BHRS College

Requests for Proposals & Contracting

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Purpose of Today

- Overview of the RFP and contracting process from the BHRS program perspective
- Contractor selection process
- > Essential elements of the contract
- Key components of contract monitoring
- Strategies for success and other lessons learned

Core Partners & Roles

- BHRS Program Staff
- > BHRS Contracts Unit
- > BHRS Financial Services
- BHRS Quality Management
- > Health System Administration
- County Counsel
- County Manager's Office

Why Contract for Services?

- Other agencies offer quality services needed by the County
- County unable to provide services internally
 - Lack content expertise
 - Lack staffing to meet need (ie; language, culture)
 - County lacks facilities where services are needed (location)
- Contracted services are cost effective and offer flexibility

Types of BHRS Contracts

- > Direct services provided to a client
- A service or product provided to the County, County staff, or other County contractors
 - Technical assistance (ie: housing, IT technical assistance)
 - Specific expertise (ie: clinical consultant to AOD staff)
 - Purchase of a product and related services (ie: Avatar)
- Memorandums of Understanding (MOUs) with other County departments and programs.
 - ie: VRS, HIV services

Examples of Client Service Contracts

A range of services and care settings are provided via contract for BHRS clients, including:

Mental Health Services

- Outreach Services
- Community based Case Management
- Locked Mental Health facilities
- IMD (Institutes for Mental Disease)
- Board and Care
- Skilled Nursing

Alcohol and Other Drug Services

- Community based prevention partnerships
- A continuum of treatment services (ie: Outpatient, Residential)

Contractor Selection

- Typically 6-9 months from planning to contract execution.
- Generally use RFP Process
 - Public funds require fair and transparent awards process
 - Allows potential/interested entities to propose services to meet county needs
 - RFP's help ensure quality and value of contracted services
- In limited situations, other processes are acceptable
 - sole source, quotes, any qualified provider

Requests for Proposals

BHRS Program staff responsibility

- Identify funding source/availability (with fiscal)
- Define scope of needed services
- Define deliverables, outcomes, objectives
- Identify other Federal, State, local program requirements
- Establish RFP evaluation criteria (program services, organizational capacity)
- Identify RFP review panelists with subject matter expertise

Requests for Proposals

BHRS Contracts staff responsibility

- Ensure RFP meets County process and content requirement
- Consult with County Counsel as needed
- Ensure RFP is broadly publicized
- Coordinate logistics of RFP including "proposers" conference and review panels
- Primary liaison between fiscal, program, county counsel, health admin, etc.

Negotiating Contracts

- Purpose of negotiations
- Key Elements to negotiate
 - Scope of Work or Services
 - Financials (payment rates and methods)
 - Contract Deliverables
 - Expected Outcomes
 - Reporting Requirements
 - Federal, State, Local, or other requirements

Developing the Contract

- > Can take 6 months, from negotiations to contract
- Based on results of negotiations and includes the same key elements
- Responsibilities of BHRS program
 - Scope of services, deliverable and outcomes, unit rate, and payment, other program requirements
- Contract Unit Responsibilities
 - Ensure meet county content and process requirements, liaison between program, fiscal, health admin, and county counsel; contracts logistics

Purpose of Contract Monitoring

- Monitor performance and contracted deliverables
- Ensure service quality
- Identify training and technical assistance needs
- Assess organization health
- Build business relationship

Contract Monitoring: Performance

Contract deliverables

- Number of clients served
- > Units of services
- > Types and frequency of services delivered
- Documentation and billable activities
- > Reporting requirements

Contract Monitoring Service Quality

- Staff skills and training
- Status review of clients served
- Periodic review: all program clients reviewed within 6 months, 1 year time period
- Coordination with other services providers and community entities
- Fidelity to specific service model
- Implementation of Standard of Cares and other Federal or State Care Requirements (Community Care Licensing, MediCal, etc)

Contract Monitoring: Organizational Health

- Organizational philosophy
- Infrastructure and supports
- Appropriate staffing
- > Overall Performance
- Diversification of funding/sustainability
- Board member engagement
- Awareness of and preparation for changes in the field (long term viability)
- Community relations and collaboration

Monitoring Tools

- > Site Reviews
- Documentation /Chart Reviews
- Utilization Reviews
- Audits and Cost Report
- Incident Reports
- Consumer Complaints and Grievance
- Corrective Action Plans
- Other Outcomes and Performance Data Analysis
 - Provider Performance
 - rates of client engagement, retention, and completion
 - Improved Client Outcomes
 - decrease in arrests, reduced hospital visits

Contractor Relationships

- Establish a positive and collaborative working relationship
- Quality changes comes over time through partnering and evolving together
- Clearly identify and changes in the field, gaps, and training needs
- Balance of accountability and supports
- > Be careful about "mandates"

Lessons Learned

- Simplify contracts by moving standard program requirements to a manual or website and add language requiring compliance
- Adding contract language does not ensure quality or deliverables
- Establish long term collaborative business relationship of continuous quality improve (financial, administrative, programmatic)
- Cultivate continuity and resilience during times of change in contract agencies (ie: leadership turnover)
- As BHRS integrates, honor, value and support the evolution of the distinct knowledge of unique services.

Questions?