**Minutes**

**RFP and Procurement Processes Work Group**

**February 3, 2012**

**9:00 a.m.**

**Hartford, CT**

**Members present:** Co-chair Chris Andresen (DPH), Co-chair Anne Ruwet (CCARC), Cheryl Cepelak (DOC), Roberta Cook (Harbor Health Services), Daniel O’Connell (CTCFSA), Richard Porth (United Way), Jewel Brown (North Star), Alyssa Godutti (CHR), Walt Sivigny (DMHAS),

**Member absent:** Judy Jordan (DCF), Barry Kasden (Bridges)

**Other Attendees:** Sabrina Trocchi (DMHAS),Marianne Buchelli (DPH), Tammy Freeberg (Village for Families and Children), Michelle Schott (DOC), Carol Polsky (OPM intern), Liza Andrews (CANP)

# Co-Chair Welcome and Introductions

#  Co-chairs A. Ruwet and C. Andresen called the meeting to order at 9:07 a.m.

# Approval of Minutes of January 2012 meeting

 A motion and second was made to approve the minutes from the January 2012 meeting. The motion passed unanimously on a voice vote.

1. DMHAS Practice Improvement Initiative Presentation- Overview

Sabrina Trocci provided a summary of the DMHAS practice improvement collaborative (PIC). The model, used as an alternative to the competitive procurement process, was used to implement a new and more standardized service model for case management. In order to maintain service continuity, DMHAS used this model with existing providers in lieu of competitive procurement. This model is not intended to address contractual/performance issues of individual contractors.

 PIC Overview

The collaborative brought providers together with DMHAS in an 18 month process to:

* Outline new service delivery goals and objectives
* Identify best practices
* Define caseloads and cost of services incorporating cost effectiveness, intensity of service level (acuity), and identifying training needs
* Standardize what is being paid for across the system from the beginning
* Identify provider training needs to transition to the new model

 Challenges/Issues

* Inconsistent data across service regions
* Reallocating funding to ensure that all areas have access to services
* Huge investment ( staff time to meet with collaborative, plan goals/objectives)
* Working within budget while improving services

 Accomplishments

* Improved collaborations with providers
* New contract language evolved out of collaborative
* Standardized data elements
* Incorporated fidelity review- Use of scales/tools every 6 months
* Quality Reports (developed through fidelity review) formerly “report cards” with client level data to determine if services are provided in alignment with the model. The information will provide organizations data for comparisons against state and national level outcome measures (e.g. employment, housing, crime rate, and substance use/abuse).

 Recommendations

* Be responsive to provider community
* Be flexible
* Incorporate feedback from providers around fidelity
* Shift emphasis on evidenced based practices
* Utilize/analyze local and statewide data to ensure equitable distribution of funds
1. Alternatives to Competitive Procurement-Discussion

 Committee members discussed the DMHAS model as an alternative to competitive procurement process. Other items discussed:

* Clarify communication processes for new programs/agencies/organizations to meet with state agencies (outside of competitive procurement) to discuss strategies around partnerships and innovations geared toward improving quality service delivery during the competitive bidding process.
* A recommendation was made to discuss “sole source” or the development of a standard for POS at future meetings.
* A similar “report card” to DMHAS pic model is used for service care delivery at DDS. Information about the report cards can be accessed on the DDS website.
* Further discussion is needed to address formalizing the waiver process: differentiating among healthcare/human services and non-human services.
* The committee will incorporate recommendations for at least the following items: approval waivers, length of contracts, policy changes, continuity of services, and cost effectiveness.
1. Guiding Principles of Public and Private Partnerships

The committee will continue its work to identify principles for partnerships between public and private agencies.

* Focus on “Best Practices”
* Maintain integrity of procurement process
* Increase communication
* No discrimination and/or preferential treatment
1. Review of Recommended Changes to Procurement Standard-Status since last meeting

Recommended changes were distributed to the group (attached at end of minutes).

 Committee Tasks for next meeting:

* R. Porth and D. O’Connell will create a subgroup to plan and coordinate the language for guidelines for PSA/POS standard. The draft will be ready for review by April 2012.
* R. Cooke, A. Godutti, and C. Andresen will work on PSA/POS recommendations to bring to the AG’s office related to the competitive process.
* Carol Polsky (OPM) stated the template for the committee report is available.
1. Next Meeting

 The next committee meeting is scheduled for March 2, 2012 at 9:00 a.m.-11:00 a.m. The April meeting, originally scheduled for April 6, 2012 will take place on April 13, 2012.

1. Adjournment

 The meeting was adjourned at 11:01 a.m.

**Written feedback on POS Contract Standards received to date (2/03/12)**

* Page 20,  IMPORTANT NOTE prohibits anyone that assists in development of RFP from submitting a response to the RFP.  Hopefully, we can figure out how to be true to the intention of this rule but still enable service providers on the front line to provide input into how to make sure the RFP reflects actual experience and efforts at innovation that show promise in the field.

  Page 34 at the bottom: “The selected proposer must not begin work until the contract is fully executed.”  Things have changed significantly for the better in the last year with regard to timeliness of contract renewals, but what happens when a contract is not renewed before the old contract expires?   In the past, we have continued to provide the service on the assumption that the state will follow through and appropriate payments will ultimately be made.

  Page 36:  “No multi-year POS contract shall exceed eight years in length, including any options to renew.”  How was this time limit determined?

  Page 38,  Monitoring Contractors:  includes eight responsibilities of state contract managers, but makes no mention of collaborative discussions geared toward improving service delivery during the contract period.

  Page 39, Client-Based Outcomes:  Providers may be in a unique position to help develop these outcome measures based on their front-line experience.  But current procedures seem to discourage this kind of communication.