Additional Items for Public Comment

June 6, 2008

In addition to the issues presented in the draft RFP sections released on June 2, 2008 for public comment, additional items will be addressed in the final RFP. The Collaborative does not yet have final language for these response categories, but this memo will outline and briefly define the issue under consideration. Public comment is welcome on any or all of these issues.

1. **Office of Consumer & Family Engagement (CAFÉ):** Bidders may be asked to describe how they will support recovery and resiliency programs, encourage consumer and family involvement in the design and implementation of the behavioral health system, and incentivize consumer-run initiatives.

2. **Local collaboratives (LCs):** Bidders may be asked to describe in detail how they will work with LCs around the state in the areas of local service planning; relationship building among consumers and family members, providers, advocates and political entities; and other demographic and geography-specific topics of interest to particular LCs.

3. **State-operated facilities:** Bidders may be asked to speak to how they will coordinate services with state-run facilities, and how they might include these facilities – in part or in whole – in their service system.

4. **Fee-for-service:** All providers of encounter-based services will be required to bill the SE on a fee-for-service basis. There will be no more 1/12th drawdown. This currently only applies to BHSD (adult mental health and substance abuse) providers.

5. **Provider contracting mechanisms:** Bidders may be asked to describe how they would creatively contract with providers and provider networks using sub-capitation, case rates and possibly other funding mechanisms that will incentivize program development in under-served areas of the state.

6. **Community reinvestment:** Bidders may be required to detail how they would create and implement a community reinvestment plan. This plan may need to include how the bidder would incentivize and/or fund program evaluation, workforce development, training, and targeted research.
7. **Provider data reporting and accountability**: Bidders may be asked how they will ensure 100% provider compliance in collecting and disseminating essential data for federal grant compliance, outcome measurement, quality improvement, performance measurement, and other system design needs.

8. **Core service agencies (CSAs)**: Bidders may be asked how much they understand about CSAs, and how they will support them during the contract period.

9. **Coordination with counties and other funding entities**: Bidders may be asked how they would work with behavioral health and related programs not funded through the Collaborative, such as DWI programs, AOC drug courts, and other county- or municipality-funded programs.

10. **Supportive housing**: Bidders may be asked to detail how they will incentivize supportive housing programs and how such funding might lead to increased community-based services and better clinical outcomes.

11. **Developmental disability/mental illness (DDMI) programs**: Bidders may be asked to explain in detail how they will provide care coordination, clinical multi-disciplinary teams, and other technical assistance to providers serving this population. This response category could include reference to Autism Spectrum Disorders also.

12. **Behavioral Health Planning Council (BHPC)**: Bidders may be asked to explain how they will work with the BHPC in the development of statewide and regional comprehensive strategic planning activities, legislative funding prioritization, and similar topics.