**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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| Southwestern Behavioral Healthcare (SBH), a fully functional CCBHC grantee since 2021, is ready to operate as a CCBHC demonstration site immediately upon award. We focused the last 3 years on implementing the 9 core services, fully meeting SAMHSA CCBHC certification guidelines, and developing the necessary infrastructure to attest yearly. This intentional approach was in line with our strategic goal to develop the financial and operational infrastructure to sustain the model through transition to an Indiana CCBHC demonstration site.  Since the CCBHC grant award, we’ve grown to serve 14,143 people in our CCBHC alone; developing innovative, comprehensive, and trauma-informed models of care; desperately needed in our region.  SBH is unique in our approach to addressing a major gap in the BH ecosystem; integrated mental health (MH) and substance use disorder (SUD) care. We understand that people living with co-occurring disorders (COD) must be treated holistically and often have long histories of trauma exacerbated by seeking care in a fractured and siloed system. We became one of the first CMHCs in Indiana to develop comprehensive and integrated SUD/MH treatment.  We are one of the few organizations in the state that offers the full continuum of addiction services that are integrated with our CMHC; from all levels of outpatient (Levels 1 and 2) up to Level 3 and have been doing so since 1989. This continuum allows a person treated in a residential program to have a comprehensive transition plan; directly into our CCBHC where MH/SUD needs are addressed through robust care coordination (CC). Similarly, people being treated in our CCBHC who may need a higher level of care can transition to the needed level of care, maintaining their targeted case management (TCM) services through the CCBHC and be seamlessly transitioned back into the CCBHC when appropriate. This model minimizes attrition and provides a coordinated and comprehensive approach.  Through CCBHC-IA, we expanded integration by employing additional psychiatrists, psychiatric nurse practitioners (NPs), registered nurses (RNs), therapists, and CMs. We have an addiction specialist NP who is solely dedicated to prescribing medications for addiction treatment (MAT) allowing our clients to access life-saving medications as part of the CCBHC. As an organization, we embrace MAT and harm reduction as the gold standard and given the removal of the X-Waiver requirement, we are working to increase the number of our prescribers offering MAT. We partner with Evansville Comprehensive Treatment Centers, a federally certified opioid treatment program (OTP) to provide methadone.  Through CCBHC-IA, we expanded and enhanced 24/7 crisis care designed to minimize traumatic encounters with law enforcement. This allows us to serve anyone in the community, not just SBH clients. As the only mobile crisis team (MCT) in the region and one of the few full crisis continuums in the state, we developed an aggressive outreach strategy to inform the community of this greatly needed service. We distributed over 30,000 crisis cards to various locations (i.e., laundromats and grocery stores) and ensured a card was placed by every single bed at the University of Southern Indiana when the students returned to school. Additionally, we distributed Narcan kits, containing the cards, in the community and advertised on bus benches and other high-traffic areas to promote the crisis line.  The success of the model is evidenced by our 7,154 responses since implementation. Our crisis line rings immediately to 11 staffed phone lines and all calls are answered within 4 rings. Due to anticipated increase in volume as a state sanctioned CCBHC we included in our strategic plan, an upgrade to our phone systems to implement a continuous quality improvement (CQI) project to measure response rate, length of wait for caller, and response time to ensure we maintain our high standards of crisis service delivery.  Our Crisis Receiving and Stabilization Unit (CRSU), fully operational for over one year, allows us to offer immediate and trauma-informed support to avoid hospitalization or law enforcement involvement for individuals whose crisis cannot be resolved in the community. From August 2021 to November 6, 2023, our crisis services provided 7,154 contacts; 830 of which were mobile responses and 346 included a stay on the CRSU. Of the 7,154 crisis contacts, 96% were able to be resolved without an increase in intensity of intervention. Only 18 resulted in the undesirable disposition of arrest/jail, 390 required admissions to either a medical (137) or psychiatric inpatient (253) unit at a hospital. Our MCTs are dispatched within 15 minutes, arriving within the required timeframe of one hour, though typically arriving in under 45 minutes.  Our team serves as an expert resource to the community, providing trainings on using trauma-informed approaches to de-escalate crises and if the crisis cannot be resolved, providing safety and support while transitioning the individual to a higher level of care.  Through CCBHC-IA, we increased access to BH services and operated an Open Access (OA) model since 2021, in accordance with the CCBHC criteria. The OA team is responsible for all screening and assessment functions. Upon first contact, all clients are triaged for risk (routine, urgent, immediate) and offered a same-day comprehensive assessment, far exceeding the standards of 1 business day for urgent needs and 10 business days for routine needs. People with emergency needs receive immediate services and are routed to our MCT as appropriate. All clients undergo a comprehensive risk assessment and complete a safety plan with a process in place to develop behavioral health advanced directives.    To address critical community need, by FY23 we completed 536 same-day comprehensive assessments for clients seeking services. Our comprehensive assessment provides the foundation of the treatment planning process. We believe the client is the center of the interdisciplinary team (IDT) and their identified strengths, needs, abilities and preferences drive the planning process. Their identified supports are included in the planning process when appropriate. When the primary client is a child, the family is involved in all aspects of the planning process.  By decreasing wait times, we improved early engagement; positively impacting retention and increasing our average show rate to 86%; a drastic improvement over our previous three-year average of 53%. Not only do we offer same-day appointments within the walls of the CCBHC, but we have 10 therapists performing OA appointments in the community through telehealth, taking the comprehensive assessment to the client and beginning engagement where the client feels most comfortable. The flexibility of the PPS reimbursement will allow us to sustain this vital service beyond the grant period and afford us the resources to expand the hours and days we offer OA.  We currently screen clients who have not seen a primary care provider (PCP) in the past year. Screenings include, diabetes, HIV, and Hepatitis C. We are piloting a CardiCheck Analyzer for blood glucose and lipids and provide this tool to our NP or the PCP to whom we refer. Clients seeing a prescriber have blood pressure checked and we are working to increase the number of blood pressure screenings. All clients are asked about physical health symptoms and engagement with a PCP. Clients who have not seen a provider in one year, are connected to our internal FNP, or local FQHC partner, ECHO Community Healthcare. Our care managers (CM) and counselors ensure consents are signed to share information and track data and quality outcomes.  SBH offers robust TCM programming designed to support our clients with the highest needs by providing more support than general CC provides. During the screening process we identify individuals who may be at high risk for suicide or overdose (i.e, people with serious or complex MH/SUD) or at critical transitions (i.e. people experiencing homelessness or transitioning from the hospital/criminal justice setting or experiencing other critical transitions in their life).  Our Psychiatric Rehabilitation Services (PRS) programming is designed for clients with specific needs in developing skills in community living; social, emotional, and educational development; and social connection and inclusion. We deliver PRS as part of the CCBHC to ensure services are integrated and accessible; with skills coaching and skill development ingrained in all services for people living with SMI and coming out of state-operated facilities.  At SBH, we believe people with lived experience are a powerful component of the IDT. We employ a team of Indiana-certified Peer Support Specialists (PSS) who are fully integrated into the IDT and utilized across all service lines along with the recovery support specialist. PSS also work to conduct outreach and education in the community. Members received education about the roles PSS can fill, the importance of their role in the expansion of services to our clients, and the differing roles and boundaries from clinical staff. To ensure an ongoing peer workforce, we expanded our 2021 certification training for PSS which resulted in 21 additional certifications of existing staff.  As a VHA-designated provider, we work closely with our local VA to provide care to Veterans the VA doesn’t have capacity to treat. We work closely with the VA to transition the client into services and assign them a Principal BH provider who is trained in military trauma and culture.  We developed policies and practices to ensure no one is denied service based on their ability to pay. We currently provide services to those who are uninsured or underinsured through grant funds and welcome the ability to sustain this through the more flexible and cost-based PPS reimbursement model.  While our primary catchment area will be Vanderburgh County, we do not refuse services to anyone, and our team works with clients to support transportation needs to attend services from wherever they reside.  Understanding the quality of care we deliver, and continuously improving service delivery is a core value at SBH. Through CCBHC funding, we have enhanced our QI processes. Our CQI plan is completely data-driven and predominately focuses on access, inpatient follow-up, and meeting CLAS Standards 10 & 11. We will use the resources afforded a demonstration site to continue to sustain and improve our data collection, reporting and ongoing performance improvement efforts.  We are prepared to examine and report on financial performance and establish our PPS rate through cost reporting. SBH service costs and revenue are budgeted and tracked in the general ledger by program type and location for each sub-segment of the business. The EHR includes both billable and non-billable procedure codes for clinicians to select from based on the service provided. The non-billable procedure codes allow for services to be documented and tracked.  Our Board of Directors is comprised of a majority of members (87%) with personal or family lived experience of a BH condition. Our client/youth advisory group has a direct reporting line to the Board of Directors to ensure meaningful input from clients into program design and development and organizational operations.  As part of understanding our staff and ensuring representation, we disseminated a survey and learned 13% of staff are former CMHC clients, 87% have lived experience, or a family member with lived experience. Many people began their careers at SBH, as techs, following completion of treatment and ascended our career ladder to positions with more responsibility. In fact, 4 out of 7 executive staff started their career as a tech.  Recognizing that BH needs must be treated on a continuum and community needs must continually be assessed, we form strong community partnerships to round out our continuum of services in addition to offering our services to community partners.  As a testament to the need for a CCBHC demonstration site in this region and community trust in SBH to deliver high-quality comprehensive services, we have obtained 12 letters of commitment from partners willing to collaborate on the operations of the CCBHC.  SBH is committed to the comprehensive CCBHC model. Our grantee experience and long history as a CMHC has provided the foundation of our success as a CCBHC. We implemented the CCBHC grant with the intention of developing the infrastructure to become a demonstration site so we can sustain, enhance, and expand the critical life-saving behavioral health services to our region. |

* + - 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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| SBH is applying for one site, our current CCBHC located at 415 Mulberry Street in Evansville Indiana, with 12 additional sites that screen and refer. The site primarily serves residents of Vanderburgh County. This site will directly deliver all 9 core services; with our mobile intake team providing outreach and assessment in homes, schools, and communities throughout the community, increasing access to comprehensive behavioral health services in the locations that feel most comfortable to clients.  Additionally, SBH has 12 sites, operating as CMHCs, in the neighboring counties of Gibson, Posey, and Warrick. If the CMHC sites identify people in need of the CCBHC service model, they will conduct a warm hand-off to the CCBHC team who will arrange access through the provision of transportation. Through our CMHC, we will provide mobile crisis services in those counties and make transportation arrangements for individuals identified as needing comprehensive CCBHC services. Additionally, as there are many communities within the service area that have severe access issues and clients for whom the travel time is prohibitive even if we transport, our team has a process to conduct a careful assessment to understand if telehealth services are safe and clinically appropriate for an individual, and if so, we offer this as an option. We also offer hybrid groups to ensure people deemed appropriate for telehealth have access to group services. We conduct regular assessments throughout the treatment process to ensure telehealth remains appropriate.  We prioritized Vanderburgh County since this is an active CCBHC site and thus ready to function as a demonstration site immediately. Our CMHCs ensure provision of mental health services in those counties and can identify residents in need of the higher level of CCBHC services.  If the state identifies a need for a larger catchment area, SBH is open to providing these services. As we continue to perfect our model, SBH plans to open additional CCBHC locations in the future as approved by the state. |

**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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| SBH currently employs a total of 265 staff, inclusive of direct service, operations, support, and leadership. Of the 265, 67 are licensed therapists; 12 are prescribers; 5 are addictions counselors; 12 Certified PSS; 62 are case managers and 22 are crisis staff.  Southwestern Indiana and SBH is no exception to the nationwide BH workforce shortage trends. This includes an aging workforce; with many team members nearing the end of their careers and the region lacks a sufficient pipeline to succeed them. We are currently working to modernize our recruitment and retention pipeline through strategic recruitment partnerships and outreach and ongoing internal reciprocal feedback and employee satisfaction initiatives. The DEI Committee has active efforts working on recruitment and retention goals system wide. Currently, we face many vacancies, including 2 therapists, 8 bachelor’s level Coaches, and 5 PSS.  Based on vacancy and turnover data (average of 38%) through the past 3 years, we project 80 to 100 vacancies over the next year with 40% of those vacancies being clinical positions and 34% being administrative positions. Competitive pay is a significant barrier.  Our highest priority positions currently include licensed clinicians who can diagnose, treat, and bill all payers (Medicaid, Medicare, and commercial insurance) independently. Due to low numbers of the PSS workforce within the Southwest Indiana region, we maintain a high need for persons with lived experience who successfully attained or can attain the peer certification.  We seek to expand the number of staff who are representative of the communities we serve through DEI outreach initiatives increasing our presence in the community, as well as developing incentives and attractive career ladders through employment at SBH.  While all clinical staff are trained in Dialectical Behavior Therapy (DBT), Trauma Informed Care (TIC), Cognitive Behavioral Therapy (CBT), and EBPs offered we are seeking therapists trained in EMDR who will remain in community behavioral health. Historically, clinicians we train in EMDR transition into private practice utilizing this new skill.  We are currently fully staffed with nurses; however, this has been a historically challenging position to fill. We also face challenges in recruiting and retaining therapists who are fully and independently licensed and able to bill all payers, including Medicare and commercial payers.  To recruit and retrain clinicians and providers we partner with local academic institutions to develop the future workforce pipeline. As an example, we have a partnership with the Illinois University School of Medicine extension program to train residents and nurse practitioners. We average 10-12 bachelor’s and master’s level internships every year, which often lead to employment.  We are seeking to hire a Veteran peer to improve engagement in the Veteran community and an Equity, Diversity, and Inclusion Officer to improve DEI coordination efforts. Currently, we have a 20-year veteran clinician who serves as a veteran’s navigator for the small veteran population we serve.  Based on our CLAS CQI Plan we learned that while the Evansville community is diverse in language need, and while the SBH team reflects the languages spoken, no current staff are certified as proficient to provide services in the needed languages. To ensure access to services we standardized a rapid workflow to connect SBH staff and the person requesting CCBHC services to contracted language interpretive services and have a CQI goal for existing bilingual staff to achieve the certification in 2024.  The Vanderburgh County Needs Assessment, and the city of Evansville identified the  barriers related to staffing and the lack of diversity representing the Black/African American population being served. Feedback indicated that community outreach and engagement, clinical and recovery support services were not always viewed as culturally responsive as our mission intends and are seeking to increase the number of culturally responsive staff.  In fact, our work to improve diversity led to the 2023 Mayor’s Award for Workforce Diversity. |

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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| As a fully functioning CCBHC, we do not need additional support for staffing to meet CCBHC certification requirements by July 1, 2024. The flexibility of a robust PPS rate will allow us to raise salaries to improve recruitment and retention of staff. |

* + - 1. What goals do you have for your workforce capacity for CCBHC?

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| ***Goal 1 Workforce Representative of the Communities We Serve***  Our first workforce goal is increasing the cultural and linguistic responsiveness of our workforce and increasing the number of CCBHC staff who represent the communities we serve. We made the commitment as an organization to implement a Diversity, Equity and Engagement plan using the CLAS standards as a guide.  We actively work to expand diversity among our staff and clients through agency-level CLAS assessment and continuous quality improvement work (CLAS Standard 10) while continuing to expand DEI Committee engagement with staff and broader minority communities. We developed an intentional recruitment process, attending community events, job fairs and outreaching to culturally specific professional organizations (Evansville African American Museum, Indiana Youth Group, Vet Center, Haitian Center of Evansville, HOLA Evansville), and culturally specific student organizations at local universities (i.e., University of Southern Indiana).  Increasing the number of linguistically appropriate staff and streamlining communication with non-English speaking clients is a priority (CLAS Standards 5-8).  Our priority is to become a part of the community, so we are viewed as a workplace of choice. We ensure a presence at all community events, including, but not limited to, Fiesta Evansville, Pride Festival and Black History Month events. In addition to maintaining a presence, we distribute flyers with a QR code linked to SBH job postings.  We are working to have all community materials translated into Spanish and Haitian Creole with the combined intention of increasing community presence to those in need of BH services, but also to potential employees.  The DEI Committee is actively working on retention goals through the creation of a new Engagement Champions subcommittee. The 2023 Climate Assessment and ongoing engagement surveys inform leadership of areas to improve to create an environment of belonging. A leadership academy has been developed by the executive team to ensure all leaders create work environments that support our values of Community, Excellence, and Integrity. These values highlight our focus on assuring every voice is heard and encouraging brave and honest communication.  As we continue to refine our ability to analyze demographics at a granular level, we have identified the very specific need for linguistic outreach to local communities of Haitian and Marshall Islanders, in addition to the Latinx community and we seek to have clinicians and organizational staff who are able to provide services in clients’ preferred language.  ***Goal 2 Increase the Number of Certified Peer Support Specialists***  PSS play a vital role in service delivery; increasing our ability to establish rapport and commonality with those we serve.   Mentoring PSS for both certification and ongoing education is part of our staff retention strategy and we work with all PSS, particularly PSS from underrepresented communities, to develop a career path. A referral to Indiana Department of Vocational Rehabilitation has resulted in many of our PSS initiating or returning to higher education to complete degrees in behavioral health.  We plan to continue these initiatives in addition to restarting our onsite academy that was so successful in supporting peers in attaining certification.  ***Goal 3 Increase the Number of Medical Staff within the CCBHC***  Ensuring adequate primary care screening and monitoring as well as prescribing of psychiatric and addiction medications is critical to our operations. As we seek to grow our CCBHC services through selection as a demonstration site we anticipate the need for additional nursing staff to conduct primary care screening and monitoring, provide case management as clients transition to and from other settings, and provide access to long-acting injectable anti-psychotic medications.  Additionally, we will seek additional prescribers to serve on the IDT and increase capacity for MAT. To meet this goal, we have a partnership with the Indiana University School of Medicine extension program and University of Southern Indiana to train psychiatric residents and NPs on best practices in MAT prescribing.  **Goal 4 Train all Prescribers on Addiction Medications**  With the removal of the X-Waiver requirement, SBH is excited to expand access to addiction medications. To ensure adequate access, all prescribers in the SBH system will prescribe MOUD and MAUD as clinically appropriate. Our medical director and the addictions medicine specialist will conduct a training series on the use of the medications and serve as a mentor as prescribers become comfortable with these medications.  **Goal 5 Independently Licensed Clinicians**  At SBH we strive to deliver the highest quality services and increase sustainability and access through a diverse payer mix. This includes experienced clinicians who are independently licensed and can bill Medicare and commercial payers. We have traditionally faced challenges recruiting and retaining independently licensed therapists as they become increasingly marketable once attaining licensure.  To meet this goal, we will continue our strong partnerships with University of Southern Indiana’s school of Social Work. As a demonstration CCBHC we will be reimbursed at a rate that allows us to offer more competitive salaries and benefits that will assist with retention of key staff. In addition, SBH has an active CQI workgroup focusing on reducing administrative burden to address one of the most frequently cited reasons for leaving SBH. In addition, a Leadership Academy has been implemented which include monthly trainings for leadership team (40 individuals), to improve employee experience with their supervisor (another common reason for leaving SBH). Ongoing employee satisfaction surveys, new hire surveys, and exit interviews continue to inform our efforts toward retention of 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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| Our most recent Community Needs Assessment (CNA) was completed in 2021 (2023 Addendum provided) and focused on Vanderburgh County. Vanderburgh County is home to Evansville, Indiana, the 3rd largest city in the state with a Federal Promise Zone housing approximately 1/5 of Vanderburgh County residents.  Vanderburgh County has been designated a Health Professional Shortage Area by HRSA for primary care and behavioral health care, has the highest rate of alcohol misuse rates in the state, and a poverty rate of 18% compared to 11.9% for Indiana in 2019 and 10.5% nationally. Both local hospital systems reported increased ED psychiatric evaluations leading to an increased number of psychiatric admissions.  There were 66 accidental overdose deaths in Vanderburgh County during 2020 with 35 of these deaths involving opioids; 27 of these deaths resulted from accidental overdose on Fentanyl. Particularly concerning is the death by suicide rate for adults is 32% higher than the state rate of 15.9 per 100,000. Children in the county report an 18% incidence of ADHD, 15% anxiety, 7% depression, 6% conduct disorders and 3% autism. The majority of our specialized services are located in Evansville in Vanderburgh County, which has the highest population density in Southwest Indiana.  All information for this section was organized in order of the key steps (define goals, articulate purpose, identify target population, etc.) for a CNA as defined by SAMHSA. Details are also aligned with the CCBHC Criteria (1.a.1, 1.a.3, 1.b.2, 1.d.4, 2.a.2., and 4.f.2).  **Defined goals for the assessment:** Our intended goal for this CNA was to better understand the unmet behavioral health needs of people in Vanderburgh County by looking at the prevalence of adults with substance use disorder (SUD), adults with severe mental illness (SMI) and children with serious emotional disturbance (SED). Additionally, goals included exploring the scope of health disparities that exist within the county for racial, ethnic, and LGBTQIA+ populations. Ultimately, our intention was to use the information derived from the assessment to increase access and enhance mental health programs/services to our most vulnerable patients, to reduce Emergency Department (ED) utilization, and decrease law enforcement involvement for adults with SUD and SMI and children with SED who are experiencing a MH/SUD related crisis.  **Articulated purpose of the assessment:** The 2021 CNA conducted by Southwestern Behavioral Health according to the standards and guidelines of the SAMHSA CCBHC-E grant awarded in February 2021. The purpose of the CNA was to provide insight into the mental health needs of the residents of Vanderburgh County and provide meaningful data to SBH that would support targeted programmatic initiatives, workforce planning, and strategic community partners.  Under the CCBHC criterion 1.a.1 specifications, our next CNA is due in June 2024.  The 2024 CNA plan includes community profile, demographic stratification, population health measures, quantitative survey data, and qualitative focus groups with client and community members. We have contracted with Diehl Group, Inc, as an external evaluator for this project and will include both surveys and focus groups with stakeholder organizations and consumers.  This reassessment to our original 2021 CNA, will add additional information requested by DMHA for the RFS.  **Identified target populations for the assessment of needs and services:** Our targeted population for the 2021 CNA were the residents within Vanderburgh County. We focused on adults with SUD, SMI, children with SED and/or at risk for ER utilization and involvement with law enforcement. Particular interest in our racial/ethnic/gender minority populations that comprise 14.49%, 4.84%, and 4.6% of the general population, respectively.  **Determined how data was collected and used:** Data was collected from a variety of sources including Indiana’s Primary Care Needs Assessment from Indiana University School of Medicine, Greater Evansville Health Survey 2021, Mental Health Statistics Improvement Program (MHSIP), Indiana Epidemiological data and County overdose data, latest 2020 Census Data, as well as reports from local law enforcement dispatch and hospital system utilization. Census Data was compared to SBH demographic data to examine potential unmet needs or target populations. Additional information was pulled from focus groups within Vanderburgh central dispatch, EMS, and Fire Departments. The data derived from this needs assessment provided the targets for service access and outreach planning to our high-risk communities and individuals living in our service area. The strategic growth in workforce, programmatic initiatives and engagement with community partners were driven by the data extrapolated in this CNA.  **Determined timeline for the process:** SBH began working towards CCBHC certification in February 2021 when we were awarded a CCBHC-E grant. Our 2021 CNA was implemented when CCBHC was in the SAMHSA ‘learning lab’ stage of development. The initial SBH CNA was completed and approved in June 2021. It should also be noted that this CNA was conducted during the COVID-19 pandemic where programs, staffing, resident needs, and services were tailored accordingly. To understand the evolving needs of the population and access to care coming out of the pandemic, SBH will reassess the community by June 2024. Scope of Work for this external consultant for the 2024 CNA is provided in attachments.  **Geographic Area**  The target area was Vanderburgh County, located in southwestern Indiana but can be replicated to 3 surrounding counties as program evolves.  **Determined Strategic Use of Findings:**  The 2021 CNA led SBH to a more integrated understanding of the intersection between our population, the CLAS Standards, and the CCBHC attestation criteria. The CNA findings, our 2023 SAMHSA Disparity Impact Statement, and technical assistance/mentorship from the National Council resulted in the following programmatic updates that have been implemented over the past 2 years.  In response to a demonstrated shortage in primary care/behavioral health care and higher-than-state average in death by suicide and alcohol abuse, SBH partnered with Indiana University Residency program to address workforce shortages and access concerns that exist in our geographic area. The resident rotations were supported by 4 psychiatry residents graduating in 2022, and 6 more in 2023. Additionally, all medical providers are trained in the benefits of Medications for Addiction Treatment (MAT). For SUD, SBH embedded care coordination liaisons at local inpatient psychiatric units to ensure post-discharge triage to SBH residential addiction services. SBH also expanded SMI/SUD services by developing a clinic in partnership with the Evansville Rescue Mission (ERM). SBH also created a Family Nurse Practitioner position to enhance integrations with a no-barrier primary care clinic.  To achieve key competencies across the workforce, SBH provided DMHA agency-wide training on MAT and harm reduction in 2022 and expanded MAT services (i.e. initiation of Buprenorphine treatment, care coordination with Evansville Comprehensive treatment center, and inclusion of office-based opioid treatment follow-up). In addition, SBH created a flexible FNP position to address primary care needs for the SMI/SUD population and persons experiencing housing insecurity. This FNP is flexible for crisis services, in-home visits, or regular clinics in housing complexes if the need presents.  Access to care was an identified issue for our rural residents. Telemedicine and at-home solutions were critical in successfully mitigating this disparity. SBH integrated telehealth into outpatient therapeutic services for clients who live in rural areas or have transportation challenges to improve health equity. Telehealth initiatives were also implemented within our SUD services facility (Stepping Stone) to reduce barriers to care. Additionally, SBH offered community-based services when appropriate, which includes visits in homes, schools, or other settings close to home (i.e., WRAP intensive programs, crisis intervention, community support service for SMI, and nursing support for long-acting psychotic treatment regimens). Access to care was a specific focus due to average waits for youth over 100 days. A rapid improvement event has led to decreasing that wait to under 14 days through implementation of pre-assessment care coordination.  We provide flexible, convenient, even mobile, if needed, Primary Care services for those with serious mental illness (SMI) that have significant chronic health conditions. SBH addiction programs collaborated with our internal FNP or community PCP to schedule primary care appointments 30 days post-discharge for SBH clients. In addition, SBH also partnered with local harm reduction alliances to distribute Narcan emergency kits throughout SBH locations, lobbies, and in the community. These efforts epitomize the multifactorial nature many of these solutions require to effectively address our patient population and improve health equity.  One goal from this assessment was to reduce the need for ER and law enforcement utilization given the high utilization. This led to some key successful strategic initiatives like our Jail Based Competency Restoration Program (JBCR), assigning a therapist to mental health court to improve access, and adding a SBH liaison to the veteran’s diversion court to improve access and care coordination. Addressing the mental health needs of those involved in the legal system was a strategic focus area for SBH. For example, our JBCR Program saw over a 25% increase in referrals during FY23. For those approved for the Program, over 50% of participants were able to be restored to competency in the jail setting. This accelerated access to treatment allowed them to spend less time incarcerated and eliminated the need to transfer them to a State Psychiatric Hospital.  Another program to address ER utilization was our after-hours crisis call service and rotation being replaced with a 24/7/365 live crisis line staffed by peer support specialists and mobile crisis responders with LCSW supervision and MD triage capacity.  Since its inception in August 2021, SBH Crisis Services has provided 7,179 crisis contacts, of which 834 were mobile crisis responses and 342 included admissions to the existing Crisis Stabilization Unit. Of those contacts, only 0.3% of contacts resulted in jail disposition. SBH also joined an interagency partnership with the county central 911 dispatch that resulted in transfer of non-emergent/law enforcement calls to the crisis line, via a one-button add-on to their desk phone system. Additional clinical ‘swim lanes’ were developed and associated triage responses agreed upon by law enforcement and hospital/inpatient behavioral service providers, based on acuity.  Due to the higher death-by-suicide rate in the county, lead staff were certified in Assessing and Managing Suicide Risk (AMSR) from the Zero Suicide Institute. To date, 100% of staff have now been trained in Question, Persuade, and Refer (QPR) for non-clinical staff or AMSR for clinical staff. All new staff receive the training within first 3 months of hire. Additionally, SBH staff play a key role in Crisis Intervention Training (CIT) of officers in local law enforcement agencies (i.e., crisis services, trauma-informed interventions, SUDs, and working with families in crisis).  Our CNA noted that our children suffered from a variety of emotional needs in our county. An example of an innovative partnership includes our Neurodevelopmental Center created through support of the DMHA Community Catalyst Grant. Through the grant, we created a multidisciplinary treatment team and training center through partnerships with Easter Seals Rehabilitation Center, Youth First, Autism Evansville, University of Southern Indiana and University of Evansville. The Center serves youth with both MH and IDD conditions presenting with the most complex needs. Additionally, to support youth, SBH partnered with school corporations to offer programming for youth on days school is not in session: summer program, fall break, winter break, and spring break, serving at risk youth with SED with intensive programming and structure.  SBH has completed over 5000 ACE surveys that indicate trauma as a connecting issue across clinical populations. To address this identified need with our families, we expanded our contract with DCS, and we are now providing Family Preservation Services in both Vanderburgh and Warrick counties. Family Preservation is an intensive program that focuses on child safety, and referrals from DCS involve families who have had a substantiated incident of abuse and/or neglect. The goal of Family Preservation is to maintain children in their home by providing the family with strength-based, family-driven interventions based on their needs. We took our first referral in January of 2023 and by the end of June we had received 26 referrals.  In addition, SBH has strategically increased available trainings for clinical staff to address trauma with evidence-based practices, to include Trauma Informed CBT, Prolonged Exposure, and EMDR.  Each year, Indiana DMHA is required by SAMSHA to conduct a survey of clients’ perceptions of the mental health care they received using the MHSIP. While SBH’s MHSIP global client satisfaction net promoter score was a 92, there were a couple of areas that presented opportunities for improvement. A score within the 70th percentile on Functioning and Social Connectedness led SBH to focus efforts on promoting increased social supports, peer supports, and referrals to cultural and linguistically appropriate recovery supports through partnership with our local Recovery Hub Peace Zone. The CLAS steering committee and SBH CLAS continuous quality improvement initiative were enacted and developed key training targets for staff to ensure programs and clients received culturally competent care. Here is a list of evidence-based practices and CLAS trainings since this needs assessment was conducted.   * Zero Suicide Institute: AMSR Training and QPR Training 2023 * Protect International Violence Risk Triage Tool Training sponsored by DMHA September 2023 * Dialectical Behavioral Therapy; Focus of increasing personal de-escalation skills across programs * Motivational Interviewing: post-pandemic reboot of MI training agency-wide and as harm reduction intervention focus for crisis services * Nurturing Parenting curriculum * Brief Strategic Family Therapy * Trauma-Focused CBT * High-Fidelity Wraparound Program   Diversity, Equity and Engagement Committee: SBH Staff Trainings   * Culturally Responsive Services (panel discussion) * A Culture-Centered Approach to Recovery * Code Switching (panel discussion) * Let’s talk Microaggressions (panel discussion) * Gender Expansive panel discussion * Neurodiversity panel discussion * Pride panel discussion * Understanding Privilege panel discussion * Understanding Military Culture * Celebrating Generational Differences * Understanding the Rainbow * Cultural Dimensions of Relapse Prevention * Improving Cultural Competency for Behavioral Health Professionals * A Culture Centered approach to Recovery |

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

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| The need within Vanderburgh County for mental health and crisis services continue to grow post Covid-19 and hospitals indicate an increase in psychiatric evaluations in the emergency departments and an increase in ED utilization for mental health reasons. Furthermore, accessibility of services presented a significant barrier to care such as psychotherapy for much of the county population. Factors impeding access include lack of transportation and lack of mental health and SUD community-based crisis services. SBH has worked to address these gaps through the foundational work of the crisis services hotline, mobile crisis team, and crisis stabilization unit.  Additionally, the largest demographic disparities in the county include two groups, Black/African Americans and the LGBTQIA+ community. Both Vanderburgh County and the city of Evansville were identified as having barriers related to staffing and the lack of diversity representing the Black/African American population being served. Given these findings Southwestern is targeting both mental health and SUD services for these two groups. Though these lessons, SBH has committed to the continued expansion of our workforce, comprehensive services, evidence-based training requirements, innovative telehealth, and in-home solutions, and ensuring cultural competency in all staff to address the evolving needs of this patient population.  In addition, SBH plans to operationalize the Social Needs Screening Tool (AAFP) to gather social determinants of health data to inform future agency programmatic goals and fill gaps in data collected. |

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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| A core tenet at SBH is to operate as a contributing member of any community we serve. Thus, we understand we cannot deliver the highest quality services without strong community partnerships. We partner with other BH organizations, primary care, organizations that address SDoH, law enforcement, hospitals and are active with the Indiana Council of Community Mental Health Centers and DMHA.  We also have strong partnerships with law enforcement and the criminal justice systems and assist DMHA with important pilots to improve access. For example, in Vanderburgh County we partner with the Sherriff’s office to provide Indiana’s first jail-based competency restoration services to individuals who are deemed incompetent while in jail and prevent hospitalization and long wait times for services. In FY23, there was a 25% increase in referrals to this program with over 50% being restored to competency.  Description of Current Partner Organizations supplying Letters of Support or Formal Agreements:  **Ascension St. Vincent** – Provides inpatient mental health services for adults (Evansville Campus for 32 years) and geriatric patients (Warrick Campus for 22 years). Collaborated with SBH for over 10 years providing inpatient and emergent care with the SBH onsite liaison.  **Brentwood Springs** – provides inpatient and outpatient adult mental health and addiction services since 2010. Offering inpatient psychiatric hospitalization through collaboration with SBH Crisis Team. Partnership includes care coordination, inpatient care, medical detox, data sharing (non-PHI).  **Deaconess Hospital** – Provides inpatient mental health services for adults and children. Collaborated with SBH for over 20 years providing inpatient and emergent care with the SBH onsite liaison.  **Easter Seals Rehabilitation Center** – Since 1946, provided wide array of programs/services children/adults/families including comprehensive therapeutic services, work/home site modification assessments, wheelchair seating, employment/adult day services, group home programs, and early intervention. Collaboration will focus on multidisciplinary care to youth with complex emotional, intellectual/development and mental health needs. Will build on prior success in creating the Neurodevelopmental Center of Southwestern Indiana and piloting best practices through the Community Catalyst Grant Program.  **ECHO Healthcare** -- FQHC located in Evansville, Indiana that provides a full array of community healthcare services to all in community (including SBH clients) including the uninsured, underinsured, and homeless. Collaborated on treatment of shared patients with SBH for 20 years to ensure fully integrated care.  **ERM** – Evansville Rescue Mission – providing emergency shelter assistance, food, youth care center, thrift store, and PACES program to help individuals overcome addiction, abuse, homelessness, and other life-defining challenges. Continued partnership with SBH to collaboratively address the complex needs of these patients.  **Evansville Comprehensive Treatment Center**—Provides all forms of MAT, specifically Methadone for SBH referrals; engages in care coordination with SBH team; active MOU.  Stacey Jennings, Executive Director [Stacey.Jennings@ctcprograms.com](mailto:Stacey.Jennings@ctcprograms.com)  **Tulip Tree Family Health Center** – provides primary health care, dental care, BH, and other services regardless of the ability to pay. A FQHC in Gibson County, a neighbor to Vanderburgh County. Collaborated with SHB since 1999 in treatment of patients.  **Sheriff of Vanderburgh –** Partnered with SBH for multiple decades by having SBH provide onsite mental health consultation within the jail setting such as the recent program of Jail Based Competency Restoration. Partnered to be the law enforcement partner to the SBH mobile crisis team. SBH also provides onsite training related to mental health and SUD which will continued in this partnership.  **Sheriff of Warrick –** Partnered with SBH for multiple decades by serving as the law enforcement partner to the SBH mobile crisis team. SBH also provides onsite training related to mental health and SUD which will continued in this partnership.  **State of Indiana Department of Child Services**—Professional Services Agreement to provide Family Preservation Services and other clinic and community-based services for families referred. Contacts:  Gwen Girten, Regional Services Coordinator, [gwenivere.girten@dcs.in.gov](mailto:gwenivere.girten@dcs.in.gov)  Tanner Brooks, Posey County Office Director, [tanner.brooks@dcs.in.gov](mailto:tanner.brooks@dcs.in.gov)  Samantha Freeman, Warrick County Office Director, [samantha.freeman@dcs.in.gov](mailto:samantha.freeman@dcs.in.gov)  Erica Rasler, Gibson County Office Director, [erica.rasler@dcs.in.gov](mailto:erica.rasler@dcs.in.gov)  Tyler Bittner, Vanderburgh County Office Director, [tyler.bittner@dcs.in.gov](mailto:tyler.bittner@dcs.in.gov)  Allyn Cole, Division Manager – Permanency, [allyn.cole@dcs.in.gov](mailto:allyn.cole@dcs.in.gov)  **Peace Zone-** Indiana Recovery Network Recovery Hub, providing drop-in services, peer support groups, WHAM, special interest classes, hospital outreach. Founded by SBH then split into its own 501(3c); continued partnership through providing free space within our facility.  **Evansville Police Department** – Key partner in development of co-response with mobile crisis team and mental health outreach. SBH has had close partnership with EPD (including EPD board member), for years, with enhanced partnership with day-to-day interaction with EPD and SBH working as a team in community.  **Youth First –** Partnering with SBH on current Community Catalyst Grant assisting with screening of youth in school systems with both mental health and IDD concerns. Partnership in school settings as Youth First provides prevention and early intervention, then refers to SBH for treatment as indicated.  **United Caring Services –** Key partner in community to assist clients experiencing homelessness. Provides meals, emergency shelter, permanent housing, and medical respite program.  **Vanderburgh County Treatment Courts** – Formal agreement with SBH to include a staff member integrated in the treatment court team as the addictions/mental health expert and provide care coordination for SBH clients involved in treatment court.  Judge Wayne Trockman [wtrockman@vanderburghgov.org](mailto:wtrockman@vanderburghgov.org)  **Vanderburgh County Veteran’s Court-** Established in 2011**.** Formal MOU establishing SBH as a member of the Veteran’s Court team.  Judge David Kiely [dkiely@vanderburghgov.org](mailto:dkiely@vanderburghgov.org)  **Evansville Vanderburgh School Corporation**—Formal agreement to provide behavioral health services on site in school settings.  Superintendent Dr. David Smith [amy.dressel@evsck12.com](mailto:amy.dressel@evsck12.com)  **Warrick County School Corporation**- Formal agreement to provide behavioral health services on site in school settings.  Superintendent Dr. Abbie Redmon [abbie.redmon@warrick.k12.in.us](mailto:abbie.redmon@warrick.k12.in.us)  **Metropolitan School District of Mt. Vernon** – Formal agreement to provide behavioral health services on site in school settings.  Superintendent Dr. Matthew Thompson 812-838-4471  **Vanderburgh County Health Department** – assists with vaccinations, screenings, provides Pre to 3 program for SBH referrals  Dr. Ken Spear [kspear@vanderburghcounty.in.gov](mailto:kspear@vanderburghcounty.in.gov)  **AIDS Resource Group**- provides harm reduction services and HIV, Syphilis, and Hepatitis testing and education for SBH referrals.  Tyler Gilham [tgilham@argevansville.org](mailto:tgilham@argevansville.org)  **Future Partners** will include the Warrick County Partners that are essential to mobile crisis team implementation: Warrick County Sheriff Department, Chandler Police Department, Boonville Police Department, Newburgh Police Department. After full implementation of mobile crisis work in Warrick County, partners will be expanded to Gibson County, then Posey County with goal for a four-county service area for mobile crisis response.  In addition, current partners are being explored for possible DCO relationship: Easter Seals Rehabilitation Center (psychology, nutrition, occupational therapy) and Peace Zone (peer recovery services). |

**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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| Southwestern confirms we have reviewed the PPS-1 Rate and understand how our organization will be paid as a CCBHC if selected. |

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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| Southwestern confirms that we have the financial documents required for cost reporting and rate setting described in Attachment J for this fiscal year. |

**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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| Southwestern confirms our commitment to meeting on reporting requirements as described in Attachment A and E. Additionally, we confirm our commitment to report on quality metrics detailed in Attachment F and G and will provide data and information requested by the state in the correct format and period. |