

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

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

As one of America's five largest safety net health systems and featuring the only public, general acute care hospital in Marion County, Eskenazi Health is uniquely positioned to access and serve the most vulnerable, and needy populations of Marion County, Indiana. Eskenazi Health has served the residents of Marion County (Indianapolis) for over 160 years and is one of the most innovative health care systems in the country. Eskenazi Health's mission is to Advocate, Care, Teach and Serve with an emphasis on the social determinants of health (SDOH) of the vulnerable populations of Marion County.

Eskenazi Health is comprised of: The Sidney & Lois Eskenazi Hospital, a general acute care facility with 315 staffed beds and more than 200 exam rooms; the Richard M. Fairbanks Burn Center at Eskenazi Health; the Michael & Susan Smith Emergency Department, which is a designated Level 1 Shock Trauma Center; and Sandra Eskenazi MHC. Eskenazi Health also serves as the primary teaching health system for the Indiana University School of Medicine (the nation's second largest medical school), serves as the medical and public health informatics laboratory for the Regenstrief Institute, and collaborates with other prestigious research institutes such as the Krannert Institute of Cardiology.

Eskenazi Health as a system has been recognized as a statewide leader in both trust and community benefit as it was recently named Indiana's top hospital for community benefit by the Lown Institute. With over 3,600 hospitals evaluated and ranked, the "community benefit metric" measures hospital spending on charity care and community health initiatives, as well as their service for Medicaid patients. Community benefit is a

composite of three details including charity care, Medicaid revenue, and community investment. Eskenazi Health was evaluated and ranked with an A rating for social responsibility, health equity, value of care, and inclusivity. In addition, the Lown Institute ranked Eskenazi Health as Indiana's top hospital for avoiding of overuse, which means the system avoids tests and procedures that offer little to no clinical benefits to its patients.

Sandra Eskenazi Mental Health Center (Sandra Eskenazi MHC) operates under the auspices of The Health & Hospital Corporation of Marion County (HHC), a municipal corporation and political subdivision of the state of Indiana that administers the Division of Public Hospitals d/b/a Eskenazi Health. Eskenazi Health firmly believes in and practices CCBHC's focus on and evaluation of healthcare integration between mental health and physical healthcare. This has been an intrinsic part of our healthcare network since Sandra Eskenazi MHC was founded in 1969. The reciprocity in client service delivery between Sandra Eskenazi MHC and Eskenazi Health ensures that clients are treated holistically.

Sandra Eskenazi MHC believes that Indiana's CMHC system was created to meet many of the same needs that the CCBHC initiative intends to meet. As such, the strengths in Sandra Eskenazi MHC's ability to provide treatment services according to Indiana CMHC standards will be utilized as a foundational support for the evolution of our system to one that not only aligns with developing national standards but that will serve as a national role model for excellence in mental health care. Ultimately, we see the CCBHC model as an opportunity to increase both the quantity and quality of mental health services and to elevate awareness and understanding of mental health needs and services across the country. We believe that Sandra Eskenazi MHC is well-poised to be a model CCBHC.

Sandra Eskenazi MHC demonstrates excellence in clinical care, community collaboration, education, and workforce development. Year after year, Sandra Eskenazi MHC serves more HAP-enrolled individuals than any other CMHC in Marion County, a reflection of our commitment to serve the most vulnerable individuals in our community. Sandra Eskenazi MHC is unique amongst CMHCs in terms of the breadth of services offered. In addition to the full range of CMHC services, Sandra Eskenazi MHC also manages a 30-bed acute care adult inpatient psychiatric unit at Eskenazi Health as well as a 23-hour crisis observation unit, assuring continuity of care across the continuum of need for a large number of patients. Sandra Eskenazi MHC also manages an Opioid Treatment Program (OTP) that will double in size next year, making it one of the largest OTPs in Marion County. Our medical record system, Epic, is utilized by the entire Eskenazi system, further assuring that mental health care, primary care, specialty care, and acute care are executed with continuity and collaboration of care.

Sandra Eskenazi MHC is also a trusted partner, engaged frequently by state and local leaders to help provide innovative solutions to critical challenges to our community's wellbeing. The Indianapolis Office of Public Health and Safety has entrusted Sandra Eskenazi MHC to run one of the mayor's flagship programs for criminal justice reform and mental health crisis: the Assessment and Intervention Center, a 60-bed mental health engagement and stabilization center that opened in 2020. Additionally, as referenced above, we have partnered with the Indianapolis Metropolitan Police Department since 2017 to provide mental health crisis response to all of Indianapolis. In

the past year, Sandra Eskenazi MHC has received \$841,000 in funding from the city of Indianapolis for a variety of projects that include mental health outreach to vulnerable populations, such as the embedded care coordination for homeless neighbors at Wheeler Mission. Sandra Eskenazi MHC's CEO sits on the board of the Indianapolis Metropolitan Emergency Services Agency, tasked with overseeing the city's emergency communications response and infrastructure. The Division of Mental Health & Addiction (DMHA) entrusted Sandra Eskenazi MHC to design and manage a safe recovery site for COVID-positive or presumptive homeless individuals that served almost 400 people and served as a model for 11 similar sites state-wide.

Sandra Eskenazi MHC is also an important educator in our state, providing clinical education and supervision for medical student psychiatry clerkships and around thirty (30) residents annually. Our psychiatrists regularly teach didactics for psychiatry residents and have been frequently recognized with teaching awards for excellence in education. Additionally, we have received \$1.55 million in philanthropic support to create the John & Kathy Ackerman Mental Health Professional Development Center, a comprehensive workforce development initiative that to date has received \$3.8 million in grant funding from the City of Indianapolis to create professional pathways for care coordinator and peer recovery specialists. Under the Ackerman Center, we are committed to recruiting and training 160 mental health professionals in the next three years. The Sandra Eskenazi MHC COO is currently participating as a Key Advisor for the Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce Project, supporting state-wide initiatives for mental health workforce development strategy.

Sandra Eskenazi MHC also supports the ongoing advancement of the field of mental health by serving as an important host and collaborator for a variety of researchers. Our most fruitful partnership has been Sandra Eskenazi's collaboration with the Indiana University Psychotic Disorders Program. The partnership was founded in 2009, when the Prevention and Recovery Center for Early Psychosis ("PARC") was founded at Sandra Eskenazi MHC by Dr. Alan Breier. Since that time, collaboration with PARC has resulted in 44 published research papers. Since 2014 this program has received funds from the State's funding set aside for early psychosis to establish a full fidelity coordinated specialty care (CSC) team that served as the state's only CSC team for early psychosis until 2022, when we helped train 40 staff at Oaklawn and Porter Stark to be able to provide this service as well.

Sandra Eskenazi MHC received a SAMHSA CCBHC Expansion Grant in 2021, which afforded us the opportunity to undergird several initiatives that we independently began that are CCBHC-essential but not required for CMHC status (and in some cases, not reimbursable). For example, two core CCBHC requirements—Same Day Access and Mobile Crisis—were independent initiatives that allowed a more fluid transition to CCBHC structure. We began planning for Same Day Access in 2019 and implemented pilot programs in the summer of 2020 during the pandemic. By summer 2021 we implemented Same Day Access in all our outpatient clinics. Prior to these efforts, Sandra Eskenazi MHC became an early participant in methods of collaboration with law enforcement by partnering with Indianapolis law enforcement in 2012 as a reaction to the opioid epidemic. This partnership led to the creation of the Mobile Crisis Assistance Team ("MCAT") in 2017, a city co-response effort with law enforcement. We expect that CCBHC will facilitate a future state of Mobile Crisis that allows us to more fully utilize peer recovery specialists and integrate with 988 to more comprehensively serve our

community.

As a local governmental entity that is integrated with a hospital system and the largest federally qualified health center (FQHC) in the state of Indiana, our mission and our resources are aligned to support the services expected of a CCBHC and to help train the next generation of professionals dedicated to community mental health. No other CMHC in our state offers the scope of resources or the history of trusted collaboration that Sandra Eskenazi MHC has demonstrated for 54 years and is committed to continue for the future. Sandra Eskenazi MHC is well-poised to help champion successful adoption of the CCBHC model for the state of Indiana. We are ready to help lead the next era of mental healthcare in the State.

- 2.4.1.2 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.

Sandra Eskenazi MHC is submitting one CCBHC site application for all its identified Marion County locations listed below and all attachments speak collectively to the readiness of Sandra Eskenazi MHC to implement comprehensive CCBHC services. Sandra Eskenazi MHC currently has four clinical outpatient locations within Marion County, and a fifth location will be added in April 2024. We also have three residential facilities that provide the nine core services provided by CCBHC. All locations serve the geographic area of Marion County. Sandra Eskenazi MHC is submitting one CCBHC site with multiple locations that serve Marion County.

Outpatient Site locations:

1. 720 Eskenazi Avenue, Indianapolis Indiana
2. 3171 N Meridian, Indianapolis Indiana
3. 1700 N Illinois, Indianapolis Indiana
4. 5610 Crawfordsville Road, Indianapolis Indiana
5. 6002 E 38th Street, Indianapolis Indiana

Residential Locations where CCBHC Services are provided:

1. 344 South Ritter, Indianapolis Indiana
2. 3112 W Vermont Street, Indianapolis Indiana
3. 30 W. 21st Street, Indianapolis Indiana

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?

Sandra Eskenazi MHC employs 247.85 FTEs for CCBHC-specific services. This does not include FTEs for our inpatient unit, Assessment and Intervention Center, and Opioid Treatment Program. There are a total of 49 open positions for CCBHC services. We project 40 to 50 open CCBHC positions over the next year. We would expect the number of openings to reduce as we continue to leverage our Workforce Development Strategies through the Ackerman Center. Currently the highest need is for Licensed

Clinicians/Crisis Clinicians and Peers.

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

Sandra Eskenazi MHC developed the Ackerman Center to help address workforce development and current shortages in Master's and Bachelor's level positions and Peer Recovery Specialists. We need additional support from the State to help continue these efforts after the initial 3-to-5-year funding ends. We need additional support to expand our outreach into primary and intermediate schools. It is important to expose youth to behavioral health jobs and drive interest prior to high school. Once partnerships with high schools are established, we will need assistance developing pathways for students who graduate from high school. These pathways will include certification and training that will not only give them the ability to provide care in CCBHCs, but bill for services rendered as well. This will help develop stronger pathways within behavioral health.

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

Sandra Eskenazi MHC seeks to continue growing its pipelines for Master's, Bachelor's level positions, and Peer Recovery providers. To increase the number of Master's level Clinicians, Bachelor's level Social Workers, and Peer Recovery Specialists, we have set the following training goals for the Ackerman Center to achieve over the next three years. These trainees will be able to fill open positions to meet the demands of our community.

- Master's Level Clinician--45 Students
- Bachelor's Level Provider--60 Students
- Peer Recovery Specialist--45 person with lived experience

Sandra Eskenazi MHC's goal is to hire 20-25% of those trained each year. In the past two years we have hired 75% of our Master's level Clinician trainees, representing 33-45% of our overall Clinician hires for those years.

In addition to these positions, review of the Community Needs Assessment (CNA) and the state's requirement has informed an additional goal to hire additional staff including an Acute Care Liaison, Navigators, and several staff to bring our intensive outpatient team to ACT fidelity.

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.

Our CNA was conducted by the Center for Health Policy and the Richard M. Fairbanks School of Public Health in collaboration with all four CMHCs in Marion County. It was developed according to SAMHSA guidelines and was finalized June 8, 2023. The report

defines how data was collected, aggregated, and analyzed. Please see the included CNA attachment.

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

Our CNA confirmed that mental health needs are a critical priority for community stakeholders and validated many of the same needs identified by the Indiana Behavioral Health Commission Report. Importantly, adequate, sustainable funding is needed to improve mental health infrastructure statewide. Adequate funding will help improve mental health workforce, access to services, and system coordination that were identified by the assessment as priority areas of need. When mental health services are resourced appropriately, they can also help alleviate the stigma that results at least in part from an inadequate and underinvested system.

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.

HHC is a robust organization that is designed to provide a multitude of services to residents of Marion County and the State of Indiana through its many divisions and departments. Due to its wide reach, Sandra Eskenazi MHC, as part of HHC, can work within the structure of the overall corporation to provide and receive in-house referrals and warm hand-offs to positively impact the needs of the community. Through its unique structure, HHC can provide a lifetime of health care and behavioral health needs directly to residents where most other entities would require multiple formal arrangements to accomplish. Even with the ability to provide several services in-house, Sandra Eskenazi MHC still appreciates the value of forming partnerships with organizations within the community. One of our most significant partnerships in recent years includes the City of Indianapolis through the Assessment and Intervention Center, MCAT, the Mental Health Toolkit, embedded care coordination at Wheeler Mission, Permanent Supportive Housing (Continuum of Care), and workforce development of care coordinators and peer recovery coaches. We also partner with ICAADA for peer recovery coaches. To implement other educational initiatives, we partner with Community Behavioral Health Network in the Behavioral Health Academy and the Comprehensive Addiction Recovery Center (CARC). Sandra Eskenazi MHC services are offered in over 20 Indianapolis Public and charter schools, and we contract with Indiana's Department of Child Services (DCS). We have additional agreements with Choices and Fairbanks Hospitals. We currently are developing care coordination agreements with a variety of community providers, including Damien Center, Dove House, Horizon House, PourHouse, Hendricks Behavioral Health, Wheeler Mission, WeBloom and others; and we are working to establish additional agreements as necessary. Letters of support are provided in the application for the stated programs.

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.

Sandra Eskenazi MHC acknowledges that, if selected to participate in the CCBHC demonstration, a PPS-1 rate will be established based on a cost report submitted and that this is how services will be reimbursed.

- 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

Sandra Eskenazi MHC confirms our organization has the appropriate documentation for the most recently completed fiscal year period for items 1-7 listed above.

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.

Sandra Eskenazi MHC confirms it will meet all requirements listed in 2.4.5.1.