

**PROFESSIONAL SERVICES AGREEMENT
FOR
BEHAVIORAL HEALTH SYSTEM AND STABILIZATION CONSULTING SERVICES**

THIS AGREEMENT, made and entered into this 20th day of April 2015, by and between the County of Bernalillo, New Mexico, a political subdivision in the State of New Mexico, (hereinafter referred to as the "County"), and Community Partners, Inc., an Arizona non-profit corporation, (hereinafter referred to as the "Contractor").

WITNESSED:

WHEREAS, the County issued a Request for Proposals for Behavioral Health System and Stabilization Consulting Services, RFP No. 25-15-PL, attached hereto as Exhibit A; and

WHEREAS, the Contractor submitted its Proposal, dated March 17, 2015, in response to RFP No. 25-15-PL, attached hereto as Exhibit B; and

WHEREAS, as a result of Contract Negotiations, the Contractor submitted a Final Negotiation Letter dated April 16, 2015, including a revised Appendix E (Cost Proposal Form) and E-1 (Staffing Cost Form) and additional cost detail, attached hereto as Exhibit C; and

WHEREAS, the County desires to engage the Contractor to render certain services in connection therewith, and the Contractor is willing to provide such services.

NOW, THEREFORE, in consideration of the premises and mutual obligations herein, the parties hereto do mutually agree as follows:

1. Scope of Services

The Contractor shall provide Consulting Services related to the development of a Behavioral Health System and service delivery plan, in accordance with Exhibit A as supplemented by Exhibit B and Exhibit C, all of which are incorporated herein by reference, and made a part of this Agreement.

2. Term

This Agreement shall become effective upon the date of final execution and shall continue for a period of two (2) years with an option to extend an additional (2) two additional years, unless terminated by either party pursuant to the termination provisions contained herein.

3. Termination for Cause

If, through any cause, the Contractor fails to materially fulfill the Contractor's obligations under this Agreement in a timely and proper manner, or if the Contractor materially violates any of the covenants, agreements or stipulations of any part of this Agreement, the County shall have the right to terminate the Agreement. The County reserves the right to recover any excess costs incurred by deduction from an unpaid balance due to the Contractor, or any other legal method. Cancellation shall be done by giving written Notice of Cancellation to the Contractor. The Notice of Cancellation shall include the effective date of cancellation.

The official address of the County is:

The County Purchasing Department
One Civic Plaza NW, Room 10010
Albuquerque, NM 87102

The official address of the Contractor is:

Community Partners, Inc.
4575 East Broadway Boulevard
Tucson, Arizona 85711

4. Termination for Lack of Appropriations

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Bernalillo County Commission for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Bernalillo County Commission, this Agreement shall terminate upon written notice being given by the County to the Contractor. The County's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final.

5. Termination for Convenience of County

The County may terminate this Agreement at any time by giving at least thirty (30) calendar days notice in writing to the Contractor. If the Agreement is terminated by the County as provided herein, the Contractor will be paid in the amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Agreement, less payments previously made.

6. Termination for Convenience by Contractor

The Contractor may terminate this Agreement at any time by giving at least thirty (30) calendar days notice in writing to the County. If the Agreement is terminated by the Contractor as provided herein, the Contractor will be paid in the amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Agreement, less payments previously made.

7. Compensation and Method of Payment

A. The County will pay to the Contractor in full payment for services rendered, the sum of \$324,611.00 in accordance with Exhibit C, attached hereto, plus the applicable gross receipt taxes, which constitutes full and complete compensation for the Contractor's services under this Agreement, including all expenditures made and expenses incurred by the Contractor in performing such services.

B. Method of Payment: Upon completion of work in a manner satisfactory to the County, and upon receipt by the County of a properly documented invoice, payment to the Contractor will be made within thirty (30) days from receipt of the invoice. Except as otherwise agreed to, late payment charges may be assessed against the County in the amount and under the conditions set forth in NMSA 1978, §13-1-158.

C. Invoices: Invoices shall be mailed, faxed, or e-mailed to: Bernalillo County Accounts Payable Office, One Civic Plaza NW, Albuquerque, New Mexico 87102, Fax Number (505-468-7201) or E-Mail Address: accountspayable@bernco.gov.

8. Independent Contractor

Neither the Contractor nor its employees are considered to be employees of the County for any purpose whatsoever. The Contractor is considered to be an Independent Contractor at all times in the performance described herein. The Contractor further agrees that neither it nor its employees are entitled to any benefits from the County under the provisions of the Worker's Compensation Act of the state of New Mexico, or to any of the benefits granted to employees. The Contractor shall not accrue leave, retirement, workers' compensation benefits, insurance, bonding, use of County vehicles, or any other benefits afforded to employees of the County, as a result of this Agreement. The County shall provide no liability coverage to the Contractor. The Contractor acknowledges that all sums received hereunder are reportable for income tax purposes as applicable for self-employment or business income, and New Mexico Gross Receipts Tax.

9. Personnel

A. The Contractor represents that it has, or will secure at its own expense, all personnel required in performing the services as described under this Agreement. Such personnel shall not be employees of or have any contractual relationships with the County.

B. The services required hereunder will be performed by the Contractor or under its supervision and all personnel engaged in performing the services shall be fully qualified and shall be authorized or permitted under federal, state and local laws to perform such services.

C. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Any portion of the services subcontracted hereunder shall be specified by written agreement and shall be subject to each provision of this Agreement.

10. Key Personnel

The Key Personnel are considered to be essential to the work being performed and consists of staff members identified herein that are critical to completion of the work. In the event that members(s) of the Key Personnel cannot fulfill their obligations to the County, a replacement must be assigned and approved by the County to complete the required work. The Contractor shall provide a detailed explanation of the circumstances for the proposed replacements, complete resumes for the proposed replacement(s), and any additional information requested by the County. Proposed replacements should have comparable qualifications to those of the persons being replaced. The Contractor shall provide a no-charge ramp-up period for any replacement Key Personnel. The no-charge ramp-up cost will only take effect for replacement initiated by the Contractor. This ramp-up period shall be equal to forty (40) hours for Key Personnel positions. If required, the parties will renegotiate the hourly fee(s) for the replacement(s) based on experience.

A. **Consultant Key Personnel**

Pursuant to Exhibit C, Key Personnel for the Contractor are those staff members as described therein.

B. **County Key Personnel**

Katrina Hotrum
Title: Director, Department of Substance Abuse Program
Role: Project Manager

11. Indemnity

Contractor shall defend, indemnify and forever hold and save the County, its elected officials and employees harmless against any and all suits, causes of action, claims, liabilities, damages, losses and reasonable attorneys' fees and all other expenses of any kind from any source which may arise out of this Agreement or any amendment hereto, if caused by the negligent act, error, or omission, or intentional act, error, or omission of the Contractor, its officers, employees, servants or agents.

12. Reports and Information

At such times and in such forms as the County may require, there shall be furnished to the County such statements, records, reports, data and information, as the County may request pertaining to matters covered by this Agreement.

13. Audits and Inspections

At any time during normal business hours and as often as the County may deem necessary, there shall be made available to the County for examination all of the Contractor's records with respect to all matters covered by this Agreement. The Contractor shall permit the County to audit, examine, and make excerpts or transcripts from such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by this Agreement.

14. Insurance

A. General

The Contractor shall procure and maintain during the life of this Agreement insurance coverage of the kinds and in the amounts listed herein. The Certificates of Insurance must be issued by insurance companies authorized to do business in the State of New Mexico and shall cover all performance under this Agreement whether completed by the Contractor, the Contractor's employees, or by subcontractors. The policies shall include a provision for thirty (30) calendar days written notification to the Bernalillo County Purchasing Department, One Civic Plaza N.W., 10th Floor, Room 10010, Albuquerque, New Mexico, 87102 in the event a policy has been materially changed or canceled. For procurements that exceed \$20,000, an Additional Insured Endorsement Form is required.

1 Workers Compensation

Part I. Workers Compensation – Statutory

15. Record Ownership

It shall be clearly understood and agreed between the parties that the County is and shall be the owner of all documents and records pertaining to any matter undertaken by the Contractor pursuant to this Agreement.

16. Release

The Contractor, upon payment of the full amount due under this Agreement, releases the County, its elected officials and employees, from all liabilities, claims and obligations whatsoever arising from or under this Agreement. The Contractor agrees not to purport to bind the County to any obligation not assumed herein by the County, unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

17. Confidentiality

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the County.

18. Conflict of Interest

The Contractor warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of work required under this Agreement.

20. Scope of Agreement

This Agreement incorporates all the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into this written agreement. No prior agreement or understandings, verbal or otherwise, of the parties, or their agents shall be valid or enforceable unless embodied in this Agreement.

21. Notice

Any notices required to be given hereunder shall be sent to the principals at the addresses specified in Section 4 herein. If either party shall change addresses or principals, then such party shall promptly notify the other party in writing. If no notification is made, then notice shall be deemed effective if sent to the principals at the addresses specified in Section 4 herein.

22. Pay Equity Reporting

If, this Agreement extends beyond one (1) calendar year, or is extended beyond one (1) calendar year, the Contractor must agree to complete and submit the required "Pay Equity Reporting Form" within thirty (30) calendar days of the anniversary date of the execution of the Agreement.

23. Code of Conduct

The Contractor agrees to abide by the Code of Conduct (www.berncogov/code_of_conduct) of the County as it applies to Contractor's interactions with the County. Any violation of the Code of Conduct shall be considered a breach of this Agreement.

24. Compliance with Applicable Law

Contractor shall comply with all applicable state, federal, municipal and county laws, rules and ordinances.

25. Waiver

No waiver of any breach of any of the terms or conditions of this Agreement shall be held to be a waiver of any other or subsequent breach; nor shall any waiver be valid or binding unless the same shall be in writing and signed by the party alleged to have granted the waiver.

26. Equal Opportunity Compliance

The Contractor agrees to abide by all federal and state laws and regulations pertaining to equal employment opportunity. If Contractor is found to be not in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

27. Applicable Law

This Agreement shall be governed by the laws of the state of New Mexico.

28. Changes

The County may, from time to time, request changes in the Scope of Services to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between the County and the Contractor, shall be incorporated in written amendments to this Agreement. This Agreement shall not be altered, changed or amended except by an instrument in writing executed by the parties hereto.

29. Assignability

The Contractor shall not assign any interest in this Agreement and shall not transfer any interest in this Agreement (whether by assignment or novation), without the prior written consent of the County thereto.

30. Construction and Severability

If any part of this Agreement is held to be invalid or unenforceable, such holding will not affect the validity or enforceability of any other part of this Agreement so long as the remainder of the Agreement is reasonably capable of completion.

31. Enforcement

The Contractor agrees to pay to the County all costs and expenses including reasonable attorney's fees incurred by the County in exercising any of its rights or remedies in connection with the enforcement of this Agreement.

32. Penalties

The New Mexico Procurement Code, (NMSA 1978, §13-1-28 through 13-1-199), imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

33. Entire Agreement

This Agreement contains the entire agreement of the parties and supersedes any and all other agreements or understandings, oral or written, whether previous to the execution hereof or contemporaneous herewith.

34. Approval Required

This Agreement shall not become effective or binding until approved by the Bernalillo County Commission or designee.

35. Facsimile/Electronic Signature

A signature sent by facsimile or electronically shall have the same legal effect as if the original has been signed in person. This provision will apply to all documents associated with this Agreement.

SIGNATURE PAGE

Motion to approve the Professional Services Agreement with Community Partners, Inc., this 28th day of April, 2015.

BOARD OF COUNTY COMMISSIONERS

Maggie Hart Stebbins
Maggie Hart Stebbins, Chair

Art De La Cruz
Art De La Cruz, Vice Chair

Debbie O'Malley *Excused*
Debbie O'Malley, Member

Lonnie C. Tabert
Lonnie C. Tabert, Member

Wayne A. Johnson
Wayne A. Johnson, Member

APPROVED AS TO FORM:

James R. Schul
Asst. County Attorney

Date: 4/27/15

ATTEST:

Maggie Toulouse Oliver for
Maggie Toulouse Oliver, County Clerk

Date: 4/28/15

CONTRACTOR:

By: [Signature]

Date: _____



New Mexico Gross Receipts Tax Number

Federal Tax Identification Number

April 16, 2015

Lisa Sedillo-White
Purchasing Director
Bernalillo County Purchasing Department
One Civic Plaza NW
Albuquerque, NM 87102

Dear Ms. Sedillo-White:

Community Partners, Inc. (CPI) respectfully submits this revised budget for RFP #25-15-PL. This serves as response to your email request at 11:54 a.m. GMT, April 16, 2015. The following changes to the budget have been made.

1. CPI reduced our initial budget by 15%.
2. The 15% amount (approx. \$40,000) will be assigned to additional tasks related to the scope of work. Tasks will include additional projects identified by the parties and approved by Bernalillo County that would benefit the project. These additional tasks may also require travel.
3. The overall budget amount will remain \$324, 611 for the first three phases. Phase, 4 if applicable, will be negotiated by the parties at a later date.
4. Key personnel include: Neal Cash, Vanessa Seaney, Dr. Edward Gentile, Becky Taylor, Ericka Leer, Noel Earls, Annette Church, Hon. Judge Nanette Warner, Damien Bracamonte, and Kendra Kilgore.

This budget accurately reflects the terms both parties agreed to per the discussion on April 13, 2015, and subsequent communications on April 16, 2015. CPI anticipates that the agreement specified above will be included in the contract. We look forward to working with you and are excited to visit Albuquerque at the end of the month.

Please feel free to contact our Chief Operating Officer, Vanessa Seaney, should you have questions. Vanessa can be contacted by telephone at (520) 784-5310 or by email at Vanessa.Seaney@cpsaArizona.org.

Sincerely,



Neal Cash
President/Chief Executive Officer

**APPENDIX E
COST PROPOSAL FORM**

Offerors are to provide cost information on the items listed below. Offeror may provide additional detail of cost as a supplemental attachment.

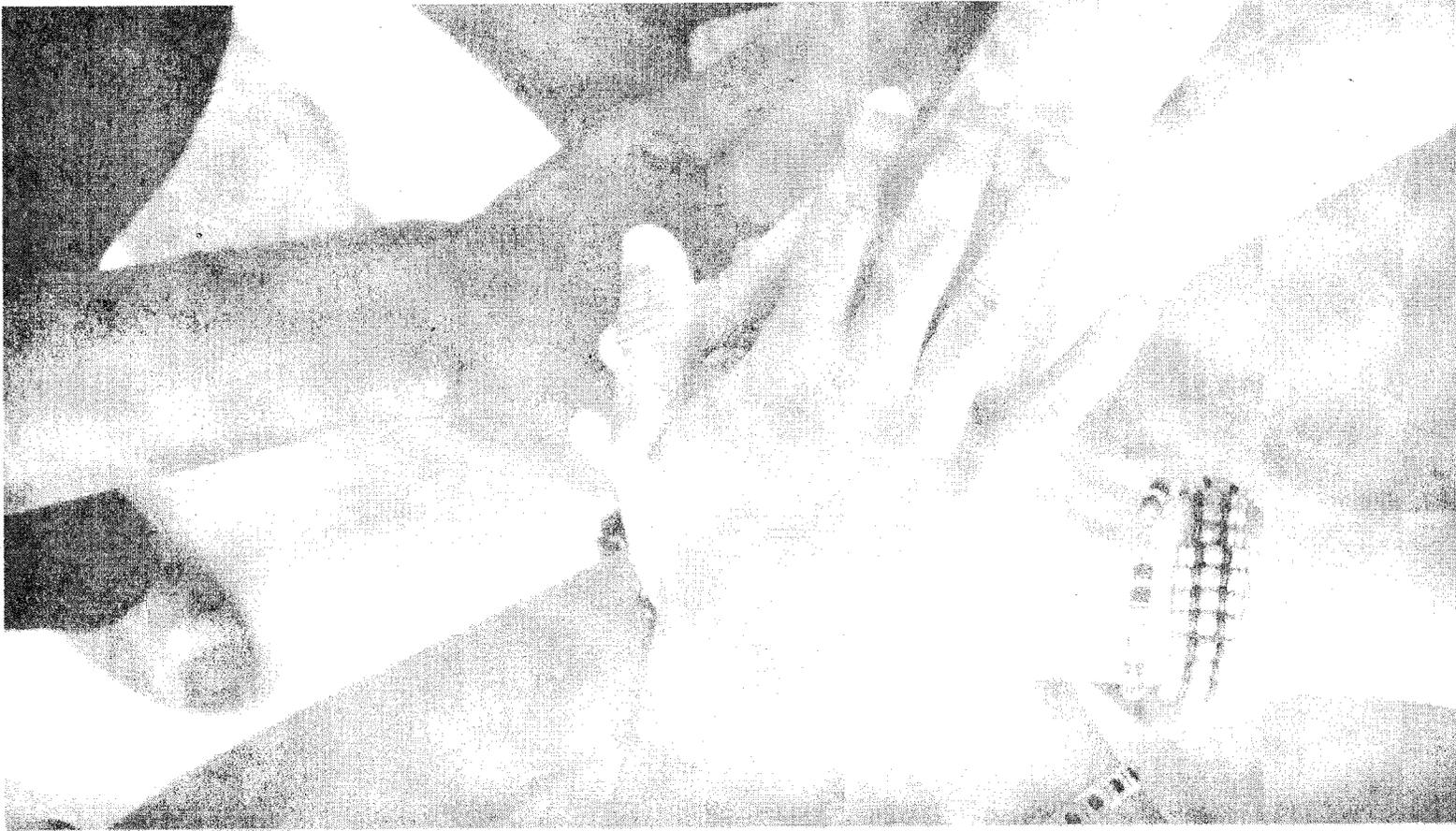
| | | |
|--|------------------------------|-----------------------------|
| | FIXED COSTS (Phase 1) | |
| PERSONNEL (COMPENSATION) | | <u>\$61,535</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$21,000</u> |
| Consumable Supplies | | <u>\$500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$18,495</u> |
| Reporting and Presentations | | <u>\$2,500</u> |
| Other | | <u>\$0</u> |
| TOTAL FIXED COSTS (Phase 1) | | <u>\$104,030</u> |

| | | |
|--|------------------------------|-----------------------------|
| | FIXED COSTS (Phase 2) | |
| PERSONNEL (COMPENSATION) | | <u>\$95,280</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$28,515</u> |
| Consumable Supplies | | <u>\$1,500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$16,713</u> |
| Reporting and Presentations | | <u>\$2,500</u> |
| Other | | <u>\$0</u> |
| TOTAL FIXED COSTS (Phase 2) | | <u>\$144,508</u> |

| | | |
|--|------------------------------|----------------------------|
| | FIXED COSTS (Phase 3) | |
| PERSONNEL (COMPENSATION) | | <u>\$53,080</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$12,400</u> |
| Consumable Supplies | | <u>\$500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$9,093</u> |
| Reporting and Presentations | | <u>\$1,000</u> |
| Other | | <u>\$0</u> |
| TOTAL FIXED COSTS (Phase 3) | | <u>\$76,073</u> |

NOTE: For purposes of evaluating "Cost points", points will be assigned for total fixed costs of Phases 1-3 referenced above. A "fixed fee" will be negotiated with the awarded contractor for future phases.

Contractor shall submit (on Exhibit E-1 - Cost Form) hourly rates on the attached for all personnel to be engaged in Phases 1-3 and if applicable future phases.



**COMMUNITY
PARTNERS, INC.**

**Bernalillo County
Behavioral Health
System and Stabilization
Consulting Services
Request for Proposal
#25-15-PL**

**Proposal Response
Submitted by CPI
March 12, 2015**

**Binder #2
(2 of 3)**

**Community
Partners, Inc.**



Binder 2 RFP #25-15-PL



4575 E. Broadway, Tucson AZ 85711
(520) 325-4268

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**APPENDIX E
COST PROPOSAL FORM**

Offerors are to provide cost information on the items listed below. Offeror may provide additional detail of cost as a supplemental attachment.

| | | |
|------------------------------------|------------------------------|-------------------------|
| | FIXED COSTS (Phase 1) | |
| PERSONNEL (COMPENSATION) | | <u>\$73,025</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$11,000</u> |
| Consumable Supplies | | <u>\$500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$18,495</u> |
| Reporting and Presentations | | <u>\$2,500</u> |
| Other | | <u>\$0</u> |
| | | |
| TOTAL FIXED COSTS (Phase 1) | | <u>\$105,520</u> |

| | | |
|------------------------------------|------------------------------|-------------------------|
| | FIXED COSTS (Phase 2) | |
| PERSONNEL (COMPENSATION) | | <u>\$113,465</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$8,800</u> |
| Consumable Supplies | | <u>\$1,500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$16,713</u> |
| Reporting and Presentations | | <u>\$2,500</u> |
| Other | | <u>\$0</u> |
| | | |
| TOTAL FIXED COSTS (Phase 2) | | <u>\$142,978</u> |

| | | |
|------------------------------------|------------------------------|------------------------|
| | FIXED COSTS (Phase 3) | |
| PERSONNEL (COMPENSATION) | | <u>\$63,120</u> |
| OPERATING COSTS: | | |
| Contractual Services | | <u>\$2,400</u> |
| Consumable Supplies | | <u>\$500</u> |
| Equipment Costs | | <u>\$0</u> |
| Travel/Meetings/Conferences | | <u>\$9,093</u> |
| Reporting and Presentations | | <u>\$1,000</u> |
| Other | | <u>\$0</u> |
| | | |
| TOTAL FIXED COSTS (Phase 3) | | <u>\$76,113</u> |

NOTE: For purposes of evaluating "Cost points", points will be assigned for total fixed costs of Phases 1-3 referenced above. A "fixed fee" will be negotiated with the awarded contractor for future phases.

Contractor shall submit (on Exhibit E-1 - Cost Form) hourly rates on the attached for all personnel to be engaged in Phases 1-3 and if applicable future phases.



Bernalillo County RFP

Updated 3/12/2015

Contractual Services

| Category | Personnel | Hours | Rate/amt | Cost Phase 1 |
|---------------------|-----------|------------|---------------|------------------|
| Neal Cash | | 81 | \$260 | \$ 21,060 |
| Dr. Ed Gentile | | 49 | \$260 | \$ 12,740 |
| Vanessa Seaney | | 71 | \$225 | \$ 15,975 |
| Project Manager | | 84 | \$125 | \$ 10,500 |
| Financial | | 30 | \$150 | \$ 4,500 |
| Network Development | | 55 | \$150 | \$ 8,250 |
| TOTAL | | 370 | \$ 197 | \$ 73,025 |

| Hours | Rate/amt | Cost Phase 2 |
|------------|---------------|-------------------|
| 54 | \$260 | \$ 14,040 |
| 10 | \$260 | \$ 2,600 |
| 144 | \$225 | \$ 32,400 |
| 183 | \$125 | \$ 22,875 |
| 48 | \$150 | \$ 7,200 |
| 229 | \$150 | \$ 34,350 |
| 668 | \$ 170 | \$ 113,465 |

| Hours | Rate/amt | Cost Phase 3 |
|------------|---------------|------------------|
| 38 | \$260 | \$ 9,880 |
| 29 | \$260 | \$ 7,540 |
| 72 | \$225 | \$ 16,200 |
| 92 | \$125 | \$ 11,500 |
| 28 | \$150 | \$ 4,200 |
| 92 | \$150 | \$ 13,800 |
| 351 | \$ 180 | \$ 63,120 |

| Hours | Rate/amt | Total |
|-------------|---------------|-------------------|
| 173 | \$260 | \$ 44,980 |
| 88 | \$260 | \$ 22,880 |
| 287 | \$225 | \$ 64,575 |
| 359 | \$125 | \$ 44,875 |
| 106 | \$150 | \$ 15,900 |
| 376 | \$150 | \$ 56,400 |
| 1389 | \$ 234 | \$ 324,610 |

Estimate

| Category | Items | Cost Phase 1 |
|-------------------------|-------|-----------------|
| General office supplies | | \$ 500 |
| Presentation Materials | | \$ 2,500 |
| TOTAL | | \$ 3,000 |

| Cost Phase 2 | |
|--------------|-----------------|
| \$ 1,500 | |
| \$ 2,500 | |
| TOTAL | \$ 4,000 |

| Cost Phase 3 | |
|--------------|-----------------|
| \$ 500 | |
| \$ 1,000 | |
| TOTAL | \$ 1,500 |

| Total | |
|--------------|-----------------|
| \$ 2,500 | |
| \$ 6,000 | |
| TOTAL | \$ 8,500 |

Travel/meetings/conferences

| Category | Persons | Days | Rate/Amt | Cost Phase 1 |
|--------------|---------|-------|------------------|--------------|
| Alfara | 18 | \$300 | \$ 5,400 | |
| Hotel | 45 | \$175 | \$ 7,875 | |
| Meals | 45 | \$46 | \$ 2,070 | |
| Livery | 45 | \$70 | \$ 3,150 | |
| TOTAL | | | \$ 18,495 | |

| Persons | Trips | Days | Rate/Amt | Cost Phase 2 |
|--------------|-------|------|----------|------------------|
| 14 | | | \$300 | \$ 4,200 |
| 43 | | | \$175 | \$ 7,525 |
| 43 | | | \$46 | \$ 1,978 |
| 43 | | | \$70 | \$ 3,010 |
| TOTAL | | | | \$ 16,713 |

| Persons | Trips | Days | Rate/Amt | Cost Phase 3 |
|--------------|-------|------|----------|-----------------|
| 8 | | | \$300 | \$ 2,400 |
| 23 | | | \$175 | \$ 4,025 |
| 23 | | | \$46 | \$ 1,058 |
| 23 | | | \$70 | \$ 1,610 |
| TOTAL | | | | \$ 9,093 |

| Persons | Trips | Days | Rate/Amt | Total |
|--------------|-------|------|----------|------------------|
| 0 | 40 | | \$300 | \$ 12,000 |
| 0 | 111 | | \$175 | \$ 19,425 |
| 0 | 111 | | \$46 | \$ 5,106 |
| 0 | 111 | | \$70 | \$ 7,770 |
| TOTAL | | | | \$ 44,301 |

Consulting

| Category | Cost Phase 1 |
|--------------|------------------|
| Consultant | \$ 11,000 |
| TOTAL | \$ 11,000 |

| Cost Phase 2 | |
|--------------|-----------------|
| \$ 8,800 | |
| TOTAL | \$ 8,800 |

| Cost Phase 3 | |
|--------------|-----------------|
| \$ 2,400 | |
| TOTAL | \$ 2,400 |

| Total | |
|--------------|------------------|
| \$ 22,200 | |
| TOTAL | \$ 22,200 |

| Cost Phase 1 | |
|--------------|-------------------|
| \$ 105,520 | |
| TOTAL | \$ 105,520 |

| Cost Phase 2 | |
|--------------|-------------------|
| \$ 142,978 | |
| TOTAL | \$ 142,978 |

| Cost Phase 3 | |
|--------------|------------------|
| \$ 76,113 | |
| TOTAL | \$ 76,113 |

| Total | |
|--------------|-------------------|
| \$ 399,611 | |
| TOTAL | \$ 399,611 |

Estimate

| | |
|--------------|-------------------|
| Phase 1 | \$ 105,520 |
| Phase 2 | \$ 142,978 |
| Phase 3 | \$ 76,113 |
| Phase 4 | \$ 75,000 |
| TOTAL | \$ 324,611 |

All loads are built into the consulting rate, including ERE, admin, supervision, occupancy, IT

Resident Business Certificate

Binder 2

B. Resident Business Certificate

Community Partners, Inc. is based in Tucson, Arizona. The New Mexico Resident Business Certificate and the New Mexico Resident Veteran Business Certificate are not applicable.

Offeror's Additional Terms and Conditions

Binder 2

C. Offeror's Additional Terms and Conditions

CPI has no exceptions or modifications to the proposed Terms and Conditions and has indicated acceptance on the Submittal Letter (see Binder1).



**COMMUNITY
PARTNERS, INC.**

**Bernalillo County
Behavioral Health
System and Stabilization
Consulting Services
Request for Proposal
#25-15-PL**

**Proposal Response
Submitted by CPI
March 12, 2015**

**Binder #1
(4 of 6)**



**Community
Partners, Inc.**

Binder 1 RFP #25-15-PL



**COMMUNITY
PARTNERS, INC.**

4575 E. Broadway, Tucson AZ 85711
(520) 325-4268

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**APPENDIX A
SUBMITTAL LETTER FORM
RFP# 25-15-PL**

Identity of Submitting Business (including d/b/a):

| |
|--------------------------|
| Community Partners, Inc. |
|--------------------------|

Mailing Address:

| |
|--|
| 4575 E. Broadway Blvd. Tucson, AZ 85711 |
|--|

Who can contractually obligate?

| | | |
|-------------------------------|--------------------------------------|------------------------|
| Name/Title: Neal Cash, CEO | E-mail: Neal.Cash@cpsaArizona.org | Phone: 520-784-6900 |
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Contact for Inquiries/Clarifications/Negotiations

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| Inquiries/Clarifications Name/Title: Vanessa Seaney, COO | E-mail: Vanessa.Seaney@cpsaArizona.org | Phone: 520-784-5310 |
| Contact for Negotiations Name/Title: Vanessa Seaney, COO | E-mail: Vanessa.Seaney@cpsaArizona.org | Phone: 520-784-5310 |

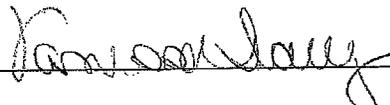
Addendum Acknowledgment:

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| <p>If Addendum has been received, please indicate how many in the spaces below.</p> <p>Addendum number(s) <u> 1 </u> through <u> 1 </u> have been received.</p> |
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Statement of Concurrence

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| <p>The Offeror agrees to comply with the Pay Equity Reporting requirements as defined in Section II.D.4.</p> <p>Yes <u> X </u> No <u> </u></p> <p>If Pay Equity Reporting Requirements are not applicable Offeror shall provide its initials on the line below:</p> <p>_____ (Offeror initials)</p> |
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By signing below my company/entity/organization commits to comply and act in accordance with the (1) Conditions Governing the Procurement and Pay Equity Reporting Requirements as stated in Section II of the RFP; (2) Federal Executive Orders relating to the enforcement of civil rights; (3) New Mexico State Statutes and County of Bernalillo Ordinances regarding enforcement of civil rights; (4) Federal Code, 5 USCA 7201 et. seq., Anti-discrimination in Employment; (5) Executive Order No. 11246, Equal Opportunity in Federal Employment; (6) Title 6, Civil Rights Act of 1964 and (7) Requirements of the Americans with Disabilities Act of 1990 for work performed as a result of this RFP.

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| Signed:  | Date: 3/8/15 |
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CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to the Procurement Code, Sections 13-1-28, et seq., NMSA 1978 and NMSA 1978, § 13-1-191.1 (2006), as amended by Laws of 2007, Chapter 234, any prospective contractor seeking to enter into a contract with any state agency or local public body for **professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources** must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body may cancel a solicitation or proposed award for a proposed contract pursuant to Section 13-1-181 NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section 13-1-182 NMSA 1978 of the Procurement Code if: 1) a prospective contractor, a family member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor.

THIS FORM MUST BE INCLUDED IN THE REQUEST FOR PROPOSALS AND MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

"Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

"Campaign Contribution" means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official's behalf for the purpose of electing the official to statewide or local office. "Campaign Contribution" includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

"Family member" means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of (a) a prospective contractor, if the prospective contractor is a natural person; or (b) an owner of a prospective contractor.

--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

Name of Company: Community Partners, Inc.

Vanessa Seaney 3/8/15
Signature Date

Vanessa Seaney, Chief Operating Officer
Title (Position)

Bernalillo County Behavioral Health System and Stabilization Consulting Services

Proposal Summary

Community Partners, Inc. (CPI), having 20 years of experience with the public behavioral health care system, offers consultation and expertise to Bernalillo County and its partners on a project to explore and strategically plan for creation of a system of behavioral health care in the County. Our Consultant Team and cadre of other experts are prepared to bring their extensive knowledge and skills to all aspects of planning to build and maintain an effective, comprehensive care system, in partnership with the County and other stakeholders.

We are uniquely qualified to provide the range of consultation specified by the County. The three key members of our Consultant Team were directly involved in creation of the Crisis Response Center (CRC) and enhanced Crisis Care Network in Tucson/Pima County, Arizona, and have worked together for 15 years. They have consulted with other states, industry groups and federal entities on visionary, broad-scope approaches to behavioral health care to more specific areas such as the intersection of criminal justice and behavioral health, developing and providing services for veterans and their families, creating requests for proposals and contracts, and monitoring compliance.

They and other staff to be involved in this project are familiar with all aspects of creating and maintaining a cost-effective, efficient infrastructure for behavioral health care systems, as we did in southern Arizona.

Representatives from Bernalillo County/Albuquerque's Task Force on Behavioral Health visited the CRC and met with members of our Consultant Team in January 2015 to learn how we built community consensus to fund the center; designed the facility with input from stakeholders including law enforcement, consumers and their families; and structured operations and services to coordinate care and make best use of system resources. Other interested parties from as far away as New York and even Ireland have traveled to Tucson for consultation and a first-hand look at the CRC.

Projects such as the CRC are why CPI and our Regional Behavioral Health Authority in Pima County have a national reputation for visionary leadership, innovation and quality care.

We look forward to working with Bernalillo County, the Task Force on Behavioral Health and other stakeholders to craft a plan for administrative infrastructure and complete the four phases of this RFP to develop a Behavioral Health Business Plan that will lead to a comprehensive, collaborative system of behavioral health care.

Details on how we propose to complete each phase within required timeframes and meet the County's needs in developing the Business Plan, along with information on our Consultants, may be found in the remainder of this proposal.

Bernalillo County Behavioral Health System and Stabilization Consulting Services

Community Partners, Inc. (CPI) has more than 20 years of experience with the public behavioral health care system. Our Administrative Services Organization (ASO) offers this expertise to other organizations through consulting, outsourcing and direct services. We provide assistance in a wide variety of areas based on the specific needs of each client, creating a service package tailored to each organization and its budget. Our services are available across the U.S.

CPI seeks to serve Bernalillo County in every level of the community in whatever capacity is most helpful to create a detailed Business Plan leading to establishment of a successful, comprehensive behavioral health care system. Our thought leaders and project managers focus on delivering practical results to put recommendations into practice.



Community Partnership of Southern Arizona, a wholly owned subsidiary of CPI, served for 20 years as southern Arizona's Regional Behavioral Health Authority, performing functions very similar to those of the administrative infrastructure to be designed through this consultancy, and serving a population and geographical area similar to Bernalillo County.

One of our most notable and relevant accomplishments related to the scope of services in this Request for Proposals (RFP) is our work in transforming the crisis-care system to ensure high-quality, accessible crisis services for all 1 million residents of Pima County, Arizona. It included creation of the state-of-the-art Crisis Response Center (CRC), Crisis Call Center and network of related services including detoxification, transportation to and from the CRC, and peer support during treatment and after discharge. The CRC and crisis network have been cited by multiple experts and industry groups as a national model for a comprehensive, coordinated system to move individuals experiencing a mental health or substance use crisis into treatment, rather than taking them to jail or holding them in emergency departments.

Representatives from Bernalillo County/Albuquerque's Task Force on Behavioral Health visited the CRC and met with members of our Key Consultant Team in January 2015 to learn how we built community consensus to fund the center through county bonds; designed the facility with input from law enforcement, consumers and their families, and other stakeholders; and structured operations and services to effectively coordinate care and make best use of system resources. Other interested parties from as far away as New York and even Ireland have traveled to Tucson for consultation and a first-hand look at the CRC.

In 1995, we began work with Pima County and the state Division of Behavioral Health Services to develop a solid, recovery-focused system of care serving individuals with mental health and/or substance use disorders, including those with serious mental illness (SMI). Dedicated to close collaboration with other systems at the city, county and state level, we also have established broad-scope initiatives with law enforcement and the criminal justice system, child-welfare agencies, hospitals and the state Division of Developmental Disabilities. We have earned a reputation for innovation and creativity in programs and services, and for our commitment to the community at large through proactive collaboration, community reinvestment, public-education campaigns and community trainings.

A. Approach and Understanding of Scope of Services

1. Proposed written, detailed approach to all tasks for Phases 1-3.

Bernalillo County and the City of Albuquerque already have made significant progress toward designing a behavioral health care system: Mobilizing community support, identifying resources and gaps, and determining community priorities for infrastructure and services, through efforts such as the Task Force on Behavioral Health recommendations and *Landscape of Behavioral Health in Bernalillo County*, the report developed by the Robert Wood Johnson Center for Education Policy Research at the University of New Mexico. Those efforts have identified initial priorities for services (e.g., crisis stabilization, case management, housing) and the urgent need for an administrative infrastructure to manage services; develop, leverage and oversee funding; and facilitate communication and coordination among agencies and providers. In addition, the County has secured a stable base of funding for services via the recently adopted gross-receipts tax increase, supported by almost 70% of voters in an advisory vote, and is creating a governing board to help coordinate service delivery on a regional level.

CPI is well-prepared to work with the Department of Public Safety and other County, City and State officials, and other stakeholders to continue community consensus-building and thoughtful, comprehensive research,



analysis and development as we implement the scope of services described in this request for proposal. We will provide access to our team of visionary thought leaders and specialty experts with extensive experience in all aspects of creating, managing and operating a regional behavioral health care system.

Phase 1: Listening and Learning

Phase 1 calls for development of a preliminary plan for behavioral health services, including administrative infrastructure, service priorities and resources, and the outline of a business plan. The preliminary plan is to be presented to the County Manager and County Commission on or before June 12, 2015.

Our first efforts for Phase 1 will focus on *listening and learning*: Introducing ourselves and building relationships with stakeholders; developing an understanding of the current status of behavioral health services and funding in the County, City and State; becoming familiar with service providers and other resources; and learning about the community/political context that frames development of a behavioral health care system.



Throughout the process, we will be alert to opportunities for immediate action, such as increasing understanding of best practices in oversight, administration and assessment of a comprehensive behavioral health care system. We will either provide or obtain presentations/trainings to create a shared understanding of best practices and other topics that will support continuation of informed, collaborative decision-making in the community.

Based on that information and input from stakeholders and other community members, and with a clear understanding of the current situation in the County, City and State, we will then implement the requirements for Phase 1, as detailed below.

CPI will create a preliminary Behavioral Health Business Plan and present it to the County Manager and County Commission no later than June 12, 2015. The plan will include, at minimum:

1. Evaluation of the current government structure, funding streams and oversight processes in relation to local, state and federal processes to determine the optimal administrative structure for behavioral health services in the County and region. We will bring our 20 years of knowledge and experience serving as the administrator for public behavioral health services in southern Arizona, a region that shares many characteristics with Bernalillo County, to help enable the County to receive, administer, monitor and oversee

behavioral health funds and services. We will review prior reports, recommendations and other written materials related to behavioral health system needs, plans and interventions in the County and State (item 4 in Scope of Services).

2. Identification of priority populations and services, resources and estimated costs/amounts for each service category. We will use information already collected and analyzed by the Task Force and UNM – including the already-identified priorities of crisis stabilization, housing and case management and the online database of service providers – and conduct further research as needed to fulfill this requirement. We also will work with the County to identify and meet with key community stakeholders to gain their input on service needs (item 5 in Scope of Services). We will contribute our experience serving a population with similar demographics (race and ethnicity) and community characteristics (urban with pockets of isolated, rural areas), along with our research into Bernalillo County’s unique culture, strengths and needs, to inform our work. If needed, we will centralize data and information to ensure easy access by all project partners. Our financial staff will estimate costs/amounts for these services.
3. Development of an outline of a business plan for creating and implementing a comprehensive system of behavioral health care in Bernalillo County, based on all the above.

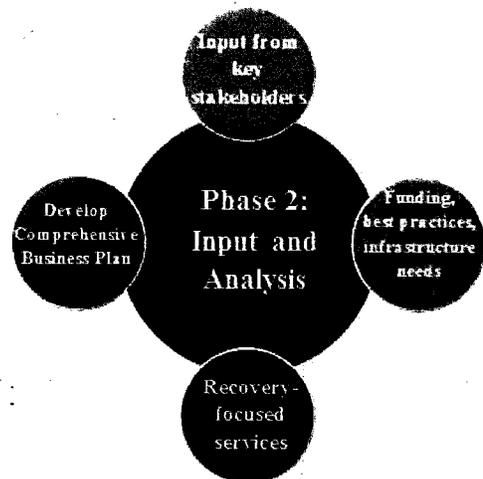
CPI will work with the County and key stakeholders to create an outline of a business plan for behavioral health services, a roadmap to a comprehensive, coordinated system of care.

Phase 2: Input and Analysis

Phase 2 calls for development of a comprehensive Behavioral Health Business Plan, to be presented to the County Manager and County Commission no later than December 1, 2015.

CPI will work with the County and other partners to revise the preliminary Business Plan based on input from the County Manager, County Commission and other key community stakeholders, providers and advocates. Their input will help build the foundation for a comprehensive Behavioral Health Business Plan to serve youth and adults in Bernalillo County. We will present the Plan to the County Manager and County Commission no later than December 1, 2015.

Our Key Consultant Team, with a combined 90 years of experience creating, implementing, managing and consulting on behavioral health care systems and services, the Project Manager and other experienced specialty staff will help create and assess the plan throughout the process. We will achieve this through our knowledge of best and effective practices, feasibility of and need for various strategies and services, timeframes for service capacity and



infrastructure development, resources needed, potential challenges, contract compliance and quality management. Additional emphasis will be placed on macro-level system coordination to ensure the many moving parts of the care system work together as smoothly as possible.

We will use information from the UNM database of resources and other information generated by Bernalillo County's mental health initiative, the Task Force on Behavioral Health and similar efforts. This will include information on funding sources, their purpose and their requirements, as currently being explored by UNM for a report due in April 2015.

Our Key Consultant Team will craft a Comprehensive Behavioral Health Business Plan for Bernalillo County that will allow it to reach the same positive outcomes we have seen in southern Arizona. They and other staff with experience in developing care systems will provide procedures and products to evaluate current system status, identify system gaps and emerging needs (including barriers to access and care for high-need populations), and recommend strategic development and/or adaptation of resources to create a comprehensive, coordinated system of care. The Team also will work with our Finance staff to estimate costs for services, and we will draw upon our expertise in licensing requirements, creating and/or implementing performance standards, monitoring compliance, and performing continuous quality improvement.

In the Business Plan, CPI will include detailed design and cost information for the following, as specified in the RFP:

1. An administrative structure for the purposes of the County receiving, administering, monitoring and overseeing behavioral health funds;
2. Development and oversight of provider standards and monitoring and compliance with provider agreements; and
3. A behavioral health service-delivery structure for youth and adults in the County that will, at minimum, include the following:
 - a. Prevention and Education
 - b. Crisis Triage Stabilization
 - c. Community Engagement Teams
 - d. Mobile Crisis Response Teams
 - e. Crisis Lines
 - f. Respite Services
 - g. In-Patient Treatment and Step Down Services
 - h. Variety of Out-Patient Services
 - i. Case Management and Peer Supports
 - j. Housing Needs and Options
 - k. Criminal Justice Systems
 - l. Funding Options, Billings and Reimbursements

We also will propose strategies to ensure culturally competent, recovery-focused service delivery, and consult as desired on language needs and special considerations for working with sovereign tribal nations.

Our work will be informed by our own experience in creating and managing a care system in southern Arizona, and include the active involvement of New Mexico's Task Force for Behavioral Health, the planned governing board/council, other stakeholders and experts including consumers and their families, and additional County, City and State officials.

Phase 3: Making It Happen

Phase 3 is focused on obtaining community input on the Behavioral Health Business Plan from stakeholders, including development of a crisis triage, stabilization and respite services, prioritizing needs and beginning implementation on the most critical needs, gathering input to help determine priority and purpose for such. Submit a timeline for Phase 3.

CPI is uniquely qualified to consult on development of a crisis triage, stabilization and respite facility due to our experience creating southern Arizona's Crisis Response Center (CRC), which began operation in 2011, and crisis-service network. During the same year, we took over the contract with Pima County to manage emergency applications for admission for involuntary evaluation, part of the civil commitment process.



Our Key Consultant Team includes experts directly involved in creation, operation and oversight of the CRC and enhanced crisis network, from developing the vision and high-level functional needs to working on facility design and furnishings, selection of providers, collaboration with law enforcement and emergency departments, support for licensing and certification, and development of additional services such as transportation to address needs that emerged once the CRC was open and serving consumers. Among other things, we cut the time needed for law enforcement custody transfers of adults from hours at local emergency departments to

an average of 15 minutes, in effect freeing up two fulltime officers for other duties. It also resulted in fewer individuals being taken to jail in lieu of being taken for psychiatric crisis assessment and treatment, due to the long waits and encumbrance of law-enforcement time. Other results include a reduction in hospital admissions, an increased number of individuals served based on crisis engagement, enhanced care coordination between crisis episode and outpatient services, and the inclusion of on-site staff from system partners at the CRC.

For the Bernalillo County project:

1. CPI will create and oversee a process to obtain community input on the Behavioral Health Business Plan, including development of a crisis triage, stabilization and respite services. We will obtain input from behavioral health service providers, criminal-justice stakeholders, governmental entities, consumers and family members, advocacy organizations, law enforcement and other first responders, and individuals involved in task forces and/or committees that have assessed the need for such a facility.
2. We will address the needs based on community priorities and stakeholder input, and begin implementation on the most critical needs for Bernalillo County.
3. We will review prior reports where crisis triage and stabilization services are needed and solicit input from behavioral health service providers, criminal justice stakeholders, governmental entities, consumers and family members, advocacy organizations, law enforcement and other first responders, and persons involved in task forces and/or committees to assist in determining priority and purpose for such and recommendations and other written material related to the possible development of a crisis triage, stabilization and respite facility in Bernalillo County.
4. We will analyze funding opportunities in all areas of the Business Plan under the current Medicaid and Managed Care Organization (MCO) funding structure and assess other potential Medicaid, grant and/or private funding opportunities that would be available with state administrative action.
5. We will review national best-practice models for crisis triage stabilization facilities and identify model facilities in comparable locations for review in the development process. This will include our Crisis Response Center and related services such as mobile crisis-stabilization teams and peer support. Our crisis system was cited as one of two exemplary models for crisis services by the Colorado Division of Behavioral Health, for its own planning process. We also will identify best practices for assessing performance, such as average time elapsed from presentation at the facility to first service.
6. We will identify and seek sources of funding from City, County, State governments and private entities for the County to provide start-up and/or operations funding for the Business Plan, including the crisis-stabilization facility if a decision is made to go forward with it.
7. We will identify any licensing, certification or regulatory requirements that would apply to a crisis facility in Bernalillo County and New Mexico.

8. We will work with representatives of adjoining counties who wish to participate in the Bernalillo County behavioral health services, and establish out-of-county funding and billing mechanisms.
9. If a crisis triage, stabilization facility and respite services are determined to be necessary, we will work with stakeholders to develop a detailed plan for the facility, which at minimum will include the following:
 - a. Allocation, capacity
 - b. Size, population served
 - c. Access to services
 - d. Admission criteria and process
 - e. Client care
 - f. Discharge planning and discharge process
 - g. Staffing, budget and all other aspects related to the start-up and operation of the facility

The timeline for Phase 3 may be found on page 26.

Our process will include the strategies listed above, supplemented by additional actions based on our experience in developing facilities and services, adapted for the unique conditions and needs of Bernalillo County.

We addressed all those topics and more in creating and operating the southern Arizona CRC, and thus are prepared to move forward on this project with firsthand knowledge of possibilities, service costs, potential challenges and other relevant issues. For example, we may provide details about complementary services, tailored to the County, that could help ensure the desired use of the crisis facility, such as developing a central “command and control” telephone line that can triage, dispatch mobile teams, track bed availability and, in some cases, resolve behavioral health crises over the phone, and/or improving access to crisis services in rural areas through use of mobile crisis teams, telemedicine and other services. In addition, we could include information on creating collaborative structures and programs to serve special populations such as individuals with developmental disabilities, children and adults involved in child-welfare services, youth “aging out” of foster care, and/or individuals involved with the criminal justice system.

Phase 4: Further Development

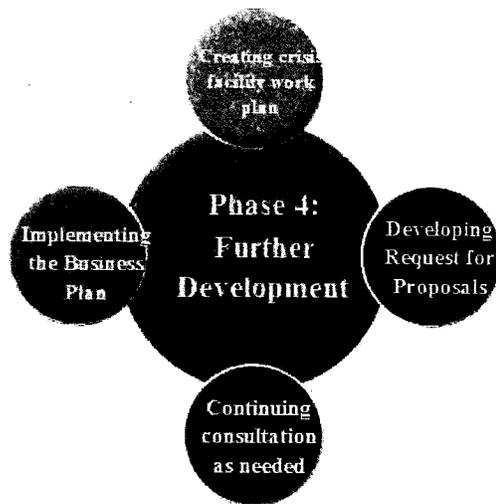
Phase 4 focuses on future phases of work that may need to be planned and funded to implement the Business Plan developed through this current contract.

If the County determines a need for further services from CPI, we will continue to provide consultation through the current contract. This could include helping the County develop specifications for RFPs to hire service providers for Bernalillo County’s Behavioral Health

Service System and serving as consultant to the County in all stages of implementing such a system in the County.

CPI has extensive experience in the development of requests for proposals and subsequent procurement activities for behavioral health services, including selecting vendors for the CRC, adult and children's services, integrated-care services and consumer-run organizations. Most recently, we issued RFPs and completed procurements for children's crisis services and peer service provision. We have access to skilled writers and project managers to assist Bernalillo County with this process.

In addition, our demonstrated experience in bringing up a comprehensive behavioral health system (inclusive of the CRC) is ideally matched to the scope of this phase.



Reporting and Presentations

CPI has extensive experience in meeting contract deliverables that include reporting and presentations, such as our annual reports to Pima County government regarding the CRC. For this project, we will submit bi-weekly, written reports on contract activities and expenditures. We also will provide final written reports with supporting documentation at the end of each phase and make a presentation to stakeholders and the County Commission at various stages of the project. We will conclude each phase with a final presentation.

B. Capability, Qualifications, Experience

Submit information that will allow evaluation of the Offeror's capability, qualifications, and experience to achieve the referenced scope of services.

- 1. Please provide a written, detailed narrative on your company's qualifications and experience to serve as the consultant for this engagement. This is to include proactive business practices and philosophies of the consultant to ensure staff is trained, maintained and available to meet the needs of the county.*

a. Ability to Perform the Specified Services

CPI is uniquely qualified to successfully perform the services specified in Bernalillo County's RFP. We have 20 years of experience in creating and maintaining a comprehensive, cohesive behavioral health service-delivery system, and developing and operating the administrative

infrastructure to manage it. That experience includes ongoing service planning and resource development, contracting with more than 500 service providers, working with city, county and state governments, and advocating for behavioral health funding. We also worked with Pima County administration to mobilize community support, secure bond funding, and create and operate a state-of-the art facility for crisis triage, stabilization and respite, serving individuals of any age.

From the beginning, members of our Key Consultant Team were directly involved in carrying out those activities. As a result, they have a unique perspective on and deep knowledge of the dynamics of managing a high-profile behavioral health care system for a variety of funders, within differing political and fiscal contexts. They have consulted with a variety of governmental entities, behavioral health care systems and industry groups across the U.S.; presented at dozens of national and state conferences; and are supported by a team of specialists with experience in all aspects of creating and operating a care system.

CPI operates from a philosophy of resilience and recovery, manifested in projects such as our training institute to prepare consumers and family members for work in the behavioral health care system. We have long operated with that philosophy at the core of all we do to create and enhance accessible, high-quality and cost-effective services. Our corporate values are:

- Community
- Continuous improvement
- Integrity
- Respect
- Trust
- Accountability

Those values inform all our work and its products, and will be the backdrop for the proposed infrastructure, funding mechanisms, business plan and ongoing consultation regarding services and systems in Bernalillo County.

Our experience managing the behavioral health care system in Pima County is a testament to our quality of work, timeliness, diligence and ability to meet needs and schedules. We well know the realities of what needs to be and what can be accomplished to build a care system and how long it will take; how to gain community and political backing (including positive relations and partnerships with news media); and how to address disparity for typically underserved populations such as Native Americans, Hispanic/Latinos and rural communities. We have had success working with populations demographically similar to Bernalillo County's, as shown below.

Fig. 1 Racial and Ethnic Makeup, in Percentages

| County | Race | | | | | | | Ethnicity |
|-------------------|-------|-------|--------------|-------|----------------------------------|-----------------|-------------|-----------|
| | White | Black | Native Amer. | Asian | Nat. Hawaiian or Pacif. Islander | 2 or more races | Other races | Hispanic |
| Bernalillo | 69.4 | 3.0 | 4.8 | 2.3 | 0.1 | 4.4 | 16.0 | 47.9 |
| Pima | 74.3 | 3.5 | 3.3 | 2.6 | 0.2 | 3.7 | 12.4 | 34.6 |

Our Key Consultant Team of visionary thought leaders has worked together for 15 years, and will bring complementary experience, expertise and skills to the Bernalillo County project (see resumes for details). They are supported by other staff consultants with expertise in System Development, System Management and Finance, and an experienced Project Manager. These individuals have expertise in all aspects of planning, creating and managing a comprehensive care system, including:

- Up-to-date knowledge of best practices and trends in behavioral health care, such as:
 - Integrated care,
 - Value-based pay,
 - Crisis care and jail diversion,
 - System-partner collaboration,
 - Community education and mobilization (MHFA and suicide prevention),
 - Services for individuals with a developmental disability and diagnosed with a behavioral health disorder and
 - Technology and other strategies to support consumer disease self-management
- Collaboration with other systems and organizations to coordinate care and leverage funding and other resources;
- Processes for program and service development, including licensing and other requirements;
- Assessment of care-system sufficiency, strengths and gaps;
- Developing RFPs for behavioral health services;
- Monitoring and enforcing compliance with contract requirements;
- Continuous monitoring and quality improvement;
- Financial services, including management of county, state and federal grants and contracts;
- Instilling a recovery philosophy and practice system-wide, and involving consumers and families in individual and system-level decisions;

- Creating and implementing prevention programs and community-education initiatives (including Mental Health First Aid);
- Developing specialized services and programs for special populations such as individuals with a serious mental illness, military veterans, Native Americans and LGBTQ;
- Developing a telemedicine program for crisis assessment and stabilization;
- Developing a behavioral health workforce through training, coaching, technical assistance and partnerships with the local school of social work.

Proactive business practices are woven into CPI's operations, including an approach to working with communities and other entities from a position of respect, listening and collaboration. To successfully manage a behavioral health care system, proactive practices are a constant, and include implementation of continuous monitoring, quality improvement activities, regular system-sufficiency assessment, and instituting a variety of structures for our consumers, families and partners to provide input and feedback.



Ensure individuals and families receive accessible, high-quality health care that is member- and family-driven, recovery-oriented and respectful of cultural differences and that fosters hope and self-determination.

We collaborate on a range of initiatives with law enforcement and the criminal justice system, public schools, child-welfare organizations, peer-run and advocacy organizations, faith-based organizations and agencies/coalitions serving individuals with developmental disabilities, those experiencing homelessness, and other challenges.

Through our subsidiary Mental Health Resources Inc., we manage more than \$3 million in federal Housing and Urban Development (HUD) and state grants. We also serve as the fiscal agent for the local Continuum of Care. Other support/rehabilitation initiatives and services we have developed include case management, vocational training and supported employment, peer support and system navigation, life skills training, supportive housing, peer and family support and respite care.

Our successes include helping develop Arizona's first Mental Health Court (2004) and creating a Criminal Justice Team (1999) to collaborate with law enforcement, courts, the county jail and other stakeholders to ensure individuals with a mental health disorder are appropriately diverted to treatment. This program cut the average number of days in jail from 22 to 6, and resulted in establishment of active mental-health dockets in eight different courts across Pima County, a feat unmatched in any other region of the state.

Our Criminal Justice Manager chairs the Pima County Forensic Task Force, with membership from criminal justice, behavioral health, government and social services. The group collaborates on programs and shares resource and programming opportunities, as well as information about

each other's systems. Most importantly, it allows professionals to develop relationships across systems. Sixty or more individuals attend each quarterly meeting, including representatives from law enforcement, corrections, courts, attorneys, judges, jail and its health care provider, behavioral health service providers, crisis-service providers, Veteran's Affairs, county health department and fire departments.

We and our law enforcement partners successfully advocated for and implemented a philosophy of "differential police response" (DPR) for individuals in crisis. DPR helps officers use all available resources and information to customize a response using the least amount of force necessary for the situation. We also co-facilitate Crisis Intervention Team (CIT) training with the Tucson Police Department and Pima County Sheriff's Department, and provide Mental Health First Aid training to recruits still in academy, advanced de-escalation training to SWAT Team negotiators, and technical assistance to departments implementing policies and procedures for interacting with individuals in crisis.

Examples of Similar Experience

Provide no more than 3 examples of experiences working on a similar engagement within the past 5 years with other county governments or municipalities.

Pima County Crisis Response Center

Dates and length of service: 2005-present.

Contact for references and further information: Jan Leshner, Deputy Pima County Manager,
(520) 724-8661

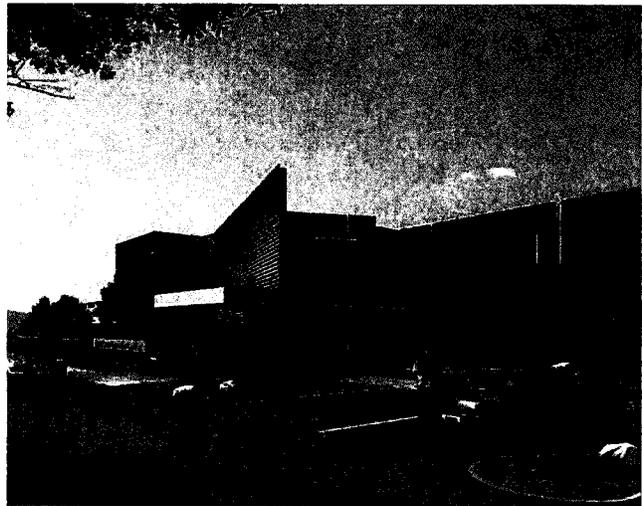
Services performed:

Through our collaboration with law enforcement, courts, hospitals and related entities, we recognized the community's need for a behavioral health crisis facility that would divert individuals experiencing a mental health or substance abuse crisis away from jails and emergency departments and into a treatment setting. We worked with Pima County administrators, local leaders, advocacy and consumer-run organizations, consumers and family members, and other concerned citizens to develop a vision for enhancing crisis services and craft a ballot proposal for bonds to build a Crisis Response Center, to be built on county-owned land in close proximity to a hospital and a detoxification facility.

We led and coordinated an extensive informational campaign to educate voters about the need for this facility, along with its role in reducing inappropriate use of jail facilities and decreasing crowding and demand for services in area EDs, with support of high-profile community members, public officials, advocacy groups and the news media. The question of bonds for the CRC passed in 2006 with more than 60% of the vote.

Over the next five years, we worked closely with county administration, architects, service providers and stakeholders to develop the CRC's design, oversee its construction and develop a complementary set of services to be offered there. We developed and implemented a years-long strategic process to obtain input from law enforcement, the court system, the medical community, our consumers and their families, crisis-stabilization and treatment-service providers, the state Division of Behavioral Health Services and other funders, advocacy groups, peer-run organizations and other interested parties.

An important part of this process was ensuring that the CRC's sally port for custody transfers was secure and designed for ease of law-enforcement access and a swift, effective handoff to the CRC. We involved law enforcement in all phases of sally port design, and carried out a series of trial runs with officers to ensure all aspects of the process were clear. As a result, use of the sally port has cut the time law enforcement spends transferring individuals to a treatment facility from hours to an average of 15 minutes.



The CRC began operations in August 2011. The CRC's call center became the "command and control" center for our crisis network, able to coordinate use of resources, triage crisis calls, and in many cases resolve crises through phone services and referrals. The CRC also has allowed us to engage a high number of previously unserved individuals with untreated behavioral health conditions and connect them to ongoing treatment and stability. A similar crisis center in Bernalillo County could help the County reach the estimated 53,000 individuals who could benefit from but did not receive behavioral health services, as noted in the *Landscape* document.

We made other enhancements to our crisis system, such as increasing the number of Mobile Acute Care Teams and creating a new detoxification center across the street from the CRC. The detoxification facility also has a separate entrance for law enforcement and first responders.

Part of our philosophy throughout crisis-services planning was "no wrong door" – individuals should be able to access crisis services no matter where they first "touch" the system.

Throughout its development, we wanted to make the CRC, as much as possible, a welcoming and calming place for individuals and families in very stressful situations, with peer support throughout the stay, and effectively planning and linking to resources before discharge, with follow-up later.

As it happened, the CRC opened just months after the January 8, 2011, mass shooting in Tucson by an individual with untreated mental illness, thus generating an enormous amount of community and media attention.

The CRC has become a model crisis-care facility, winning nine awards for architecture and design, including the Citation of Merit from the Behavioral Healthcare Design Awards (2011). Contingents from other areas, including Albuquerque/Bernalillo County/New Mexico, have visited Tucson to meet with CPI staff and other individuals and visit the CRC. It has become a beacon for communities that want to treat, rather than jail, individuals experiencing a behavioral health crisis (see the List of Articles under the Additional Required Materials tab for additional information).

Evaluation for Court-Ordered Treatment

Dates and length of service: 2011-present.

Contact for references and further information: Paul Sayre, Captain, Tucson Police Department, (520) 837-7481.

Services performed:

We have successfully managed emergency applications for admission for involuntary evaluation for court-ordered treatment (COEs) for Pima County, changing a fractured and dysfunctional collection of organizations into a cost-effective, efficient network and creating processes focused on excellence and public safety. We developed clear procedures and processes for appropriate use of COEs and increasing diversions to less-costly voluntary care when appropriate. We have supported Pima County's goals of creating cohesion in the continuum of care, providing services in the least-restrictive environment, presenting appropriate opportunities for diversion to voluntary treatment, and coordinating care upon discharge.

Human-Service Referral System

Dates and length of service: 2009-present.

Contact for references and further information: Mary McDonald, Pre-Hospital Manager, Tucson Fire Department, (520) 837-7043 or cell (520) 904-4420

Services performed:

The Tucson Fire Department (TFD) launched the Human-Services Referral Program (HSRP) in response to over-utilization of the 911 emergency system for non-emergent situations, including crises related to behavioral health. CPI is a partner in this effort, identifying frequent service utilizers, helping engage individuals and coordinating and sharing TFD information with our service providers. The program has helped eliminate the "silo" effect between Emergency Medical Services responders and the behavioral health care system.

This project ensures that individuals who frequently use emergency services participate in meaningful, ongoing treatment. They are engaged and evaluated to determine needed services and assessed for availability of a payer source. The individual commits to recovery and manages his or her illness on a day-to-day basis, reducing or eliminating their need or desire to contact the 911 system. The ultimate goal is improvement to the consumer's overall quality of life.

Other partners in this effort include other fire departments in Pima County, Tucson Police Department, the Pima County Sheriff's Office and County Attorney's Office, and the City of Tucson Attorney's Office.

As the program matured, we also worked with TFD to establish processes in which 911 dispatchers triage calls and, if determined to be non-emergent and to involve a behavioral health crisis, transfer them to our Community-Wide Crisis Line for action. This has contributed to a decrease in overall call volume and facilitated appropriate, cost-effective responses.

b. Qualifications and Experience of Key Personnel

Neal Cash, M.S.

President and Chief Executive Officer, CPI

Mr. Cash brings specialty expertise in working with political leadership, mobilizing community support, and building collaborative relationships. He has extensive, applied experience with leveraging bonds, taxes and other funding to bring up complex systems of care.

Length of time with company: 16 years

Education:

- Post-graduate work in Rehabilitation Administration, University of Arizona, Tucson
- M.S., Rehabilitation Counseling, University of Arizona
- B.S., Psychology, Syracuse University, Syracuse, NY

Experience on similar assignments: Mr. Cash has 36 years' experience in public-sector behavioral health services, including 15 years' experience providing consultative services to entities in New Mexico, California, Oregon, New York, Michigan, Florida, Texas, Ohio, Puerto Rico and Washington, D.C. Most recently, he co-hosted and discussed creation of CPI's crisis-services facility and care model with contingents from Albuquerque/ Bernalillo County/New Mexico and from New York City. He was a presenter at the Crisis Intervention Training National Conference in 2014, and testified before a congressional committee in 2013 in support of funding for Mental Health First Aid training. He also is a member of the

board of the National Council for Behavioral Health and has given conference presentations and served on various advisory and work groups statewide and across the U.S .

Please see Mr. Cash's résumé on pg. 28.

Dr. Edward Gentile, D.O., MBA, FAPA

Chief Medical Officer, CPI

Dr. Gentile delivers a depth of knowledge of psychiatry, medical management, quality management, care coordination, and creating provider systems that meet the needs of individuals with high acuity. His expertise includes collaboration with hospitals, clinics and other community health stakeholders to build care systems that are successful and sustainable.

Length of time with company: 20 years

Education:

- B.A., Providence College, Providence, RI
- D.O., Philadelphia College of Osteopathic Medicine, Philadelphia
- Internship, Cherry Hill Medical Center, Cherry Hill, NJ
- M.B.A., University of Arizona Eller College of Management, Tucson, AZ
- Residency in Pathology, Thomas Jefferson University Hospital, Philadelphia, PA
- Chief Resident in Geriatric Psychiatry, Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric, Philadelphia, PA
- Residency in Psychiatry, Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric, Philadelphia, PA

Experience on similar assignments: In addition to the ongoing consultation and technical assistance Dr. Gentile provides in his current position at CPI, he has worked with the U.S. Department of Justice as a consultant on compliance with settlement of a lawsuit against a large psychiatric hospital, helping measure compliance with the settlement agreement as it relates to medical and psychiatric provisions focusing on inpatient care and the psychiatric emergency program that helps serve a large metropolitan area. Dr. Gentile also recently completed a consultation review of an RFP for a vendor of psychiatric services in a crisis Level 1 and behavioral health residential facility here in Arizona.

Please see Dr. Gentile's résumé on pg. 31.

Vanessa Seaney, LCSW, CPHQ

Chief Operating Officer, CPI

Vanessa offers exceptional expertise in system sufficiency, licensure and system development, as well as clinical experience in crisis settings such as emergency departments. She has practical experience in creating behavioral health provider systems in collaboration with peers and families as well as tribal entities and diverse populations.

Length of time with company: 20 years

Education:

- MSW, Social Work, Arizona State University, Tempe
- B.S., Psychology, Northern Arizona University, Flagstaff

Certifications:

- Licensed Clinical Social Worker, Arizona Board of Behavioral Health Examiners
- Certified Professional in Healthcare Quality, Healthcare Quality Certification Board

Experience on similar assignments: Ms. Seaney brings unique expertise with a focus on crisis services and system development and enhancement. She was involved in creation of the CRC since its inception. She provides ongoing consultation and technical assistance in her role as Chief Operating Officer at CPI, and has presented locally and statewide on crisis services and system infrastructure. Statewide, Ms. Seaney has presented on Best Practices in the delivery of crisis services. On a national level, she presented information on CPI's veterans services – cited as a national model for serving this population – for SAMHSA's webinar "Military Families: Access to Care for Active Duty, National Guard, Reserve, Veterans, Their Families and Those Close to Them" (May 4, 2011) and the National Council for Behavioral Health's "Serving Our Veterans in the Community" webinar (November 10, 2011).

Please see Ms. Seaney's résumé on pg. 33.

Qualifications and Experience of Additional Consultants

Special Consultant on Criminal Justice: The Hon. Nanette Warner (Ret.)

Judge Warner has been a valuable resource and partner for CPI, having served on Criminal, Civil, Family Law and Juvenile Benches. Judge Warner is able to bring together law enforcement, first responders, the courts, probation, jail and other stakeholders to develop processes and address any barriers to collaboration. She has consulted with us on major resource development, including the CRC and Criminal Justice Team, and presented information during New Mexico's site visit in January. She worked with CPI to create Arizona's first felony Mental Health Court, in 2004 in Tucson. She led creation of the Pima County Juvenile Court Model court, revamping the court process for dependency cases. She

serves on the Mental Health Court Standards Advisory Committee, which wrote the standard for Mental Health Courts in Arizona and has participated in workgroups on domestic violence, court improvement and juvenile courts. Judge Warner also was on the Committee on Rules of Procedure for Family Law, which wrote the state's first rules of procedure to govern family law cases. She currently provides legal services and consultation in dispute resolution, family law, elder law and with other organizations, including CPI.

Education:

- J.D., Georgetown University Law Center, Washington, DC
- B.A. in Political Science and Sociology (Honors), University of Arizona, graduating with Highest Distinction, Tucson, AZ

Awards (selected):

- Schorr Family Award, for distinguished contribution to furthering understanding of mental illness (2005).
- American Bar Association Judicial Division Award of Judicial Excellence, for her work on juvenile court reform, especially her leadership in improving handling of abuse and neglect cases (1999).

Please see résumé on pg. 36.

System Management Consultant: Annette Church, Consultant, CPI

Length of time with company: 3 years.

Ms. Church has 22 years of experience in behavioral health, and has held various faculty positions at Arizona learning institutions. She served as Director of Clinical Operations at CPI, directing activities to ensure maintenance of a comprehensive continuum of high-quality behavioral health services for adults and children. She provided oversight and leadership through promotion of networking and development of best practices, fostering collaboration and cooperation among providers.

Education:

- Master's of Counseling, University of Phoenix, Phoenix AZ
- B.A., Psychology and Sociology, Mankato State University, Mankato MN

Certifications:

- Licensed Professional Counselor
- Independent Substance Abuse Counselor

Please see résumé on pg. 38.

Financial Consultant: Noel Earls, Director, Financial Analysis, CPI

Length of time with company: 5 years.

Mr. Earls has more than 15 years of experience in all aspects of finance and data management related to health plans, including budgets and financial analysis; reporting, monitoring and compliance; forecasting; and budget-to-actual comparisons. He has worked with lines of business including Medicaid, state and locally funded projects, federal Substance Abuse and Mental Health Block Grants, and specialty and housing grants (federal and state). His work with service providers includes contracting and monitoring, rate-code development, funding-to-encounter reconciliations, block hospital reconciliations, reporting facility authorized days, monitoring provider financial statements, and block/capitated funding development. He has developed health care information and provider reporting packages and assisted in design and development of reporting packages and ad hoc analysis.

Education:

- Post-graduate classes, MBA program, University of Arizona, Tucson
- B.S., Business Administration, Finance and Real Estate, University of Arizona, Tucson

Certifications:

- American Association of Health Plans (AAHP)
- Healthcare Financial Management Association (HFMA)
- Reporting Committee, National Committee for Quality Assurance (NCQA)
- HEDIS 3.0
- Past board of directors, Tucson Healthcare Affiliates Federal Credit Union
- Arizona Department of Insurance, Health and Disability License

Please see résumé on pg. 41.

System Development Consultant: Rebecca Taylor, Operations Project Specialist, CPI

Length of time with company: 14 years.

Ms. Taylor has more than 30 years of experience in behavioral health services, including more than 10 years with CPI and its subsidiaries focused on care-system and contracts development, providing technical assistance and support in the design and development of our behavioral health care system. She has conducted system assessment, planning and implementation activities in collaboration with service providers, state agencies and CPI staff. She also has participated in statewide work groups on licensure and was instrumental in developing and implementing an Assertive Community Treatment team in Pima County. Ms. Taylor now provides assistance in the design and completion of projects, grants, new

business and responses to RFIs and RFPs for CPI and its subsidiaries, including research into state statutes and licensure rules and managing timelines and project plans to ensure timely completion of development projects.

Education:

- Pima Community College, Tucson AZ, major in social work
- Diploma, Zumbrota High School, Zumbrota, MN

Please see résumé on pg. 43.

Project Manager: Damien Bracamonte, Membership Manager, CPI

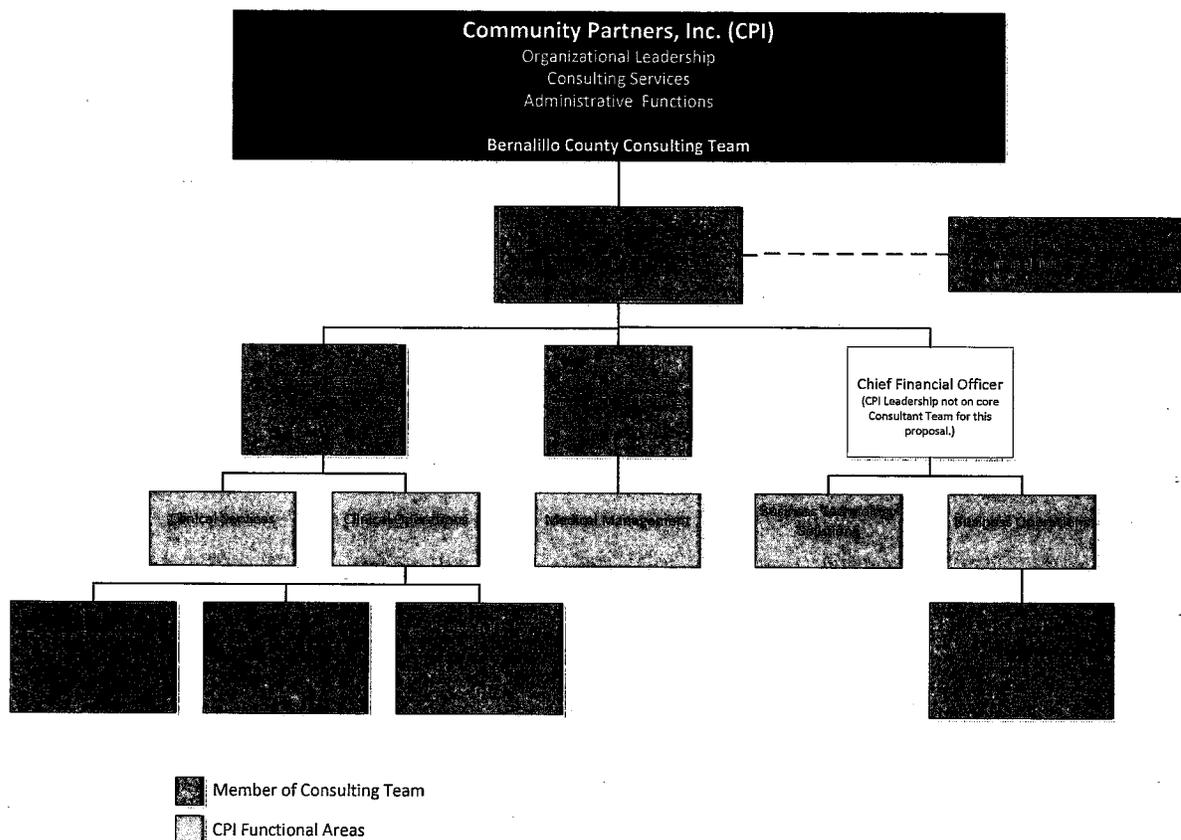
Length of time with company: 8 years.

Mr. Bracamonte has served in increasingly more responsible capacities over his 14 years working in the behavioral health care system, including nine years as a supervisor. He is licensed for foster parenting, having completed Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (PS-MAPP). Most recently, Mr. Bracamonte established standards, processes and procedures that revolutionized the functions and role of membership-data roster analysts. This positioned the group as a hub for subject matter experts who have concurrent understanding of both membership systems and data, as well as an understanding of the meaning and application of such data. These experts now can speak to how data is used by providers and translates into credible analysis. This project involved synchronizing data systems with funders, training subcontractors in data-submission processes, and creating and implementing several new systems for information tracking and reporting. His self-initiated duties and work performance resulted in his promotion to a supervisory position at CPI. Mr. Bracamonte is fluent in English and Spanish.

Education: High school diploma, Project M.O.R.E. High School, Tucson

Please see résumé on pg. 45.

Management Structure and Staffing Resources



C. Current Workload and Ability to Complete Phases Within Specified Timeframes

Consulting on projects such as the one for Bernalillo County is now one of CPI's main lines of business. Our Key Consultant Team and other staff listed above will be fully committed to this project in their complementary area(s) of expertise. This project will have a dedicated Project Manager responsible for ensuring compliance with timelines and budgets, and will assist the team with all administrative tasks. In addition, we have a solid base of additional staff members (including those noted above) who will contribute to this project in their areas of expertise. We will assign other staff as needed to carry out this project as required and specified by Bernalillo County, completing the Phases within specified timeframes and creating products of the highest quality for Bernalillo County.

Please see the timeline on pg. 27 for additional information.

**Bernalillo County Request for Proposal #25-15-PL
Behavioral Health Systems and Stabilization Consulting Services
Phase 3 Timeline**

| TASK | Time (in Year and Quarters) | | | | | | | | | | | | | | | |
|---|-----------------------------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| | Year 1 | | | | Year 2 | | | | Year 3 | | | | Year 4 | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Phase 3 (due end of Year 3, April 2017) | | | | | | | | | | | | | | | | |
| Convene stakeholder focus groups to review Business Plan and development of crisis services | | | X | X | X | X | | | | | | | | | | |
| • Task Force on Behavioral Health | | | X | X | X | X | | | | | | | | | | |
| • RWJ Center for Health Policy at UNM | | | X | X | X | X | | | | | | | | | | |
| • Behavioral Health Providers | | | X | X | X | X | | | | | | | | | | |
| • Criminal Justice | | | X | X | X | X | | | | | | | | | | |
| • Advocacy Organizations | | | X | X | X | X | | | | | | | | | | |
| • Law Enforcement/First Responders | | | X | X | X | X | | | | | | | | | | |
| • Government Entities | | | X | X | X | X | | | | | | | | | | |
| • Consumers and Family Members | | | X | X | X | X | | | | | | | | | | |
| • Other Community Groups | | | X | X | X | X | | | | | | | | | | |
| Develop Concept Paper to share with stakeholders | | | X | X | X | X | | | | | | | | | | |
| Review existing reports and recommendations related to crisis services | | | X | X | X | X | X | X | | | | | | | | |
| Determine priority and purpose for crisis services | | | | | X | X | | | | | | | | | | |
| Analyze and seek funding opportunities | | | | | | X | X | X | X | | | | | | | |
| • State/Managed Care Organization (MCO)/Medicaid funding | | | | | | X | X | X | X | | | | | | | |
| • Local: taxes | | | | | | X | X | X | X | | | | | | | |
| • Federal: Block grants, other grants (SAMHSA) | | | | | | X | X | X | X | | | | | | | |
| Evaluate best practices in relation to crisis services | | | | | | X | X | | | | | | | | | |
| Identify needed licensing and credentialing of crisis staff and building(s) | | | | | | | X | X | | | | | | | | |
| Identify key stakeholders in adjoining counties, convene meetings to discuss partnerships | | | | | | | X | X | X | | | | | | | |
| Gather and analyze data on the following: | | | | | | | X | X | X | X | | | | | | |
| • System Design | | | | | | | X | X | X | X | | | | | | |
| o Client Flow- from first responder contact to discharge | | | | | | | | | | | | | | | | |
| o Respite Services | | | | | | | | | | | | | | | | |
| o Stabilization Services | | | | | | | | | | | | | | | | |
| o Screening and Triage | | | | | | | | | | | | | | | | |
| • Call Center | | | | | | | X | X | X | X | | | | | | |
| • Mobile Crisis | | | | | | | X | X | X | X | | | | | | |
| • Legal Agreements | | | | | | | X | X | X | X | | | | | | |
| • Security | | | | | | | | | X | X | | | | | | |
| • Staffing Needs | | | | | | | | | X | X | | | | | | |
| • Information Technology/Electronic Health Records | | | | | | | | | X | X | | | | | | |
| • Vendors (architects, construction, facilities, etc.) | | | | | | | | | X | X | | | | | | |
| • Communications (tele health, phones, computers, paging, etc.) | | | | | | | | | X | X | | | | | | |
| • Training plan for law enforcement, other first responders, hospitals, etc. | | | | | | | | | X | X | | | | | | |
| • Budget and finance | | | | | | | | | X | X | | | | | | |
| • Scope of Work language for existing network, crisis provider contracts to reflect necessary changes to the system | | | | | | | | | X | X | | | | | | |
| • Policies, protocols and contract language | | | | | | | | | X | X | | | | | | |
| Create detailed plan for crisis triage, stabilization and respite | | | | | | | | | X | X | X | | | | | |
| Present Comprehensive Crisis Services Business Plan | | | | | | | | | | | X | | | | | |
| Begin implementation on most critical needs for the County | | | | | | | | | | | X | X | X | X | | |

**Bernalillo County Request for Proposal #25-15-PL
Behavioral Health Systems and Stabilization Consulting Services
Timeline**

| TASK | Time (in Year and Quarters) | | | | | | | | | | | | | | | |
|--|-----------------------------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| | Year 1 | | | | Year 2 | | | | Year 3 | | | | Year 4 | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Phase 1 (due June 12, 2015) | | | | | | | | | | | | | | | | |
| Create project management tools | X | | | | | | | | | | | | | | | |
| Meet and develop relationships with key stakeholders, including DPS representatives and Task Force on Behavioral Health members. | X | | | | | | | | | | | | | | | |
| Identify priority populations and priority services | X | | | | | | | | | | | | | | | |
| Identify resources and estimated funding amounts | X | | | | | | | | | | | | | | | |
| Review existing reports and recommendations | X | | | | | | | | | | | | | | | |
| Identify any additional stakeholders | X | | | | | | | | | | | | | | | |
| Convene initial stakeholder focus groups | X | | | | | | | | | | | | | | | |
| Present Preliminary Behavioral Health Business Plan | X | | | | | | | | | | | | | | | |
| Phase 2 (due December 1, 2015) | | | | | | | | | | | | | | | | |
| Convene stakeholder focus groups (first responders, providers, health orgs., etc.) | X | X | | | | | | | | | | | | | | |
| Interview Key Stakeholders | X | X | | | | | | | | | | | | | | |
| Evaluate resources and program costs | X | X | | | | | | | | | | | | | | |
| Develop service delivery structure | X | X | | | | | | | | | | | | | | |
| Present Comprehensive Behavioral Health Business Plan | | | X | | | | | | | | | | | | | |
| Phase 3 (due end of Year 3, April 2017) | | | | | | | | | | | | | | | | |
| <i>Also refer to the detailed Phase 3 Timeline in the proposal narrative.</i> | | | | | | | | | | | | | | | | |
| Convene stakeholder focus groups to review Business Plan and development of crisis services | | | X | X | X | X | X | | | | | | | | | |
| Review existing reports and recommendations related to crisis services | | | X | X | X | X | X | | | | | | | | | |
| Determine priority and purpose for crisis services | | | X | X | X | X | X | | | | | | | | | |
| Analyze and seek funding opportunities | | | | | | | X | X | X | | | | | | | |
| Evaluate best practices in relation to crisis services | | | | | | | X | X | X | | | | | | | |
| Identify needed licensing and credentialing of crisis staff and building(s) | | | | | | | X | X | X | | | | | | | |
| Identify key stakeholders in adjoining counties, convene meeting to discuss partnerships | | | | | | | X | X | X | | | | | | | |
| Create detailed plan for Crisis triage, stabilization and respite | | | | | | | X | X | X | | | | | | | |
| Present Comprehensive Crisis Services Business Plan | | | | | | | | | X | X | X | | | | | |
| Begin implementation on most critical needs for the County | | | | | | | | | | X | X | X | | | | |
| Phase 4 (due by end of Year 4, April 2018) | | | | | | | | | | | | | | | | |
| Work with County to identify additional work phases | | | | | | | | | | | | | | X | | |
| Continue implementation on most critical needs for the County | | | | | | | | | | | | | | X | X | X |
| Continue stakeholder relationship building | | | | | | | | | | | | | | X | X | X |
| Continue funding strategies | | | | | | | | | | | | | | X | X | X |
| Develop Specifications for behavioral health services RFPs | | | | | | | | | | | | | | X | X | X |
| Develop and Conduct Implementation stages based on County needs | | | | | | | | | | | | | | X | X | X |



RESUME – Neal J. Cash, M.S.

President and Chief Executive Officer

Recent Experience

2015 - Present

**Consultant
Community Partners, Inc., Tucson, AZ**

- 15 years' experience providing consultative services to entities in California, Oregon, New York, Michigan, New Mexico, Florida, Texas, Ohio, Washington, D.C., and Puerto Rico.
- 36 years' experience in the delivery of public-sector behavioral health services in Pima County.
- 19 years of intense involvement with local, state and national professional organizations in various capacities; e.g., as a member, a chairman or president.
- 20 years experience in professional activities on a local, state and national level as a participant, panelist and/or presenter.

Responsibilities:

- Brings specialty expertise in working with political leadership
- Mobilizes community support and build collaborative relationships
- Knowledge of leveraging bonds, taxes and other funding to develop complex systems of care.

1999 - Present

**President/Chief Executive Officer
Community Partners, Inc./Community Partnership of Southern Arizona, Tucson, AZ**

As President and Chief Executive Officer of the Regional Behavioral Health Authority (RBHA) for Pima County, Mr. Cash has ultimate responsibility to oversee the management of and adherence to contractual requirements set forth in the Arizona Department of Health Services (ADHS) contract.

Education

- Post-graduate work in Rehabilitation Administration, University of Arizona, Tucson AZ
- M.S., Rehabilitation Counseling, University of Arizona, Tucson
- B.S., Psychology, Syracuse University, Syracuse NY

Credentials/Licensure/Professional Organizations

- 2008 to present - Member, National Leadership Forum (NLF)
- 2007 to present- Board Member, National Council for Community Behavioral Healthcare (NCCBH, now NCBH)
- 2007 to present - Member, Southern Arizona Leadership Council (SALC)
- 2007 Member, Governor's Health Forum
- 2006 Member, Policy Forum Advisory Committee, Resources for Recovery State Practices That Expand Treatment Opportunities
- 2005 Member, Governor's Drug and Gang Policy Subcommittee
- 2004 Member, Joint Legislative Study Committee on Regional Alcohol Detoxification Centers.
- 2002 to 2003 - Member, Children's Intergovernmental Agreement Executive Committee
- 2002 to 2003 - Member, National Center for Mental Health and Juvenile Justice CSCI

RESUME – Neal J. Cash, M.S.

Strategic Planning Workgroup

- 2002 to 2004 - Advisory Board Member, Arizona Practice Improvement Collaborative (AzPIC)
- 2001 Member, Arizona Health Care Cost Containment System (AHCCCS) Integration of Care Policy Guidelines Subcommittee
- 2000 Member, University of Arizona's Community Advisory Board for the Center for Applied Sociology
- 1998 to Present - Past President and current Board Member, Arizona Council for Human Service Providers
- 2011 to 2014 Board Member, Jewish Community Center – Tucson, Arizona
- 2009 Member, Jewish Community Relations Council – Tucson, Arizona

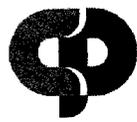
Related Professional Activities

- 2015 Site Visit by New York City contingent regarding crisis services model, host and speaker - Tucson, Arizona
- 2015 Site Visit by New Mexico state contingent regarding crisis services model, co-host and speaker - Tucson, Arizona
- 2014 Crisis Intervention Training (CIT) International Annual Conference, Speaker - Monterey, California
- 2014 Arizona Council of Human Service Provides Conference, "Through an Arizona Lens: National Issues in Behavioral Health and Child Welfare" – Carefree, Arizona
- 2013 AATOD Conference "Let Recovery Ring in a New Year," speaker - Philadelphia, Pennsylvania
- 2013 NIATx Summit and SAAS National Conference, "Innovation, Integration, Implementation: the Business of Behavioral Healthcare" - San Diego, California
- 2010- 2014 National Council for Behavioral Healthcare "Hill Day", Board and Executive Meetings – Washington, D.C.
- 2009 Inauguration of Border Bi-national Health Week Ceremony, Leaders Across the Borders Program Kick-off and Luncheon: U.S. Mexico Border Health Commission, U.S. Department of Health and Human Services, Mexico Secretariat of Health, Pan American Health Organization and Arizona Department of Health Services, "invitation only" guest – Nogales, Arizona
- 2009 Center for Mental Health Services (CMHS), National GAINS Center and National Council for Community Behavioral Healthcare RBHA site visit re: Criminal Justice and Behavioral Health Collaborations, host – Tucson, Arizona
- 2009 "Fixing an American Tragedy: Addressing the Needs of Justice-Involved People with Mental Illnesses and Co-Occurring Disorders," First Annual Report 2009, National Leadership Forum for Behavioral Health/Criminal Justice Services, co-author.
- 2009 Senate and House Health Committee Testimony, speaker – Phoenix, Arizona
- 2009 NIATx Summit and SAAS National Conference – Tucson, Arizona
- 2009-2014 Annual Summer Institutes; Center for Applied Behavioral Health Policy – Arizona
- 2009 St. Luke's Health Initiative, "The 'R' Word Rationing, Ethics and the Future of Healthcare" – Paradise Valley, Arizona
- 2008 RBHA Site Visit by Alaska State Department of Health – Tucson, Arizona
- 2008 Open Society Institute (OSI) RFP Response Evaluator and Site Visitor – Tarrant County, Texas, and Puerto Rico
- 2008 National Leadership Forum (NLF) – Washington, D.C.
- 2008 Congresswoman Gabrielle Giffords' and Congressman Michaud's Veterans

RESUME – Neal J. Cash, M.S.

- Behavioral Health Issues, host and speaker – Tucson, Arizona
- 2008 Arizona Public Hospital Association Annual Meeting, Speaker - Tucson, Arizona
 - 2008 Governor Janet Napolitano's Southern Arizona Military/Veterans Roundtable, speaker - Tucson, Arizona
 - 2008 State Associations of Substance Abuse Services (SAAS) – Washington, D.C.
 - 2007-2008 Reviewer and consultant, "Closing the Addiction Treatment Gap" for Open Society's Institute's Closing the Addiction Gap Initiative
 - 2006-2009 National Council Annual "Hill Day" – Washington, D.C
 - Cash, N. (2004) "Made in Arizona: A Public Sector, Full-Risk Behavioral Health System that Works." *Behavioral Healthcare Tomorrow*, 13:38-41.
 - 2002 National Council publication, "Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders," writer and special expert panel facilitator.
 - 2001 Arizona Practice Improvement Collaborative (AzPIC) Summer Institute – plenary
 - 2001 CSAT National Leadership Institute (NLI), Washington, D.C. - expert panel
 - 2001 Substance Abuse and Mental Health Services Administration (SAMHSA) Co-Occurring Disorders Project – Washington, D.C.

The information provided is not all inclusive. Additional information available upon request.



COMMUNITY PARTNERS, INC.

RESUME – Edward M. Gentile, D.O., MBA, FAPA

Chief Medical Officer

Recent Experience

2015 - Present

Consultant
Community Partners, Inc., Tucson, AZ

Responsibilities:

- Consult on psychiatry, medical management, quality management, care coordination, and creating provider systems that meet the needs of individuals with high acuity.
- Collaborate with hospitals, clinics and other community health stakeholders to build care networks that are successful and sustainable.

2012-present

Consultant, Department of Justice

Consults with U.S. Department of Justice, Eastern District of New York, regarding settlement of a lawsuit against a large psychiatric hospital. Helps measure compliance with the agreement as it relates to medical and psychiatric provisions focusing on inpatient and the psychiatric emergency program that serves a large metropolitan area.

2004 - Present

Chief Medical Officer
Community Partners, Inc., Tucson, AZ

Provide psychiatric oversight to behavioral health programs for adults, children and adolescents through involvement in Quality Management, Utilization Management, Customer Services, and Executive Management Team.

Responsibilities:

- Coordinate and oversee activities of Associate Medical Directors and physician advisors.
- Key resource for all components of the medical and behavioral health program design and implementation; ensure alignment with a recovery-based model.
- Assist in review of mortality reports, critical incidents and quality of care concerns, via review and approval of all Medical Care Evaluation applications and final study reports, QM monitoring activities, and identifying quality improvement opportunities.
- Chair of the Quality Management Committee, Credentialing Committee, Peer Review Committee, Medical Management/Utilization Management Committee and the Pharmacy and Therapeutics Committee.
- Assist in review of monitoring, level of care determinations; identifying improvement opportunities.
- Assure pharmacy utilization is reviewed at the Medical Management Utilization Committee meetings.
- In conjunction with the Pharmacy Services Director, establish policy and procedure regarding prior authorizations and CPSA formulary.
- Participate in review of the system identifying service gaps and training needs and participate in the development, credentialing and monitoring of the provider network.
- Participate in monthly ADHS/DBHS Medical Director and Pharmacy and Therapeutics Committee meetings and maintain collaborative relationships.
- Oversee and develop relationships with AHCCCS Health Plan Medical Directors and other community medical leadership.
- Work directly with the Associate Medical Director, Chief of Clinical Services, Senior Director of Medical Management, Chief Operating Officer (COO), Director of Grievance and Appeals and provider medical directors to identify best practices and standards for psychiatric involvement and supervision for behavioral health programs.

RESUME – Edward M. Gentile, D.O., MBA, FAPA

- Coordinate participation of Medical Management in grievance and appeals processes and care management activities.
- Provide consultation to the CEO regarding the development and review of the RBHA's programs, positions and budgets that impact clinical services.
- Participate in development of clinically relevant outcome-evaluation process.
- Provide oversight of the data analysis and reporting team.

1996 -
2004

Medical Director

Community Partnership of Southern Arizona, Tucson, AZ

- Oversee clinical practice at the direct-service level through oversight of QM, UM and Pharmacy Services. Chair QM Council.
- Provide consultation and assistance to Grievances and Appeals.
- Identify service gaps and training needs, standards of care and supervision.
- Assure psychiatric involvement in development and approval of policies and *Provider Manual* entries specific to CPSA.
- Review and approve applications for Medical Care Evaluation Studies and review all final outcomes.
- Actively interface with AHCCCS Health Plan Medical Directors and Behavioral Health Coordinators to improve coordination of care.

Education

- B.A., Providence College, Providence, RI
- D.O., Philadelphia College of Osteopathic Medicine, Philadelphia
- Internship, Cherry Hill Medical Center, Cherry Hill, NJ
- M.B.A., University of Arizona Eller College of Management, Tucson, AZ
- Residency in Pathology, Thomas Jefferson University Hospital, Philadelphia, PA
- Residency in Psychiatry, Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric, Philadelphia, PA
- Chief Resident in Geriatric Psychiatry, Medical College of Pennsylvania/Eastern PA
- MBA, University of Arizona Eller College of Management, Tucson, AZ

Background (training, certifications, licenses, special skills)

- Licensure, Arizona Board of Osteopathic Physicians (#2368)
- Licensure, West Virginia Board of Osteopathic Examiners (# 701)
- Licensure, Pennsylvania State Board of Osteopathic Medicine (#00S2241-L) (inactive)
- Certification (Lifetime), American Board of Psychiatry and Neurology (#29469)
- Examiner for the Part II Board Examination, Western Region, American Psychiatric Association (1994-2001)
- National Council of Community Behavioral Healthcare Psychiatric Leadership Development Program (2009-2010)
- Arizona Psychiatric Society
- Arizona Osteopathic Medical Association
- American College of Medical Quality
- American College of Mental Health Administration
- American Psychiatric Association (Fellow)
- Pi, E.H., E.M. Gentile, and G.S. Simpson. 1985. "Anti-Panic Effects and Plasma Tricyclic Antidepressant Level: A Preliminary Report." *Biologic Psychiatry* (509).
- Gentile, E.M., and M.R. Berren. 2004. Chapter 4: "The Symptoms and Behaviors Associated with Serious Mental Illness," in Berren, M.R. (ed). *A Sourcebook for Families Coping with Serious Mental Illness*. McMurry Publishing, Inc.
- Served as a Commissioned Officer, Senior Assistant Surgeon, of the US Public Health Service (1979-81).

The information provided is not all-inclusive. Additional information available upon request.

Community Partners, Inc.



RESUME – Vanessa Seaney, MSW, LCSW, CPHQ

Chief Operating Officer

Recent Experience

2015 – Present

**Consultant
Community Partners, Inc., Tucson, AZ**

Responsibilities:

- Offers exceptional expertise in system sufficiency, licensure and network development.
- Creates behavioral health provider systems in collaboration with peers and families as well as tribal entities and diverse populations.
- Consults on developing comprehensive clinical-care services for adults and youth.

2013 - present

**Chief Operating Officer
Community Partners, Inc., Tucson, AZ**

Lead CPI's operational functions and ensure overall strategic and operational responsibilities are being met, in partnership with the Chief Financial Officer and Chief Medical Officer. Key leadership representative for CPI across stakeholder groups, state agencies and the community. Ensures CPI is following the strategic plan.

Responsibilities:

- Oversee the day-to-day operations of the organization in compliance with the contract; advise CEO on daily operations.
- Manage operations to meet budget and programmatic goals.
- Ensure completion of all contract requirements and frequently serve as the primary contact with state agencies.
- Assure the delivery of quality programs and services in an accessible, sensitive, cost-efficient and effective manner within the geographic service area.
- Provide consultative services, technical assistance and administrative expertise to program staff and/or community organizations in the design, development, modification and implementation of a managed-care behavioral health care delivery system.
- Support and assist management staff in developing, maintaining and monitoring provider delivery performance and compliance with ADHS/DBHS requirements.
- Coordinate development of requests for proposals for new contractors, analyze proposals received, and provide oversight on selection and contracting.
- Lead development of responses to requests for proposals from major funding sources.
- Participate in interviews with news and other media.
- Maintain strong working relationships with ADHS/DBHS leadership, representatives of provider agencies, advocacy groups and other State and County agency representatives.
- Formulate action plans to remedy any findings from audits, reports, provider and client concerns and State reports/concerns.
- Ensure the organizational environment is culturally responsive and encourages the design and delivery of culturally and linguistically competent services that promote recovery.

2007 - 2013

**Chief Clinical Officer
Community Partnership of Southern Arizona, Tucson, AZ**

Provide clinical leadership and oversight to ensure a sufficient and culturally diverse behavioral health system of care for all populations across all related lines of business. Direct activities focused on the design, development, implementation and monitoring of recovery system enhancements to ensure a comprehensive continuum of care for adults

RESUME – Vanessa Seaney, MSW, LCSW, CPHQ

and children. Preside over strategic action plans to achieve target outcomes for sufficiency and capacity.

Responsibilities:

- Develop and implement the CPSA clinical systems strategy to ensure consistency with the organization's mission, vision, strategic goals and expansion.
- Assure compliance with current State and Federal rules, regulations and contractual obligations in all aspects of network and clinical operations.
- Direct oversight and monitoring of ADHS/DBHS contract requirements to ensure the system of care is sufficient in size, scope and types of providers.
- Hire and supervise Clinical Operations staff.
- Collaborate with Business Operations regarding budget, encounters and other fiscal issues including AHCCCS validation studies.
- Work with Medical Management to arrange and coordinate for ongoing assigned tasks and system oversight.
- Collaborate with Business Development regarding new lines of business.
- Participate in a key leadership role in CPSA response(s) to requests for proposals and negotiate contracts as assigned.
- Provide ongoing technical assistance and support to internal and external customers related to areas of expertise including culture and language, customer service, covered services, licensure regulations, new provider types and special programs.

2005 -
2007

**Director, Network Development
Community Partnership of Southern Arizona, Tucson, AZ**

- Direct activities to ensure a sufficient and culturally diverse behavioral health system of care for all populations within southern Arizona.
- Lead Network Development staff in the oversight, monitoring and analysis of CPSA contractual requirements related to the assurance of adequacy and sufficiency of the provider network.
- Direct activities focused on the design, development, implementation and monitoring of strategic action plans for sufficiency and increased capacity.
- Supervision of staff.

2002 -
2005

**Network Development Manager
Community Partnership of Southern Arizona, Tucson, AZ**

- Participate in strategic planning and provide program development, leadership, training and education, technical assistance, and promotion.
- Develop and monitor CPSA RBHA Sufficiency and Development Plan including assessment of gaps in the system.
- Develop strategies for problem resolutions by synthesizing information from various sources with an emphasis on collaboration.
- Analyze utilization of the Network and oversee procurement.
- Assist in development and implementation of Scopes of Work in contracting process including ensuring Network providers meet requirements.
- Develop, implement and monitor Strategic Cultural Proficiency Plan.

2001 -
2002

**Rapid Response Team Clinical Evaluator
Carondelet Health Network, Tucson, AZ**

- Perform crisis behavioral health assessments in EDs and medical units for Carondelet's four hospitals in southern Arizona.
- Provide Title 36 emergency evaluations to ensure safety of patients in crisis.
- Provide crisis behavioral health services in collaboration with physicians and multi-disciplinary team within hospital setting.
- Disposition planning and coordination of care for behavioral health patients presenting in crisis.

1998 -

**Senior Utilization Review Specialist
Community Partnership of Southern Arizona, Tucson, AZ**

RESUME – Vanessa Seaney, MSW, LCSW, CPHQ

2001

- Supervise CPSA Utilization Review team.
- Provide consultation to contracted facilities on network processes and linkages for all member populations.
- Provide system-wide training and technical assistance on utilization review criteria and managed-care principles.
- Participate in coordination of care activities with state agencies and AHCCCS Health Plans.

Education

- MSW, Social Work, Arizona State University, Tempe AZ
- B.S., Psychology, Northern Arizona University, Flagstaff AZ

Background (training, certifications, licenses, special skills)

- Licensed Clinical Social Worker, Arizona Board of Behavioral Health Examiners (LCSW-2554) (2004 to present)
- Certified Professional in Healthcare Quality, Healthcare Quality Certification Board (CPHQ #8130) (1998 to present)
- Certified Independent Social Worker, Arizona Board of Behavioral Health Examiners (SW- 2554) (1999 to 2004)
- Certified Master Social Worker, Arizona Board of Behavioral Health Examiners (SW-2554) (1993-1998)

Presentations and Publications (selected)

- **Seaney, V.**, Koroshetz, W. (2013, July). "Update on traumatic brain injury," *Behavioral Healthcare* magazine.
- Cash, N., **Seaney, V.**, Nagle, S. (2013). "Embracing a community torn by tragedy." *National Council Magazine*, Issue 1.
- Cash, N., **Seaney, V.** (July-August 2012). "Tucson works together, gets crisis center and care system right," *Behavioral Healthcare* magazine.
- Cash, N., **Seaney, V.**, Bianco, L. (2012). "We owe it to them: supporting our veterans." *National Council* magazine, Issue 2.
- National Council for Behavioral Health (November 10, 2011). *Serving our veterans in the community* [webinar].
- Cash, N., Gentile, E., **Seaney, V.** (July-August 2011). "Mobilizing in a mental health crisis," *Behavioral Healthcare* magazine.
- SAMHSA (May 4, 2011). *Military families: Access to care for Active Duty, National Guard, Reserve, Veterans, their families, and those close to them* [Webinar].

The information provided is not all-inclusive. Additional information available upon request.



RESUME – Hon. Nanette Marie Warner (Ret.)

Special Consultant, Criminal Justice

Recent Experience

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|----------------------------------|--|
| 2013 - Present | <p>Consultant Community Partners, Inc., Tucson, AZ</p> <p>Judge Warner acts as a consultant for CPI in matters related to criminal justice. She helped us establish the first Mental Health Court in the state (in 2004) and served for 34 years in criminal, civil, family and juvenile court systems in Pima County.</p> <p>She provides legal services in the areas of dispute resolution, family law and elder law, and is called back into service when needed to sit as a Superior Court Judge. She also is a volunteer judge pro tempore for Superior Court in Pima County, presiding over settlement conferences.</p> |
| 2013-2015 | <p>Adjunct Faculty, Advanced Family Law Practice James E. Rogers College of Law, University of Arizona, Tucson AZ</p> |
| 2009-2010 & 2002-2004 | <p>Presiding Family Law and Conciliation Court Judge Pima County Superior Court, Arizona</p> |
| 2004-2008 | <p>Mental Health Court Judge Pima County Superior Court, Arizona</p> |
| 1994-1996 | <p>Presiding Juvenile Judge Pima County Superior Court, Arizona</p> |

Education

- JD, Georgetown University Law Center.
- BA, University of Arizona, Tucson, Political Science and Sociology (Honors). Graduated with Highest Distinction; received Freeman Medal, awarded to top senior woman in scholarship, leadership and service.
- Straus Institute of Dispute Resolution, Pepperdine Law School

Accomplishments/Background (partial list)

- Led creation of the Pima County Juvenile Court Model court, revamping the court process for dependency cases statewide.
- Member, Committee that developed first child-support guidelines in Arizona.
- Member, Arizona State Hospital Governing Board (2014-present).
- Board member, Center for Applied Behavioral Health Policy (2011-present).
- Bar Admissions: U.S. Court of Appeals, Ninth Circuit; Supreme Court, State of Arizona; U.S. District Court, District of Arizona.
- Bar Associations: State Bar of Arizona (1976-present), Pima County Bar Association (1976 to present), American Bar Association (2010 to present).
- Member of various committees for the Arizona Supreme Court, including:
 - Mental Health Court Standards Advisory Committee (2014),

RESUME – Hon. Nanette Marie Warner (Ret.)

- Workgroup on Domestic Violence Forms (2003),
- Committee on Juvenile Courts (1994-1997 and 2000-2001),
- Committee on Rules of Procedure in Family Law (2003-2005) and
- Judicial Performance Review (1998-present).
- Morris K. Udall Inn of Court “Master” member, 1994-2000.
- National Council of Juvenile and Family Court Judges (1992-2010).
- Association of Family and Conciliation Courts (2001-present).

Awards

- Social Responsibility Alumni Award, UA Honors College (2011)
- UA Alumni Award for Public Service (2008)
- Woman of the Year, Tucson Metropolitan Chamber of Commerce (2006)
- Schorr Family Award for distinguished contribution to furthering understanding of mental illness (2005)
- Greater Tucson Leader, Greater Tucson Leadership (2001)
- Woman on the Move, YWCA (2001)
- Award of Judicial Excellence, American Bar Association Judicial Division, for her work on juvenile court reform, in particular for improving the handling of abuse and neglect cases (1999)
- First recipient of Terry Chandler Award for Excellent in the field of Juvenile Law, Arizona State Bar Association Juvenile Law Section (1998)
- Judge Warner received numerous scholarships and academic awards, both public and private, during undergraduate and law school.

The information provided is not all-inclusive. Additional information available upon request.



RESUME – Annette Church, LPC, LISAC

Director, Clinical Operations

Recent Experience

2015 - Present

Consultant
Community Partners, Inc., Tucson

Responsibilities:

- Work collaboratively and maintain communication with clients and stakeholders.
- Review organizational materials, policies and workflows.
- Meet with leadership and staff of provider organizations to provide technical assistance.
- Observe provider practices to identify areas for improvement.
- Analyze relevant data to identify trends and gaps in services/operations.
- Prepare reports and deliverables.
- Recommend best practices and provide additional resources.

2012 - Present

Director, Clinical Operations
Community Partnership of Southern Arizona, Tucson

Direct activities to ensure a comprehensive continuum of behavioral health care for adults and children in Pima County. Hired as Children's Services Manager, promoted to Director of Network Management, and then to Director of Clinical Operations.

Responsibilities:

- Provide oversight and monitoring of the Adult and Children's Comprehensive Services Networks through site visits and regular contact to ensure service delivery meets contract expectations, and provide leadership for technical assistance and problem solving.
- Provide leadership for the delivery of quality behavioral health services to adults, children and families by promoting networking and best practice development among provider agencies and fostering collaboration.
- Assist in development of new programs to increase services within the continuum of care for children and adults.
- Participate in short- and long-range planning on system sufficiency.
- Represent CPSA on task forces, advisory committees and before community groups to evaluate new programs, assess ongoing programs and assist in collaborative activities to improve the system of care.
- Develop reports and deliverables.
- Supervise and coach a team of staff.
- Direct program development, leadership, training and education and technical assistance activities.
- Work collaboratively with staff in Clinical Initiatives, Medical Management and Business Operations.
- Ensure compliance with contract requirements.

2010 - 2011

Regional Clinical Director
Arizona Counseling and Treatment Services, Yuma, AZ

Assist in development of sites and services throughout six locations in Southern Arizona, then provide clinical oversight to all programs, including housing and the mobile crisis unit for the region.

RESUME – Annette Church, LPC, LISAC

Responsibilities:

- Train, hire and supervise clinicians, case managers, recovery support specialists, family support specialists and crisis intervention staff.
- Provide oversight to ensure the quality of clinical programs for all staff employed by the agency.
- Perform chart reviews to determine appropriateness of care and documentation.
- Act as liaison for Child Protective Services, Adult Protective Services, Juvenile Probation Offices, community hospitals, the RBHA and other community partners.
- Develop and expand programs to meet contractual obligations and community needs.
- Consult on special projects to meet/exceed requirements of the RBHA and State.

2009 -
2010

Chief of Clinical Administration

Community Intervention Associates, Yuma, AZ

Provided clinical oversight for all services including therapy, crisis response, peer and family support, substance abuse treatment, case management and vocational training for both children and adults.

Responsibilities:

- Develop and implement programs consistent with contractual obligations and community needs.
- Identify staff development needs and provide training.
- Work with psychiatric staff to determine eligibility categories for clients.
- Assist agency in meeting all standards of client care in the provision of services.
- Develop policies and procedures.
- Hire and supervise staff, and perform employee evaluations.
- Monitor and enhance employee performance in the areas of clinical services and productivity.
- Provide clinical supervision.
- Interface with other community providers to provide continuity of care.
- Assist in development of new service sites.

2006 -
2009

Director, Adult Clinical Operations

West Yavapai Guidance Clinic, Prescott, AZ

Provide oversight of the clinical services, therapy, housing, case management, intake department, crisis services, peer-support and vocational divisions.

Responsibilities:

- Identify staff-development needs and provide training.
- Work with psychiatric staff to determine eligibility categories for clients.
- Help agency meet all standards of client care in service provision.
- Assist in development of policies and procedures.
- Hire and supervise staff and perform employee evaluations.
- Monitor and enhance employee performance in the areas of clinical services and productivity.
- Provide clinical supervision.
- Interface with other community providers to provide continuity of care.
- Help develop a new psychiatric hospital.

2004-
Present

Clinical Adjunct Training Faculty

Argosy University-Phoenix Campus, Phoenix, AZ

Provide clinical supervision to students performing internships in counseling programs.

RESUME – Annette Church, LPC, LISAC

2002 -
Present

Adjunct Faculty

University of Phoenix-Southern Arizona Campus, Tucson, AZ

Teach undergraduate and graduate courses onsite and online in psychology, sociology and human services.

2004 -
2010

Adjunct Faculty/Clinical Supervisor

Northern Arizona University, Flagstaff/Prescott/Yuma, AZ

Teach graduate courses in psychology and educational psychology. Provide clinical supervision to students performing internships in counseling programs.

2004 -
2006

Area Chair/Human Services (Yuma campus)

University of Phoenix-Southern Arizona Campus, Tucson, AZ

Mentor new faculty, supervise field experience students, develop field experience placements, conduct faculty meetings, and act as liaison for the campus within the region's social services department.

Education

- Master's of Counseling, University of Phoenix, Phoenix AZ
- B.A. Psychology and Sociology, Mankato State University, Mankato MN

Background (training, certifications, licenses, special skills)

- Licensed Professional Counselor (LPC-10149)
- Independent Substance Abuse Counselor (LISAC-10423)
- Certified in Parent Effectiveness Training, also Healthy Indian Parenting
- Member, National Board of Certified Counselors (NCC-45078)
- Member, American Counselors' Association
- Hero in Women's Mental Health, Women's Mental Health Symposium, (University of Arizona), 2009
- Employee of the Year, the Excel group, 2005
- Distinguished Faculty Award, University of Phoenix, 2004

The information provided is not all-inclusive. Additional information available upon request.



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|-------------------------------------|--|
| RESUME – Noel F. Earls | |
| Director, Financial Analysis | |
| Recent Experience | |
| 2015 - Present | <p>Consultant Community Partners, Inc., Tucson, AZ</p> <p>CPI Consulting Services offers exceptional technical assistance to health care entities in the areas of quality management, medical management, clinical services, program evaluation and monitoring, staff training and technical assistance, claims and encounters, contract compliance, and fraud and abuse.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Consults on financial matters including budgets and financial analysis. • Provides expertise on financial reporting, monitoring and compliance. |
| 2009 - Present | <p>Director, Financial Analysis Community Partners, Inc., Tucson, AZ</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Develop organization's \$337 million annual budget. Responsible for reforecasting, budget-to-actual comparison, and linking to provider funding strategies. Includes all funding sources, administrative expense, service expense, clinical programs, specialty grants, housing grants, real estate owned. Lines of business include Title XIX and Title XXI Medicaid and State and Local funding sources. Federal SAMHSA sources include Substance Abuse Block Grants and Mental Health Block Grants. Local sources include Pima County TXXXVI and Crisis funding. City and State housing grants. • The department has broad responsibilities supporting Accounting, State Agency Reporting and deliverables, Provider Contracting and Monitoring, Health Care Reporting Services, Real Estate Services, Business Development, Pharmacy Rebates and internal departmental support. • Provider contracting and monitoring responsibilities include Provider Rate Code Development, Funding-to-Encounter Reconciliations, Block Hospital Reconciliations, Reporting Facility Authorized Days, Provider Financial Statements Monitoring, Block/Capitated Funding Development, Withhold Analysis, and Fee-For-Service Payments. • Developed Health Care Information and Provider Reporting Packages. Implementation team for Microsoft Business Intelligence Stack (BI) for reporting and analysis. Assisted in design and development of reporting packages and ad hoc analysis. Utilize SQL, Excel Power Pivot and SQL Server Reporting Services SSRS to streamline reporting of large health care data sets. |
| 2002 - 2009 | <p>Managing Partner Tucson Diversified LLC, Tucson, AZ</p> <p>Tucson Diversified LLC is a privately held investment company developing real estate projects.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Prospect and negotiate the purchase of raw land. Conduct due diligence and analyze development and investment opportunities. Projects include a 99,000 square foot retail center; 36,000 SF office complex; large custom lot; and high-density residential subdivisions. • Manage submittal of subdivisions, development plans and rezonings. Coordinate |

RESUME – Noel F. Earls

engineering, architectural services and subcontractors. Detailed knowledge of municipality development rules and land use codes. Oversee critical planning meetings with municipalities and neighborhoods.

- Develop investment strategies, present projects to investors and lenders. Prepare analysis and investment projections. Prepare project budgets, accounting and tax packages.
- Experience managing and raising multi-million-dollar acquisition and construction financing. Experience using IRAs, traditional financing, private lenders and Affordable Housing grants.

1999 -
2001

Director of Underwriting & New Product Development UnitedHealthcare, Minnesota

Managed care/health insurance underwriting and product development. Experience in multiple lines of commercial and government business. In a leadership position, played a critical role in strategic planning, merger/acquisitions, integrations, market expansions, ownership changes, system conversions and product development.

Responsibilities:

- Director of Product Development, designed, implemented new underwriting products.
- Direct all middle market (50+ employees) underwriting and pricing functions. Responsible for over \$750 million in revenue. Assigned to the Arizona, Alabama, Mississippi and Louisiana markets. Business lines include HMO, POS, PPO and Indemnity Insurance. Product lines include Key Accounts, Commercial Business, Government (FEHBP), Traditional and Alternative Funding options. Developed critical Request For Proposal submittals for large clients.
- Produce health plan revenue budget; responsible for reforecasting, budget-to-actual comparison, and linking to pricing strategy.
- Develop and sustain critical B2B relationships, assisting marketing renew 98% of clients. Restructured the Arizona health plan's complexion of risk by setting strategic goals supported by loss analysis of problem segments. Converted health plan from 60% membership in less-desirable multi-carrier offerings in 1999 to 25% in 2001. Success in converting fully insured problem segment groups at renewal to Self Funded, ASO. Established new business growth in ASO business line. Drove significant plan design changes.
- Established the cornerstones of underwriting for health plans: a) quarterly financial performance review, b) tracking and reporting key performance indicators, c) monthly renewal block meetings, d) new business strategy sessions, e) standard processes and policies, f) flexible revenue budget.

Education

- Post-graduate Classes, MBA program, University of Arizona, Tucson AZ
- B.S. Business Administration, Finance and Real Estate, University of Arizona, Tucson

Background (training, certifications, licenses, special skills)

- American Association of Health Plans (AAHP), Healthcare Financial Management Association (HFMA), Reporting Committee, National Committee for Quality Assurance (NCQA) HEDIS 3.0, Past Board of Directors, Tucson Healthcare Affiliates Federal Credit Union, State of Arizona Department of Insurance, Health and Disability License, State of Arizona Department of Real Estate License.

The information provided is not all-inclusive. Additional information available upon request.



RESUME – Rebecca Taylor

Project Specialist, Operations

Recent Experience

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|-----------------------|---|
| <p>2015 - Present</p> | <p>Consultant Community Partners, Inc., Tucson, AZ</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Provide expertise on system development • Consult on licensing, credentialing and contract compliance • Offer technical assistance on system design and development |
| <p>2015 - Present</p> | <p>Project Specialist, Operations Community Partners, Inc., Tucson, AZ</p> <p>Provide assistance in the design and completion of projects, grants, new business, and RFI/RFP responses for Community Partners, Inc. and its subsidiaries.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Research articles and publications, including state statutes and licensure rules to inform management on potential new business development. • Collaborate with internal and external resources in the organization of business development projects. • Create charts, tables and visuals for business development projects and other reports and documents. • Manage timelines and project plans for timely completion of development projects. • Complete forms, gather pertinent information and create project timelines. |
| <p>2003 - 2015</p> | <p>Network Development Specialist Community Partnership of Southern Arizona, Tucson, AZ</p> <p>Provide technical assistance and support in the design and development of the CPSA behavioral health care system. Provide system planning and implementation activities in collaboration with Comprehensive Service Providers (CSPs), state agencies and CPSA staff.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Manage process and development projects of new providers that involve coordination of internal and external resources, to ensure full implementation of development objective. • Participate in development of program design, description and scopes of work of network providers including verification of provider credentialing. • Manage and coordinate special projects that require coordination of internal and external resources, collaboration with ADHS/DBHS, Office of Behavioral Health Licensing (OBHL) and/or other state agencies. • Interpret and analyze a variety of data to problem-solve larger systemic issues focusing on building capacity for gaps in service. • Provide technical assistance to Network and Clinical Management staff in delivery of covered behavioral health services, including New Employee Orientation (NEO) trainings of new provider staff. • Participate in CPSA Annual Network Analysis and Annual Network Inventory, contract deliverables to ADHS/DBHS. • Participates in performance improvement activities for CPSA system of care. • Help network and provider agencies to understand and operationalize their contractual agreements with CPSA. |

RESUME – Rebecca Taylor

2001 -
2003

Contracts Representative Community Partnership of Southern Arizona, Tucson, AZ

Develop and monitor CPSA contracts for provision of behavioral health, prevention and substance abuse services, in accordance with ADHS/DBHS and Arizona Health Care Cost Containment System (AHCCCS/Medicaid) requirements.

Responsibilities:

- Monitor compliance with contract terms, conditions and deliverables.
- Provider credentialing including AHCCCS registration and licensure.
- Provide technical assistance to individual contractors and/or provider networks.

2001 -
2001

Customer Services Representative Community Partnership of Southern Arizona, Tucson, AZ

Coordinate intake, enrollment and telephone triage activities with CPSA's Member Services Department and provide information-system support for providers and state agencies.

Responsibilities:

- Screen and log incoming behavioral health screening forms.
- Verify AHCCCS eligibility and enrollment and maintain current member records.
- Maintain tracking system of referrals, referral to first service, member/ potential member questions.

1997 -
2001

Account Coordinator – Behavioral Health Carondelet Health Network, Tucson, AZ

Responsibilities:

- Liaison to provider network helping with billing and contract issues.
- Adjudicate claims/encounters in accordance with the contract.
- Process authorizations for client services.
- Report on Rapid Response Team admissions.
- Submit check requests.
- Track claim/encounter denials and pends.
- Assist clients with billing issues.

Education

- Pima Community College, Tucson, Arizona—Major—Social Work
- Zumbrota High School, Zumbrota, Minnesota—Diploma

Background (training, certifications, licenses, special skills)

- Instrumental in development and implementation of an Assertive Community Treatment (ACT) team.
- Instrumental in development and licensure of Community Partnership Care Coordination, LLC, as a subsidiary of CPI.
- Participated in Behavioral Health Inpatient Facility Rules Workgroup to assist in rulemaking process to revise state Health Care Institution licensing rules.
- Participated in Arizona Council Licensure Workgroup to review Behavioral Health Licensure and make recommendations for changes.
- Participated in rulemaking process to revise licensure for Adult Therapeutic Foster Homes.
- Developed Access database to track development of Community Service Agencies in Pima County.
- Developed *Community Service Agency Resource Guide*.
- Developed Access database to track both Adult and Child Behavioral Health Therapeutic Homes (aka Therapeutic Foster Homes).
- Instrumental in setting up Adult Therapeutic Foster Home licensure training in Pima County.

The information provided is not all-inclusive. Additional information available upon request.



RESUME – Damien Bracamonte

Membership Manager

Recent Experience

2015 - Present **Consultant**
Community Partners, Inc., Tucson, AZ

- Responsibilities:**
- Project management
 - Utilize planning, scheduling, assessment and management tools to monitor, evaluate and implement projects at every level.

2007 - Present **Membership Manager**
Community Partnership of Southern Arizona (CPSA), Tucson, AZ

Within the roles of Supervisor and Manager at CPSA, initiated and monitored several projects including development or updates of policies and procedures; participation in initial design and post-development verifications of system updates, improvements and solutions; development and submission of deliverables to ADHS/DBHS.

Through adaptation and innovation, established standards in process and procedures to revolutionize the functions and role of what was formerly the Membership Data Roster Analysis area under the Provider Services department. The new Membership department evolved to serve as the hub of subject matter experts who have concurrent understanding of both membership systems and data as well as an understanding of the meaning and application of the data. Subject matter experts can speak to how the data is used by providers and how this translates into credible analysis.

- Responsibilities – Membership Data Roster Analyst:**
- Maintain/synchronize internal data systems with subcontractor, ADHS/DBHS and Arizona Health Care Cost Containment System (AHCCCS/Medicaid).
 - Work with and perform training with subcontractors regarding proper submission of data, procedures, and usage of CPSA data system.
 - Developed, trained, implemented and utilized several new systems for information tracking and reporting using Microsoft Excel, by collecting input from all persons involved in using the systems and anticipating requests of management and subcontractors.

Self-initiated duties and work performance resulted in promotion to Membership Roster Analysis Supervisor (see below).

- Responsibilities – Membership Roster Analysis Supervisor:**
- Supervised and developed current protocol and practices for the Membership Roster Analysis Department.
 - Increased working relationships and provided technical assistance with subcontractors regarding proper submission and monitoring of Provider Service data.
 - Increased communication and collaboration with ADHS/DBHS' Operations Department.
 - Expanded knowledge in the areas of claims, contracts, information systems and technology, eligibility and benefits, and various Provider Services practices and protocols outside the normal scope of the role.

Responsibilities – Provider Services Representative Supervisor-After Hours:
 (temporary and concurrent with Membership Roster Analysis Supervisor role, working after-

RESUME – Damien Bracamonte

hours and weekends)

- Supervising Provider Service Representatives who work evenings, weekends and holiday shifts.
- Perform and expand knowledge of Provider Services.
- Coordinate with the day-shift Provider Services Supervisor to develop and propose new processes to increase efficiency and accuracy and cut down on manual paper processes.
- Task and additional responsibilities ended one year from start, with cessation of the after-hours team.

Responsibilities – Membership Supervisor:

(Organizational restructuring resulted in the merger of the Provider Services Supervisor and Membership Roster Analysis Supervisor into one position.)

- All duties listed for the Membership Roster Analysis Supervisor; assumed the duties of the Provider Service Representative Supervisor.
- Oversee all functions performed by Provider Service Representatives, Provider Service Coordinator, Membership Analysts and Membership Analysis Coordinator.
- Oversee and develop policies, trainings, project management and systems flows as well as implementation of new systems and processes.
- Ensure accurate and comprehensive requests from members of the CPSA Executive Management Team and as required for compliance with ADHS/DBHS.
- Self-initiated duties and work performance resulted in promotion to Membership Manager.

Responsibilities – Membership Manager:

- Position includes all previously listed duties.
- Oversee the Membership Department, which includes: membership maintenance, analysis, member benefits and customer service functions performed by subcontractors.
- Oversee related portions of the *CPSA Provider Manual*.
- Increased coordination, technical assistance and involvement of Providers in resolving data issues.
- Develop flows and processes for proactive measures to protect data integrity.

2003-
2006

Operations and Administrative Manager Compass Health Care, Tucson, AZ

Solicited by Director of Detoxification Services at Compass Health Care to bring up a new model of best-practice programming in detoxification services and transition to a new facility.

Responsibilities – Detoxification Services Administrative Assistant:

- Screen, interview and hire for expansion of program staff from 20 to 80 employees within three months.
- Maintain schedule, inventory, finance, reporting, personnel and administrative data.
- Self-initiated duties and work performance resulted in promotion to Operations and Administrative Manager.

Responsibilities – Operations and Administrative Manager:

- Daily maintenance and monitoring of finance, personnel resource, resource management, transportation, eligibility and benefits, and admissions departments for the detoxification program.
- Supervise 13 staff working throughout the various departments.
- Develop and maintain several systems for consistent monitoring and reconciliation of budgetary, census, program statistics, facilities and personnel information.
- Develop reference and report systems such as computer training material, facility orientation manual, position-tracking system, scheduling system, automated statistical reporting information, policies and procedures, process flow sheets and organizational charts.

RESUME – Damien Bracamonte

2002 -
2003

Clinical Services Administrative Assistant
Sonora Behavioral Health Hospital, Tucson, AZ

Solicited by Chief of Clinical Services at Sonora Behavioral Health Hospital to assist in revised clinical program.

Responsibilities:

- Assist Chief of Clinical Services and Director of Nursing in implementation of enhanced clinical program.
- Monitor and report on successful changes or gaps in implementation.
- Track data and report statistics of the clinical program on the adolescent, adult and geriatric units.
- Interview new hires, schedule clinical/medical staff, initiate and maintain contracts of registry agencies.

2002 -
2002

Consultant
CRC Health Corporation/Opioid Treatment Division, Tucson, AZ

Solicited by Vice President of CRC Health Group for a two-week consultation project.

Responsibilities:

- Revise *Opioid Treatment Operations Manual* to meet CARF Accreditation standards.
- Create new personnel documentation to facilitate collection of required information.
- Coordinate with regional managers from across the country, ensuring clinic staff complete applicable documentation precisely to meet requirements.

Education

- High School Diploma, Project M.O.R.E High School, 1996.

Background (training, certifications, licenses, special skills)

- Over 9 years of experience working within business operations.
- Over 9 years of supervisory experience.
- Over 6 years of direct care with clinical supervision.
- Completion of Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (PS-MAPP), resulting in licensed for foster parenting.
- Attendance in various trainings related to LGBTQ including: LGBTQ in the military, LGBT youth and transgender.

The information provided is not all-inclusive. Additional information available upon request.



CERTIFICATE OF LIABILITY INSURANCE

7/1/2015

DATE (MM/DD/YYYY)

3/4/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|----------------|---------------|
| PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000 | CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: | FAX (A/C, No): | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED 1393656 Community Partners Inc. 4575 East Broadway Blvd. Tucson, AZ 85711 | INSURER A: Philadelphia Indemnity Insurance Company | | 18058 |
| | INSURER B: CopperPoint Mutual Insurance Company | | 14216 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES COMPA00 **CERTIFICATE NUMBER:** 13383153 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | N | N | PHPK1211113 | 7/31/2014 | 7/31/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | N | N | PHPK1211113 | 7/31/2014 | 7/31/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | NOT APPLICABLE | | | EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 1003461 | 7/1/2014 | 7/1/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability | N | N | PHPK1211113 | 7/31/2014 | 7/31/2015 | \$2,000,000 Aggregate \$1,000,000 Occurrence |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

13383153
 Bernalillo County Purchasing Department
 One Civic Plaza N.W.
 10th Floor, Room 10010
 Albuquerque NM 87102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles M. McDaniel

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CPI Articles and Publications

News articles on following pages:

Crisis Response Center and System: "Tucson works together, gets crisis center and care system right," *Behavioral Healthcare*, August 20, 2012

Criminal Justice Team: "Improving Public Safety and Maximizing Taxpayer Dollars," invited guest editorial by Neal Cash, *National Council Magazine*, Issue 1, 2010

Crisis Response after 2011 mass shooting: "Mobilizing in a Mental Health Crisis," *Behavioral Healthcare*, July 12, 2012

Other articles not included in this proposal:

- "How to stop deadly rampages before they happen" (video), NBC News, June 28, 2014
<http://www.nbcnews.com/watch/nightly-news/how-to-stop-deadly-rampages-before-they-happen-291899971637>
- "Neal Cash on how to gain your community's support" (video), *Behavioral Healthcare*, Sept. 2012
<http://www.behavioral.net/article/video-neal-cash-how-gain-your-communitys-support>
- "Pima County's Crisis Response Center: Beautiful, and functional, too," *Behavioral Healthcare*, July 12, 2012
<http://www.behavioral.net/article/pima-countys-crisis-response-center-beautiful-and-functional-too>
- "New mental-health facilities vow 'no wrong door'," *Arizona Daily Star*, August 21, 2011
http://tucson.com/news/opinion/editorial/new-mental-health-facilities-vow-no-wrong-door/article_8789c1e2-a883-5e83-acad-7e23c39636c8.html
- "2011 Design Showcase: Experts review the most innovative facility designs of the year," *Behavioral Healthcare*, May 25, 2011
<http://www.behavioral.net/article/2011-design-showcase>
- Criminal Justice Team: "Making the case for treatment," *Behavioral Healthcare*, July 12, 2009 <http://www.behavioral.net/article/making-case-treatment>
- Mental Health First Aid: "We have to do something to promote mental health, so here's a start," *Arizona Daily Star*, February 14, 2013
http://tucson.com/news/opinion/editorial/new-mental-health-facilities-vow-no-wrong-door/article_8789c1e2-a883-5e83-acad-7e23c39636c8.html

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August 20, 2012

Tucson works together, gets crisis center and care system right

By Dennis Grantham, Editor-In-Chief

My involvement with the annual Behavioral Healthcare Design Showcase—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase (May/June 2011 issue). And, while our annual Showcase honors the work of architects and designers in our field, we all know that great design is but one element of a successful treatment facility.

The Crisis Response Center is the product not only of great design and execution, but of one community's efforts to do the right thing and do it well. Plans for the \$18 million CRC and the neighboring \$36 million Behavioral Health Pavilion at University Physicians Hospital in southern Tucson were funded through two voter-approved bond issues that joined a local transportation bond issue on the ballot for the county's special election in May 2006.

2005: Problems in search of a solution

By 2005, years of rapid growth had pushed Tucson toward a significant milestone: a population nearing one million citizens and recognition as a major US city. But with growth came challenges: an overtaxed road and transport network; increasing rates of crime, arrests, and incarcerations; a growing problem with methamphetamine and street drugs; and an overstressed hospital system considering how to keep pace with local growth. One hospital system in particular, University Physicians Hospital (UPH) was considering plans to address a regional shortage of inpatient psychiatric beds.

As CEO of CPSA, the Community Partnership of Southern Arizona—the managed behavioral health organization contracted with the Arizona Department of Health Services to administer behavioral healthcare in the Pima County area—Neal Cash had shared his views on the region's challenges with local officials for years. But in 2005, he sensed that local officials—county supervisors, the county administrators, the county bond committee—were open to ideas on a new scale: the city was gaining more national attention almost every day.

So, he asked them some big questions: "Are we big enough now to warrant a psychiatric crisis care center?" "Would you be open to CPSA leading an effort to develop concepts for a center?" When they agreed, he then asked if they would consider placing an additional bond issue before voters, on a May 2006 ballot, to fund it.

"Amazingly, they agreed. I got a very positive response. They encouraged me to pursue the concept for a facility," he recalls. The facility would have to meet a range of needs:

- divert many psychiatric emergency or crisis cases from emergency departments at hospitals
- divert adults from jails and juveniles from the detention system into care
- combine multiple medical disciplines
- engage consumers and families as part of the workforce
- engage people at the point of crisis—people with or without other medical benefits—to get them crisis psychiatric care
- reintroduce them to the community—return them their lives, families, work, and relationships in a more integrated and effective way.

After a proposal was developed, there was a public hearing to consider whether the crisis center concept should be placed on the ballot. The response was overwhelming; over 500 citizens attended that meeting. County supervisors voted the bond-issue measure for construction of the Pima County Crisis Response Center onto the ballot unanimously. At the same time, they approved placing another bond issue measure before voters that would support UPH's expansion plans. This would support a UPH project that would become known as the Behavioral Health Pavilion.

After both of these bond issues were approved by strong margins in the May 2006 election, Cash and his CPSA team headed into the project's toughest phase, which was "staying on track with the vision we had for what this facility should look like between the

time the bonds passed and the time that we broke ground in September 2010. While we (CPSA) were involved in every phase, there were a lot of other entities involved as well. And, when a project is publicly funded, there is a lot of scrutiny, too."

Thankfully, project plans and finances were well advanced when the nationwide recession hit in 2008. The recession had two major impacts: On one hand, the recession-driven slowdown in construction led to lower bids and lower-than-anticipated construction costs for the project, which broke ground in September 2010. On the other hand, Cash said that the recession caused "an erosion in funding—particularly for continuous care—along with a greater demand for services in the community."

Why voters went along

How, one wonders, were local voters convinced to support the center?

Cash explains. "I was speaking throughout the community—at hospitals, Kiwanis clubs, with law enforcement, all sorts of people. Through those conversations, I could see that there were a few things that really appealed to local people."

- 1) Mentally ill people shouldn't be in jail. "People understand that those who are mentally ill don't belong in jail and that it makes sense to get people care in the right setting. They realized that this would save precious law enforcement resources for where they were really needed."
- 2) Those in psychiatric crisis shouldn't be in hospital ERs, either. "I presented to local hospital officials and suggested that if there were a more appropriate place to provide care for people in psychiatric crisis, their ERs wouldn't be so crowded with people who shouldn't really be there," Cash recalls. He adds that "since a significant number of the mentally ill are also uninsured or homeless, caring for them in a crisis response center could cut hospital expenses for uncompensated care. And, that is a problem in nearly every community."
- 3) Our community can do better—and it should. Cash also found that, "there was a feeling that, as a community, [having this center] would really raise the bar on the quality of life in Tucson," he recalled. "It was not at all a partisan issue."

Even then, it took a while to really convince many local leaders that the CRC would make sense for Tucson. "For some of them, it was 'We've heard all this before. We'll believe it when we see it,'" he says.

The CRC site

The location of the new Crisis Response Center was found in the course of talks with local hospital officials, who suggested that the CRC be sited next to UPH's proposed Behavioral Health Pavilion. The new Behavioral Health Pavilion would be added to the UPH facility in southern Tucson, while the CRC would be built adjacent to the Pavilion.

Between the two buildings, which were linked by a secure, enclosed walkway, would be an emergency transport area. On one side, civilian ambulances would arrive at the entrance to the UPH emergency room, which was built onto the side of the new Pavilion. On the other side, reached by driving around the CRC building, was a secure "sally port" for use by police vehicles transporting detainees.

The sally port area, which consists of a parking area enclosed by structure on three sides and a movable fence/gate on the fourth, opens into secure check-in spaces at the back of the CRC, and into a secure entrance at the branch office of the Pima County Court. At the court, a judge can hear mental health court, drug court, and competency cases involving individuals being treated at the CRC.

Key elements of the CRC design

- 1) Two points of entry. The CRC offers two points of entry, the public "front door" and the secure "sally port" for individuals who have been detained by law enforcement yet who require care. To meet accreditation requirements, the walk-in "front door" traffic is separated at the reception desk, with adults flowing into a nearby waiting area linked to the adult treatment side of the facility, and young people (children, juveniles, and families) directed into a separate waiting area linked to the youth wing of the facility. A similar pattern is used for individuals entering via the sally port. Each detainee is checked through a secure waiting room, then directed to a secure evaluation room. After evaluation, these individuals then flow into their respective "23-hour" treatment areas.
- 2) 23-hour assessment/stabilization areas. Both the adult and youth areas are configured in a very flexible manner to allow for wide swings in the levels of consumer traffic, which tends to peak on weekends. 23-hour patient couches, separated by curtains, are arranged as needed in the open areas opposite the nurses' stations (see Figure 5). Family and small group meeting rooms are available along the hallways to allow for private evaluations or visits.
- 3) Short-term adult residential treatment. Adults who need care beyond 23 hours proceed to a 15-bed adult short-term sub-acute treatment area, which is located directly upstairs. This area offers more intensive treatment for periods of three to five days. The short-term sub-acute treatment area features a day room, a nurses' station with floor-wide visibility, 15 patient rooms, and a screened, open-air deck. The inpatient rooms are compact and plainly equipped; one cost-saving safety measure is that each contains a small half-bathroom (lavatory and toilet only), separated from the patient room by a curtain (see Figure 6). Patients who want a shower must use a separate shower room located on the main hallway.

The CRC does not offer short-term sub-acute beds for youth. When the CRC was designed, the original plan was to refer these young people out to available inpatient beds in the surrounding community. However, in light of the closure of some of these beds since 2008 and longer than expected stays to stabilize some young people, Cash says that this decision is being reconsidered.

- 4) Telecommunications center. A call center, located on the second floor, atop the youth assessment area, was always envisioned as a kind of community resource, says Cash. The space, which is equipped with 48 computer and telephone equipped cubicles and

a number of overhead display screens, offers great flexibility (see Figure 7). Daily, only a few of the cubicles are required for network dispatchers to handle telecommunications within the care network: each call that is triaged receives a recommended disposition.

To meet other needs, however, the call center can be configured to house everything from safety forces coordinating the response to a community emergency, to the staff of a regional or statewide suicide hotline, to a group of mental health peers manning a regional peer-support center where local consumers can call in to talk. The latter, says Cash, "we see as a preventive service to help those who are not yet in crisis, but who need to speak with a peer."

5) Administrative, staff, and provider spaces. Adjacent to the call center on the second floor are offices for CRC managers and staff, as well as spaces to allow for co-location of staff from various community providers and agencies.

6) A nearby sobering/detox facility. "One thing we didn't want was to see our CRC services overwhelmed by law-enforcement referrals or self-referrals of intoxicated people," Cash explains. "So, we opened the detox facility even prior to opening the CRC. The goal was to create a safe place for them to detox and then, hopefully, to get into longer-term treatment." Like the CRC, the detox facility offers a fast, secure law-enforcement drop-off area.

Performance vs. projections

Because facilities like Pima County's Crisis Response Center are unique, there's no instruction manual for building them. Thus, the estimates of adult and youth patient traffic, in particular, were just that, says Cash who notes, "The only way to get a feel for the flow—the quiet versus the busy times—is to actually operate for a while."

While six-month patient traffic for the youth treatment area has been lower than anticipated so far, "the results on the adult side have been amazing," Cash reports. "Once the community realized that there was a single number to call for help – even if the help needed fell short of a crisis – things really took off."

On average, in its first six months of operation, the CRC has been busy:

- Crisis line calls received – 61,154 total; 8,736 monthly average
- Adults served to date – 4,918 total; 703 monthly average
- Youth served to date – 776 total; 111 monthly average

While traffic in the youth space has been lower than initial projections, Cash says that "We're in dialogue with the juvenile justice system, considering ways that we can route kids away from detention, get them into treatment here, mediate their crisis, and get them back home or back to school. While the legal folks have the final call, they do agree that a lot of kids just don't need to be in detention and could benefit from a healthcare model like this one."

Because the staff required to operate the CRC can be costly, Cash says that CRC managers and staff have coordinated to reduce costs by being flexible, responding to fluctuations in census by shifting staff resources throughout the CRC as needed. Another important strategy is full inclusion of some of the area's 200 trained peers, who work as recovery support staff. "These are the people, working at all levels as mentors, coaches, case managers, and in other roles, that make the CRC much more than a psychiatric urgent care center," says Cash.

He adds that peers engage and support consumers during treatment, then reconnect after treatment to follow up and help consumers navigate the care system. They can also offer support and help to frequent users of the system by engaging them in methods for avoiding future crisis episodes.

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Improving Public Safety and Maximizing Taxpayer Dollars *Community Behavioral Healthcare's Best-kept Secret*

Neal Cash, President and CEO, Community Partnership of Southern Arizona, and Member, Board of Directors, National Council for Community Behavioral Healthcare



Neal Cash is president and CEO of the Community Partnership of Southern Arizona, the regional behavioral health authority contracted by the state of Arizona for funding and oversight of the public behavioral health system in five counties. He has a bachelor's degree in psychology

from Syracuse University and a master's degree in rehabilitation counseling from the University of Arizona. He is a member of the National Leadership Forum on Behavioral Health/Criminal Justice Services of the National GAINS Center.

Community behavioral healthcare's role in preventing crime and increasing public safety is one of our country's best-kept secrets. And that's a shame.

A few months ago, news reports focused on a third straight year of decreased crime rates across the United States, surprising law enforcement officials and other experts who predicted just the opposite, given the high rate of unemployment and the economic recession. In previous periods of economic stress, crime rates increased. Yet preliminary statistics for 2009, released by the FBI in late December, showed that rates for all types of crime had again decreased from the year before.

As analysts struggled to explain this anomaly, few to none mentioned the role of community behavioral health services. Yet many of us in the field know how important our efforts have been in this regard — and how much more we can accomplish.

Community behavioral healthcare serves as an important partner for the criminal justice system, whether by providing treatment which prevents behaviors that could bring people into contact with law enforcement; training officers in how to deal with people with mental illness who are in crisis; or preventing recidivism by ensuring continued and coordinated treatment for people involved with the justice system, leaving the justice system, or both.

In these difficult financial times, it is especially important that our systems recognize and embrace their interrelatedness and work together to maximize public resources. At the same time, we must educate the public about how effective behavioral health treatment reduces crime, avoids expensive incarceration, helps people remain in or re-enter the community as contributing citizens, and enhances the quality of life of everyone in the community.

As reported in the National Leadership Forum on Behavioral Health/Criminal Justice Services Report featured in this issue, the interface between our systems often is frayed, if it exists at all. Yet there are pockets of excellence around the country that provide models for collaboration and cooperation, with promising results in both individual outcomes and taxpayer savings — examples are featured in the From the Field section of this issue. Representatives of the Center for Mental Health Services' National GAINS Center visited some of these pockets of excellence in fall 2009, including those operated by the Community Partnership of Southern Arizona.

>> Any cross-system program or strategy must be built on a firm foundation of mutual respect and understanding and on relationships that both grow out of and are nurtured by the collaboration.

>> Planning needs to be deliberate and incremental, with both short- and long-term common goals.

>> Processes, strategies, and results should be monitored and evaluated, and improvements should be made on the basis of findings.

>> Communication, including sharing and celebrating results, should be structured and ongoing.

>> Collaborations must be cost effective and sustainable, even in tough times. This is supported by the mutual advocacy and identification of new opportunities that evolve out of collaborative relationships, further strengthening commitment, and magnifying the impact of strategies and programs.

This is basic community development. It can be slow and at times frustrating, but CPSA's experience has

Participants in the mental health court experienced a 50 percent overall reduction in subsequent criminal charges in the 2 years after being in the program.

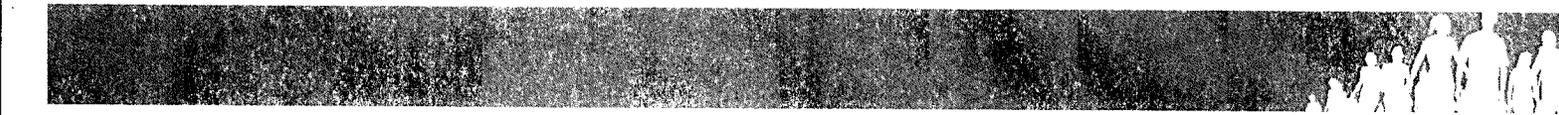
COLLABORATION IS KEY

As a community-based nonprofit organization, CPSA has a large stake in the quality of life and public safety of the communities it serves — more than 1 million people across five counties. Our work helps prevent crime, reduce recidivism, and divert people with mental illness and substance use issues from incarceration into less expensive, and more effective, community-based treatment.

CPSA, the regional behavioral health authority overseeing publicly funded care in southern Arizona, has sought creative ways to collaborate with the criminal justice system. We've learned that:

demonstrated that it is worth it — and that no substantive and lasting change can happen without it.

CPSA began this journey in the late 1990s by forming a work group of behavioral health and criminal justice stakeholders in Tucson/Pima County that sought to identify systemic strategies to decrease the time people with a mental illness were inappropriately incarcerated. This group evolved into the current Forensic Task Force, which meets quarterly and includes representatives of the court system, law enforcement, jails and corrections, local behavioral health providers, crisis services, attorneys, the veterans' hospital, and other community stakehold-



ers. The task force, along with collocated behavioral health and criminal justice staff, provides the foundation and framework for all strategies and programs.

Most of CPSA's efforts in this collaboration have fallen into two areas: diversion programs and service coordination via information sharing (see article, p. 37).

CPSA also helped to establish Arizona's first mental health court in 1999 in Tucson and has founded additional mental health courts in the Pima County Superior Court and Consolidated Justice Court. It also developed a formal mental health collaboration with every other limited-jurisdiction court in Pima County (six in total). CPSA has developed relationships and tools to allow swift identification of members who have been arrested and appropriate, real-time sharing of information while protecting confidentiality. These relationships and tools expedite communication between the community behavioral health treatment provider and the jail's treatment provider, ensuring that members receive support in navigating the criminal justice system while maintaining coordination of care.

Most recently, CPSA has established an Initial Appearance program, which involves community behavioral healthcare staff participation. This program has significantly decreased the likelihood that a CPSA member will be detained in the jail system. CPSA has also begun training forensic peer mentors to provide support and advocate for members involved with the criminal justice system and is again offering crisis intervention training to law enforcement in southern Arizona.

Participants in the mental health court experienced a 50 percent overall reduction in subsequent criminal charges in the 2 years after being in the program. The most recent annual figures for CPSA's diversion programs in Tucson City Court and Pima County Justice Court show graduation rates of 97 percent and 92 percent, respectively — a total of 627 CPSA members who avoided incarceration and had charges dropped.

"Many people were skeptical about mental health court," noted the Hon. Nanette Warner, Judge of Superior Court, Division 20, in a recent letter, "but with the leadership and the commitment from CPSA, it became a reality and allayed all concerns...The result has been fewer people with mental illnesses falling through the cracks. They have escaped the revolving door of the criminal justice system and are now experiencing meaningful recovery and success for the first time in their lives. There are innumerable people who have

graduated from mental health court, even people the professionals thought would not be successful."

CURRENT CONDITIONS DEMAND CREATIVITY

Collaborations are especially critical now. Federal and state governments face historic budget shortfalls, just as expenditures on corrections across the country are nearing a staggering \$70 billion annually, according to the Bureau of Justice Statistics. Some states are releasing inmates early, and many are increasingly relying on community supervision as an alternative to expensive incarceration.

At the same time, publicly funded behavioral health services — the very resources that can help ensure the success of these alternative justice approaches — are in grave danger of being cut.

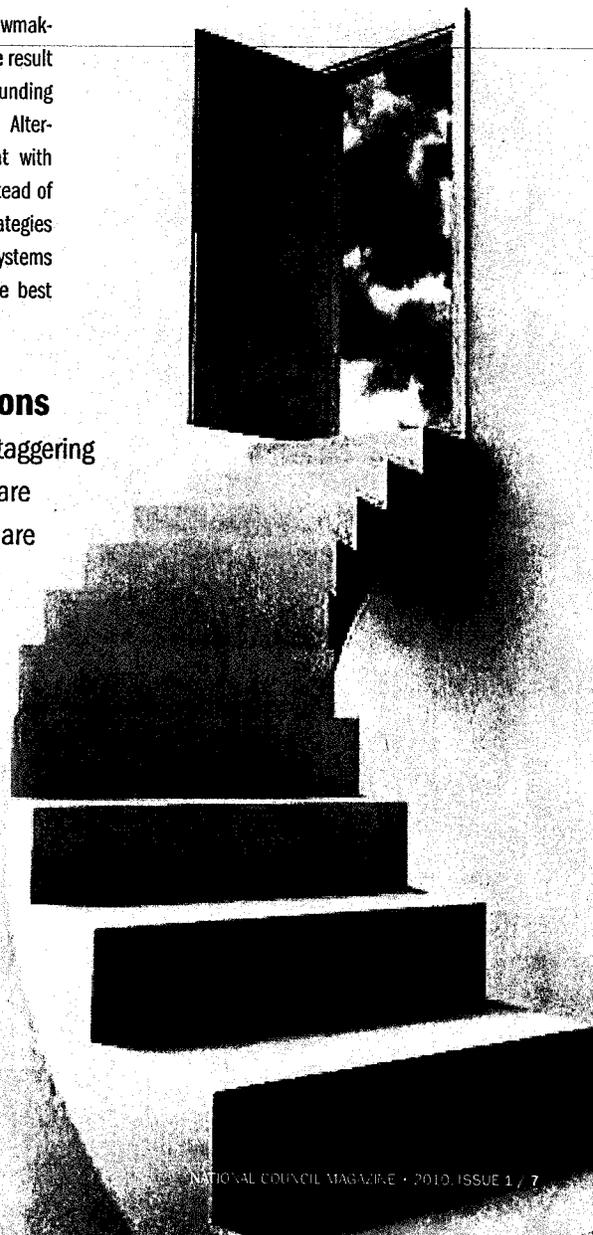
With states struggling to cut costs and few lawmakers willing to consider new revenue sources, the result could be a mad, self-defeating scramble for funding among different systems and stakeholders. Alternatively, our industry's proactive engagement with criminal justice could create collaboration instead of chaos and lead to thoughtful changes and strategies that result in real improvements at both the systems and individual levels — not only to make the best

Expenditures on corrections

across the country are nearing a staggering \$70 billion annually. Some states are releasing inmates early, and many are increasingly relying on community supervision as an alternative to expensive incarceration. At the same time, publicly funded behavioral health services — the very resources that can help ensure the success of these alternative justice approaches — are in grave danger of being cut.

use of dwindling dollars but to create stronger, more efficient, more effective, and more humane systems in the long run.

The status quo is being shattered by fiscal realities. We can seize this opportunity to create partnerships with criminal justice and to educate decision makers and the public about community behavioral healthcare's critical role in the safe diversion and release of people with substance use issues and mental illness. We can make real connections between community behavioral healthcare and criminal justice. And by promoting our accomplishments to the larger community, we can emphasize our contribution to public safety.



BEHAVIORAL

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July 19, 2011

Mobilizing in a mental health crisis

By Neal Cash, Edward Gentile, DO, and Vanessa Seaney



Spontaneous memorials blossomed across the city, as clusters of Tucsonans gathered to comfort each other.

On Jan. 8, a mass shooting occurred in Tucson, Ariz., that killed six people and wounded 13 others, including U.S. Rep. Gabrielle Giffords. A nine-year-old girl, a federal judge and a well-known Giffords staff member were among those killed. Media from around the world poured into this close-knit community of almost a million people. Spontaneous memorials blossomed across the city, as clusters of Tucsonans gathered to comfort each other.

The shock of such violence on a lovely Saturday morning, the high profile of Rep. Giffords, and the diversity of the other victims gave thousands of Southern Arizonans the feeling of a close connection to the victims and meant that many would experience traumatic reactions of varying intensity.

County and state government asked Community Partnership of Southern Arizona (CPSA), which for 16 years has overseen public behavioral health services in Pima County, to coordinate a response to tragedy-related mental health needs in the community. We were fortunate to have a long-established executive team to lead our effort and many partners in other community systems and organizations that provided help.

CPSA and its providers mobilized with the support of local, state and federal agencies, advocate and consumer-run organizations, and many other partners, all the while ensuring the 30,000 people enrolled and already receiving services in our system received unbroken support. Our members with serious mental illness, in particular, were affected by media speculation about the accused gunman's mental health and the resulting flare-up of myths about mental illness and violence.

CPSA established an Emergency Operations Center (EOC) to coordinate and report on efforts and worked with its crisis-line provider to set up a Tucson Tragedy Support Line. At the same time, CPSA's team of crisis responders reached out to schools, religious institutions, and community groups to which the victims belonged. But these were only the most visible of CPSA's actions.

Tucsonans let it be known that the tragedy would not define their community. A movement toward unity and healing—encouraged by

victims, witnesses and families-quickly gained momentum, resulting in the establishment of foundations, memorial scholarships, and other initiatives to generate sustainable, systemic benefits from the tragedy. Because of its deep community roots (CPSA was founded and is based in Tucson) and long-term relationships with several of the victims, CPSA became a natural partner in this movement.

CPSA's response to the tragedy continues, notably through increased Mental Health First Aid training sessions and expanded opportunities for public mental-health education. This work continues with many community partners, as well: local media, school systems, faith-based organizations, and others.

We hope that sharing some "lessons learned" from our experience can help you prepare in the event you're ever called upon to play a similar role.

Have a plan, but be ready to improvise

Everyone knows this, but it's worth restating: A good crisis-response plan will provide the foundation for mobilizing in a crisis. That foundation takes care of common elements of crisis preparation so you can better react to the unique, unanticipated aspects of the specific situation.

Consider these issues among the "foundation" elements of your crisis plan: Is your organization likely to be asked to work with governmental agencies in certain crisis or disaster situations? If so, you should:

- Ask that your organization be made part of their disaster-response planning effort
- Ask to participate in meetings of the governmental agency's response team. Determine how your organization and its leadership would relate to the lead agency and how you would fit within the larger crisis-team infrastructure.
- Make sure your role definitions are clear. Determine where they intersect with, and how they differ from the roles of other organizations.
- Make sure your plan can be activated outside normal business hours.

The CPSA-led response followed the county's disaster plan and paralleled the work of local law enforcement. The function of our Emergency Operations Center was driven by daily briefings with partners that included law enforcement, state and local government, first responders, faith-based organizations, CPSA crisis-service providers and the Red Cross.

The process involved setting daily objectives and completing daily briefing forms to coordinate efforts, track progress and ensure objectives were met.

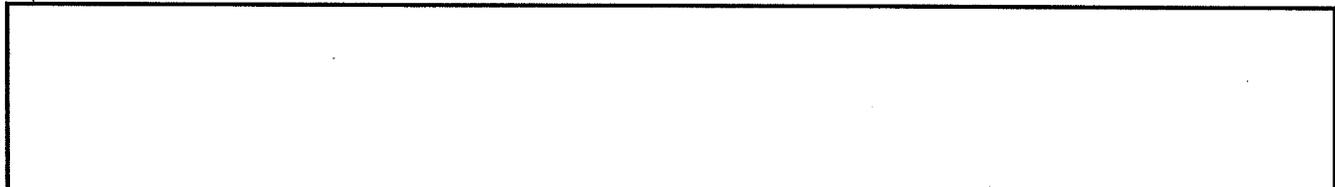
Familiarity with the community-wide plan will help you to shape your own organization's priorities and plan in a variety of ways:

- Plan for the likely needs of various populations, such as your staff, the people you serve, elected officials, media and the community at large. In the context of a criminal action as in Tucson, the justice system likely will provide and/or organize ongoing support to victims and witnesses through the entire legal process.
- Identify emergency-response roles for your staff. Staff leads will need to organize and develop immediate action plans specific to the situation. Ensure layers of backup so staff leads can prioritize and flex to meet immediate needs. Identify staff to assist with data collection, analysis, and reporting.
- Be aware, in planning and during the crisis, that staff also may be struggling to deal with the event and must care for themselves and their families.
- Convene staff identified for critical roles to walk through the response plan, which will help identify gaps and additional needs.

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| Neal Cash |
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| Edward Gentile, DO |
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| Vanessa Seaney |

Build partnerships with complementary organizations

In a crisis, your ability to depend upon established partnerships are crucial. Every organization has its own priorities, culture, and preferred way of operating. Knowing about these, by investing time with potential partners in advance will reduce confusion and duplication of effort.





Long-term relationships with local and state governments, as well as with the justice system, helped CPSA to know what to expect and how to work together. A network of contacts from outside the public behavioral health system allowed the organization to bring in additional assistance as needed.

During our recent crisis, CPSA's long-term relationships with local and state governments, as well as with the justice system, helped us know what to expect and how to work together—and vice versa. And, our network of contacts from outside the public behavioral health system allowed us to bring in additional, dependable assistance as needed. To ensure that these partner relationships are in place for your organization:

- Identify supplemental treatment and support providers for specific needs—e.g., children's grief reactions. Work with your local information and referral agency, if you have one, and tap into member-services', peer staff, and advocates' knowledge.
- Build on established avenues of assistance and support to make it as easy for people needing help to get it. We found faith-based organizations particularly open to collaborating with CPSA to bring help to their congregations. Government entities, school systems, and employers can help a provider organization like yours to reach large numbers of people.
- Identify sources of information, materials, and web links, which are plentiful from national organizations. And, if your community has significant non-English-speaking populations, you'll need to have translated materials available, for example on the basics of trauma reactions. This is something you'll need to consider well in advance of the actual need.
- Be alert to populations that may need extra help, such as veterans who may be re-traumatized and, as in Tucson, individuals with serious mental illness who could be dealing with both trauma and stigma.

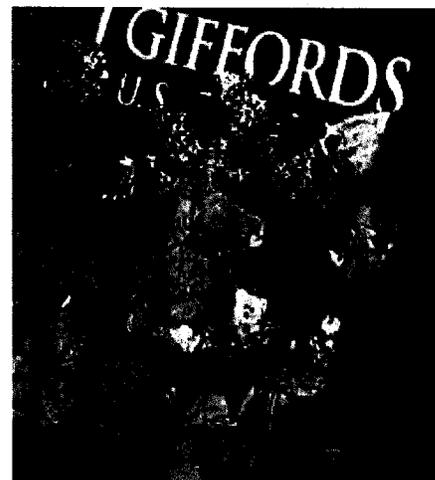
Plan for responding to media

It's impossible to overstate the intensity of media response after a tragedy that draws national attention. For two weeks, the shootings dominated the U.S. media. Reporters quickly shifted their focus from the shooting itself to stories about the accused gunman's mental health, the commitment process, access to mental health services and perceptions of a link between mental illness and violence.

Planning for how to respond to media inquiries can prevent very public problems that can escalate and divert time and energy from your mission.

Here are some things that you can do: before and during a crisis situation:

- Build relationships with media. Print media often are happy to print guest opinions on topics of local interest, which also helps identify your leadership as a dependable source of information on mental health issues. Letting the media know about your agency's capabilities, programs, and achievements and inviting them to special events can help ensure your perspective is included in the public discussion after a tragedy.



- Identify subject matter experts in your agency who are willing to talk to the media, and train them thoroughly for what to expect and how to respond. In particular, teach them how to shift unwelcome questions in a friendly way to a discussion of your main messages.
- Set up a system in which all media inquiries are captured, referred to assigned staff for screening, and forwarded as appropriate to your experts. If possible, your organization's key communications staff should be reachable after hours. They should also be able to take on the media screening and management process full-time during a crisis situation.
- Agree on some guiding principles for working with media in a crisis. Revisit issues of privacy and confidentiality. For example, CPUSA staff determined early on that:
 1. We would not speculate on any aspect of the situation (including the accused gunman's mental health or what could have been done to prevent the tragedy),
 2. We would respond promptly and helpfully to media questions based on staff availability and priorities, and,
 3. We would be alert to, and challenge, any suggestions that mental illness was a cause of the tragedy.

In the rush to make sense of a tragedy, the public (and sometimes the media) can recycle myths about mental illness and violence that fan the flames of stigma. Compile facts and statistics and prepare a few talking points as part of your planning. (NAMI is particularly helpful for this.) Identify and build relationships with leaders in your community who could help shift the public discussion to healing and away from blame or second-guessing after a tragedy.

- If possible, be alert to trends in media coverage and new storylines that are emerging. Most media outlets allow the public to comment on stories via their websites. Assign a staff member to periodically monitor that discussion to identify emerging issues and narratives.
- Expect media interest to rekindle at anniversaries and whenever something new happens regarding the tragedy or its victims. For example, we have been alert to ongoing developments in the gunman's trial and in news about the recovery of the shooting victims, notably Rep. Giffords.

Be alert for educational opportunities

Tucsonans' determination to bring something positive out of the tragedy has heightened public interest in mental illness and opened new opportunities for public education and partnerships. Learning about mental health has become a priority for school districts, employers, faith-based communities and other groups. CPUSA continues to respond by working with our allies to offer presentations and trainings, to collaborate on public forums and work with local media and interest groups.

CPUSA worked with the National Council for Community Behavioral Healthcare and the Arizona Department of Health Services/Division of Behavioral Health Services to develop and implement a statewide plan for Mental Health First Aid training that included preparing a group of new instructors from our system and the broader community. Almost all the MH First Aid trainings CPUSA has offered since the tragedy have been filled, and we will continue offering it to the community at no cost.

Tucson's daily newspaper decided to make mental illness one of two priorities for 2011. So far that has resulted in a series of articles, several editorials and an extensive resource guide, all of which involved CPUSA, service providers and advocacy groups. We expect the mental health aspects of this tragedy to echo for years, as other initial supports end, anniversaries are marked, and the judicial process winds on.

Neal Cash is president and CEO; **Edward Gentile, DO**, is Chief Medical Officer/Medical Director; and **Vanessa Seaney** is Chief Clinical Officer, of the Community Partnership of Southern Arizona (CPUSA).

MORE ON TUCSON

- [Arizona's mental health system 'did not fail'](#)
- [Professionals nationwide reflect on Tucson](#)
- [Misunderstanding slows behavioral health intervention on campus](#)
- [Tragedy in Tucson: A national Rorschach test?](#)
- [The Three Lessons of Arizona](#)
- [Devereux CEO: "Behavioral problems don't develop overnight"](#)
- [Bazon calls Tucson events uncharacteristic of mental illness](#)
- [National Council encourages "Mental Health First Aid" following Tucson shootings](#)



County of Bernalillo

State of New Mexico

Procurement & Business Services
Purchasing Section
One Civic Plaza, NW, 10th Floor

Albuquerque, New Mexico 87102
Office: (505) 468-7013 Fax: (505) 468-7067
www.bernco.gov/purchasing/

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District 3

Art De La Cruz, Vice Chair
District 2

Debbie O'Malley, Member
District 1

Lonnie C. Talbert, Member
District 4

Wayne A. Johnson, Member
District 5

COUNTY MANAGER

Tom Zdunek

ELECTED OFFICIALS

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Assessor

Maggie Toulouse Oliver
Clerk

Willow Misty Parks
Probate Judge

Manuel Gonzales
Sheriff

Manny Ortiz
Treasurer

DATE: March 6, 2015

TO: All Prospective Offerors

FROM: Phillip B. Lee, Purchasing Administrator

**RE: Request for Proposal (RFP) #25-15-PL
Bernalillo County Behavioral Health Systems and Stabilization Consulting
Services**

SUBJECT: Addendum #1

This is Addendum #1 to RFP #25-15-DE, issued by the Bernalillo County Purchasing Department. The Addendum includes changes to the RFP document as provided herein and provides responses to questions asked by Offerors. If any discrepancy exists from information provided at the pre-proposal meeting, and this Addendum, information contained herein shall govern. All respondents to this RFP must acknowledge this Addendum with their proposal submittal. Failure to do so may result in disqualification.

CHANGES:

- A. Extend the due date for proposals to **March 17, 2015 at 4:00 p.m.** Mountain Daylight Time. Proposals are to be delivered to Bernalillo County, One Civic Plaza NW, 10th Floor, Room #10010, front desk, Albuquerque, New Mexico 87102.
- B. Section II.A – Conditions Governing the Procurement (Sequence of Events) referenced on Page 5, shall be amended as follows:
 - 5). Submission of Proposal – March 17, 2015
 - 6). Proposal Evaluation – March 18th to March 30, 2015
 - 7). Status Notification of Finalist(s)/Non-Finalist(s) – Week of March 30th
 - 8). Interviews, (if applicable) – Week of March 30th
 - 9). Contract Negotiations – Week of April 6th
 - 10). Award Estimate: - April 21st
- C. Section IV.A – Scope of Services
Phase 1 timeline is changed as follows: Phase 1 deliverable date of June 1, 2015 shall be amended to June 12, 2015.
Phase 3 (add) the Timeline requirement and replace the current wording for paragraphs 1 and 2 with the following:

Offerors are to submit a proposed 'Timeline' for Phase 3 with proposal submittal.

1. Contractor will create and oversee a process to obtain community input on the business plan including the development of a crisis triage, stabilization, and respite services. The contractor will prioritize the needs based on community deficits and stakeholder input. The contractor will begin implementation on the most critical needs for Bernalillo County.

2. Review prior reports where crisis triage stabilization services are needed, the contractor will solicit input from behavioral health providers, criminal justice stakeholders, governmental entities, consumers and family members, advocacy organizations, law enforcement and other first responders and persons involved in task forces and/or committees to assist in determining priority and purpose for such and recommendations and other written material related to the possible development of a crisis triage, stabilization, and respite facility in Bernalillo County.

D. Section V.A.1 – Proposal Submittal Requirements (Approach and Understanding of Scope of Services) shall be amended as follows:

1. Proposed written detailed approach to all tasks outlined above for Phase 1 – 4, including (B). Reporting and Presentation, as set forth in Section IV, Scope of Services.

E. Section V.B.1.c. Current wording shall be amended as follows:

- c. Current workload and demonstrated ability to complete the Phases within the specified timeline. Offerors shall submit a Timeline with proposal submittal.

QUESTIONS (“Q”) as Submitted by Potential Offerors and Answers:

Q1: Will there be an award to one Offeror or multiple Offerors?

Answer: It is the County’s intent to award to a single Offeror.

Q2: Will this include both Public and Private Entities?

Answer: Yes.

Q3: What is the budget for this RFP?

Answer: The estimated budget is approximately \$400,000.

Q4: There are multiple phases under the solicitation. If awarded a contract under the solicitation, does participation in Phases 1, 2, 3, or 4 result in an agency from being a provider when the Business Plan is implemented?

Answer: Yes

Q5: Is there any opposition to or restriction on subcontracting?

Answer: No; See Page 8, Paragraph 5

Q6: Any Insurance and or Bonding requirements?

Answer: Yes. See RFP, Section VII. Proposed Draft Agreement, Pages 20-21.

Q7: On page 11, III C., states that the proposal length is limited to 60 pages. On page 13, it states the proposal length is 40 pages. Can you clarify which is correct or if the 40 page limit applies to a particular section of the proposal.

Answer: The limitation count is 60 pages.

Q8: On page 14, there is no due date for the Phase 3 deliverable. Can you clarify? On page 18 (section VII) “Proposed Draft Agreement” states that the term of the contract is 2 years. Is this correct?

Answer: Phase 3 is the Implementation Phase and the County is requesting offerors to provide an estimated timeline with proposal submittal. The Contract will be four (4) years.

Q9: Page limit is mentioned in three places on page 11 as sixty (60) pages total. However on page 13, the page limit is listed at forty (40) pages. What is the page limit for the narrative section? For the entire submission?

Answer: See Answer #7.

- Q10: Additional Required Materials' is listed as a mandatory component of Binder 1. We could not locate any additional required materials in the RFP Proposal Document. Please clarify.
Answer: Section III. Response Format and Organization. D.6., (delete).
- Q11: The mandatory requirements for Binder 2 include Appendix E and E-1. We have one excel file titled 'Appendix E Cost Form', but do not have a document with E-1 in the title. Please clarify where we can access Appendix E-1.
Answer: See attached revised APPENDIX E, which includes two tabs as follows: Cost Proposal Form, YRs 1 & 2 and Staffing, YRs 1 & 2.
- Q12: How are the current behavioral health services funded in the County?
Answer: Bernalillo County Office of Health and Social Services periodically issues a Request for Proposals (RFP) for social services providers of all types. Behavioral Health services providers are often funded through this method in addition to other types of social services providers.
- Q13: Please provide an estimated total budget that the County is willing to spend on the proposed consulting services.
Answer: See answer #3 above.
- Q14: Will the questions and answers from the February 24th pre-proposal meeting be available to bidders who were unable to attend?
Answer: Yes. See answers #1 to #6 above.
- Q15: There are multiple phases under the solicitation. If awarded a contract under the solicitation, does participation in Phases 1, 2, 3, or 4 result in an agency from being a provider when the Business Plan is implemented?
Answer: Yes
- Q16: What is the expected annual budget for services provided by Bernalillo County.
Answer: Unknown at this time.
- Q17: Will Bernalillo County provide a listing of reports/documents that have been generated and expected to be reviewed by successful bidder.
Answer: Yes, Bernalillo County will provide copies of documents that are relevant to the services the successful offeror will provide. These documents do not constitute an exhaustive list of documents that successful bidders should or may review. Other documents and reports may be added to the list and those will also be provided to the successful bidder.
- Q18: Will Bernalillo County make multiple awards based on responses to this RFP?
Answer: It is the County's intent to award to a single Offeror.
- Q19: Will Bernalillo County provide its current structure for managing behavioral health services?
Answer: Currently we manage behavioral contracts through initiating requests for proposals to find out current community needs. Next the County monitors contracts through site visits, record review (when appropriate), reports submitted by the contractor and financial reviews.
- Q20: Will Bernalillo County provide a current listing of contracted BH services, capacity, and funding.
Answer: Yes, Bernalillo County will provide the successful offeror a listing of all behavioral health providers currently funded by Bernalillo County and the level of funding they receive. This list will not be an exhaustive list of behavioral health providers in Bernalillo County or serving Bernalillo County residents.
- Q21: In Scope of Work, Section A, Phase 2, Bernalillo County requests a detailed plan and recommendations for delivery structure of the following services for adults and youth and includes

a list of twelve (12) service areas. Please identify the amount of funding and capacity currently available in Bernalillo County for each of these service areas.

Answer: The amount is unknown at this time. The awarded consultant is to identify amount of funding needed and capacity for Bernalillo County as outlined throughout the scope of services.

Q22: Can the RFP be distributed to proposal partners by the proposal submitter, or does each entity involved in the partnership need to register and obtain it directly from purchasing?

Answer: Distribution of RFP Document: - This RFP is issued by the County Purchasing Department in accordance with the provisions of Sections 13-1-120 and 13-1-121 NMSA 1978. The County Purchasing Department is the only organization who is authorized to make copies and/or distribute this RFP in any format. A distribution list of those who receive the RFP will be maintained throughout the procurement process and will become part of the procurement file. Receipt of a Proposal from Offerors not included on the distribution list shall result in immediate disqualification and Proposal shall be rejected.

Q23: In Section I.B. there is a reference to the contractor working and reporting to the Bernalillo County Department of Public Safety. Can you please confirm that is the case as we would have expected this work to be performed under the auspices of the Department of Health and Social Services?

Answer: The Public Safety Division has assembled an interdisciplinary team to work through the process of this RFP and with the successful Offeror. Staff from Health and Social Services serve on the team and the point of Contact is in the Public Safety Division.

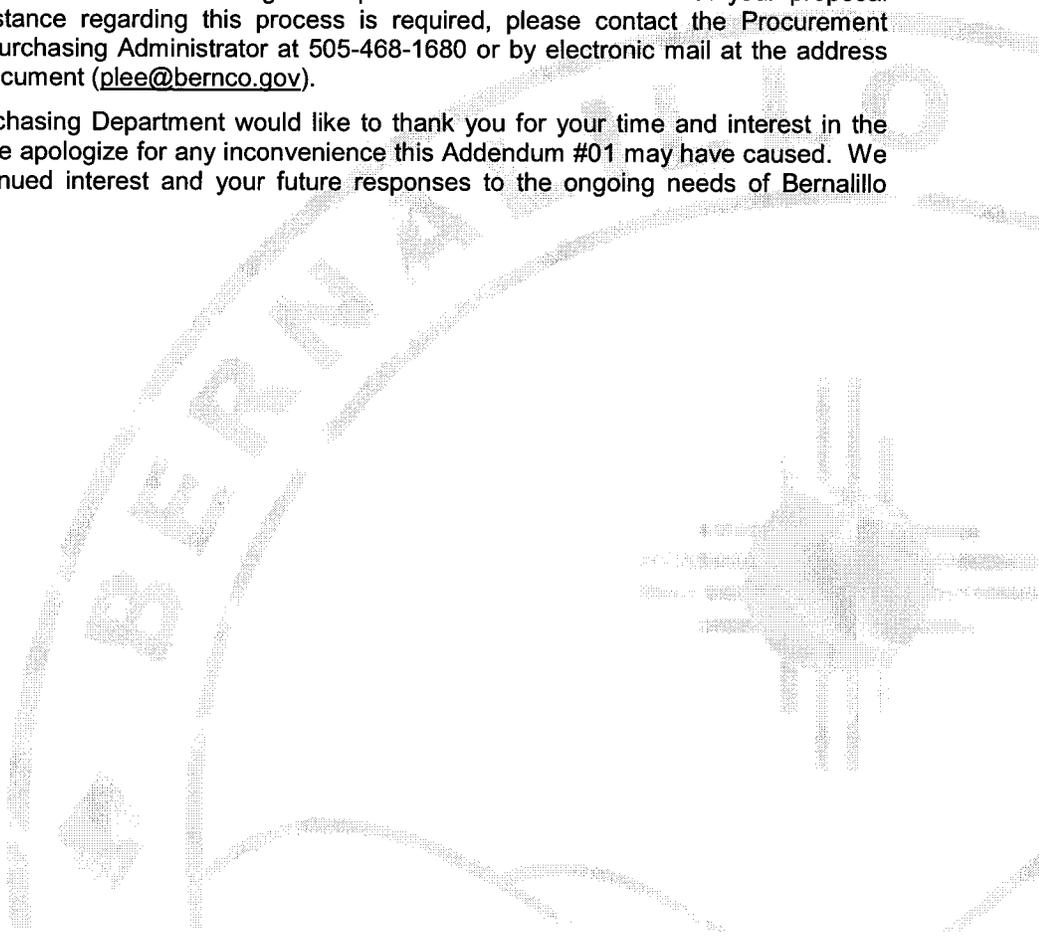
Q24: Does the Pay Equity analysis submitted by the successful vendor become a matter of public record?

Answer: Yes

No other changes have been made. Acknowledge receipt of this Addendum #01 with your proposal submittal. If further assistance regarding this process is required, please contact the Procurement Manager, Phillip B. Lee, Purchasing Administrator at 505-468-1680 or by electronic mail at the address provided in the proposal document (plee@bernco.gov).

The Bernalillo County Purchasing Department would like to thank you for your time and interest in the above referenced RFP. We apologize for any inconvenience this Addendum #01 may have caused. We look forward to your continued interest and your future responses to the ongoing needs of Bernalillo County.

xc: RFP 25-15-PL file



Bernalillo County
Request for Proposal #25-15-PL

Bernalillo County Behavioral Health System and Stabilization Consulting Services



Non Mandatory Pre-proposal Meeting: February 24, 2015, 10:00 am (Mountain Daylight Time)
One Civic Plaza NW
10th Floor Conference Room B
Albuquerque, NM 87102

Proposal Due: March 12, 2015, 4:00 p.m. (Mountain Daylight Time)
Bernalillo County Purchasing Department, Room 10010
One Civic Plaza NW, 10th Floor
Albuquerque, NM 87102

Prepared by: Phillip Lee

Bernalillo County
Purchasing Department
February, 2015

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I. INTRODUCTION

A. PURPOSE OF THIS REQUEST FOR PROPOSALS

The Purchasing Department is soliciting the services from qualified Offerors who will be selected through this RFP process to identify, develop, and implement the appropriate infrastructure to provide a comprehensive behavioral health service system in Bernalillo County.

B. SUMMARY SCOPE OF WORK

The awarded contractor will work with, and report to Bernalillo County's Department of Public Safety to complete each phase of the RFP. The contractor will compile and analyze the reports and recommendations from previous behavioral health studies, work with stakeholders and interested parties to develop a behavioral health system and service delivery plan, identify and assist in creating financial resources, create standards and compliance for provider oversight and assess the need, and if necessary, assist in the creation of crisis stabilization services. A detailed Scope of Services is set forth in Section IV (Scope of Services).

C. PROCUREMENT MANAGER CONTACT

Any inquiries or requests regarding this procurement should be submitted in writing to the designated Procurement Manager listed below. Attempts to contact anyone other than the Procurement Manager that the prospective Offeror believes can influence the procurement decision, i.e., Elected Officials, County Manager, Evaluation Committee Members, etc., may lead to immediate elimination from further consideration. All responses will be in writing and will be distributed to all potential Offerors who receive a copy of this Request for Proposals.

Phillip B. Lee, Purchasing Administrator
Bernalillo County Purchasing
One Civic Plaza, NW, 10th Floor
Albuquerque, New Mexico 87102

Telephone: 505-468-1680
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D. DEFINITION OF TERMINOLOGY

This paragraph contains definitions that are used throughout this Request for Proposals (RFP), including appropriate abbreviations.

"Addendum" shall mean a change, addition or supplement to the information provided in this RFP document.

"Agreement" shall mean a duly executed and legally binding contract.

"Contractor" shall mean successful Offeror.

"County" shall refer to the County of Bernalillo, New Mexico.

"County Purchasing Department" means the purchasing agent for the County of Bernalillo, New Mexico, or a designated representative thereof.

"Desirable" means the terms "may", "can", "should", "preferably", or "prefers" identifies a desirable or a discretionary item or factor for the Department to determine.

"Determination" means the written documentation of a decision of a procurement manager including findings of fact required supporting a decision. A determination becomes part of the procurement file to which it pertains.

"Evaluation Committee Report" means a report prepared by the Procurement Manager on behalf of the Selection Committee that contains all written determinations resulting from the conduct of a procurement requiring the evaluation of competitive sealed proposals.

"Finalist" is defined as an Offeror who meets all the mandatory specifications of the RFP and whose score on evaluation factors is sufficiently high to qualify that Offeror for further consideration by the Selection Committee.

"Mandatory" means the terms "must", "shall", "will", "is required", or "are required", identify a mandatory item or factor. Failure to meet a mandatory item or factor may result in the rejection of the Offerors proposal, without exception.

"Notice of Award" shall mean a formal written notice by the Purchasing Department.

"Offeror" is any person, corporation, or partnership who chooses to submit a proposal.

"Procurement Manager" means the person or designee authorized by the Purchasing Department to manage or administer procurements requiring the evaluation of competitive sealed proposals.

"Purchase Order" means the document, which directs a contractor to deliver items of tangible personal property or services pursuant to an existing Agreement.

"Request for Proposals" or "RFP" means all documents, including those attached or incorporated by reference, used for soliciting proposals.

"Resident Business" means a business that has a valid resident business certificate issued by the taxation and revenue department pursuant to §13-1-22 NMSA 1978 but does not include a resident veteran business.

"Resident Veteran Business" means a business that has a valid resident veteran business certificate issued by the taxation and revenue department pursuant to §13-1-22 NMSA 1978.

"Responsible Offeror" means an Offeror who submits a responsive proposal and who has furnished, when required, information and data to prove that his financial resources, production or service facilities, personnel, service reputation and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the proposal.

"Responsive Offer" or "Responsive Proposal" means an offer or proposal, which conforms in all material respects to the requirements set forth in the request for proposals, including all mandatory requirements. Material respects of a request for proposals include, but are not limited to, price, quality, quantity, or delivery requirements.

"Selection Committee" means a team established to evaluate proposals, conduct interviews, and assist with negotiations during proposal evaluation for a specific product or services. Teams typically represent the functional areas to be addressed in the discussions. The Procurement Manager shall provide only technical assistance requested by the committee.

II. CONDITIONS GOVERNING THE PROCUREMENT

This section of the RFP outlines and describes the major events of the Selection Process and specifies general requirements.

A. SEQUENCE OF EVENTS

The Procurement Manager will make every effort to adhere to the following schedule:

| | <u>Action</u> | <u>Responsibility</u> | <u>Date</u> |
|-----|--|--|---|
| 1. | Issue of RFP | County Purchasing Department | February 15, 2015 |
| 2. | Non-mandatory Conference, 10:00 a.m. | Purchasing Dept., /Selection Committee, Offerors | February 24, 2015 |
| 3. | Deadline to Submit Questions | Potential Offeror | February 26, 2015 |
| 4. | Response to Written Questions/RFP | Purchasing Dept., /Selection Committee | March 2, 2015 |
| 5. | Submission of Proposal | Offerors | March 12, 2015 |
| 6. | Proposal Evaluation | Selection Committee | Week of March 13 th through March 23 rd |
| 7. | Status Notification of Finalist(s)/Non-Finalist(s) | Purchasing Department | Week of March 23 rd |
| 8. | Interviews (if applicable) | Selection Committee, Finalists | Week of March 23 rd |
| 9. | Contract Negotiations | Purchasing Dept., /Selection Committee | To Be Determined (TBD) |
| 10. | Award | Bernalillo County Manager or County Commission | TBD |

B. EXPLANATION OF EVENTS

1. Distribution of RFP Document: - This RFP is issued by the County Purchasing Department in accordance with the provisions of Sections 13-1-120 and 13-1-121 NMSA 1978. The County Purchasing Department is the only organization who is authorized to make copies and/or distribute this RFP in any format. A distribution list of those who receive the RFP will be maintained throughout the procurement process and will become part of the procurement file. Receipt of a Proposal from Offerors not included on the distribution list shall result in immediate disqualification and Proposal shall be rejected.
2. Questions/Clarifications - Between the time of issuance of the RFP and the non-mandatory conference, prospective Offerors are encouraged to call or e-mail the Procurement Manager (See Section I.C), concerning any questions about the scope of work or the RFP schedule. Additional copies of the RFP can be obtained from the Procurement Manager.
3. Non-Mandatory Conference

A non-mandatory conference will be held February 24, 2015, at 10:00 a.m. Mountain Standard Time (MST) in Conference Room B on the 10th Floor of the Albuquerque/Bernalillo County Government Center, One Civic Plaza NW, Albuquerque, New Mexico, 87102. Potential Offerors are encouraged to submit written questions in advance of the conference to the Procurement Manager (See Section I.C). The identity of the organization submitting the question(s) will not be revealed. Additional written questions may be submitted at the conference. All written questions will be addressed at the conference. A public log will be kept of the names of potential Offerors that attended the non-mandatory conference.

Attendance at the pre-proposal conference is not a prerequisite for submission of a proposal.

4. Deadline to Submit Additional Written Questions

Potential Offerors may **submit additional written questions as to the intent or clarity of this RFP until 2:00 p.m. (MST) on February 26, 2015**. All written questions must be submitted to the Procurement Manager via postal service, hand-delivery, electronic mail, or facsimile (See Section 1.C). All responses to written questions will be distributed via e-mail or facsimile to the Offeror distribution list. Include the e-mail address for the individual appointed to receive responses to the questions.

5. Response to Written Questions/RFP Addendums

Written responses to written questions that result in an RFP Addendum will be distributed in writing via e-mail or facsimile to all recipients of the original RFP. If the RFP requires a time extension, the proposal submission date will be changed as part of the written Addendum. **Any Addendum issued prior to the submittal deadline shall become a part of the RFP.**

6. Submission of Proposal - All Offeror proposals must be received for review and evaluation, **no later than 4:00 Mountain Standard Time on March 12, 2015**, addressed to the Purchasing Department, One Civic Plaza NW (Room 10010), Albuquerque New Mexico, 87102. The Purchasing Department will date and time stamp the sealed envelope upon receipt. It is the responsibility of the Offeror to ensure that proposals are received at the address listed above prior to the deadline. **Proposals received after this deadline will not be accepted.** Proposals must be sealed and labeled on the outside of the package to clearly indicate response to the **RFP#25-15-PL, Bernalillo County Behavioral Health Systems and Stabilization Consulting Services**. Proposals by facsimile or any other method will not be accepted.

C. EVALUATION PROCESS

The Evaluation Process section contains specific information about the process of evaluating Offeror proposals.

1. Notice of Non-Responsiveness – For any proposal submitted which is deemed non-responsive the Offeror will be notified in writing of such determination by the Purchasing Department.
2. Selection Process - The Selection Committee will review each Offerors proposal. Points will be allocated, as outlined in Section VI of this RFP, by each member. Each member's point totals will be translated into a numeric ranking of all proposals. The individual member rankings will be totaled together to determine the overall ranking of proposals. During this time, the Procurement Manager may initiate discussions with Offerors who submit responsive or potentially responsive proposals for the purpose of clarifying aspects of the proposal through oral presentations (interview) or the provision of information (either orally or written) deemed necessary to assist in the evaluation process. However, proposals may be accepted and evaluated without such discussion. Discussions SHALL NOT be initiated by the Offerors. Offerors are advised that the Selection Committee, at its option, may enter into the negotiation process with the highest ranked Offeror(s) on the basis of the evaluation of the written proposals only, and may not require discussion and/or interviews. Upon completion of the selection process, the Selection Committee shall recommend award of contracts to the County Commission or their designee for approval. Each responsive Offeror will be notified in writing as to their status following the selection process.
3. Status Notification of Finalists/Non-Finalists – Each responsive Offeror will be notified in writing about the status of their proposal. This notification will include information regarding whether or not their proposal has been selected for the interview or negotiation process. Finalists will be those Offerors whose proposals have been selected to continue in either the interview or negotiation process. Non finalists are those Offerors whose proposals have not been selected to continue in either the interview or negotiation process.
4. Best and Final Offers From Finalist(s) – Finalist(s) may be asked to submit revisions to their proposals for the purpose of obtaining best and final offers. When applicable, the notification to Finalist(s) who have been selected to submit a best and final offer will include the date and time, the best and final offer must be submitted.

5. Interviews with Finalists – If applicable the notices for the Finalists who have been selected for interviews, will include the interview date and time. The interview location is at the discretion of the Selection Committee. Interview questions will be sent to finalists prior to interview by the Purchasing Department. Interview scoring will total 100 points. The points are equally divided between the prepared questions and each member will allocate points. Each member's point totals will be translated into a numeric ranking of all interviewed Finalists, then totaled together to determine the overall ranking of Finalists.

In accordance with Appendix B, if interviews are held, rankings for the evaluation of written proposals are weighted 40% and ranking from the interviews are weighted 60% in determining the final selection. The Offeror with the highest combined ranking (lowest numerical score) from the interview shall be recommended for award.

6. Negotiations – The County will begin negotiations with the highest ranked Offeror(s) following Finalist notification. Actual fees shall be negotiated based upon specific services, reimbursable expenses, and specific successful Offeror requirements. If negotiations are successful, the County shall prepare an Agreement for approval by the County Commission or its designee. If an agreement on terms cannot be reached within a reasonable time the County shall terminate negotiations and begin negotiations with the next firm on the ranking list. This process will continue until an Agreement has been negotiated with one of the firms on the ranking list. If an Agreement cannot be negotiated with the firms on the ranking list, the County may choose to negotiate with other qualified Offerors scored by the Committee or to terminate negotiations.

D. GENERAL REQUIREMENTS

The General Requirements section contains specific information about the process, general conditions, and instructions, which govern this procurement.

1. Protests - In accordance with Section 13-1-172 NMSA 1978, any Offeror who is aggrieved in connection with a solicitation or award of an Agreement may protest to the Purchasing Director. The protest must be submitted in writing within fifteen (15) calendar days after knowledge of the facts or occurrences giving rise to the protest to:

Lisa Sedillo-White, Purchasing Director
Purchasing Department, Room 10010
One Civic Plaza, NW
Albuquerque, NM 87102

Protests must include the name and address of the protestant, the solicitation number, and a statement of grounds for protest, including appropriate supporting exhibits. Protests received after the deadline will not be accepted.

2. Incurring Cost - Any cost incurred by the Offeror in preparation, transmittal, or presentation of any proposal or material submitted in response to this RFP shall be borne solely by the Offeror.
3. Application of Preferences – This procurement is subject to the application of preferences, pursuant to §13-1-21, NMSA 1978. Offerors are not eligible to receive both a Resident Business Preference and a Resident Veteran Business preference. Section VI provides further detail regarding how preference points will be calculated.

Resident Business Preference: In accordance with §13-1-22, NMSA 1978, to receive additional points based on a 5% preference, the Offeror shall submit with its proposal, a copy of a valid Resident Business Certificate issued by the New Mexico Taxation and Revenue Department.

Resident Veteran Business Preference: In accordance with §13-1-22, NMSA 1978, to receive additional points based on the applicable Resident Veteran Business Preference described in A, B, or C below, the Offeror must submit a copy of a valid Resident Veteran Business certificate issued by the New Mexico Taxation and Revenue Department and the attached "Resident Veterans Preference Certification" form (Appendix D). The Resident Veteran Business Preference is based on the following:

- A. Businesses with annual revenues of \$1M or less are to receive a 10% preference;

- B. Businesses with annual revenues of more than \$1M but less than \$5M are to receive an 8% preference;
- C. Business with annual revenues of more than \$5M are to receive a 7% preference.

4. **Pay Equity Reporting**

Offerors must agree to comply with the Pay Equity Reporting Requirements as defined below, and if awarded a contract, must complete the required Pay Equity Reporting Form at the time of contract award. Access to the form, or related information, can be obtained at www.bernco.gov/purchasing and click on the "Pay Equity" link. Offerors must indicate their acceptance to this requirement in the Submittal Letter Form, APPENDIX A.

- A. If the successful Offeror has ten (10) or more employees OR eight (8) or more employees in the same job classification, the successful Offeror must complete and submit the required reporting form. **If neither of these conditions apply, the Offeror shall provide its initials in the appropriate line included in APPENDIX A.**
 - B. Should the successful Offeror not meet the size requirement for reporting at contract award but subsequently grows such that they meet or exceed the size requirement for reporting, offer must agree to provide the required report within ninety (90) calendar days of meeting or exceeding the size requirement.
 - C. The successful Offeror must also agree to levy these reporting requirements on any subcontractor(s) performing more than 10% of the dollar value of this contract if said subcontractor(s) meets, or grows to meet, the stated employee size thresholds during the term of the contract. The successful Offeror must further agree that, should one or more subcontractor not meet the size requirement for reporting at contract award but subsequently grows such that they meet or exceed the size requirement for reporting, offer will submit the required report, for each such subcontractor, within ninety (90) calendar days of that subcontractor meeting or exceeding the size requirement."
 - D. For contracts that extend beyond one (1) calendar year, or are extended beyond one (1) calendar year, the successful Offeror must also agree to complete and submit the required form annually " within thirty (30) calendar days of the anniversary date of the execution of the Agreement.
- 5. Subcontractors – All work that may result from this procurement must be performed by the successful Offeror. Payments will only be made to the successful Offeror.
 - 6. Amended Proposals - An Offeror may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be complete replacements for a previously submitted proposal and must be clearly identified as such in the transmittal letter. Purchasing Department personnel will not collate or assemble proposal materials.
 - 7. Right to Reject Proposal – The County reserves the right to reject a proposal from any Offeror who has previously failed to perform properly, has caused the County to incur unreasonable costs or expense, failed to complete on time an agreement of a similar nature, or who is not in a position to perform the work governed by this RFP.
 - 8. Offerors Rights to Withdraw Proposal – Offerors will be allowed to withdraw their proposals at any time, prior to the deadline for receipt of proposals. The Offeror must submit a written withdrawal request signed by the Offerors duly authorized representative addressed to the Director of the Purchasing Department. The approval or denial of withdrawal requests received after the deadline for receipt of the proposals is at the discretion of the Director of the Purchasing Department.
 - 9. Disclosure of Proposal Contents – A public log will be kept of the names of all Offerors which submitted proposals. The proposals and documents pertaining to the proposals will be kept confidential throughout the duration of the procurement process and until a contract is awarded. At that time, all proposals will be open to the public, except for the material, which has been previously noted and deemed as proprietary or confidential.

10. Confidentiality/Public Records – Confidential data is normally restricted to confidential financial information concerning the Offerors organization and data that qualifies as trade secrets in accordance with the Uniform Trade Secrets Act, 57-3-A-1 to 57-3A-7 NMSA 1978, or as provided by the Confidential Materials Act (14-3A-1, 1978 14-3A-2 NMSA 1978), and as otherwise provided by law. With the exception of the aforementioned, information and materials received by the County in connection with this RFP response shall be deemed to be public records, subject to public inspection, upon award of the RFP and execution of an Agreement by the County Commission or their designee. If the Offeror believes any of the information contained in its response is exempt from the Inspection of Public Records Act (NMSA 1978, Chapter 14, Article 2), then the Offeror must identify the material deemed to be exempt and cite the legal authority for the exemption. Any pages of a proposal on which the Offeror has stamped or imprinted “proprietary” or “confidential” must be readily separable from the proposal in order to facilitate public inspection of the non-confidential portion of the proposal.

The County’s determination of whether an exemption applies shall be final, and the Offeror agrees to defend indemnify and hold harmless the County elected officials, employees and agents against any loss or damages incurred by any person or entity as a result of the County’s treatment of records as public records.

11. Cancellation – This RFP may be canceled at any time and any and all proposals may be rejected in whole or in part when the Director of the Purchasing Department determines such action to be in the best interest of the County.
12. Sufficient Appropriation – Any Agreement awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist. Such termination will be effected by sending written notice to the Contractor. The County’s decision as to whether sufficient appropriations and authorizations are available is in the sole discretion of the County and shall be final and binding upon the Contractor.

If the determination is made that there is insufficient funding to continue or finalize the services the contractor will be compensated to the level of effort performed, as authorized by the County prior to that determination.

13. Code of Conduct – The successful Offerors shall abide by the Code of Conduct (http://www.bernco.gov/code_of_conduct) of the County as it applies to the successful Offerors interactions with the County. Any violation of the Code of Conduct shall be considered a breach of the Agreement (a draft of the proposed Agreement is included in Section VII).
14. Acceptance of Conditions Governing the Procurement – Offerors must indicate their acceptance of the Conditions Governing the Procurement, Section II, in the Submittal Letter Form. Submission of a proposal constitutes acceptance of all conditions contained herein including the evaluation factors contained in Section VI.
15. Standard Agreement – A draft copy of the proposed Agreement to be entered into is included in Section VII. However, the County reserves the right to negotiate with the successful Offeror provisions in addition to those contained in this RFP. The contents of this RFP, as revised and/or supplemented, and the successful Offerors proposal will be incorporated into and become part of the Agreement.
16. Offeror Qualifications - The Selection Committee may make such investigations as necessary to determine the ability of the Offerors to adhere to the requirements specified within this RFP. The Selection Committee will reject the proposal of any Offeror who is not a responsible Offeror or fails to submit a responsive offer as defined in Sections 13-1-83 and 13-1-85 NMSA 1978
17. Right to Waive Minor Irregularities - The Purchasing Department reserves the right to waive minor irregularities. The Purchasing Department also reserves the right to waive mandatory requirements if the mandatory requirement not met does not otherwise materially affect the procurement. This right is at the sole discretion of the Purchasing Department.
18. Notice - The New Mexico criminal statutes impose felony penalties for bribes, gratuities and kick-backs.

19. Release of Information - Only the County is authorized to release information covered by this RFP. The Offerors must refer to the County any requests to release any information that pertains to the work or activities covered by any action or award related to this RFP.
20. Ownership of Documents - Any project documents are the property of the County.
21. Costs Incurred in Responding - This solicitation does not commit the County to pay any costs incurred in the preparation and submission of proposals or in making necessary studies or designs for the preparation thereof, nor to procure or contract for services.
22. It is anticipated that an Agreement will be awarded within 90 days after receipt of proposals. The anticipated Agreement term is two years subject to renewal for an additional two years.
23. Insurance Requirements – Insurance is required of the Contractor in the limits identified in the Proposed Draft Agreement, Paragraph 14, attached hereto.
24. Proof of licensing – The County reserves the right to request proof of licensing for which licensure by the State of New Mexico or another agency is required, (e.g., Professional Architect/Engineer Number, State Bar Member Number, etc).
25. W-9 Information - Pursuant to Federal Tax Law (Internal Revenue Code, Section 6041), the County is required to obtain a Taxpayer Identification Number (TIN) and a completed W-9 from the successful Offerors; according to Federal Income Tax Law (Internal Revenue Code, Section 3406), failure to furnish this information promptly and correctly (within 30 days) may result in a \$50.00 penalty imposed by the Internal Revenue Service. In addition, the Internal Revenue Service may require the County to withhold 28% of payments made, if the information is not furnished by the successful Offeror.

If the successful Offerors business is classified as a corporation, tax-exempt organization, government agency, or other exempt payee, the County will not file an Annual Information Return (Form 1088 Misc.) on your behalf. However, the law requires your TIN in addition to informing the County of payee type. If classified as an individual or sole proprietor, the TIN is your Social Security Number; otherwise, your Federal Employer Identification Number serves as your TIN.

26. Applicable Law - This procurement and any Agreement that may result from this procurement shall be governed by the laws of the State of New Mexico.

III. RESPONSE FORMAT AND ORGANIZATION

This section describes the format and organization of the Offerors responses. Failure to conform to these guidelines may result in the disqualification of the proposal.

A. NUMBER OF RESPONSES

Offeror's may submit only one (1) proposal.

B. NUMBER OF COPIES

Offeror's shall deliver one (1) original plus five (5) identical copies (6 total) of Binder 1 and one (1) original and two (2) identical copies (3 total) of Binder #2 of the proposal, to the location specified on or before the closing date and time for receipt of proposals. **ORIGINALS** shall be clearly marked as such. The Selection Committee will not collate, merge, or otherwise manipulate the Offeror's proposals.

C. PROPOSAL FORMAT

All proposals must be typewritten on standard 8 1/2 inch x 11 inch paper. The proposal must be limited in format and length. All fold-out sheets, up to a maximum of 11 inch x 17 inch sheets will be counted as two (2) pages and shall be labeled as such. Length of the Proposal shall be limited to a maximum of sixty (60) pages (printed sheet faces) of text and/or graphic material.

Material excluded from the sixty (60) page maximum count shall include and shall be limited to:

- Ø Front cover (blank on back side)
- Ø Divider pages (blank except for title information)
- Ø Table of Contents (one page maximum)
- Ø Submittal Letter Form
- Ø Certificate(s) of insurance (COI)
- Ø Resident Business Certificate
- Ø Resident Veteran Business Certificate (must also submit APPENDIX D Resident Veteran Preference Certification)
- Ø Resident Veterans Preference Certification – APPENDIX D (must also submit Resident Veteran Business Certificate)
- Ø Back cover (blank on one side)

ANY SHEETS OR PAGES INCLUDED IN THE PROPOSAL, BUT NOT SPECIFICALLY EXCLUDED, AS NOTED ABOVE, SHALL BE COUNTED TOWARDS THE 60 PAGE MAXIMUM.

D. PROPOSAL ORGANIZATION

The proposal is to be organized and indexed in the following format and must contain, as a minimum, all listed items in the sequence indicated.

Binder #1 (Mandatory)

1. Table of Contents
2. Submittal Letter Form. Proposals must be accompanied by a Submittal Letter Form (Appendix A), which contains the following information:
 - A. Identity of the submitting business, including name and address of organization, firm, or Department and nature of organization (individual, partnership or corporation, private or public, profit or non-profit);
 - B. Identifies the name and title of the person(s) authorized by the company to contractually obligate the business for the purpose of this RFP;
 - C. Identifies the names, titles, and telephone numbers of persons to be contacted for clarification questions regarding this RFP and person(s) to be contacted for negotiations.
 - D. Acknowledges receipt of any and all Addendums to this RFP;
 - E. Statement of Concurrence – Pay Equity Reporting. Offeror's must provide a yes response to the Statement of Concurrence included in APPENDIX A or provide its

initials indicating Pay Equity Reporting Requirements is not applicable (see Section II.D.4.A for further details).

Any Offeror who fails to provide a yes response or their initials will be disqualified, no exceptions .

- F. By signing the form the Offeror is explicitly indicating the following:
1. Acceptance of Conditions Governing the Procurement as stated in Section II of this RFP.
 2. A concurrence to comply with the Pay Equity Reporting Requirements as stated in Section II of this RFP.
 3. A commitment to comply and act in accordance with the following:
Federal Executive Orders relating to the enforcement of civil rights;
New Mexico State Statutes and County of Bernalillo Ordinances regarding enforcement of civil rights;
Federal Code, 5 USCA 7201 et. seq., Anti-discrimination in Employment;
Executive Order No. 11246, Equal Opportunity in Federal Employment;
Title 6, Civil Rights Act of 1964;
Requirements of the Americans with Disabilities Act of 1990 for work performed as a result of this RFP.
 4. Signature on the form must be from a person authorized to contractually obligate the Offeror.

3. **"Campaign Contribution Form"**

In accordance with Appendix C, Offeror's must comply with §13-1-191.1 pertaining to the disclosure of campaign contributions made to an applicable public official of a local public body.

Offeror(s) shall submit the "Campaign Contribution Disclosure Form" with their proposal submittal. Any Offeror who fails to comply with this requirement will be disqualified, no exceptions. NOTE: THIS FORM SHALL BE SUBMITTED IN ITS ORIGINAL FORMAT AND SHALL NOT BE MODIFIED OR CHANGED IN ANY WAY.

4. Proposal Summary (optional)*
5. Response to Proposal Requirements as set forth in Section V below
6. Additional Required Materials

Binder #2

- a. Project Budget on provided Cost Forms (APPENDIX E and E-1)
- b. Resident Business Certificate or Resident Veteran Business Certificate (see Section II.D.3 for additional information).
- c. Offeror's Additional Terms and Conditions**

*Properly tabbed divider for this section **must** be included in the proposal. The Proposal Summary is optional for information overview only and will not be scored. If no summary is provided, a single sheet must be included, following the tabbed divider, stating "No Proposal Summary included with this proposal".

**If no exceptions or modifications have been included and Offeror has explicitly indicated acceptance on the "Submittal Letter" and no additional proposed Terms and Conditions are included, so state on a single sheet, following the tabbed divider.

Within each section of their proposal, Offerors should address the items in the order in which they appear in this RFP. All discussion of proposed costs, rates or expenses must occur only in a separate location with the cost response form.

Offerors may attach other materials that they feel may improve the quality of their responses. However, these materials should be included as items in a separate appendix and counted towards the forty (40) page maximum.

Any proposal that does not adhere to these requirements may be deemed non-responsive and rejected on that basis.

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IV. SCOPE OF SERVICES

The Scope of Services shall be performed in a phased approach as outlined below and shall include, but not be limited to the following:

A. Scope of Services:

Phase 1

The Contractor will create a preliminary plan on behavioral health and present the plan to the County Manager and County Commission no later than **June 1, 2015**. The preliminary plan will at minimum include the following:

1. An administrative structure for the purposes of the County receiving, administering, monitoring and overseeing behavioral health funds.
2. Identify priority populations, priority services, resources and estimated amounts for each service category.
3. Outline of a behavioral health business plan.

This phase will also include, but not be limited to the following:

4. Reviewing prior reports and recommendations and other written materials related to the behavioral health system needs, plans and interventions in Bernalillo County and the state of New Mexico.
5. Identify and meet with key community stakeholders, identified by the Contractor and the County to gain input on service needs for a comprehensive behavioral health system in Bernalillo County.

Phase 2

The Contractor will create a comprehensive Behavioral Health Business Plan to present to the County Manager and County Commission no later than **December 1, 2015**. The comprehensive behavioral health business plan will include input from key community stakeholders, providers, and advocates, The plan will also include an evaluation of current state and local resources, and will at minimum include a detailed design and costs for the following:

1. An administrative structure for the purposes of the County receiving, administering, monitoring and overseeing behavioral health funds.
2. Development and oversight of provider standards and monitoring and compliance with provider agreements.
3. Behavioral health service delivery structure for youth and adults in Bernalillo County, which will at minimum include the following:
 - a. Prevention and Education
 - b. Crisis Triage Stabilization
 - c. Community Engagement Teams
 - d. Mobile Crisis Response Teams
 - e. Crisis Lines
 - f. Respite Services
 - g. In-Patient Treatment and Step Down Services
 - h. Variety of Out-Patient Services
 - i. Case Management and Peer Supports
 - j. Housing Needs and Options
 - k. Criminal Justice Systems
 - l. Funding Options, Billings and Reimbursements

Phase 3

Contractor will provide the following services:

1. Create and oversee a process to obtain community input on the Behavioral Health Business Plan including the development of a crisis triage, stabilization, and respite services. The contractor will input from behavioral health providers, criminal justice stakeholders, governmental entities, consumers and family members, advocacy organizations, law enforcement and other first responders and persons involved in task forces and/or committees that have assessed the need for such a facility.

2. Review prior reports and recommendations and other written material related to the possible development of a crisis triage, stabilization, and respite facility in Bernalillo County.
3. Analyze funding opportunities in all areas of the behavioral health business plan under the current Medicaid and MCO funding structure and assess additional potential Medicaid, grant and/or private funding opportunities that would be available with state administrative action.
4. Review national best practice models for crisis triage stabilization facilities and identify model facilities in comparable locations for review in the development process.
5. Identify and seek sources of funding from City, County, State governments, and private entities for the County to provide start-up and/or operations funding for the behavioral health business plan including the crisis stabilization facility.
6. Identify any licensing, certifications or regulatory requirements that would apply to such a facility in New Mexico and Bernalillo County.
7. Work with adjoining counties who would like to participate in the Bernalillo County behavioral health services and establish out of county funding and billing mechanisms.
8. If a crisis triage stabilization facility and respite services are determined necessary, the Contractor will work with stakeholders to develop a detailed plan for a crisis triage, stabilization, and respite facility which will include at minimum the following:
 - a. Allocation, Capacity
 - b. Size, Population Served
 - c. Access to Services
 - d. Admission Criteria and Process
 - e. Client Care
 - f. Discharge Planning and Discharge Process
 - g. Staffing, Budget, and all Other Aspects Related to the Start-Up and Operation of the Facility.

Phase 4, (If applicable)

Contractor may provide the following services:

1. The County may identify future phases of work that need to be planned and funded in order to implement the business plan developed through the current contract.
 2. Services may also include assisting the county in developing specifications for RFP(s) to hire service providers for the Behavioral Health Service System in Bernalillo County. In addition, to serving as a consultant to the county in all stages of implementation of the Behavioral Health Service System in Bernalillo County
- B. Reporting and Presentation.** The Contractor shall submit, bi-weekly, written reports on contract activities and expenditures.
1. Final Reports. At the completion of each Phase, Contractor shall submit a final written report to include all deliverables and supporting documentation.
 2. Presentation. Contractor shall provide a presentation to stakeholders and County Commission at various stages of project with a final presentation at the end of each Phase.

V. PROPOSAL SUBMITTAL REQUIREMENTS

The following information must be included in the proposal submittal to the County.

A. Approach and Understanding of Scope of Services:

1. Proposed written detailed approach to all tasks outlined above for Phases 1 - 3, as set forth in Section IV, Scope of Services
2. Additional pertinent information

B. Capability, Qualifications, and Experience: Submit information that will allow evaluation of the Offeror's capability, qualifications, and experience to achieve the referenced scope of services. Clearly state the following:

1. Describe your company's qualifications and experience for this engagement. Please provide a written detailed narrative on your company's qualifications and experience to serve as the consultant for this engagement. This is to include proactive business practices and philosophies of the consultant to ensure staff is trained, maintained, and

available to meet the needs of the county. Each of the following must be addressed individually:

- a. Offeror must demonstrate their ability to perform the requested services relative to the scope of services specified. Proposal submittal shall indicate quality of work, timeliness, diligence, and ability to meet schedules and needs of county. Please provide no more than three (3) examples of experiences working on a similar engagement within the past five (5) years with other county governments or municipalities. Give dates and length of service. Describe services performed and give the name, title, and telephone number of persons who may be contacted for reference and further information concerning the services provided.
 - b. Qualifications and experience of key personnel to be assigned to this engagement, including length of time with company, education, and experience on similar assignments. Include resumes with proposal submittal. A description of the management structure and staffing resources.
 - c. Current workload and demonstrated ability to complete the Phases within the specified timeframe.
- D. **Cost Proposal Form and Staffing:** (required information must be submitted on forms included herein and provided in Binder #2 only). **Note: The failure to submit the required Cost Proposal and Staffing forms may result in the submittal being deemed as non-responsive, however Offerors may include additional details of cost a supplemental attachment(s).**

VI. EVALUATION CRITERIA

- A. **Selection Process:** The County Manager shall name, for the purposes of evaluating the proposals, a Selection Committee. On the basis of the evaluation criteria established in this RFP, the Selection Committee shall submit to the Purchasing Department a list of qualified Offerors in the order in which they are ranked. Proposal documentation requirements set forth in this RFP are designed to provide guidance to the Offeror concerning the type of documentation that will be used by the Selection Committee. Offerors should be prepared to respond to requests by the Purchasing Department on behalf of the Selection Committee for clarification, best and final offers, oral presentations, demonstrations or other areas deemed necessary to assist in the detailed evaluation process. Offerors are advised that the County, at its option, may award this request on the basis of the evaluation of the initial offers without conducting interviews.
- B. **Evaluation Criteria:** A maximum total of 100 points are possible in scoring each proposal for the evaluation. A brief explanation of each evaluation criteria and the corresponding point values for each is listed below. Information in one criterion may overlap information in other criteria. Offerors are encouraged to fully address each criteria completely, as points are assigned for responses to each separately. The evaluation criteria to be used by the Selection Committee for the proposal and the corresponding point values for each criteria are as follows:
- C. **Evaluation Factors:**
 1. Approach and Understanding of Scope of Services
35 points
 3. Capability, Qualifications, and Experience
40 points
 4. Cost (cost points will be determined by the total "fixed costs of Phases 1-3)
$$\frac{\text{Cost of Lowest Offeror}}{\text{Cost of this Offeror}} \times \text{Maximum Cost Score (20)} = \text{Cost Score of this Offeror}$$

20 points
 5. Completeness of submittal
5 points

Total Possible Points 100

D. Interviews (applicable to Finalists only)

If an interview is held, the Purchasing Department will distribute questions and instructions to the finalists prior to scheduled interview. A maximum total of 100 points are possible in scoring each interview for this RFP. The Selection Committee may at their discretion request additional clarification as to the contents of the RFP submittal from any of the Offeror(s).

- E. Application of Preferences (Point-Based): The preference points shall be calculated by multiplying the applicable preference percentage (see Section II.D.3 for applicable preference percentage) by the "Total Possible Points" in Section C above. Only those Offerors who provide the required preference certificate and the certification form in accordance with Section II.D.3, will receive additional points, which will be added to their already evaluated score.

Application of Preferences - Weight-Based (applicable only if an interview is held): Rankings for the evaluation of written proposals are weighted 40% and ranking from the interviews are weighted 60% in determining the final selection as shown in Appendix B. The preference points shall be calculated by multiplying the applicable preference percentage (see Section II.D.3 for applicable preference percentage) by the "weighted points". Only those Offerors who provide the required preference certificate and the certification form in accordance with Section II.D.3, will receive additional points, which will be added to their already evaluated score.

Note: if an interview is not held, the preference points will be based on the "Total Points" of Section C only.

SECTION VII
PROPOSED DRAFT AGREEMENT

THIS AGREEMENT, made and entered into this _____ day of _____, 2015, by and between the County of Bernalillo, New Mexico, a political subdivision in the State of New Mexico, (hereinafter referred to as the "County"), and _____, (hereinafter referred to as the "Contractor").

WITNESSED:

WHEREAS, the County issued a Request for Proposals for _____, RFP No. 25-15-PL, attached hereto as EXHIBIT A; and

WHEREAS, the Contractor submitted its Proposal, dated _____ 2015, in response to RFP No. 25-15-PL, attached hereto as EXHIBIT B; and

WHEREAS, the County desires to engage the Contractor to render certain services in connection therewith, and the Contractor is willing to provide such services.

NOW, THEREFORE, in consideration of the premises and mutual obligations herein, the parties hereto do mutually agree as follows:

1. Scope of Services

The Contractor shall provide _____ services in accordance with EXHIBIT A as supplemented by Exhibit B both of which are incorporated herein by reference and made a part of this Agreement.

2. Term

This Agreement shall become effective upon the date of final execution and shall continue for a two (2) year period with an option to extend two (2) additional years, unless terminated by either party pursuant to the termination provisions contained herein.

3. Termination for Cause

If, through any cause, the Contractor fails to fulfill the Contractor's obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, agreements or stipulations of any part of this Agreement, the County shall have the right to terminate the Agreement. The County reserves the right to recover any excess costs incurred by deduction from an unpaid balance due to the Contractor, or any other legal method. Cancellation shall be done by giving written Notice of Cancellation to the Contractor. The Notice of Cancellation shall include the effective date of cancellation.

The official address of the County is:

The County Purchasing Department
One Civic Plaza NW, Room 10010
Albuquerque, NM 87102

The official address of the Contractor is:

4. Termination for Lack of Appropriations

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Bernalillo County Commission for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Bernalillo County Commission, this Agreement shall terminate upon written notice being given by the County to the Contractor. The County's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final.

5. Termination for Convenience of County

The County may terminate this Agreement at any time by giving at least thirty (30) calendar days notice in writing to the Contractor. If the Agreement is terminated by the County as provided herein, the Contractor will be paid in the amount which bears the same ratio to the total compensation as the

services actually performed bear to the total services of the Contractor covered by this Agreement, less payments previously made.

6. Termination by Contractor

The Contractor may terminate this Agreement on an annual basis at the expiration of each year of the term of this Agreement by giving written notice to the County at the address listed herein at least sixty (60) calendar days prior to the expiration of each year of the term of this Agreement. The expiration of each year for termination purposes shall be defined as 365 days from the date of execution of this Agreement and every 365 days thereafter for the term of this Agreement.

7. Compensation and Method of Payment

- A. The County will pay to the Contractor in full payment for services rendered, the sum of \$_____ in accordance with EXHIBIT ____, attached hereto, plus the applicable gross receipt taxes, which constitutes full and complete compensation for the Contractor's services under this Agreement, including all expenditures made and expenses incurred by the Contractor in performing such services.
- B. Method of Payment: Upon completion of work in a manner satisfactory to the County, and upon receipt by the County of a properly documented invoice, payment to the Contractor will be made within thirty (30) days from receipt of the invoice. Except as otherwise agreed to, late payment charges may be assessed against the County in the amount and under the conditions set forth in NMSA 1978, §13-1-158.
- C. Invoices: Invoices shall be mailed, faxed, or e-mailed to: Bernalillo County Accounts Payable Office, One Civic Plaza NW, Albuquerque, New Mexico 87102, Fax Number (505-468-7201) or E-Mail Address: accountspayable@bernco.gov.

8. Independent Contractor

Neither the Contractor nor its employees are considered to be employees of the County for any purpose whatsoever. The Contractor is considered to be an Independent Contractor at all times in the performance described herein. The Contractor further agrees that neither it nor its employees are entitled to any benefits from the County under the provisions of the Worker's Compensation Act of the state of New Mexico, or to any of the benefits granted to employees. The Contractor shall not accrue leave, retirement, workers' compensation benefits, insurance, bonding, use of County vehicles, or any other benefits afforded to employees of the County, as a result of this Agreement. The County shall provide no liability coverage to the Contractor. The Contractor acknowledges that all sums received hereunder are reportable for income tax purposes as applicable for self-employment or business income, and New Mexico Gross Receipts Tax.

9. Personnel

- A. The Contractor represents that it has, or will secure at its own expense, all personnel required in performing the services as described under this Agreement. Such personnel shall not be employees of or have any contractual relationships with the County.
- B. The services required hereunder will be performed by the Contractor or under its supervision and all personnel engaged in performing the services shall be fully qualified and shall be authorized or permitted under federal, state and local laws to perform such services.
- C. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Any portion of the services subcontracted hereunder shall be specified by written agreement and shall be subject to each provision of this Agreement.

10. Indemnity

Contractor shall defend, indemnify and forever hold and save the County, its elected officials and employees harmless against any and all suits, causes of action, claims, liabilities, damages, losses and reasonable attorneys' fees and all other expenses of any kind from any source which may arise out of this Agreement or any amendment hereto, if caused by the negligent act, error, or omission, or intentional act, error, or omission of the Contractor, its officers, employees, servants or agents.

19. Notice

Any notices required to be given hereunder shall be sent to the principals at the addresses specified in Section 3 herein. If either party shall change addresses or principals, then such party shall promptly notify the other party in writing. If no notification is made, then notice shall be deemed effective if sent to the principals at the addresses specified in Section 3 herein.

20. Pay Equity Reporting

If, this Agreement extends beyond one (1) calendar year, or is extended beyond one (1) calendar year, the Contractor must agree to complete and submit the required "Pay Equity Reporting Form" within thirty (30) calendar days of the anniversary date of the execution of the Agreement.

21. Code of Conduct

The Contractor agrees to abide by the Code of Conduct (www.bernco.gov/code_of_conduct) of the County as it applies to Contractor's interactions with the County. Any violation of the Code of Conduct shall be considered a breach of this Agreement.

22. Compliance with Applicable Law

Contractor shall comply with all applicable state, federal, municipal and county laws, rules and ordinances.

23. Waiver

No waiver of any breach of any of the terms or conditions of this Agreement shall be held to be a waiver of any other or subsequent breach; nor shall any waiver be valid or binding unless the same shall be in writing and signed by the party alleged to have granted the waiver.

24. Equal Opportunity Compliance

The Contractor agrees to abide by all federal and state laws and regulations pertaining to equal employment opportunity. If Contractor is found to be not in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

25. Applicable Law

This Agreement shall be governed by the laws of the state of New Mexico.

26. Changes

The County may, from time to time, request changes in the Scope of Services to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between the County and the Contractor, shall be incorporated in written amendments to this Agreement. This Agreement shall not be altered, changed or amended except by an instrument in writing executed by the parties hereto.

27. Assignability

The Contractor shall not assign any interest in this Agreement and shall not transfer any interest in this Agreement (whether by assignment or novation), without the prior written consent of the County thereto.

28. Construction and Severability

If any part of this Agreement is held to be invalid or unenforceable, such holding will not affect the validity or enforceability of any other part of this Agreement so long as the remainder of the Agreement is reasonably capable of completion.

29. Enforcement

The Contractor agrees to pay to the County all costs and expenses including reasonable attorney's fees incurred by the County in exercising any of its rights or remedies in connection with the enforcement of this Agreement.

30. Penalties

The New Mexico Procurement Code, (NMSA 1978, §13-1-28 through 13-1-199), imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

31. Entire Agreement

This Agreement contains the entire agreement of the parties and supersedes any and all other agreements or understandings, oral or written, whether previous to the execution hereof or contemporaneous herewith.

32. Approval Required

This Agreement shall not become effective or binding until approved by the Bernalillo County Commission or designee.

33. Facsimile/Electronic Signature

A signature sent by facsimile or electronically shall have the same legal effect as if the original has been signed in person. This provision will apply to all documents associated with this Agreement.

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SIGNATURE PAGE

Motion to approve _____, this _____ day of _____, 2015.

BOARD OF COUNTY COMMISSIONERS

Maggie Hart Stebbins, Chair

Debbie O'Malley, Vice Chair

Art De La Cruz, Member

Lonnie C. Talbert, Member

Wayne A. Johnson, Member

APPROVED AS TO FORM:

County Attorney

Date: _____

ATTEST:

Maggie Toulouse Oliver, County Clerk

Date: _____

CONTRACTOR:

By: _____

Date: _____

New Mexico Gross Receipts Tax Number

Federal Tax Identification Number

**APPENDIX A
SUBMITTAL LETTER FORM
RFP# 25-15-PL**

Identity of Submitting Business (including d/b/a):

| |
|--|
| |
|--|

Mailing Address:

| |
|--|
| |
|--|

Who can contractually obligate?

| | | |
|-------------|---------|--------|
| Name/Title: | E-mail: | Phone: |
|-------------|---------|--------|

Contact for Inquiries/Clarifications/Negotiations

| | | |
|---|---------|--------|
| Inquiries/Clarifications Name/Title: | E-mail: | Phone: |
| Contact for Negotiations Name/Title | E-mail: | Phone: |

Addendum Acknowledgment:

| |
|---|
| <p>If Addendum has been received, please indicate how many in the spaces below.</p> <p>Addendum number(s) _____ through _____ have been received.</p> |
|---|

Statement of Concurrence

| |
|---|
| <p>The Offeror agrees to comply with the Pay Equity Reporting requirements as defined in Section II.D.4.</p> <p align="center">Yes _____ No _____</p> <p>If Pay Equity Reporting Requirements are not applicable Offeror shall provide its initials on the line below:</p> <p align="center">_____ (Offeror initials)</p> |
|---|

By signing below my company/entity/organization commits to comply and act in accordance with the (1) Conditions Governing the Procurement and Pay Equity Reporting Requirements as stated in Section II of the RFP; (2) Federal Executive Orders relating to the enforcement of civil rights; (3) New Mexico State Statutes and County of Bernalillo Ordinances regarding enforcement of civil rights; (4) Federal Code, 5 USCA 7201 et. seq., Anti-discrimination in Employment; (5) Executive Order No. 11246, Equal Opportunity in Federal Employment; (6) Title 6, Civil Rights Act of 1964 and (7) Requirements of the Americans with Disabilities Act of 1990 for work performed as a result of this RFP.

| | |
|----------------|--------------|
| Signed: | Date: |
|----------------|--------------|

APPENDIX B

Final Rankings

Rankings for the evaluation of written proposals are weighted 40% and rankings from the interviews are weighted 60% in determining the final selection. The combined weighted rankings of written proposals and the interview determine the final rankings. The firm with the highest ranking (lowest numerical total) shall be awarded the selection. A sample of the selection ranking determination is given below.

| <u>Proposal Submittal (40%)</u> | <u>Interview (60%)</u> | <u>Final Ranking</u> |
|--|---|----------------------|
| Firm A 1 st 3 rd | $(1 \times .4) + (3 \times .6) = 2.2$ | 3 |
| Firm B 3 rd 1 st | $(3 \times .4) + (1 \times .6) = 1.8^*$ | 1 |
| Firm C 2 nd 2 nd | $(2 \times .4) + (2 \times .6) = 2.0$ | 2 |

*Highest ranking (lowest numeric total) is awarded the selection.

All overall committee rankings, including written proposals, interview, and final rankings are public record and will be available for public inspection after final award of the project. Individual scores and rankings by each committee member shall be confidential. Ties in ranking by individual committee members and by collective committee rankings shall be scored using the sum of the ranking places, divided by the number of firms in a tie. The following is an example of scoring, for a tie at first.

| <u>Scoring</u> | <u>Numerical Ranking</u> |
|------------------------|---|
| Firm A Tie | $(1^{\text{st}} + 2^{\text{nd}}/2) = 1.5$ |
| Firm B Tie | $(1^{\text{st}} + 2^{\text{nd}}/2) = 1.5$ |
| Firm C 3 rd | = 3 |

A tie for first, at the end of the final rankings shall be broken by a separate ranking by the Selection Committee members, only ranking the firms involved in the tie. If a tie still exists after ranking only the tied firms, the Chair of the Selection Committee shall break the tie.

Point Calculations

All calculations of point standings, including any addition or deduction of points to Offeror submittals shall occur at a meeting of the Selection Committee, with all members in attendance.

CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to the Procurement Code, Sections 13-1-28, *et seq.*, NMSA 1978 and NMSA 1978, § 13-1-191.1 (2006), as amended by Laws of 2007, Chapter 234, any prospective contractor seeking to enter into a contract with any state agency or local public body **for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources** must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body may cancel a solicitation or proposed award for a proposed contract pursuant to Section 13-1-181 NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section 13-1-182 NMSA 1978 of the Procurement Code if: 1) a prospective contractor, a family member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor.

THIS FORM MUST BE INCLUDED IN THE REQUEST FOR PROPOSALS AND MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

"Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

"Campaign Contribution" means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official's behalf for the purpose of electing the official to statewide or local office. "Campaign Contribution" includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

"Family member" means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of (a) a prospective contractor, if the prospective contractor is a natural person; or (b) an owner of a prospective contractor.

--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

Name of Company: _____

Signature

Date

Title (Position)

****Must also submit the Resident Veterans Certificate if using this Certification****

APPENDIX D

Resident Veterans Preference Certification

_____ (NAME OF CONTRACTOR) hereby certifies the following in regard to application of the resident veterans' preference to this procurement:

Please check one box only

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is less than \$1M allowing me the 10% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$1M but less than \$5M allowing me the 8% preference discount on this bid or proposal. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$5M allowing me the 7% preference discount on this bid or proposal. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

"I agree to submit a report, or reports, to the State Purchasing Division of the General Services Department declaring under penalty of perjury that during the last calendar year starting January 1 and ending on December 31, the following to be true and accurate:

"In conjunction with this procurement and the requirements of this business' application for a Resident Veteran Business Preference/Resident Veteran Contractor Preference under Sections 13-1-21 or 13-1-22 NMSA 1978, when awarded a contract which was on the basis of having such veterans preference, I agree to report to the State Purchasing Division of the General Services Department the awarded amount involved. I will indicate in the report the award amount as a purchase from a public body or as a public works contract from a public body as the case may be.

"I understand that knowingly giving false or misleading information on this report constitutes a crime."

I declare under penalty of perjury that this statement is true to the best of my knowledge. I understand that giving false or misleading statements about material fact regarding this matter constitutes a crime."

(Signature of Business Representative)* (Date)

*Must be an authorized signatory for the Business.

The representations made in checking the boxes constitutes a material representation by the business that is subject to protest and may result in denial of an award or unaward of the procurement involved if the statements are proven to be incorrect.



Bernalillo County RFP
Updated 4/16/2015

Contractual Services

| Category Personnel | Hours | Rate/amt | Cost Phase 1 |
|---------------------|------------|----------|------------------|
| Neal Cash | 81 | \$220 | \$ 17,820 |
| Dr. Ed Gentile | 49 | \$220 | \$ 10,780 |
| Vanessa Seaney | 71 | \$190 | \$ 13,490 |
| Project Manager | 84 | \$105 | \$ 8,820 |
| Financial | 30 | \$125 | \$ 3,750 |
| Network Development | 55 | \$125 | \$ 6,875 |
| TOTAL | 370 | | \$ 61,535 |

| Hours | Rate/amt | Cost Phase 2 |
|-------|----------|--------------|
| 54 | \$220 | \$ 11,880 |
| 10 | \$220 | \$ 2,200 |
| 144 | \$190 | \$ 27,360 |
| 183 | \$105 | \$ 19,215 |
| 48 | \$125 | \$ 6,000 |
| 229 | \$125 | \$ 28,625 |
| 668 | | \$ 95,280 |

| Hours | Rate/amt | Cost Phase 3 |
|-------|----------|--------------|
| 38 | \$220 | \$ 8,360 |
| 29 | \$220 | \$ 6,380 |
| 72 | \$190 | \$ 13,680 |
| 92 | \$105 | \$ 9,660 |
| 28 | \$125 | \$ 3,500 |
| 92 | \$125 | \$ 11,500 |
| 351 | | \$ 53,080 |

| Hours | Rate/amt | Total |
|-------|----------|------------|
| 173 | \$220 | \$ 38,060 |
| 88 | \$220 | \$ 19,360 |
| 287 | \$190 | \$ 54,530 |
| 359 | \$105 | \$ 37,695 |
| 106 | \$125 | \$ 13,250 |
| 376 | \$125 | \$ 47,000 |
| 1389 | | \$ 209,895 |

Consumable Supplies

| Items | Cost Phase 1 |
|-------------------------|-----------------|
| General office supplies | \$ 500 |
| Presentation Materials | \$ 2,500 |
| TOTAL | \$ 3,000 |

| Cost Phase 2 | |
|--------------|-----------------|
| \$ 1,500 | |
| \$ 2,500 | |
| TOTAL | \$ 4,000 |

| Cost Phase 3 | |
|--------------|-----------------|
| \$ 500 | |
| \$ 1,000 | |
| TOTAL | \$ 1,500 |

| Total | |
|--------------|-----------------|
| \$ 2,500 | |
| \$ 6,000 | |
| TOTAL | \$ 8,500 |

Travel/meetings/conferences

| Category | Units/ Days | Rate/Amt | Cost Phase 1 |
|----------------|----------------|----------|------------------|
| Airfare | 18 | \$300 | \$ 5,400 |
| Hotel | 45 | \$175 | \$ 7,875 |
| Meals | 45 | \$46 | \$ 2,070 |
| Transportation | 45 | \$70 | \$ 3,150 |
| TOTAL | | | \$ 18,495 |

| Units/ Days | Rate/Amt | Cost Phase 2 |
|----------------|----------|------------------|
| 14 | \$300 | \$ 4,200 |
| 43 | \$175 | \$ 7,525 |
| 43 | \$46 | \$ 1,978 |
| 43 | \$70 | \$ 3,010 |
| TOTAL | | \$ 16,713 |

| Units/ Days | Rate/Amt | Cost Phase 3 |
|----------------|----------|-----------------|
| 8 | \$300 | \$ 2,400 |
| 23 | \$175 | \$ 4,025 |
| 23 | \$46 | \$ 1,058 |
| 23 | \$70 | \$ 1,610 |
| TOTAL | | \$ 9,093 |

| Units/ Days | Rate/Amt | Total |
|----------------|----------|------------------|
| 40 | \$300 | \$ 12,000 |
| 111 | \$175 | \$ 19,425 |
| 111 | \$46 | \$ 5,106 |
| 111 | \$70 | \$ 7,770 |
| TOTAL | | \$ 44,301 |

Consulting

| Category | Cost Phase 1 |
|--|------------------|
| Consultant/Purchased | \$ 200 |
| Additional CPI Consulting ¹ | TBD |
| TOTAL | \$ 21,000 |

| Cost Phase 2 | |
|--------------|------------------|
| \$ 200 | |
| TBD | |
| TOTAL | \$ 28,515 |

| Cost Phase 3 | |
|--------------|------------------|
| \$ 200 | |
| TBD | |
| TOTAL | \$ 12,400 |

| Total | |
|--------------|------------------|
| \$ 22,200 | |
| \$ 39,715 | |
| TOTAL | \$ 61,915 |

| Cost Phase 1 | |
|--------------|-------------------|
| \$ 104,030 | |
| TOTAL | \$ 324,611 |

| Cost Phase 2 | |
|--------------|------------------|
| \$ 144,508 | |
| TOTAL | \$ 76,073 |

| Cost Phase 3 | |
|--------------|-------------------|
| \$ 76,073 | |
| TOTAL | \$ 324,611 |

| Total | |
|--------------|-------------------|
| \$ 104,030 | |
| \$ 144,508 | |
| \$ 76,073 | |
| TOTAL | \$ 324,611 |

¹ This line item is included for additional projects identified by the parties and approved by Bernalillo County that would benefit the project. All leads are built into the consulting rate, including ERE, admin, supervision, occupancy, IT, etc Phase 4 scope of services is to be determined and negotiated at a later date, as applicable and approved by Bernalillo County.