new staff will be recruited/hired with a focus on candidates with cultural backgrounds similar to the target population/community. Centerstone will also seek additional bilingual staff to address the growing number of residents who are non-English speaking. For recruiting/hiring and retaining staff, Centerstone utilizes several methods in order to determine salary competitiveness at least annually, including salary databases and publically available salary data from area hospitals, other behavioral health providers, etc. During the first quarter of Fiscal Year 2022, Centerstone conducted a market analysis of jobs and implemented market adjustments in October 2021. In the fourth quarter of Fiscal Year 2023, Centerstone conducted another market analysis of jobs and implemented additional market adjustments on June 26, 2022. The agency’s leadership and Human Resources Department will continue to monitor employee market values to ensure compensation remains competitive for Centerstone existing and new staff. |

**Section 3. Community Needs and Engagement**

2.4.3.1 Please provide a copy of your most recent Community Needs Assessment (CNA). Include all relevant information, including, but not limited to the key steps in a CNA as defined by SAMHSA: goals for the assessment, purpose for the assessment, target populations for the assessment of needs and services, how data was collected, timeline of assessment, geographic area assessed, and the strategic use of the findings.

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| Centerstone’s most recent Community Needs Assessments (CNAs) for the Bloomington, Columbus, and Richmond CCBHC sites are attached (see Appendix E). Centerstone’s CNAs were conducted according to SAMHSA’s key steps in developing a needs assessment. The **goals of the assessment** include satisfying/meeting federal CCBHC Certification requirements, which require CCBHCs to conduct/update the needs assessment every 3 years. The **purpose of the assessment** was to identify health priorities and needs in the service area, enabling Centerstone to target organizational resources to meet those needs and consider new service delivery locations and new services under the CCBHC program. The **target population** for the assessment of needs and services comprised residents in the service area across the lifespan, including individuals with serious mental illness; individuals with substance use disorder, including opioid use disorder; children and youth with emotional disturbances; individuals with co-occurring disorders; and people experiencing a mental health or substance use related crisis. Special attention was given to historically underserved and marginalized individuals and communities (e.g., racial/ethnic minorities, LGBTQ+, persons who live in rural areas, Veterans). The **geographic area assessed** varied by CCBHC site. The Bloomington CCBHC site assessed: Brown, Lawrence, Monroe, Morgan, and Owen counties; the Columbus CCBHC site: Bartholomew, Decatur, Jackson, Jennings, and Jefferson counties; and the Richmond CCBHC site: Fayette, Randolph, Rush, Union, and Wayne counties. Centerstone’s CNAs contain county-level and aggregate data from the UDS Mapper, while client and community stakeholder **data was collected** via online and paper survey. Needs assessment findings were strategically integrated to support Centerstone’s ongoing commitment to quality services and outcomes. Results also informed the CCBHC sites’ staffing, language and culture, services, locations/service hours, and evidence-based practices.  Centerstone follows a **timeline of assessment** that aligns with State/federal guidelines, conducting and updating CNAs for its CCBHCs at least every 3 years: The Bloomington site conducted its first CCBHC CNA in 2019 and re-assessed and updated it in 2022. The Columbus and Richmond sites also completed/updated a community health needs assessment in 2022. In preparation for participation in the Demonstration Program, Centerstone updated all 3 CNAs this year to include the most up-to-date service area and community needs data. Centerstone has plans to update the CNAs again in the next 3 years or before as needed/requested by the State. |

2.4.3.2 Please share any lessons learned from your most recent CNA.

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| **Lessons learned** from Centerstone’s more recent CNAs include top needs according to the community and Centerstone staff, barriers to accessing care, and perception of need within the geographic service area according to community stakeholders. For example, CNAs found that affordable permanent housing, mental health care, and medical services were community members’ top 3 needs for daily living. According to Centerstone staff, the top 3 items that kept their clients up at night were money, housing, and health issues. Staff also identified the following as barriers to care for their clients: transportation, work schedule, and out-of-pocket costs. From a stakeholder point of view, long waitlists, transportation difficulties, and high costs were the top 3 barriers preventing their community from receiving health care. According to community stakeholders, lack of mental health services, high turnover of mental health providers, and slow intake/ assessment times were the biggest community needs/areas of concern. Stakeholders ranked the following health problems as “extremely important”: mental health issues (e.g., depression, anxiety, bipolar), adult substance abuse of alcohol, and trauma (e.g., childhood abuse/neglect, sexual assault, gun violence, prison). In alignment with community members and Centerstone staff, stakeholders believed mental health care, finding affordable housing, and drug/alcohol treatment were additional “extremely important” health needs/concerns impacting their community. Lessons learned from the CNAs also informed the CCBHC sites’ staffing, languages/culture, services, locations/ service hours, and evidence-based practices. For example, the Bloomington CCBHC site extended clinic hours to accommodate evening and weekend intakes. With input from the CNAs, the CCBHC sites have prioritized staffing who can support benefits enrollment so that financial barriers do not inhibit access to care. Centerstone’s CCBHC sites have built out a robust array of evidence-based practices to address the prevailing behavioral health needs (e.g., *Trauma-Focused Cognitive Behavioral Therapy* for youth experiencing trauma, *Medication-Assisted Treatment* for alcohol use disorder, recovery housing). This includes continuing to build out its crisis service continuum for the Richmond service area and enhancing coordination between the agency’s FQHC Look-Alike clinics and its CCBHC sites to improve client care and coordination. |

2.4.3.3 The State is focused on the integration and connection between providers and their respective community stakeholders, as well as providers’ ability to appropriately assess and positively impact the needs of their communities served. With which organizations do you currently work? With which organizations do you plan to forge partnerships? Please include a description of any existing designated collaborating organizations (DCO), referral, or other care coordination partnerships with other organizations in your community. If you list an organization as a current or potential partner, if possible, please attach letters of support with your proposal submission. If letters of support are not possible, please include contact information from each organization listed as a partner.

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| Formalized **Designated Collaborating Organization (DCO)** agreements for the Bloomington CCBHC site include: Bloomington Meadows Hospital, with 25+ years’ experience providing in/outpatient and telehealth services to the focus population; Valle Vista Health System, with nearly 40 years’ experience providing comprehensive behavioral health care to adults and youth ages 12+; and Indiana University (IU) Health, with 20+ years’ experience and the State’s largest health system. Related to the CCBHC core services, Bloomington Meadows and Valle Vista have agreed to provide acute inpatient services and withdrawal management as appropriate for substance use-related crisis as part of a 24/7 behavioral health crisis service array. IU Health has agreed to provide preventative care services such as vaccinations, where indicated (e.g., viral hepatitis), and HIV prevention, testing, and primary care. DCOs for Centerstone’s Richmond CCBHC site include Choices Emergency Response Team (CERT), with 25+ years’ experience serving adults/youth with behavioral health needs. Choices has agreed to provide 24/7 mobile crisis response services, as part of the CCBHC’s crisis service array (see attached Choices Letter of Commitment in Appendix F). For the Columbus CCBHC site, Centerstone will be forging DCO partnerships with the following organizations: Centerstone’s Military Services, Centerstone Health Services, and LifeSpring Health Systems. Centerstone’s Military Services will assist the Columbus CCBHC site provide intensive, community-based behavioral health care for Veterans and members of the Armed Forces. Centerstone Health Services will provide outpatient services and health screening/primary care, and LifeSpring Health Systems will provide mobile crisis services in Jefferson County.  The 3 proposed CCBHC sites are also coordinating care across a comprehensive referral/linkage network comprising a variety of care providers to ensure whole person wellness/recovery. For example, Centerstone’s CCBHC sites partner with the agency’s FQHC Look-Alike clinics in Bloomington, Columbus, and Richmond and Centerstone’s Military Services to provide primary care, psychiatric care, and integrated health services. See table below for care coordination and referral agreementssecured to ensure consistent care/service transitions. Primary/medical careproviders (e.g., Columbus Regional Health) will provide care/coordination for health services not provided by the CCBHC(e.g. specialty medical care). Specialty mental health/substance use disorder treatment providers (e.g., Centerstone’s Military Services) will deliver behavioral health services to complement those of the CCBHC. Community/regional serviceproviders (e.g., Wayne Co. Probation, Morgan Co. Health Department) will ensure system coordination. Other community entities (e.g., Seymour Comprehensive Treatment Center) will provide resources to support recovery (e.g., harm reduction). Letters of Support from the referenced organizations are provided in Appendix F.   |  | | --- | | **Selected Current and Potential Care Coordination/Referral Partners\*** | | *Bloomington CCBHC Site* | | Amethyst House, Beacon, Inc., Bloomington Police Dept., Boca Recovery Center, Brown Co. Health Dept., Brown Co. Recovery & Wellness Coalition, IU Health South Central Region, IU School of Social Work, Lawrence Co. Probation, League of Women Voters, Medmark Treatment Center, Middle Way House, Milestones Clinical & Health Resources, Monroe Circuit Court, Monroe Co. Health Dept., Monroe Co. Dept. of Child Services, Monroe Fire Protection District, Morgan Co. Health Dept., Morgan Co. Substance Abuse Council, Nashville Policy Dept., Owen Co. Community Schools, Owen Co. Court Services, Spencer Police Dept., The Villages of Indiana, Wheeler Mission | | *Columbus CCBHC Site* | | Advocates for Children, Alliance for Substance Abuse Progress, Anchor House, Bartholomew Co. Court Services, Columbus Regional Health, Columbus Regional Hospital, Community Foundation of Jackson Co., Decatur Co. Superintendent, Foundations for Recovery, Greensburg Prevention Group, Health Communities of Jefferson Co., Jackson Co. Commissioner, Jackson Co. Community Corrections, Jackson Co. Sheriff, Jefferson Co. Court Services, Jennings Co. JRAC, Jennings Co. Probation, Lifeline Celebrate Recovery, Love Chapel, Mayor of Seymour, Mental Health Matters, New Vista Outpatient Recovery Center, Schneck Medical Center, Seymour Comprehensive Treatment Center, St. Peters Catholic Church, United Way | | *Richmond CCBHC Site* | | Blue River Valley School System, Children’s Advocates of Randolph Co., Connection Café, Cross Road Christian Recovery Center, Drug Free Wayne Co. Partnership, Fayette Co. Health Dept., Fayette Co. School Corporation, Lincoln Middle and High Schools, Neighborhood Health Center, New Castle Community School System, Randolph Co. Community Corrections, Reid Health, Richmond Fire Dept. Mobile Integrated Health, Rush Co. Court Services, Rush Co. Schools, Union Co. Community Corrections, Union Co. Probation, Union Co. Health Dept., Wayne Co. Health Dept., Wayne Co. Probation | | *\*See Appendix F for full list of Letters of Support.* | |

**Section 4. Financial**

2.4.4.1 The State has selected the daily Prospective Payment System (PPS)-1 Rate as the statewide CCBHC PPS rate. The rate operates on a Medicaid per-encounter basis, determined by a cost report that outlines a clinic’s total annual allowable costs and qualifying patient encounters on a daily basis throughout the year. The costs are divided by the number of qualifying encounters resulting in a single rate which is disbursed to the clinic with each daily encounter, irrespective of the number or intensity of services delivered to a patient. Please confirm that you have reviewed the PPS-1 Rate and understand how your organization will be paid as a CCBHC, if selected to participate in the Demonstration Program.

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| Centerstone has **reviewed the PPS-1 Rate and understands** how the agency will be paid as a CCBHC, if selected to participate in the Demonstration Program. |

2.4.4.2 Please review the list of financial documents required for cost reporting and rate setting in Attachment J. For each item on the list, please confirm your organization has the appropriate documentation as of the most recently completed fiscal year period; or, indicate what your organization would need in order to provide said documentation:

1. Working Trial Balance or Financial Record of Expenses during the Cost Reporting Period
2. Crosswalk of Working Trial Balance Expenses to the Direct and Indirect Costs for CCBHC Services and Direct Costs for Non-CCBHC Services listed in the Cost Report
3. Supporting Documentation and Explanation for any Trial Balance Reclassifications or Adjustments of Expenses on the CCBHC Cost Report
4. Supporting Documentation and Explanation for Anticipated Costs of CCBHC Services Not Currently Provided
5. Explanation of Methodologies Used to Allocate Resources to Direct or Indirect Costs for CCBHC Operations
6. Documentation Supporting the Reported Daily Visit Count
7. Documentation of Direct Care Practitioner Full-Time Equivalent (FTE) Amounts

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| Centerstone has reviewed the list of financial documents required for cost reporting and rate setting in Attachment J and can **confirm that the agency has the appropriate documentation** as of the most recently completed fiscal year period. |

**Section 5. Quality and Data**

2.4.5.1 Confirm your commitment to meet all reporting requirements, as detailed in Attachment A – Scope of Work and Attachment E – Certification Criteria. Indicate your commitment to reporting on quality metrics detailed in Attachment F and EBPs, assessments, and screening tools detailed in Attachment G. Please confirm you will provide data and information requested by the State, in the format and periodicity required, to meet State and federal reporting requirements.

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| Centerstone’s proposed CCBHC sites are fully equipped to provide all required CCBHC services and **confirms that the CCBHC sites can meet all reporting requirements as detailed in Attachment A – Scope of Work and Attachment E – Certification Criteria.** Centerstone currently tracks and reports data related to service cost and outcome measures. As such, Centerstone **commits to reporting on quality metrics detailed in Attachment F and EBPs, assessments, and screening tools detailed in Attachment G.** Centerstone’s evaluation staff have extensive experience constructing custom databases, collecting data using web-based data collection tools (e.g., REDCap, Qualtrics, Smartsheet), accurately entering data, and tracking program participants for multiple state/federally-funded projects. Therefore, the **agency confirms it can provide data and information requested by the State, in the format and periodicity required, to meet State and federal reporting requirements.** |