**Notice of Opportunity to Participate in Stakeholder Workgroups**

**to Inform Planning For Community Based Flexible Supports (CBFS)**

The Department of Mental Health (DMH) is seeking input into services that are currently delivered within Community Based Flexible Supports (CBFS). DMH plans to redesign CBFS services and establish a standard CBFS service model to provide evidence-based clinical and rehabilitative services, promote individual recovery and movement through the system, as well as identify methods to ensure accountability and improve alignment of these services with MassHealth covered services to provide a more integrated behavioral health care system.

Background on CBFS

CBFS provides a mix of rehabilitative, support and supervision services that are delivered flexibly to individuals within a continuum of care inclusive of residential, supported housing and outreach services. CBFS is currently delivered in 44 contracts by 19 providers and in 7 state-operated programs across the state. There are approximately 11,500 people receiving CBFS services.

Since 2014, DMH has conducted a series of engagement forums with interested parties. These include:

* 2014 – series of regional public meetings in each DMH Area;
* 2015 – statewide meeting for CBFS providers and other stakeholders; regional forums in each DMH Area for Young Adults receiving CBFS; and
* 2016 – two webinars co-sponsored with NAMI to engage family members of individuals receiving CBFS.

There are several factors contributing to DMH’s interest in seeking additional feedback from a representative group of stakeholders. These include:

* Experiences gathered from previous sessions from people receiving CBFS, their families, CBFS providers and other providers interacting with CBFS have raised awareness of best practices and opportunities for improvement within CBFS.
* The system transformation of Mass Health, particularly the establishment of Accountable Care Organizations (ACOs) and Behavioral Health Community Partners (BH CPs), affords a unique opportunity to better align CBFS and DMH services with the behavioral health care system as a whole.
* The evidence-base of effective behavioral health service models and interventions continues to grow and provide pathways to recovery for people experiencing mental illness and behavioral health challenges.
* The value of utilizing a transparent process that engages diverse stakeholders through a series of meetings to provide iterative input into the development of a service model that is both effective and efficient.

Background on Stakeholder Engagement

DMH is establishing two workgroups to inform the planning of services that are currently delivered within Community Based Flexible Supports (CBFS). These workgroups will meet approximately 8-10 times for two hours over a three month period (January-March 2017) and will occur during regular business hours. DMH will utilize these meetings to present current plans and proposals and solicit input. DMH is seeking membership from a group of individuals with prior experience as a stakeholder in policy development activities that as a group can bring diverse perspectives and backgrounds.

The design of the workgroup is intended to foster sustained involvement. Participants will be asked to commit to attend the majority of workgroup meetings in person. Draft schedules and topics for the workgroups are provided below. DMH will also make all materials available to the public through a web page on the DMH internet site and will conduct two public meetings – one at the beginning of the stakeholder process to provide an overview of initial planning and outline the stakeholder engagement process and one at the end of the process to summarize stakeholder input and review workgroup deliverables. The workgroups will not be responsible for making policy decisions.

DMH expects to form the following two workgroups:

* Model Development and System Integration – Review services currently delivered within CBFS; provide feedback on draft models to meet the needs of persons served across the age continuum, including specialty services; discuss alignment with other service delivery systems.
* Service Accountability and Movement – Review criteria for receiving CBFS services; discuss methods of managing movement or flow through CBFS and within the behavioral health system, including emergency, inpatient and other community-based services; discuss performance measures and systems to ensure accountability.

Scheduling of Workgroup Meetings

DMH is expecting to conduct 8-10 meetings per workgroup, beginning in January and concluding in March. Workgroup meetings will be scheduled in the central part of the state. Meetings will occur approximately every two weeks and are expected to be 2 hours in length during regular business hours. DMH will make every attempt to schedule the meetings at consistent intervals and times.

Workgroup members are expected to commit to attending the majority of the workgroup meetings in person. DMH does not anticipate offering remote participation (conference line) for these meetings.

DMH will post a tentative schedule of dates, times and locations for each workgroup on COMMBUYS prior to the application deadline.

Application and Selection Process

DMH is seeking approximately 15 members for each workgroup. Members of the workgroup are expected to commit to attending all workgroup meetings in person; review workgroup materials in advance of the meeting and provide advice and guidance to DMH. Persons with lived experience and family members may request a stipend for participation.

DMH is seeking the following representation on each workgroup:

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| --- | --- |
| Membership Type | # of Members |
| Current CBFS Provider | 5 |
| Person with Lived Experience | 3 |
| Family Member  | 3 |
| Acute Psychiatric Hospital or ESP Provider | 2 |
| Criminal Justice Professional (Police, Court, etc.) | 1 |

Workgroup membership will also include DMH staff and a representative from MassHealth and the Massachusetts Rehabilitation Commission (MRC). DMH, at its discretion, may consider additional members with other affiliations or experience that is not addressed by the representation outlined above.

* DMH will select members for each workgroup based on (1) the quality of the applicant’s response to fulfilling the requirements in this Notice of Opportunity to Participate in Stakeholder Workgroups to Inform Planning For Community Based Flexible Supports in accordance with the following criteria: comprehensiveness, appropriateness, feasibility, clarity, effectiveness, innovation and responsiveness to the needs of DMH and CBFS clients and (2) and the following membership goals (that are not stated in any particular order):
* Maximizing the number and types of CBFS Stakeholders represented considering both the individual applicants and their affiliation with trade and consumer/family groups and organizations;
* Maximizing members with direct experience with the current CBFS services;
* The inclusion of members able to address the needs of underserved populations (e.g., cultural/linguistic communities, including deaf and LGBTQ communities, homeless individuals, young adults, older adults) and/or best practices or emerging trends on how those needs can best be addressed;
* The inclusion of members having a working knowledge of the MassHealth behavioral health system ;
* Maximizing the number of members with prior experience as a stakeholder in policy development activities with DMH, Mass Health or the Executive Office of Health and Human Services.

Submission Process

To be considered, interested individuals must submit a nomination form and resume, if applicable through COMMBUYS by December 16, 2016 at 5:00 PM.

The nomination form is available online at: <http://www.mass.gov/eohhs/gov/departments/dmh/cbfs-stakeholder-engagement.html> or on COMMBUYS ([www.commbuys.com](http://www.commbuys.com)) by searching for Bid # BD-17-1022-DMH08-8210B-11233.

Contact Jerome Collins at Jerome.collins@state.ma.us or by phone at 617-626-8043 if you need the form or would like to request a reasonable accommodation, which may include obtaining the information in an alternative format.

If DMH cannot identify qualified individuals with the qualifications listed above during the procurement, it may re-open the procurement in order to fulfill these requirements.