



Technical Assistance Collaborative, Inc. (TAC)

Presentation to the

North Dakota Human Services Committee

January 7, 2014

AGENDA: Anticipated Questions of TAC

1. ***Who is TAC and how are they distinguished from other qualified consultants?***
 - Non-profit consulting group with a broad national practice and perspective
 - Extensive experience at practitioner, senior State agency & national leadership levels
 - Team of targeted experts in all key areas of concern to North Dakota

2. ***Briefly, how will TAC approach this project?***
 - Coordinate and partner closely with Legislative Management and DMHSAS
 - Three primary tasks within a flexible scope of work
 - Triangulation

3. ***Why should the Committee select a national versus local contractor?***
 - TAC brings extensive awareness of current national best practices
 - Value added through fresh, objective external view
 - Ability to bring broad perspective and successful strategies

4. ***Will we end up with what we really want?***
 - Yes
 - This may be a 'moving target' – TAC will adjust as needed
 - TAC will work closely with Legislative Management to ensure a clear focus

5. ***Can national consultants really understand our unique needs in North Dakota?***
 - National group with experience in all 50 States – including similar Plains States
 - Common 'hot button' issues: housing, alcohol, youth, transition, Olmstead, local service gaps, rural and Indian nation service delivery, telemedicine, ACA
 - New prosperity presents new issues, and culture clash with indigenous populations

6. ***Additional Questions?***



December 9, 2013

North Dakota Legislative Council
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

Sent via Fed Ex

Sent via email: Allen Knudson (aknudson@nd.gov) and Alex Cronquist (ajcronquist@nd.gov)

Dear Mr. Knudson,

Enclosed is a response from the Technical Assistance Collaborative, Inc. (TAC) to the November 12, 2013 request for proposals from the North Dakota Legislative Management for behavioral health needs consultants. TAC learned of this opportunity through Dr. Tom Kirk, former Commissioner of the Connecticut Department of Mental Health and Substance Abuse Services, who periodically conducts work with TAC as an independent consultant.

As you will find in our proposal, TAC possesses the expertise to provide Legislative Management and the interim Human Services Committee with a behavioral health system needs assessment and associated recommendations to improve the system based on our findings. TAC is a well respected, nationally recognized, non-profit consulting firm. Our team of consultants includes several former state behavioral health commissioners/directors and others with significant government and provider experience.

TAC is aware that any recommendations must balance best practices, availability of resources, the culture and values within North Dakota, and the rural nature of the State. We particularly value working with states where there is legislative involvement intended to strengthen the behavioral health system.

We are aware that the budget is limited for this engagement, and TAC is willing to contribute up to \$6,000 of its own resources to the budget to support the project.

If you need to speak with me regarding this proposal or require additional information, I can be reached at (617) 266-5657 x 129 or via email at kmartone@tacinc.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'K Martone', is written over a light blue horizontal line.

Kevin Martone
Executive Director

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North Dakota Legislative Management Behavioral Health Needs Consultant

Response to November 12, 2013 Request for Proposals

December 2013

Completed by:
Technical Assistance Collaborative



I. Introduction

The Technical Assistance Collaborative, Inc. (TAC) is pleased to submit this proposal to assist the North Dakota Human Services Committee and Legislative Management to assess needs for behavioral health services for youth and adults in North Dakota. TAC is a national non-profit 501(c)(3) located in Boston, MA. Founded 22 years ago, TAC has now worked with state and local governments and non-profit organizations in 49 states and over 175 local jurisdictions.

TAC specializes in public sector mental health and substance use services, providing technical assistance and consultation on needs assessment, gaps analysis, strategic planning, best practice service development, and financing for behavioral health services. We are nationally known for our expertise in Medicaid and creative and cost effective deployment and utilization of state, local and other sources of funding. TAC also provides consultation and technical assistance related to affordable housing for people with disabilities and people who are homeless.

From its cadre of highly experienced national consultants, TAC has selected a small team of uniquely qualified specialists who bring extensive practitioner and consulting experience most relevant to the proposed project. In addition, our team approach includes sharing knowledge gained in operational practice and in its awareness of the most current national and Federal initiatives to advance public behavioral health systems within the emerging environment. We believe this expert team will provide North Dakota with the best resources available in the nation.

TAC understands that a total of \$45,000 has been made available for this project, and we have submitted a scope of work and budget to conform to that amount. These funds are sufficient to: (a) conduct an overview of behavioral health system need and gaps using existing data and documents from a variety of sources; (b) assemble stakeholder input already collected by the Division of Mental Health and Substance Abuse Services [DMHSAS], and collect a limited amount of additional stakeholder input through meetings and focus groups in Bismarck and Fargo (proposed); and (c) produce a brief summary of findings and observations with recommendations for strategic initiatives and implementation steps to address service gaps in a cost effective manner.

Note that our scope of work does not include original data collection and analysis. For example, we are not proposing extraction of Medicaid or state general fund consumer/provider service encounter data. Nor does it include extensive additional stakeholder input processes above those already conducted by the DMHSAS. Given the number of reports and data analyses already available, and also the on-going efforts of the Division to collect and respond to stakeholder input, we believe it would be beyond the available budget to engage in data extracts, surveys or other methods of original data collection. However, we may recommend additional sources of data and analyses that could be explored by the Division and the Legislature to refine the analysis and implementation activities.

TAC understands that the focus of this study is on needs and gaps in the current behavioral health system. However, we recognize that there are strengths in the current system as well. For example, DMHSAS appears to be focusing resources and achieving progress in the implementation of evidence-based and promising behavioral health practices. Existing

strengths in the behavioral health system form a foundation and building blocks for implementing future system improvements, and thus our analysis will identify and document current strengths as well as needs and gaps in the system.

II. Proposed Scope of Work

TAC proposes to conduct the behavioral health needs assessment and gaps analysis project using three interrelated tasks. These are described below.

Task 1: Review available documents and data to produce baseline descriptions of behavioral health service resources and potential gaps on a statewide and regional basis

Approach to the task

The RFP and associated materials for this project identify a number of available documents and related sources of information that will directly contribute to this project. For example, the Legislative Health and Human Services Committee received a report for the 2009 – 2010 Biennium that is reported to summarize service availability, utilization and costs on a regional basis in North Dakota. With up-dating from the Division, this report could be one key source of information for the statewide and regional profiles. The Division has also produced a summary of the status of implementation of evidence-based and promising practices which will be a useful starting point for a portion of the study.

North Dakota has been implementing aspects of the Affordable Care Act, and is likely to have data and reports related to: (a) estimated number of people assumed to be eligible under the Medicaid coverage expansion; (b) estimated number of uninsured people that may qualify for commercial insurance under the healthcare marketplace (including the estimated number that may qualify for subsidies); and c) analyses of commercial insurance products for the North Dakota health insurance marketplace as compared to North Dakota's selected reference (benchmark) plan and essential health benefit (EHB) requirements. This information can be supplemented by data and documents available through the Kaiser Family Foundation and other national health care and Medicaid reform resources.

North Dakota also routinely produces documents that are likely to have application to the project. These include the Mental Health (MH) and Substance Abuse Prevention and Treatment (SAPT) Block Grant plans and annual reports to the Substance Abuse and Mental Health Services Administration (SAMHSA) related to the MH and SAPT plans and funding.

Finally, there are national and state-specific reports and data available that support analysis of North Dakota's behavioral health system. These include SAMHSA mental health and substance use disorder prevalence specific to North Dakota; national SSI/SSA disability data; and recent census reports, including information on population growth trends in North Dakota.¹ Medicaid utilization and cost data is available for North Dakota via the Centers for Medicare and Medicaid Services (CMS) data warehouse, and this can be used if more current and specific

¹ Some of these data are already included in North Dakota's Draft 2013 Mental Health and Substance Abuse Prevention and Treatment Block Grant plans.

data are not available directly from North Dakota. Given TAC's extensive experience with evidence-based and promising practices and with similar needs assessment/strategic planning projects in other states, we will be able to identify specific information from national sources or other jurisdictions that may have relevance to North Dakota.

TAC will rely on DMHSAS and related stakeholders to provide all relevant data and documents, and also to comment on their applicability to specific aspects of this project. DMHSAS may also be able to identify studies or analyses that are currently underway that could contribute to the project. Additional sources of information are also likely to be identified by state agencies and other stakeholders during the initial project site visit.

TAC will review as much of the data and documents that can be assembled prior to the initial site visit, and will begin compiling statewide and regional information for the baseline behavioral health system profiles. This will assist us to: (a) identify gaps in existing information that may affect the completeness of the study; and (b) allow us to refine questions and topics to be discussed during the proposed on-site state agency and stakeholder interviews and focus groups. This will assist to make the on-site activities as efficient as possible, and should reduce the burden on state agencies and other respondents to prepare for the on-site process.

Task 1 deliverables

TAC expects to produce two deliverables for this task. These are:

1. Draft state and regional profile templates with some information gleaned from state and national documents and data filled in; and
2. Draft on-site interview guides and protocols for use with stakeholders during the on-site activities.

Period of performance

We would expect to begin the project in mid-January, or as soon as the proposal has been reviewed and a consultant selected. We believe this first task can be completed by the middle of February. We understand that additional documents and data will become available throughout the course of this project, and these will be incorporated as applicable. However, in order to complete other tasks we need to have most of the document/data review completed relatively early in the project.

Task 2: Receive and synthesize stakeholder input

Approach to the task

TAC understands that considerable stakeholder input has been collected by DMHSAS over the past few years. Information included with the RFP for this project indicates that stakeholder input was reported to the Legislature in 2009 – 2010. There is also an indication that DMHSAS has collected and is currently assembling additional stakeholder input. Information from that activity appears to be included in the MH and SAPT Block Grant application. The North Dakota

Mental Health Planning Council (NDMHPC) is structured to provide stakeholder input on the block grant application as well as on-going policy and operational issues relevant to this study. This group could be a good source of additional stakeholder input throughout this project.

TAC understands that there are some specific topic areas to be addressed in this study for which it is unlikely there will be quantitative data. Also, some of these topics may not have been specifically addressed in previous and current stakeholder input processes. These topics include:

- Availability of prevention and intervention services;
- Impact of populations changes in North Dakota;
- Commercial insurance coverage for behavioral health services;
- Public and private system communications; and
- Integration of behavioral health with physical health.

To the extent feasible, TAC will use the key informant interviews and focus groups to collect respondents' information and perspectives on these topics. The interview guide to be developed under Task 1 will be tailored to specific respondents to gather specific information on these as well as other important topics.

TAC is proposing to conduct on-site visits early in the project to collect additional stakeholder input relative to service gaps and potential service improvements for the behavioral health system. Depending on the type of respondent, we would use face to face or telephone interviews, or focus groups to elicit such input. We plan to work with the Legislative Human Services Committee, Legislative Management and the Department of Human Services/DMHSAS to verify and prioritize key informants and stakeholders to be included in the interviews or focus groups. Based on the Legislative mandate for this study, as well as our experience with this type of project, we assume that stakeholders to be included in the process will include:

- Leadership from the Legislative Human Services Committee and Legislative Management;
- Leaders from state agencies, particularly the Department of Human Services, DMHSAS, the Department of Corrections and Rehabilitation (adult and child divisions), and the Department of Insurance;
- Representatives of adult and juvenile courts;
- Representatives of the State Hospital and the eight Human Services Centers;

- Representatives of the NDMHPC and any other applicable state-level mental health and substance use advisory committee;
- Representatives of statewide advocacy organizations, such as NAMI, Mental Health America (MHA) and the North Dakota Federation of Families for Children’s Mental Health;
- Representatives of the four Native American Tribal Authorities in North Dakota;
- Representatives of state and local law enforcement entities;
- Representatives of the clinical professions relevant to MH and SUD, including emergency medical services;
- Mental Health (MH) and Substance Use Disorder (SUD) provider organizations, as applicable; and
- Representatives of general hospitals providing acute psychiatric and/or substance use-related inpatient care, and representatives of hospital emergency departments with high volumes of behavioral health crisis presentations.

TAC understands that primary consumers and their families are represented in the NDMHPC and perhaps other entities, and also have provided input to other behavioral health needs assessment process in the state. Nonetheless, we recognize that direct consumer and family input is critical to the accuracy of needs assessments and gaps analyses, as well as to the success of the implementation of system improvement initiatives. Thus, we will work with DMHSAS to identify additional methods to obtain direct consumer and family input as part of this process.

TAC proposes to conduct on-site visits in Bismarck and Fargo to complete the stakeholder interviews and focus groups. We have budgeted for two senior staff/consultants for two days in Bismarck, and one day with one senior staff/consultant in Fargo. We anticipate that NAMI and MHA can be helpful in hosting interviews and focus groups in Fargo, since both organizations are located on the eastern edge of the state. In Bismarck, we anticipate DMHSAS will host interviews and focus groups, and will assist with invitations, logistics and scheduling for these activities. In our experience it is difficult and unnecessarily expensive to manage the logistics and scheduling of these types of interviews and focus groups from a distance.

TAC will work with DMHSAS and the Human Services Committee/Legislative Management to prepare a brief description of the project and topics to be discussed during the interviews/focus groups during the site visit. This will be derived from the questions/topic guide developed under Task 1. This brief summary can be provided to invitees in advance of the interviews and focus groups to assist them to prepare for the discussions.

Task 2 Deliverables

TAC expects to produce one deliverable for Task 2: the invitation and topic guide to be shared with invitees for the interviews and focus groups.

Period of Performance

We would expect to conduct the three days of on-site interviews and focus groups in late February or early March, 2014.

Task 3: Produce the Interim and Final Reports

Approach to the Task

TAC proposes to produce a brief interim report in PowerPoint format for review and discussion by the end of April, 2013. TAC will be available to discuss this report with the Committee via teleconference at the end of April or early May. We view this as a discussion document, not as a polished report for external circulation. Pending discussions with the Legislative Human Services Committee and Legislative Management, and input from DMHSAS, we anticipate the interim report will address the following topics:

1. Information sources and methodology for completing the statewide and regional behavioral health system profiles;
2. Presentation of the statewide and regional profile templates, completed as much as possible given available information;
3. Brief summary of stakeholder input received to date;
4. Tentative analysis of findings from the profiles and stakeholder input
 - a. Strengths of the current system
 - b. Possible unmet needs and gaps in the current system
5. Tentative implications for strategic planning and implementation strategies.

TAC typically produces this type of interim report for two purposes. First, the draft report provides officials in North Dakota with an opportunity to review and actively challenge/question the information collected to date. It is essential that information used in the final report is accurate and representative of reality in North Dakota. It is also important that TAC's initial interpretations of the information being presented are accurate and can be employed with confidence to develop strategic options and implementation guidance for the final report.

Second, review and discussions between and among TAC and the various state agencies and Legislative groups engaged in this project begins a process of forging consensus on system improvement activities and gap filling strategies for which; (a) there is agreement about both the

priority and the defined end goal of the proposed initiatives; and (b) there is agreement that such initiatives are capable of being implemented within North Dakota's available resources.

Once review of the interim report is completed, TAC will prepare a draft and final report. Given available resources, this final report will, of necessity, be brief. It will highlight major findings and observations, and outline recommended strategic directions, but it will not be able to go into great depth on all topics. Pending input from Legislative and DMHSAS personnel, we anticipate the final report will include:

1. Introduction and objectives of the project
2. Methodology and information sources
3. Summary of strengths, needs and gaps in the behavioral health system based on the statewide and regional profiles
4. Synthesis and analysis of stakeholder input
5. Summary of major strengths and priority issues to be addressed in the behavioral health system
 - a. Needs and gaps by geographic area
 - b. Differences in adequacy of access, availability and delivery of services for youth and adults with behavioral health needs
6. Specific Issues addressed as part of this study
 - a. Prevention and early intervention resources
 - b. Need for treatment improvements in light of evidence-based and promising practices
 - c. Impact of population changes (particularly in the Northwest area of North Dakota)
 - d. Availability of insurance coverage for behavioral health services
 - e. Communications between the public and private behavioral health sectors
 - f. Integration of physical health with behavioral health
7. Recommended strategic initiatives
8. Recommended implementation steps
 - a. Identification of responsible entity(ies)

- b. Identification of possible legislative changes
- c. Estimated costs by funding source, if applicable

9. Conclusion

TAC will prepare a draft of this Final Report for review by Legislative staff and state officials by the end of May, 2014. Once review has been completed, and no later than June 30, 2014, TAC will prepare a Final Report for general distribution. If desired, TAC will also submit a PDF version that can be circulated electronically.

Kevin Martone, Executive Director of TAC and project leader for this project will travel to Bismarck in late June or early July to present the final report to the Legislative Human Services Committee, Legislative Management, and applicable state officials and stakeholders.

Task 3 Deliverables

TAC plans two deliverables for Task 3:

1. Interim Report (PowerPoint)
2. Draft final report
3. Complete final report

Period of Performance

TAC plans to deliver the draft final report by the end of May, 2014. The complete final report will be delivered no later than June 30, 2014.

Monthly status reports will be delivered to the Legislative Committee by the 15th of the month (or an agreed upon date) in February, March, April and May.

III. TAC Experience and qualifications

Project Team

TAC has assembled an experienced team designed to meet the multi-faceted tasks associated with this project. Below are brief biographical sketches of team members who will participate on the project. Detailed resumes for each are located in Appendix A.

Kevin Martone, Executive Director of TAC, will be the project leader for this project. Kevin has 20 years of experience in executive leadership at the national, state government and nonprofit levels, with expertise in public mental health and human services administration. He specializes in a range of issues related to behavioral health, including policy strategy, system financing and design, Olmstead and community integration, health reform, and the design and delivery of permanent supportive housing. He incorporates his knowledge of complex and related systems issues, including healthcare, homelessness, social services/welfare, community development,

public health and criminal justice, and their intersection with the political environment into his work.

Kevin joined TAC in 2011 as Director of Behavioral Health before taking over as Executive Director in September 2012. Prior to joining TAC, Kevin served as President of the National Association of State Mental Health Program Directors (NASMHPD), where he advanced key policy issues on behalf of the nation's public mental health systems before Congress, and federal agencies including the U.S. Centers for Medicare and Medicaid Services, the U.S. Department of Housing and Urban Development, and the Substance Abuse and Mental Health Services Administration, and other stakeholder groups. Kevin served as Deputy Commissioner of the New Jersey Department of Human Services overseeing the state authority for mental health and substance abuse. There, he led a statewide systemic transformation of the public behavioral health system that advanced recovery, expanded peer-delivered services, improved access to community-based programs, and decreased reliance on acute care. Kevin negotiated the State's Olmstead Settlement Agreement upon his arrival, resulting in a plan to create over 1,000 new units of supportive housing for people leaving psychiatric hospitals or who were homeless.

Kevin's experience also includes serving as President and CEO of a statewide supportive housing provider in New Jersey that extensively utilized federal, state and local housing development and rental assistance programs to design, implement, and operate supportive housing for people receiving services from the public behavioral health system.

Peter Rockholz has forty years' experience in the behavioral health field, specializing in assessment and re-engineering of statewide, recovery-oriented systems of care. He has worked in clinical and administrative leadership roles in five non-profit organizations in Connecticut, Massachusetts and New York City. Mr. Rockholz has also worked as a national consultant, during the past twenty years, providing technical assistance and training in 27 states -- primarily for State behavioral health, criminal and juvenile justice, and non-profit substance abuse agencies, individual correctional institutions and the U.S. Department of Justice. He served as Deputy Commissioner of the Connecticut Department of Mental Health and Addiction Services from 2005-2009, under appointment by Governor M. Jodi Rell, with responsibility for oversight of over \$250 million of contracted community-based behavioral health services. He is a nationally-recognized expert in the areas of State systems assessment and development, adolescent substance abuse treatment, therapeutic communities (TC), and institutional culture assessment and change. Mr. Rockholz received his Master of Science degree in Social Work from Columbia University in 1978. He is a licensed clinical social worker and a former faculty member at the Yale School of Medicine. He has authored numerous articles, papers and chapters, and serves as a reviewer for the *American Journal of Addictions* and the *Journal of Behavioral Health Services & Research*, and serves on the editorial board of the *Offender Programs Report*.

Peter will be involved in on-site work, including key informant interviews and stakeholder focus groups, as well as information review and analysis and report writing.

Tom Kirk, PhD, is currently an independent consultant working with TAC and has worked on several projects in 15 states and Canada related to the design and alignment of mental health and/or substance abuse services, including lead consultation on the merger of New Jersey's behavioral health system. Prior to this role, Dr. Kirk was the Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS) from 2000 until 2009 after having served as Deputy Commissioner since October 1995 as the State began the merger of mental health and substance abuse service systems. As Commissioner, he was responsible for the largest public/private healthcare service system in Connecticut for persons with psychiatric disorders, substance use disorders, or both. This system includes hospital and community-based care provided by 4,000 DMHAS employees and an array of prevention, treatment, and recovery support services that 100 private nonprofit service agencies deliver. The DMHAS annual budget was about \$700 million. Dr. Kirk has held appointments to the SAMHSA National Advisory Council and (currently) the National Advisory Council of NIDA, and has served on workgroups of the Betty Ford Institute, Robert Wood Johnson and MacArthur Foundations, and the Milbank Memorial Fund. He has authored and presented numerous professional papers and has received national career awards. Dr. Kirk focuses primarily on designing, implementing, financing, and managing recovery-oriented healthcare systems. He earned his Ph.D. in experimental/clinical psychology from the Catholic University of America.

Dr. Kirk will be involved in the development of recommendations based on the needs and gaps identified during the system analysis.

Stephen L. Day, MSW, will provide technical assistance and consultation on a range of issues in each of the phases, including administrative and programmatic analysis, best practices, financing mechanisms. Mr. Day is a Senior Consultant at TAC and specializes in the implementation and financing of best practice mental health, substance abuse and related human services, organizational development and management, strategic planning, and consumer-based outcome and performance measurement. Prior to founding TAC in 1992, Mr. Day was Deputy Commissioner for the Massachusetts Department of Mental Health. Mr. Day has consulted to over 100 state and local mental health, substance abuse, human services and affordable housing agencies, including in the District of Columbia, on service design and administrative best practices, Medicaid and related financing opportunities, and linking mainstream services with affordable supportive housing for people with disabilities and people who are homeless.

Kelly English, PhD, will assist in the analysis of information and provide consultation on issues pertaining to children's behavioral health and Medicaid financing. Dr. English has expertise in Medicaid behavioral health financing, policy, research, and clinical practice with children and families. Prior to joining TAC, she served as a consultant to Massachusetts Medicaid on the implementation of new behavioral health services for youth developed to remediate a class-action EPSDT lawsuit. Dr. English also worked for several years for the Massachusetts Medicaid behavioral health carve-out vendor, assuming key roles on child and adolescent issues with the provider network, state agencies, and stakeholder groups. While there she also led efforts to organize care management approaches for children with serious emotional

disturbance and worked to ensure providers delivered high quality behavioral health services to Medicaid members.

Dr. English's expertise and interests are in the areas of design and implementation of care management approaches, systems of care development, person-centered planning, quality improvement strategies, and program evaluation. Her focus is also on assisting states to leverage Medicaid to develop services to ensure that vulnerable populations have access to the services they need to be successful at home and in the community. She is a licensed independent clinical social worker and holds a Ph.D. in social work from the Boston College Graduate School of Social Work.

Sally English came to TAC in September of 2013 as a Macro Masters Social Work Intern and is currently a second year student at Boston College's Graduate School of Social Work (GSSW). At TAC, Sally is involved in monitoring and recording changes within state healthcare systems for a project providing technical assistance to U.S. Department of Housing and Urban Development grantees. Additionally, Sally has been involved in the evaluation process of the Massachusetts Wraparound Coaching Initiative, which aims to maintain fidelity to evidence-based practice providing mental health services to youth. As a student in GSSW's Macro Social Innovation and Leadership track, Sally's coursework has focused on needs assessment, program development and implementation, policy analysis, and transformational leadership as tools to drive sustainable social innovation. Prior to arriving at TAC, Sally was a Peace Corps Volunteer in Ukraine where she focused on HIV and substance use prevention, as well as teaching leadership as a means to civic engagement. Sally also has five years experience working directly with people with intellectual disabilities teaching life and social skills.

Sally will provide information gathering and research support to the project.

Corporate experience

TAC is a nationally recognized and highly qualified 501(c)(3) nonprofit consulting firm with over 20 years of successful experience in providing consultation, technical assistance, and training on mental health and substance abuse system design, administration, financing and program implementation issues. Many system redesign efforts across the country have benefitted from TAC's direct knowledge and experience in government administration, complex federal, state and local programs and financing and expertise in facilitating system-wide changes so that programs and services work for people. This is particularly important at a time when several issues are converging on behavioral health systems, including implementation of the ACA and parity, and development of integrated behavioral health and primary care strategies.

TAC brings together expertise in mental health, substance use, Medicaid, and other human service issues, including firsthand experience in merging mental health and substance abuse systems and aligning behavioral health services. TAC's leadership team has extensive state government experience having served in State Mental Health Authority (SMHA) commissioner and upper management positions (DC, NJ, MA, PA, OH), as well as oversight of the Single State Agency (SSA) for substance abuse (NJ), and are considered experts in government level administration and best practices.

TAC's highly qualified and multidisciplinary staff has extensive and successful experience working at both the service delivery and systems levels to improve the quantity and quality of behavioral health services needed by individuals to achieve and maintain recovery. TAC's consulting staff includes 17 multi-disciplinary professionals with in-depth expertise and extensive experience in public mental health systems, evidence-based practices in behavioral health, and affordable and supportive housing. TAC's Senior Associates have decades of experience in the organization, financing, and delivery of publicly financed mental health, substance abuse, and health care services.

TAC's firsthand experience in managing government agencies makes us keenly aware of the challenges associated with aligning administration, policy and practice across governmental agencies. Associated with this, TAC's team is versed in working with legislative bodies on shaping policy and related statutes necessary for system administration and change. TAC's resume includes hundreds of consultations and technical assistance interventions with federal, state, and local public behavioral health and human services systems to facilitate access to the broad array of supports and services needed by those with mental illness and/or substance use disorders. TAC's work frequently includes working with governmental behavioral health agencies to maximize federal funding and to braid Medicaid, block grant and state/local funds. We are also skilled at identifying behavioral health workforce issues and developing and delivering training content for systems, including that which is incorporated into Medicaid requirements.

Recent Projects relevant to this Project

California Department of Health Care Services (DHCS)

In 2010, the California Department of Health Care Services (DHCS) contracted with the Technical Assistance Collaborative (TAC) to conduct a Mental Health and Substance Use System Needs Assessment and to develop a Mental Health and Substance Use Service System Plan. The Needs Assessment was carried out to satisfy the Special Terms and Conditions required by the Centers for Medicare and Medicaid Services (CMS) as part of California's Section 1115 Bridge to Reform waiver approval.

The primary purpose of the Needs Assessment was to review the needs and service utilization of current Medicaid recipients and identify opportunities to ready Medi-Cal, California's Medicaid program, for the expansion of enrollees and the increased demand for services resulting from health reform. The report focused on the Medi-Cal mental health and substance use systems, and also included analysis of data from the State's Department of Alcohol and Drug Programs' California Outcomes Measurement System Treatment (CalOMS Tx) database, and the Department of Mental Health's Client and Services Information (CSI) data set.

In addition to analysis of the three major datasets listed above, site visits, focus groups and interviews with over 140 key informants were an important element of the information collection process. TAC collected and reviewed over 100 documents related to California's mental health and substance use service systems. These activities resulted in a comprehensive report focusing on the following areas:

- Estimation of the prevalence of mental illness and substance use disorders (SUDs) among the population of California;
- Analysis of service utilization, expenditures, and service penetration rates for the Medi-Cal, Department of Alcohol and Drug Programs (DADP), and Department of Mental Health (DMH) programs;
- Projected numbers for and characteristics of the 2014 Medi-Cal expansion population;
- Identification of issues related to certain special populations enrolled in the Medi-Cal program;
- Analysis of provider capacity and mental health and substance use workforce issues;
- Analysis of the state of health integration in California; and
- Review of issues related to health information technology for mental health and substance use providers.

Iowa Department of Human Services

TAC has been working with the Iowa Department of Human Services since 2011 in a legislatively initiated redesign of the adult mental health and disability service system. TAC worked with state staff, the legislature and stakeholders to design a regionally-based services and financing system. This also included identifying ways to implement best practices in rural areas and utilizing outcomes measures to drive performance improvement. TAC's report of recommendations was received positively and the legislature acted on many of the redesign recommendations. TAC has also been assisting DHS with development of its children's system of care. This included facilitation of a legislatively mandated children's committee composed of legislators, state staff and stakeholders and resulted in the development of a report of recommendations that was submitted to the Iowa legislature in November 2013. The legislature is currently considering the November 2013 children's system recommendations.

Nebraska Division of Behavioral Health

TAC is working with the Nebraska Division of Behavioral Health to provide a limited assessment of their behavioral health system and its consistency with the U.S. Supreme Court *Olmstead* decision that requires that individuals with mental illness and other disabilities live in integrated settings. TAC has provided a series of recommendations to DBH to assist them in strengthening their ability to serve people in the most integrated settings possible. This engagement included on-site interviews and focus groups with a range of state staff and stakeholders to help inform TAC's analysis and recommendations.

Louisiana Department of Health and Hospitals

TAC has been working with Louisiana since Hurricane Katrina to design and implement a major supportive housing initiative for people with mental illness and other disabilities as part of the

rebuilding efforts. This work has included the financing and development of affordable housing and support services consistent with best practices. The Louisiana Department of Health and Hospitals has implemented TAC's recommendations for the design and financing of its supportive housing system. This included incorporating TAC's recommendations into a Medicaid waiver and state plan amendment to finance services which were subsequently approved by the Center for Medicaid Services.

Montana Mental Health and Addictive Disorders Division

TAC recently provided a webinar to the Montana Mental Health and Addictive Disorders Division, Projects for Assistance in Transition from Homelessness (PATH) program and its providers on best practices in supportive housing for individuals with behavioral health disorders who are homeless. The webinar focused on the provision of services and housing-related supports and housing retention strategies in this large, rural state.

Massachusetts Legislature, Mental Health Advisory Committee

TAC is working in partnership with another firm to assist the Massachusetts Legislature Mental Health Advisory Committee with an assessment of the mental health system. Specific areas of focus include geographic inpatient and outpatient capacity and access to services, Medicaid and private insurance coverage, *Olmstead* compliance, and utilization options for inpatient beds. Recommendations are being made to improve access to the system, reduce over-utilization of emergency and crisis services, and to improve the quality of services.

U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)

TAC has worked with SAMHSA on numerous important projects related to affordable housing and the permanent supportive housing approach. *Understanding SAMHSA's Role in Housing: A Primer on Affordable Housing Policy* was developed by TAC as a briefing manual and training product for SAMHSA staff. This product underscores the relevance of affordable housing to SAMHSA's mission and strategic objectives and provides state-of-the-art information on federal housing policies and programs and effective housing-related service approaches.

In partnership with several national groups, TAC also developed key sections of SAMHSA's highly successful [Evidence-Based Practice Permanent Supportive Housing Tool Kit](#), including materials related to federal housing and service funding streams, the affordable housing delivery system, mental health/housing system partnerships, and the Tool Kit's PSH fidelity scale.

TAC is part of the evaluation team for SAMHSA's National Evaluation of Homeless Programs, a large-scale evaluation of four SAMHSA grant programs including the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), Cooperative Agreements for the Benefit of Homeless Individuals (CABHI), and the Projects for Assistance in Transition from Homelessness (PATH) programs. TAC is providing hands-on expertise in the development and implementation of data collection tools and processes regarding permanent supportive housing and evidence-based clinical and wrap-around support services.

Individual References:

1. Rollin Ives, Special Advisor for Mental Health and Substance Use Disorder Services, California Department of Healthcare Services
Telephone: (916) 552-9992
2. Chuck Palmer, Director, Iowa Department of Human Services
Telephone: (515) 281-3780 (Theresa Armstrong)
3. Scot Adams, Director, Nebraska Division of Behavioral Health Services
Telephone: (402) 471-8553
4. Marlene Disburg-Ross, PATH Coordinator, Montana Mental Health and Addictive Disorders Division
Telephone: (406) 655-7660

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IV. Proposed Budget

TAC is proposing a total budget of \$45,000 for this project. This includes \$40,650 for a minimum of 224 staff/consultant hours, and \$4,350 for on-site travel and per diem costs.² In consideration of the limited resources available for this project, we plan to donate an additional \$6,600 worth of TAC staff time to complete the project.

TAC is a 501(c)(3) non-profit corporation, and as such we do not add a fee or profit to our project budgets. All direct overhead costs for this project are incorporated into our billable rates.

Project Budget

TASK	TAC Staff Hours	TAC Staff Budget	Travel Expenses ¹	Total Budget	Pro Bono Hours	Pro Bono Expenses ²
1. Document and Data Review	54	\$9,800	NA	\$9,800	60	\$3,000
2. Stakeholder Focus Groups (on-site)	74	\$13,650	\$3,100	\$16,750	32	\$1,600
3. Interim and Final Report (with final on-site meeting)	96	\$17,200	\$1,250	\$18,450	40	\$2,000
TOTAL	224	\$40,650	\$4,350	\$45,000	132	\$6,600

Budget Notes:

1. Travel Expenses includes round trip air, hotel, meals, ground transportation, parking, fuel, and other related expenses. Hotel expenses budgeted at government rate of \$74.70 per night plus tax.
2. TAC's Pro Bono budget contribution is on top of \$45,000 contract budget.

² TAC will adhere to the state's rate of \$74.70 for lodging costs while in North Dakota.

Appendix A
Resumes

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