**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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| 4C Health should be selected for the demonstration for the following reasons:   1. We currently have the necessary continuum of services to certify. We need to enhance aspects of that continuum under demonstration. 2. We are well integrated in our communities from the following perspectives: referral partnerships, embedded services, and community stakeholder leasing our staff. 3. We have a full crisis continuum in line with Crisis Now model including Mobile Crisis teams, Crisis Stabilization Services, and Inpatient Psychiatric Care. We intend to support out mobile teams in connection to 988 call centers. All of which is aligned with CCBHC Demonstration 4. We are a fiscally healthy organization that has the capability to make early investments needed for CCBHC Demonstration. Example, we have the capability to purchase our electronic health records CCBHC module without initial funding assistance which then will allow for quality reporting metrics, appropriate PPS-1 billing set-up among other items. 5. There is longevity and consistency in our leadership team that creates capacity for participating in the demonstration grant without jeopardizing existing care and operations. 6. We are a data-driven organization. 7. We have already begun to develop dashboards for clinical care that we intend to make public as of January 2024 on our website. We believe that CCBHC focus on quality and clinical metrics has a goal of transparency and comparison for consumers and we support that. 8. We are a CMHC/PMHMI provider, which allows for deeper understanding of how CCBHC and HAF and the role (or not) of PHMI in CCBHC. 9. We run over 90% of our company on a 4 day work week which allows for that growing work trend to be factored in to CCBHC in early stages. 10. Finally, we are an agile Center. We are not fearful of losing something in our current system/set-up if it helps the system and our organization gain in the long run. |

* + - 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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| **4C Health is proposing for the Demonstration Program to become certified as a CCBHC in Cass County, Miami County, Fulton County, Pulaski County, and Howard county.**  **We have locations in each county. What is listed below is all DMHA listed sites along with Medicaid sites for 4C in the proposed service area.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **County** | **STR ADDRESS** | **CITY** | **STATE** | **ZIP** | | Howard | 2796 N Apperson Way | Kokomo | IN | 46901-1456 | | Cass | 1115 E Broadway | Logansport | IN | 46947-3253 | | Cass | 421 12th Street | Logansport | IN | 46975-3539 | | Howard | 1948 W Boulevard | Kokomo | IN | 46902-6078 | | Cass | 1 Landis Lane | Logansport | IN | 46947-4043 | | Cass | 800 Fulton Street | Logansport | IN | 46947-1577 | | Cass | 1015 Michigan Ave | Logansport | IN | 46947-1597 | | Miami | 1000 N Broadway Suite A | Peru | IN | 46970-1070 | | Cass | 109 E Black Ln | Royal Center | IN | 46978-9221 | | Cass | 417 S Chicago St | Royal Center | IN | 46978-9088 | | Fulton | 401 E 8th Street | Rochester | IN | 46975-1499 | | Fulton | 1 Zebra Ln | Rochester | IN | 46975-1349 | | Pulaski | 613 Terrace Dr | Winamac | IN | 46996-1111 | |

**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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| As of 11/6/23, we have 417 staff within our workforce with 35 staff presently in the onboarding process (ie background checks etc to become a new hire). We presently have 64 openings that are based on current budgeted positions for Fiscal Year 2024 and forecasted needs based on our predictive/concurrent hiring methodology. A high need but most difficult to fill position is clinical therapist. We have high demand also for Skills Trainers or what is referenced as OBHPs (Other Behavioral Health Professional).We have a goal to get to 500 staff. Also, important to note that over 90% of our staff operate on a 4 day, 32 hour work week. |

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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| 4C Health has staffing capabilities to meet CCBHC certification requirements. Ultimately, the long game here is to build back from the shortage of Masters and above clinicians. That will take some years for the state and the nation. During that interim time, the support needed is to understand agility and creating the capacity to skills-up OBHPs and Peers. |

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

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| Our Workforce journey is multi-pronged. While we have a goal of achieving 500 staff the below outlines elements to “how” we achieve that.  First, our goal was to establish a “calculator” if you will that allowed us to project staffing needs based on   * Concurrent/Predictive hiring needs to existing FTE budget and turnover * Staffing Needs based on caseload and practice methodology by position type and total active consumers * Forecasted staffing needs per county by Medicaid/HIP enrollment and estimated mental health/substance use prevalence rates.   In addition, for our indirect/support departments we have long used an FTE tracking methodology that allows leaders to evaluate current capacity to meet department work expectations and to determine whether they are appropriately staffed, and if not how many FTEs are needed. This is all data driven.  We have accomplished 2 of the 3 bullets above and finalizing the 3rd within our “Staffing Needs Calculator”. We are happy to share more information on this front with the state as we finish our final objective. Concurrent/Predictive hiring methodology has recently moved us from having approximately 55 positions open across all departments to closer to 100 positions (of which 35 are currently in process of being filled) we are seeking to fill. In the area of Staffing Needs based on caseload and practice methodology, for example, we know that presently we need to achieve 2 additional psychiatric medication providers and 8 additional therapists.  Having said all of this the above practitioners are part of a state and national workforce shortage. So while we move over long-game to achieve the above clinical staffing, we are actively engage in building our OBHP and Peer Recovery staff. In particular, we have a goal over the next year to achieve 15 Peer Recovery specialists. We are presently at 5 Peer staff. We dually certify our Peers as certified Peers and as OBHPs which creates enhanced opportunity for career pathways. Further, we expect to begin a pilot of training certified peers of longer tenure in implementation of EBPs such as Matrix and others to help facilitate access to groups for incarcerated and community-based consumers.  Other Fiscal Year 2024 goals currently outlined as part of our Workforce plan and presently in the works:   * Revise recruitment/onboarding/initial orientation and 1st 6 months new hire support to enhance retention * Enhance training of middle managers/leaders to support staff retention including implementation of Just Culture * Expand our student training programs. There are 30-40 students in training annually with 4C Health, we would like to expand that to an average of 50 students completing training (practicums, internships, micro-internships, clinicals) annually   Finally, we have successfully partnered for Next Level Ready Training grants with DWD for several years for our non-degreed/high school graduate staff. These training initiatives have been in partnership with Ivy Tech. In our rural area this non-degreed/ high school diploma workforce is extremely critical. So we consistently have goals around opportunities to skill-up this particular workforce demographic to enter the behavioral health field. |
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**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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| 4C Health’s Community Health Needs Assessment is provided as 2 attachments to this RFS proposal. |

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

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| The results of our Community Health Needs Assessment really align well with initiatives we had already established on our Strategic Plan.  The two items that stand out most that if achieved would begin to address more robustly many Mental Health/Substance use concerns noted in the CNA include:   1. Access & Engagement 2. Workforce/Staffing   4C Health has extensive partnerships and contracts/MOUs in the service area, the two main objectives to realize the full success of those are to improve access times and early engagement post-intake. Secondly, we have to continue to build the available workforce in our rural area to address mental health and substance use concerns. There is a notes specific need to build the Peer Recovery Specialist workforce for Substance Use Disorder  From a social determinant planning perspective, the items that stand out are:   1. Language/Cultural 2. Transportation 3. Housing Insecurity 4. Lack of insurance   There are many things that 4C Health does to address the above today such as (1) maintaining a bilingual premium for pay to increase language appropriate workforce, partnerships with Language Line, and our Diversity/Interpretation Coordinator. 4C Health does provide some transportation for consumers but examining opportunities to partner for transportation vouchers should be on a radar. 4C Health does extensive and community based services along with telehealth which indirectly addresses transportation. We partner with various landlords and housing initiatives to support greater stability in housing. Each of our counties is actively addressing the housing shortage in the area. We maintain Benefit Navigators that actively address barriers to health insurance for those seeking care at 4C Health. We should add community outreach enrollment events.  The CNA was only recently completed and review with the 4C Board of Directors will occur at our November 2023 meeting for further consideration of planning into 2024. |

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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| 4C Health in all 5 counties is well-integrated/embedded within community stakeholder locations and have existing MOUs with many of those listed below to provide services. 4C Health is willing to share those MOUs with the state as requested. The below gives a sampling of various contract/agreements but is not an exhaustive list.  The following partnerships are listed to provide a scope of our integration   * Schools- We have MOUs with over 45 school corporations and have staff embedded in over 146 school/youth buildings across 16 counties * Youth buildings- 2 Boys and Girls Clubs, 4 Headstart programs, 1 community center * Community Corrections/Pretrial- We have a contract with Cass/Pulaski Community Corrections to embed staff for behavioral health services. * Youth Truancy contracts in Pulaski * Specialty Courts- participants in 6 specialized courts (Miami -Drug court, we employ the Drug Court Coordinator here, Fulton-Drug court, Pulaski- Family Recovery Court, Howard- Juvenile Problem-solving court, Mental health court, Family Recovery Court) * Area 5- we provide contracted services for Area 5 Cass, Fulton, Wabash * Sargent Place- we contract as the Supportive Services provider for this Support Housing Complex for Substance Use * Local Jails- providing Peer Recovery services in 4 local jails (Pulaski, Cass, Miami, Fulton). We also provide requested clinical services as use Block Grant grants provided to 4C Health to fund these services. * Contract to serve 1 youth detention facility (Kinsey Youth Center, Howard county) * Indiana Department of Child Services- We provide DCS contracted services in all counties being requested as part of this CCBHC RFS. * Local Hospitals- Pulaski Memorial Hospital contracts Medical Director, APRN, and Therapy services from 4C to service their Senior Care program for older adults with mental health presentation. Multiple MOUs/contracts with Logansport Memorial Hospital at it relates to our support of our Inpatient and CSU needs. Each local hospital’s emergency room also regularly calls in our Mobile Crisis teams. We do care coordination with all local hospitals * Local employer- We have provided onsite contracted services to Tyson Food (largest Cass county employer) and currently have contract for onsite services with Braun Ability (Pulaski County’s largest employer). * Local Federally Qualified Health Centers- We have a contract with Indiana Health Centers (IHC) for them to lease APRN time and therapist time from us. IHC is the main FQHC in our service area * Pharmacy-We have Genoa as a contracted pharmacy provider * Recovery Housing-We work with 4th Dimension Recovery House in Logansport, IN. * Homelessness- We partner with Emmaus mission in Logansport for care coordination, service entry, and homeless outreach in Cass county. * Housing Authority- At the request of Kokomo Housing Authority, 4C Health opened up an office within the KHA Garden Square Apts   I have included a letter of support from Turning Point System of Care located in Kokomo, Indiana which also serves as the Peer Recovery Hub for many of the counties 4C Health proposes to service. This letter of support outlines Turning Point’s willingness and commitment to become a Designated Collaborating Organization (DCO) with 4C Health for Peer recovery services and Substance Use Detoxification Services, among other services to be explored depending on the final state sanctioned scope and service array/codes for CCBHC.  I have included other letters of support from various community partners. These are not exhaustive of all MOUS or partnerships listed above |
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**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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| I, Carrie Cadwell CEO of 4C Health, confirm review of PPS-1 and ability/support of participation as part of Demonstration grant |

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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| I, Carrie Cadwell CEO of 4C Health, confirm we have the appropriate items as listed above in detail as of the most recently completed fiscal year period for cost reporting and rate setting to be completed within the Demonstration grant. |

**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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| I, Carrie Cadwell CEO of 4C Health, am confirming our commitment to meet all reporting requirements as detailed in Attachments A- Scope of Work and Attachment E- Certification criterions. I confirm our commitment and ability to report on Quality metrics detailed in Attachment F and EBPS, assessments, and screening tools detailed in Attachment G. I confirm our commitment to provide data and information requested by the State, in the form and periodicity required to meet state and federal reporting requirements. |