**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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| A&C opened its doors in 1949 and has since grown to provide over 20 high-quality, affordable services, including primary care, behavioral health services, substance abuse treatment, mobile crisis response, community-based services, homeless outreach, school-based treatment, and additional human service programs. Through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), our organization has received two CCBHC grants and an ACT grant that have been successfully executed. With these funding awards, our organization has developed new programming to meet the needs of Central Indiana's most vulnerable populations. Over the last several years, we have worked to engage with our community, collaborate with other providers, and strengthen our internal teams to ensure our CCBHC services meet both State and Federal requirements. Despite being a smaller nonprofit entity, A&C has made tremendous strides to provide the same level of care as our larger competitors and hospital systems. Through our CCBHC development, we have reimagined our access to care. As a result, we improved our ability to meet the needs of patients and tackle behavioral health crises in the communities we serve. CCBHC implementation has also shifted A&C company culture to encompass our efforts of advancing behavioral health services and access to care for Indiana residents. We have enhanced how we interact and provide patient services, refined our quality metrics, enhanced our workforce development efforts, expanded outreach efforts, created new partnerships to link community pillars, and recently upgraded our EMR systems to integrate how we track and manage health records. As a demonstration site, our organization will serve as a role model for behavioral health services across the state, advocating for Indiana residents and their care. Our vision is to build equitable, caring communities where every child, adult, and family has opportunities to live healthy, purposeful lives.  A&C is uniquely positioned to align with all state and federal CCBHC guidelines because of the development of agency-wide practices. We can execute CCBHC delivery seamlessly while streamlining other agency areas toward a consistent standard of care. A&C has the clinical expertise to examine a patient's whole healthcare and provide all nine required CCBHC services under one clinical umbrella. Throughout our grant cycles, A&C has built care coordination teams and mobile crisis response teams, adopted the no-wrong-door approach to services, created a client and family advisory council, designed a dedicated hospitalization and referral program, and developed engagement-focused peer programming to follow from first contact through ongoing treatment. Our agency recently integrated two EMR whole health systems to better aggregate data and serve clients. We offer walk-in primary care and psychiatry medication appointments, including MAT, improving access to care for medications in the communities we serve. Most notably, A&C offers same-week appointments for new medications, providing patients in crisis with medication treatments within a week of initial intake. In addition, A&C is continuing agency growth in the crisis care continuum by developing a living room model crisis service that will open in early 2024. With the CCBHC funding our organization received, we have also improved community connections, strengthening and developing new partnerships in multiple community areas. This includes forming relationships with mobile crisis, local ERs, prevention agencies, and problem-solving courts – improving the overall healthcare system for the community. A&C has also invested in our local workforce by improving staffing ratios in response to our CNA and enhancing internal training, which includes military cultural competency for service members and their families. Our organization recently received a Workforce Development grant through DMHA focusing on career advancement and development opportunities for peer specialists. A significant part of this funding is offering a CRS/CHW credentialing program that moves trainees faster into behavioral health careers and gives our agency an opportunity to become a leader in behavioral health support for organizations across the state. A&C staff also serve as CIT members and trainers for our communities, providing crisis education and support for our partners. In 2023 A&C participated in Indiana’s only Crisis Intercept Mapping for service members, Veterans, and their families. This helped communities recognize systemic gaps and strengthen the delivery of evidence-based suicide prevention policies and practices. During our last fiscal year, we provided services to 447 Veterans through our SSVF team. Another project we recently achieved with CCBHC funding includes updating marketing materials and unveiling our new website, allowing us to better connect with the patients we serve. Our updated website includes language translation, a need identified in our most recent CNA. A&C has been honored to be a CCBHC recipient and is looking forward to our continued growth as a state to meet the behavioral health needs of Indiana residents. We have attached our agency’s Annual Report for 2021-2022 to fully highlight our accomplishments as an agency. |

* + - 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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| We are applying for all our locations. At the time of application, we have 5 sites in Marion County and 2 in Johnson County.We have implemented CCBHC criteria and guidelines at all of our locations. |

**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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| We currently employ 579 staff. We have 79 current openings. We anticipate having an approximate 5-10% increase in vacancies due to new positions over the next year. Our highest need would be our master level therapist roles and our certified peer recovery roles. Addictions therapists and ARPNS are also highly needed roles for our organization. |

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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| We need additional support for peer certifications in the state and workforce development for master level therapists to incentivize career focus and employment. |

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

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| Our goals are to recruit, hire, and retain a well-trained and diverse workforce that is culturally and linguistically competent. A&C is currently contracting with an external recruitment agency to help source and recruit with a wider scope of reach. Our Talent and Engagement teams have recently transitioned to completing a full lifecycle recruitment process. This helps us reduce the time to fill positions across the agency and improves the applicant experience. The Talent and Engagement Team conducts 30-, 90-, and 150-day engagement surveys with new staff to understand their experience with our agency and ensure they feel supported during onboarding. In addition, A&C sponsors H1-B visas, which supports our DEIB efforts and expands our ability to recruit and retain. Internally, we offer a variety of opportunities to support staff and improve retention. A&C recently developed the HOPE Taskforce, a wellness-focused group that allows staff and leaders to discuss workplace wellness and share resources. A&C focuses on a coaching-first culture, which utilizes coaching plans as a first route of development and gives staff members an opportunity for growth. This year, our organization introduced Leadership Success, a 10-month program that helps develop our team leader’s skills and competencies to support employees better and give more growth opportunities. A&C also adopted a Mentorship program this year for staff members who provide behavioral health services and have a bachelor’s degree or less. These employees are provided with extra support and mentoring for the first 18 months (about 1 and a half years) of employment. This includes extra training time to meet with mentors and colleagues to discuss barriers and provide additional support for those who need it. As a CCBHC, we recognize we will be increasing our workforce and will need to ensure the development of career advancement and career pathways, requiring the utilization of our Talent and Engagement experts. A&C is fortunate to have been awarded a Workforce Development grant this year through Indiana’s DMHA that will be utilized to improve career advancement and development opportunities over the next few years. Our goal is to continue evolving our recruitment and retention services to provide a strong CCBHC workforce and stand out against our competitors. |

**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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| A&C has two CNAs that have been attached to this submission. Our agency completed a CMHNA with Indiana University, Aspire, Community Fairbanks Behavioral Health, and Eskenazi Health from August 1, 2022 to April 30, 2023 (Appendix H). A&C most recently completed a CNA conducted between April 30, 2023 and November 10, 2023 (Appendix I). All SAMHSA-defined CNA requirements have been met. |

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

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| A&C’s community needs assessment (CNA) continues to identify and highlight the challenges our communities face regarding mental health and whole healthcare needs. We recently expanded our CNA to include aspects of juvenile justice needs, social determinants of health, and the impact of trauma on the community. We also reached a broader audience of community and social partners who serve with similar goals of improved health in our community. Several areas of need were identified related to access to care overall, including but not limited to hours of operation and the availability of providers. The highest service needs identified in both counties were housing instability, family support, peer services, and community-based/home-based services.    A&C’s locations and communities served vary in their diversity, complexity, and identified needs and priorities. This difference was readily highlighted in the difference in disparities and identified needs. Survey respondents in both counties indicated limited access and appointments as the highest barrier to mental health and substance abuse services. This is indicative of the workforce shortage we are experiencing.  Housing instability has also been identified in both areas of service. Marion County has more housing resources, but unfortunately, these are severely lacking in our Johnson County communities. Our CNA reinforces the need for partnerships and highlights the opportunity for us to develop additional connections and potential programs in Johnson County. In Johnson County, housing instability is often not recognized by the formal leadership of the area. The CNA highlights the need for A&C to advocate with the local leadership to develop and grow services within our community, whether through A&C directly or through our CCBHC initiatives.  Our CNA also allowed us to look at the current needs of our communities through the lens of social determinants of health, ACES, and the impact on chronic health and the community's needs. Anecdotally, A&C providers have seen the negative impact related to an increase of experience/lived violence and trauma in our populations served, especially in our juvenile justice partners.  Our CNA explored populations at risk and struggling with SUD. It identifies the need for grassroots, early intervention, and prevention services for adolescents. It also highlights the need for CLAS-appropriate services for our Burmese community members.  Workforce growth and development are another area of importance. We were recently awarded a Workforce development grant to help with overall workforce development through early recruitment.  The information from our CNA is being utilized to grow partnerships in grassroots community-based organizations in both counties. The goal is to address advocacy for programming like housing stability in Johnson County and the increased exposure to traumatic and violent events in our local communities and towards our youth, increasing the need for a focus on whole health care to ensure positive long-term outcomes for the health of the community.  While these are just a few of the highlights of our lessons learned and goals from our CNA, A&C is committed to continuing to advocate and meet the needs of our community and recognizes that it is essential to continue to solicit feedback to ensure success. |

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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| |  |  |  | | --- | --- | --- | | **Partnering Organization** | **Relationship** | **LOS or Contact Info** | | Easterseals Crossroads | Supportive Employment and Rehabilitation services (MOU) | LOS attached | | Valle Vista Health Systems | SUD, Residential Youth, OTP, Methadone, Inpatient crisis continuum (MOU) | LOS attached | | Intecare | Veteran Specific programming securing permanent housing (MOU) | LOS attached | | Horizon House | Homelessness and Housing supportive services (MOU) | LOS attached | | Wheeler Mission | Homelessness supportive services- embedded clinical provider (MOU) | LOS attached | | Circle City Clubhouse | Psychiatric Rehabilitation- (MOU) | LOS attached | | Community Solutions | Organizational change firm focusing on Community corrections reform and systemic change- embedded staff (MOU) | LOS attached | | Mental Health America of Indianapolis | Mental health and Substance Abuse advocacy organization Postvention services (MOU) | LOS attached | | Johnson Memorial Hospital | Partnered to provide crisis continuum - Provide crisis emergency room evaluations (MOU) | LOS attached | | Downtown Indy, INC | Community organization- partnered with for housing outreach (MOU) | LOS attached | | Upstream Prevention, INC | System level change to promote public health- Postvention Services, Opiate Fatality Review | LOS attached | | JRAC | Justice Reinvestment Advisory Council | LOS attached | | IMPD | MCAT, CIT, Crisis Continuum (MOU) | LOS attached | | CHIP | Homelessness Intervention and Prevention (MOU) | LOS attached | | Sandra Eskenazi Mental Health Center | CMHC, FQHC, SUD including Methadone provider | LOS attached | | Stepping Stones | Clinician Led Community Response Team crisis continuum | LOS attached | |

**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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| A&C has reviewed the PPS-1 Rate and understands how the organization will be paid as a CCBHC. |

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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| A&C has the appropriate documentation for our most recently completed fiscal year period for all items listed 1-7. |

**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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| A&C is committed to meeting all reporting requirements outlined in Attachment A and E. We are committed to reporting on all requirements detailed in Attachment F and G. In addition, A&C confirms our willingness and ability to provide all necessary data and information as required by the State and Federal reporting requirements. |