STUDY OF BEHAVIORAL HEALTH NEEDS - INFORMATION REGARDING THE REQUEST FOR PROPOSAL AND PROPOSAL RESPONSES

BACKGROUND INFORMATION

Section 1 of 2013 Senate Bill No. 2243 provides for a Legislative Management study of behavioral health needs. The study must include consideration of behavioral health needs of youth and adults, and the scope of the study must include consideration of access, availability, and delivery of services. The study must include input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions. The Legislative Council may contract for consulting and coordination of study services to assist the Legislative Management in conducting the behavioral health study. The Human Services Committee has been assigned this responsibility for the 2013-14 interim.

REQUEST FOR PROPOSAL

On November 12, 2013, as directed by the committee, the Legislative Council issued a request for proposal (RFP) for consultant services for assistance in a study of behavioral health needs of youth and adults in North Dakota. The specific areas the study is to address are:

1. Identify stakeholders of the behavioral health system.
2. Identify the need for behavioral health services by geographic area of North Dakota.
3. Assess the availability and adequacy of supports, services, and facilities to meet the need for behavioral health services in the state by:
   a. Identifying the services, supports, and facilities available in the state by geographic area;
   b. Identifying gaps in coverage;
   c. Identifying differences in adequacy of access, availability, and delivery of services for youth with behavioral health needs and adults with behavioral health needs;
   d. Assessing the availability of prevention and early intervention services for behavioral health in North Dakota;
   e. Identifying areas of treatment needing improvement, taking into account new evidence-based practices leading to effective recovery; and
   f. Assessing the impact of population changes in North Dakota on behavioral health service systems.
4. Assess the availability of insurance coverage for behavioral health care in North Dakota.
5. Assess the adequacy of communications between the public and private systems of behavioral health services.
6. Assess the adequacy of integration of the physical health care and behavioral health care systems in North Dakota.
7. Develop a plan based on specific goals and objectives to improve behavioral health services in North Dakota.
8. Provide recommendations to implement the plan to improve behavioral health services in North Dakota. Recommendations should identify the entity responsible for implementing the recommendation, required legislative changes, and any estimated costs by funding source.

Proposals were due to the Legislative Council office on December 13, 2013.

SUMMARY OF REQUEST FOR PROPOSAL RESPONSES

Below is a summary of consultant background and proposal information gathered from the consultants' proposals and websites.

Summary Proposal Information	North Dakota Rural Behavioral Health Network (NDRBHN)	Schulte Consulting, LLC	Technical Assistance Collaborative, Inc. (TAC)
Consultant profile	The NDRBHN Advisory Council includes representation from diverse constituencies, including law enforcement, health care, government agencies, social services, advocacy groups, consultants, and other stakeholders. The organizations represented on the governance committee include Mental Health America North Dakota; Federation of Families; Coal Country Community Health Center; Mandan, Hidatsa, and Arikara Nation; ND Area Health Education Center; Sakakawea Medical Center; and Essentia Health. The NDRBHN's mission is to improve access to behavioral health care and eliminate behavioral health disparities in rural and tribal communities.	Ms. Renee Schulte uses her experience as a mental health professional and a state legislator to build trust and respect among groups from differing backgrounds and perspectives. She brings knowledge and understanding of the legislative process necessary to create and implement change. The mission of Schulte Consulting is navigating the public policy and practice, researching legislative issues, and implementing positive change.	TAC is a well-respected, nationally recognized, nonprofit consulting firm. TAC consultants include several former state behavioral health commissioners or directors and others with significant government and provider experience. TAC's core mission focuses on affordable housing, health care, and human services policy and systems development.
Lead contact	Dr. Jennifer Boeckel, Doctor of Philosophy (Ph.D.), Licensed Clinical Social Worker (LCSW), Boeckel Consulting	Ms. Renee Schulte, Master of Arts (MA), Counseling and Educational Psychology	Mr. Kevin Martone, Master of Social Work (MSW), Executive Director
Other team members	Dr. Pat Conway, Ph.D., LCSW, Senior Research Scientist; Ms. Danielle Myers-Wilson, MA, Sociology, Research and Evaluation Specialist; and Ms. Dovie Borth, Certified Public Accountant, Master of Business Administration (MBA), Finance Director	Ms. Elle Victoria-Gray, MSW	Mr. Peter Rockholz, Master of Science, Social Work, LCSW Dr. Thomas A. Kirk, Ph.D., Health Care Consultant; Mr. Stephen L. Day, MSW, Senior Consultant; Dr. Kelly English, Ph.D., Licensed Independent Clinical Social Worker, Senior Associate; and Ms. Sally English, Macro Masters Social Work Intern
Expertise and experience	The NDRBHN has already begun a behavioral health needs assessment for North Dakota in rural and tribal communities. Dr. Boeckel's experience includes evaluation of content and programming for University of North Dakota (UND) Center for Rural Health and NDRBHN research projects. Dr. Conway's experience includes evaluation of the North Dakota Garrett Lee Smith Youth Suicide Prevention Project, evaluation of Hillsboro's Reality Check Program, an Arkansas health assessment, and the NDRBHN 2011-12 Needs Assessment.	Schulte Consulting, LLC, has experience including building a trend proposal for youth services in Iowa used to garner grant awards and legislative appropriations for programming. In addition, Schulte Consulting authored the administrative rules to implement mental health reform in Iowa. Additional work includes consulting the children's disability and advocacy workgroups and shaping the peer support training program in Iowa.	Founded 22 years ago, TAC has worked with state and local governments and nonprofit 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. TAC brings firsthand experience in merging mental health and substance abuse systems and aligning behavioral health services.

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	Ms. Myers-Wilson's experience includes work as a Project Coordinator - Research and Evaluation for UND and Mayville State University, as a Research and Evaluation Specialist for the Essentia Institute of Rural Health, and as an Evaluation Coordinator - Research and Evaluation for Cankdeska Cikana Community College.	Ms. Schulte has a Master of Counseling and Educational Psychology degree, specializing in systems theory and group processing. As a Licensed Mental Health Counselor, she has worked in most levels of the behavioral health system, including disability services, inpatient psychiatric, in-home family therapy, and foster care. As a legislator, she led mental health reform in the state of Iowa. She currently contracts with the Iowa Department of Human Services implementing the reform. Ms. Victoria-Gray's experience includes work in Welfare-to-Work programs and youth offender work in California, family counselor and psychotherapist work in Illinois and Iowa, and clinical social work at University of Iowa Hospitals and Clinics.	Recent relevant projects completed by TAC include: 1. In 2010 the California Department of Health Care Services (DHCS) contracted with TAC to conduct a Mental Health and Substance Use System Needs Assessment and to develop a Mental Health and Substance Use Service System Plan. 2. 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. 3. TAC is working with the Nebraska Division of Behavioral Health to provide a limited assessment of its behavioral health system and its consistency with the United States Supreme Court *Olmstead* decision that requires individuals with mental illness and other disabilities live in integrated settings. 4. 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. 5. TAC recently provided a webinar to the Montana Mental Health and Addictive Disorders Division, Projects for Assistance in Transition from Homelessness program and its providers on best practices in supportive housing for individuals with behavioral health disorders who are homeless. 6. 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.
Project plan	The NDRBHN will complete the study by July 1, 2014. The study will be based on input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.	Schulte Consulting's plan to complete the project is: 1. Review all the previous interim, committee, and subcommittee recommendations to date and any implementation. 2. Determine stakeholders who have historically been part of discussions of behavioral health care in North Dakota and identify any gaps in persons at the table.	TAC proposes to conduct the behavioral health needs assessment and gaps analysis project using three interrelated tasks: 1. Review available documents and data to produce baseline descriptions of behavioral health service resources and potential gaps on a statewide and regional basis. 2. Receive and synthesize stakeholder input. TAC

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	NDRBHN plans to complete the project as follows: 1. Engage stakeholders to identify sources of data, refine the needs assessment process, complete a plan with goals and objectives, and prioritize strategies. The team will involve the NDRBHN Advisory Council members and newly identified stakeholders to obtain information for the needs assessment. 2. Describe behavioral health needs of children and adults by region and statewide. NDRBHN will create state and regional profiles, obtain feedback from the NDRBHN Advisory Council and other stakeholders, conduct three townhall meetings, and summarize needs by region and age group. The evaluation team will review and summarize already-existing materials that document behavioral health needs in North Dakota. 3. Identify available prevention, early intervention, and treatment services for youth and adults by region. NDRBHN will identify the services, supports, and facilities available in the state by geographic area and age group. Gaps in coverage by geographic area and age group can then be identified. Recent changes in population across the state that impact the availability of and gaps in service will be highlighted. Insurance issues impacting access to behavioral health services, resulting from health care changes at the national and state level, will be described. Resources for prevention, early intervention, and treatment will be collected from the NDRBHN Advisory Council and other stakeholders. 4. Describe the adequacy of integration of the physical health care and behavioral health care systems. NDRBHN will collect information from oranizations currently integrating the two--State Department of Health's project to increase depression screening in primary care, Essentia Health, Sanford Health, Altru, Indian Health Service, community health clinics, and others identified by the Advisory Council	3. Obtain any maps and budgetary information available to assess statewide access and needs. 4. Review current law related to mental health coverage and the Affordable Care Act. 5. Request any outcomes data from the eight regional facilities. 6. Work with stakeholders to determine gaps and needs across the state. 7. Develop a plan with recommendations to implement behavioral health reform in North Dakota.	understands that considerable stakeholder input has been collected by the Division of Mental Health and Substance Abuse Services (DMHSAS) over the past few years. There is also an indication that DMHSAS has collected and is currently assembling additional stakeholder input. To the extent feasible, TAC will use the key informant interviews and focus groups to collect respondents' information and perspectives on these topics. TAC is proposing to conduct onsite visits early in the project to collect additional stakeholder input relative to service gaps and potential service improvements for the behavioral health system. 3. Produce the interim and final reports. TAC proposes to produce a brief interim report in PowerPoint format for review and discussion by the end of April 2014. TAC will be available to discuss this report with the committee via teleconference at the end of April or early May. Once review of the interim report is completed, TAC will prepare a draft and final report. It will highlight major findings and observations and outline recommended strategic directions, but will not include specific details on all topics.

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	5. Identify areas of treatment needing improvement (evidence-based recovery). The current research regarding successful recovery strategies, such as Peer Support, Parent Peer Support, and online recovery models will be summarized. NDRBHN will work with the North Dakota Family Consumer Group and providers to ensure that evidence-based recovery efforts appropriate for North Dakota are identified. 6. Assess the adequacy of communications between the public and private systems of behavioral health services. Existing data regarding communications between public and private behavioral health services will be summarized. The Consumer Family Network and providers will be asked to assist in identifying participants for the townhall meetings who could address this issue. 7. Develop a plan based on specific goals and objectives to improve behavioral health services in North Dakota. The NDRBHN Advisory Council and other stakeholders identified throughout the activities in January through April will be invited to participate in a meeting in Bismarck in May 2014. The information gained about needs, resources, and gaps in resources will be presented to participants at this meeting. They will participate in a strategic planning process to identify goals and objectives. 8. Make recommendations to implement the plan. Participants in the May 2014 meeting will identify recommendations and prioritize them. The final plan, including the goals, objectives, and recommendations, will be sent to stakeholders for their review prior to completion of the needs assessment. 9. Disseminate the needs assessment. The final report, created through the previously described process, will be submitted by July 1, 2014.		
Proposal cost	$45,000 with an in-kind budget contribution of $19,900	$44,000	$45,000 with a pro bono budget contribution of $6,600