



**CSU Interested Applicant / Parties RFP Meeting
December 13, 2023 @ 1 PM**

The Butler County Mental Health and Addiction Recovery Services Board's staff held a CSU Interested Applicant / Parties RFP Meeting on Wednesday, December 13, 2023 at 1:00 PM at the Board offices located at 5963 Boymel Drive in Fairfield, Ohio and via Webex.

Staff members present at the meeting were the following: Scott Rasmus, PhD, LPCC-S, IMFT; Scott Fourman, MS, LPCC-S, Ellen Stollings, MSW, LISW-S, CDCA; Joanna Lowry, MA, LPCC-S, LICDC-CS; Martina Weber, LISW; Darrell Burton, CPA; and Cassandra Kieseey, Esq.

The following guests were present at the meeting:

Loyal Ownes, Beckett Springs
Randy Allman, Butler Behavioral Health
Sherrie L. Goodall, Butler Behavioral Health
Trevor Goodall, Butler Behavioral Health
Victoria Taylor, Butler Behavioral Health
Charmaine Wagner-Bell, Butler Behavioral Health
Keri Boller, Community Health Alliance
Eric Cummins, NewPath
Steve Telford, Sojourner

The following guests were present via Webex:

Ryan Rice, Best Point
Erin Day, Community First Solutions

1. Introduction

Dr. Rasmus gave an overview of the CSU RFP, where related documents can be found on the BCMHARS Board website, a review of the Board website, funding information, and proceeded with the question and answer session.

2. Review of Process

The BCMHARSB staff will provide answers to written questions, submitted prior to January 12, 2023 at 4:00 p.m. Any responses to the written questions will be disseminated to all interested entities who have indicated a desire to receive them by written notice given to the BCMHARSB by contacting Executive Assistant, Jennifer Coats at coatsjs@bcmhars.org or by phone at 513-860-8394. Proposals are to be in a pdf document and titled in the following format: "BCBHCSU Proposal- Agency Name- FY2024." A proposal page limit range is 8 to 12 double spaced with a Times New Roman 12 point font size. Proposals must be received no later than 4:00 p.m., Monday, January 22, 2024, by email to: BHCSU@bcmhars.org. The subject heading should follow the same format as the pdf document title and appropriate agency contact information (including designated contact person with phone number, email, and address) and should be included in the coversheet of the document, as well as the body of the email. Proposals not submitted according to requirements indicated above may not be reviewed by the BCMHARSB. The timely submitted RFP (Request For Proposal) as well as attendance and participation at the CSU (Crisis Stabilization Unit) RFP

Presentation & Review meeting will be considered by the Ad Hoc Committee in an open public meeting scheduled for February 6 and 7, 2024 at 4:00 p.m. at the BCMHARSB office. The final CSU award will be presented and considered at the full BCMHARS Board meeting on February 21, 2024 at 6:00 p.m.

3. ARPA Funding Information

ARPA (American Rescue Plan Act) was signed into law by President Biden on March 11, 2021. It guaranteed direct funding to all cities, towns and villages in the United States. The U.S. Department of the Treasury is responsible for overseeing the program (See <https://www.nlc.org/covid-19-pandemic-response/american-rescue-plan-act/arpa-local-relieffrequently-asked-questions/#ARPA-info>). Butler County, committed to recovering from the COVID-19 pandemic's economic impact, will strategically allocate a portion of its SLFRF (State and Local Fiscal Recovery Funds) to empower local organizations. These partners will play a crucial role in identifying the county's most pressing needs across public and behavioral health, as well as areas experiencing economic hardship. By investing in critical infrastructure and proven service programs, the initiative aims to not only alleviate immediate struggles but also build a sustainable ecosystem. This focus on strengthening infrastructure and fostering a future-ready workforce ensures long-term resilience and prepares communities to adapt to evolving demands. This collaborative effort prioritizes serving the most vulnerable populations, ensuring no one is left behind in Butler County's path to recovery and prosperity. The awarded provider will need to review and endorse an MOU (Memorandum of Understanding) with the Butler County, Ohio Commissioners regarding the ARPA/SLFRF funds that are available for this program. There is a maximum of 3 Million dollars assigned to the CSU project.

4. ODMHAS Capital Funds & Matching BCMHARSB Match Funds

Dr. Rasmus discussed the Ohio Department of Mental Health & Addiction Services (ODMHAS) funds being \$1 Million with the BCMHARSB providing a \$1 Million match of these capital funds with a forgivable mortgage assigned to these \$2 million in total funds by both ODMHAS and BCMHARSB. Dr. Rasmus referenced the documentation and application provided in support of the BH CSU RFP. It was noted that the identified BH CSU provider would need to review and endorse an MOU with ODMHAS and the BCMHARSB to meet the requirements of the grants.

5. Question and Answer Session

Question 1: *Are the dollars received excused from causing the provider audit to be elevated to what used to be called an A133?*

Darrell Burton: Those count as federal funds, so they would count towards that threshold.

Provider: I understand that, but the SPA monies were excused. There has been a lot of monies that we have received that have been excused from causing the A133 audit.

Cassandra Kiesey: Do you mean monies from Covid?

Provider: Well, there was Covid. Yeah, the SPA monies were excused. Different monies were excused from the federal funds causing us to go over the \$750,000.

Darrell Burton: I'm not aware of any exceptions for these funds.

Question 2: *Does the RFP need to state a specific address for the CSU?*

Cassandra Kiesey: You know the reason we're asking for this. You don't want to do all this work, to go back to a location and then your zoning board says no. We realize that you can't get 100% cooperation but whatever you can provide, we will review it, and there will be questions in the RFP Provider Presentation/Ad Hoc Meeting about this topic though.

Dr. Rasmus: And I would even suggest to submit what you have and then continue to pursue it because you're going to be presenting on it in a couple of weeks later at the RFP Provider

Presentation/Ad Hoc Meeting and that question may come up. They will look through your proposal. The more information you have on the topic the better, even though we realize there is a limited time frame before the RFP's will be submitted.

Question 3: *If the provider receives monies to build a building, is the building an asset on their balance sheet or is it grant funds that it's actually owned by someone else? How does that work from a financial aspect?*

Darrell Burton: I would expect it to be an asset on the provider balance sheet, accompanied by a liability for the forgivable mortgage

Provider: The provider would own it? The liability would go to the bank or whoever -- mortgage, but if we receive the funds, we can show that all of the funds were utilized for the building, then that's ours?

Darrell Burton: And I can't make a final determination on that but I expect it would be an asset on your balance sheet, accompanied by that liability.

Cassandra Kiesey: If you choose to buy a building -- again, that's why I asked Scott, too -- you could identify a building to rent, also. They don't have to buy a building.

Dr. Rasmus: Yes, this is a possibility but the ODMHAS will have to consider this option in their funding process as the BCMHARSB would consider -- have to consider it also in support of their matching funds.

Cassandra Kiesey: But if they buy a building, you're expecting that they own the building?

Dr. Rasmus: Right.

Darrell Burton: The liability is a forgivable mortgage. If you were to abandon the building a year later, for example, you're responsible for refunding those grant funds.

Question 4: *The unit should be "centrally located." It would be helpful to define that.*

Dr. Rasmus: The original discussion on this was the location of the Butler County Care Facility that sits on the border of the City of Hamilton and Fairfield Township in Butler County. Many of you heard and read the papers, that it did not go as expected. The City of Hamilton never endorsed the use of this building for the CSU-- even though it was centrally located geographically in the county. Maybe a better thing for us to ask potential bidders is, you identify where you're thinking of putting the CSU and explain in your proposal some discussion on why you think it's centrally located geographically and that this location provides appropriate and easy access for all residents in Butler County.

Question 5: *Where was the data obtained from on the (CSU) Fact Sheet?*

Dr. Rasmus: The data was based from the Deschutes Oregon model. Deschutes, Oregon is Deschutes County in Oregon. Their CSU numbers there were extrapolated to a county twice their size reflecting Butler County. When Commissioner Carpenter and I went to RI International -- a CSU Receiving Center best practice provider, in Durham, North Carolina and in Hendersonville, North Carolina -- we asked them about their CSU productivity, program budget, and also extrapolated their productivity and budget to the size of Butler County, Ohio. So that's where numbers on the Fact Sheet came from.

Provider: So local CSU potential providers are really building a budget on those numbers?

Dr. Rasmus: Right. So, you know, these are the best estimates we have. I mean, I guess if you're going to say, no, we as a provider think those numbers aren't accurate for Butler County, that they're lower, and we're building a budget based on a lower estimate. I mean, feel free to do that, but support it with evidence.

Provider: Were those first year numbers for them or were they already established --

Dr. Rasmus: Those fact sheet numbers were the current established numbers, so the first year of operation may be lower -- and then there are estimates from these programs, that there will be an increase of 5 or 10% for the second year of CSU operation based on these other programs in other states, as previously mentioned.

Provider: And is that the \$7 million operational cost based on Deschutes, Oregon as well?

Dr. Rasmus: Based on the Deschutes and comparing that with RI International, North Carolina, primarily the Durham facility, because that was the larger of the two -- I think Durham is half the size, also, of Butler County, at least. But if you as a local provider have better numbers -- I mean, you have mobile crisis numbers in the case of Butler Behavioral. Additionally, you also have Beckett Springs Hospital numbers project from the local crisis hotline for years. I mean, you all can build a model off of what you think costs and numbers served would be -- for me, these numbers are closer to home and they maybe more accurate. So if you want to use those for your proposal, fine, but submit evidence as to why you think your numbers are current for our county -- then you are free to do so.

Question 6: *Going off the CSU Fact Sheet as well, it talks about commercial insurance, Medicare and other sources of funding.*

Provider: If we think about crisis billings, which would probably be the bulk of this, Medicaid is probably the only payer source. Commercial insurance and Medicare does not pay for these kinds of services. I think I remember looking at our year-end report and for our mobile crisis team, Butler Behavioral Health, I think we got \$1,000 from commercial insurance in total. We bill it but they don't pay it. They don't recognize it, and that is medical services that they pay, not crisis services. This is not really a question. It's more of building the budget and revenue sources.

Dr. Rasmus: Yes, you've got to put in what you deem it is, and what you're going to be able to do, and what those Medicaid dollars would bring in since you are saying commercial insurance and Medicare would be negligible. Again, those numbers came off of expectations from those other two other CSU models. Some billed more Medicaid, some billed less, and some billed little Medicaid.

Question 7: *And sticking with financial questions, how is Brown County involved in the budgeting of this?*

Provider: Where would we get that information? Would we just contact Brown County?

Dr. Rasmus: ODMHAS provided a budget outline in support of forgivable mortgage documents. The Brown County header on those documents serves as an example for them only. So feel free to take out any of the Brown County reference, or any other county references, as headings for those template documents, and feel free to use these templates as a guide, or to provide the information we require.

Question 8: *Can you talk more about the bed model of the RFP?*

Provider: The chairs make perfect sense, the 23-hour model makes perfect sense in support of the observation chairs. We're really struggling to understand the bed part of this model. No one reimburses for room and board. So, you know, that would be the Board's funding piece in support of doing that. It seems a little confusing that, you know, patients taken to the center would not be housed long term but held overnight or over a weekend until they could be entered into existing mental health programs and services, not typically open and available 24/7. We're not sure what that is. We're not sure what that mental health program is. In our crisis system, if we need to get somebody hospitalized at Beckett, you're 24/7, we don't have any issues there. We're a little unsure what they would be waiting for if they stayed longer than 23 hours.

Cassandra Kiesey: Some of the group homes don't admit on certain days so when you said that -- Scott, what I was thinking about was a lot of the group homes don't admit on Fridays. They have weekend staff. A person may not be sick enough to go to the hospital but they may qualify for Centerhaven, a local Butler County Group Home. Centerhaven may say, I may take Cassie in two days but I don't have a bed today. To me, that's what the extended stay beds mean.

Scott Fourman: Yeah, same with the homeless shelters, are an example, too. It may be a few days to get them out of the CSU -- it may be a few days before they can get them in.

Dr. Rasmus: What I can say is that, the models -- the Deschutes, Oregon model didn't really have the extended stay beds piece where the Durham, North Carolina RI International model did have

some extended stay beds. They did provide a higher level of care though for crisis clients there, so they did provide some holdover beds to transfer or refer in the system. So that's sort of where the extended stay beds concept came in to this proposal -- and the current discussion Scott Fourman and Cassie provided, the notion was to have some holding beds. What happens if you can't get a client into one of these triage and referral sources quick enough? Crisis clients may need to be held over for a little bit.

Cassandra Kiesey: Isn't that up to the CSU RFP provider submission, to write that in the model as to what they see happening?

Dr. Rasmus: Yes.

Scott Fourman: The models we looked at were primarily dealt with a contract agency. In Oregon it was one agency.

Cassandra Kiesey: In the whole system.

Scott Fourman: Whoever gets this CSU is going to have to deal with 13 other contractors/contract providers in our local system or more. You're going to have to -- whether it's drug and alcohol, the hospital, case management, group homes, shelters - deal with a whole lot of different resources and that's the reason we cited 10 extended stay beds instead of targeting just all 20 chairs thinking the system itself can't move as fast as the crisis client's needs require.

Question 8: Is it a requirement of the RFP to have 10 beds?

Dr. Rasmus: No. I think if you feel from your CSU model that a different amount of beds is more appropriate, such as getting by with less extended stay beds, then fine; but make sure you provide evidence and support your numbers, and the development of this part of your CSU program model.

Question 9: Is it a requirement to have any beds?

Dr. Rasmus: Well, you are saying if you provide a proposal that doesn't have any beds, that would follow just the Deschutes, Oregon model not the Durham RI International Model, how would that be received?

Cassandra Kiesey: You mean they just had chairs?

Dr. Rasmus: They just had chairs. So, you know, I guess that would be a potential acceptable model, but you have to support it. Still, I mean, you're going to have to triage and refer quickly. Without a need for some kind of holdover beds, just in case the community provider referral has no capacity and not available when you need that service/resource for a CSU client. I think it's a provider's clinical call here but you must support your kind of model in your proposal.

Provider: I think there's also a difference between observation time, certification, staffing, costs, it's very substantial based on whether you do cross the 23 hour timeframe or not. That's the point we were looking at is, the cost of 10 beds far outweighs the cost of 10 observation chairs. There is so much expense that has to go into that from food -- where 23 hours you could do more easily -- you don't need a kitchen. You could do some packaged food and things but the beds are where we were looking at it saying, wow, this could get really, really get costly.

Dr. Rasmus: I think if you minimize the beds and you emphasize the chairs you've got to look at, what happens if there's delays timing in your assessment-triage-referral process -- where do you send the clients, until you can get them into a residential facility, shelter or what not? And also the capacity, the system, because crisis clients have to be referred somewhere, and obviously best supporting the healthcare of the client. Anyway, I guess you could write your proposal up as you see fit but then next come up with a plan if there's any delays in your referral process in your CSU model/proposal.

Question 10: If law enforcement drops off, who transports the client back to wherever they want to go or need to go?

Dr. Rasmus: The CSU models must have a budget for transportation, be it Uber, be it a taxi or EMS support to transport to a hospital. What happens if someone needs to go to a hospital emergency, and how would that work? That would be a call to the local EMS. Would there be a contract with a

local EMS provider to do it? I think many of you know that when it came to the County Care Facility, the City of Hamilton had concern about resources needed to support the CSU and how many more EMS calls would there be due to the CSU facility, police calls needed, you know, taking clients back to where they came from, taking them to the hospital. So anyway, something to consider, you know, what that is the cost of this transportation. I know Deschutes County, Oregon had money for transportation and so did Durham, RI International model – had transportation as a line item in their annual budgets.

Cassandra Kiesey: So did they ever use their own staff or contract for transportation services?

Dr. Rasmus: They did a lot of contracting, yes.

Provider: Do you know how much they had in their budget?

Dr. Rasmus: No, I don't. I mean, someone could probably ask the Deschutes County, Oregon model, to get a general estimate.

Provider: We have our own vans for our programming but we do use Uber for our taxi service. And I can tell you it can be a substantial amount of cost of getting people in and back because you might get people dropped off, but you're also going to get people who call who are going to want some of your services who do not have transportation and how are you getting them in? Are you going to use police, in which case you've got issues with the town, and what town they're coming from, and then how are you going to get them home. And even with our own transportation I can tell you, we spend a lot of money on transportation, on Ubers.

Dr. Rasmus: Now some of the police departments in the county say they were okay with taking people back, some of them were against that. I get it, it's kind of hard to identify what this is going to look like now. But there needs to be an option to take the client back to where they came from after being at the CSU.

Cassandra Kiesey: Scott, some of the places did have their own security, some didn't?

Dr. Rasmus: Right. The RI International Models minimized the need for security and other facilities – I'm not sure if Deschutes used police but had some security services available to their facility I believe.

Cassandra Kiesey: Were they across the street from the police department?

Dr. Rasmus: Yes, the Deschutes County Oregon CSU was across the street from the sheriff's department -- jail.

Question 11: Right now there is not further operational dollars that the Board has until a provider is selected?

Dr. Rasmus: Right.

Provider: We've looked at this and wouldn't see that this could be operated without Board support in perpetuity. You see it that way, too?

Dr. Rasmus: Well, if you go by these models, that's what we see. And you know, long term funding from the Board for the CSU project needs to come from expanded mental health tax levy funding but the county commissioners have indicated they will not consider this until there is a viable provider and location for the CSU. When this occurs we can attempt to then petition the commissioners to address the increased need for funding through an expanded mental health tax levy. Right now, conversations with them, until there's a viable provider and location are on hold. The only thing that I can pursue, as I said, is the mental health system part of our budget via a potential increased tax levy without the CSU project included right now. It has been since 2006, since the last increase now, is that 17 years, going on 18 years, without an increase in funding for the community mental health system. So I know the commissioners are aware of that, I've petitioned for those additional funds already, and even a desire to go for new money in November of 2024 for this part of the local community mental health system. Originally some of you may be aware, I was looking at an 8 million dollar increase in tax levy funding for the new CSU and the community mental health system that also needs an increase. We will have to see how it plays out and if there's a viable CSU provider and location submitted through this CSU RFP process, that the

Board can recommend to the commissioners, then I will then present this to the commissioners to look at maybe a replacement tax levy plus new additional money to support the CSU long term.

Question 12: On the CSU Fact Sheet it says, the CSU will be available to all adults 18 plus years of age in Butler County. So that means obviously the unit's going to be in Butler County. It would be anybody that comes into the (CSU) unit would be served, correct?

Dr. Rasmus: Yes, so the notion there would be is to serve everyone– the main focus would be Butler County adult residents - but we realize if somebody is out of county and they psychiatrically decompensate in the county, you can't turn them away, so you have to address them, and provide transportation back to where they came from after providing an assessment and triage at the CSU. I don't know what that would entail on the referral end. You know, it's one thing if it's Franklin, Ohio. That is right over the county line, into Warren County, Ohio, but what happens if it's Cincinnati, you know, things like that can happen. A CSU provider will have to take a look at how to address that – how you would petition to want to address that in your CSU proposal.

6. Miscellaneous

It is noted that the CSU Fact Sheet does not state anything about commercial insurance or Medicare funding sources but only Medicaid. It does state that the center will be available to all adults 18 plus in Butler County who are experiencing an urgent mental health or addiction-related issue.

The Durham Recovery Response Center (aka CSU/Receiving Center), RI International facility, operates a 23 hour unit termed the Retreat on its campus. The Retreat embodies an open concept with two distinct services including Tier 4 Behavioral Health Urgent Care and 23-hour observation unit. The unit is available 24/7. Clients are clinically and medically assessed to determine their needs by either a psychiatric nurse practitioner or psychiatrist. Psychiatric evaluations are conducted, medications are started or continued for mental health concerns, detoxification or induction and continuation protocols for MAT (Medication Assisted Treatment) are initiated for substance use concerns, peer support is provided, and/or basic needs are addressed. The Retreat has the ability to stabilize an individual (18 years or older) for up to 23-hours until the next appropriate level of care is secured which may include community services, facility based crisis services, or inpatient hospitalization.

The Deschutes County Stabilization Center is a 24/7 crisis stabilization center with 23-hour respite that provides support and resources to individuals experiencing a mental health crisis. It is located in Bend, Oregon. The center is a collaborative project between Deschutes County Health services and the Deschutes County Sheriff's Office. The services offered by the department include crisis walk-in appointments for all ages, adult respite services, jail diversion, peer support, and case management.

7. Adjournment

Next meeting is the CSU RFP Presentation & Review on February 6 and 7th, 2024 at 4:00 p.m.