Confidential Descriptive Memorandum

regarding

The Doña Ana County Crisis Triage Center

Department of Health and Human Services

October 2013

Prepared by

NEWPOINT Healthcare Advisors
This Confidential Descriptive Memorandum (the “Memorandum”) relates to Doña Ana County (“Doña Ana County” or the “County”) and its proposed Crisis Triage Center (“CTC”). The Memorandum is to be used solely by the entity (“Recipient”) to which Newpoint Healthcare Advisors, LLC (“Newpoint”) has delivered a copy and by Recipient’s Representatives, as defined in the Non-Disclosure Agreement executed by Recipient in this matter (the “NDA”). In addition to the requirements and conditions of this Memorandum, Recipient’s receipt and use of this Memorandum shall in all respects be subject to the terms of the NDA.

The information contained herein has been prepared to assist the Recipient in making its own evaluation of The County’s proposed CTC and does not purport to contain all of the information that a prospective investor, lessee, owner, strategic partner, or other affiliate may desire. In all cases, the Recipient should conduct and rely on its own investigation and analyses of The County’s proposed CTC. Neither the County, Newpoint, nor Newpoint’s employees, members, officers, agents, advisors, or affiliates, (collectively, the “Advisor”) have independently verified any of the information contained herein or to be supplied hereafter orally or in writing, including projections or any information related to anticipated future performance (collectively, the “Evaluation Material”). All measurements and distances are approximate estimates. Neither the County, the Advisor, nor any supplier of Evaluation Material makes any representation or warranty (whether express or implied) as to the accuracy or completeness of the Evaluation Material, and shall have no liability to Recipient or any other person or entity resulting from any use of or reliance on the Evaluation Material or for any representations (whether express or implied) contained in, or for any omissions from, the Evaluation Material.

The Evaluation Material may include certain statements and projections provided by the County, Advisor, or others related to the anticipated future performance of the CTC. Such statements and projections reflect various assumptions concerning anticipated results. These assumptions may or may not prove to be correct and have not been independently verified. No representations are or will be made as to the accuracy of such statements or projections. The only information that will have any legal effect will be that information specifically represented in a definitive agreement which would be fully executed by the parties at a later date if the parties so chose to proceed.

By accepting this Memorandum, the Recipient acknowledges and agrees that all Evaluation Material is subject to confidential treatment and its return or destruction by the Recipient in accordance with the NDA. Recipient will not disclose to any third party the fact that this Memorandum has been provided to the Recipient or that The County is evaluating a partnership with respect to the CTC, unless The County has publicly disclosed those matters prior to any such disclosure by Recipient.

The County and the Advisor reserve the right to negotiate with one or more prospective transaction parties at any time and to enter into a definitive transaction agreement with respect to all or a portion of the County’s proposed CTC or related assets without prior notice to the Recipient or others. The County and the Advisor also reserve the right to terminate, at any time, further participation in the investigation and strategic relationship process by any party and to modify, at any time, any procedure relating to such process without assigning any reason for such termination or modification. Finally, by accepting this Memorandum, Recipient acknowledges and understands that nothing herein shall constitute an offer or a contract.
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Executive Summary

Purpose of this Descriptive Memorandum

This Confidential Descriptive Memorandum (“Memorandum”) provides information to potential strategic partners who have expressed interest in operating the Doña Ana County Crisis Triage Center (“CTC” or the “Center”). Doña Ana County invites potential strategic partners to submit a written proposal, including a summary of credentials (a “Proposal”), to enter into a strategically significant relationship with Doña Ana County in connection with the operation of the Crisis Triage Center (the “Relationship”). This Memorandum includes a Request for Proposals and information on the following matters, among others:

- Doña Ana County’s objectives in seeking a strategic partner
- A general description of the Doña Ana County Crisis Triage Center facility and program
- Certain introductory demographic, statistical, and community information

Purpose in Seeking an Operator

Doña Ana County is seeking a strategic partner willing to operate its CTC, investing in financial management, human capital, community collaboration, evaluation, and other resources, to further the County’s mission of delivering mental health crisis stabilization and evaluation services to the residents of Doña Ana County, New Mexico. The County desires that a Crisis Triage Center operate under high standards as an integrated component of a behavioral health system that reduces the suboptimal use of law enforcement intervention, emergency rooms, and detention facilities for individuals with severe mental health disorders.¹ In a local application of the principle of subsidiarity, the County has formed a working assumption that a private entity would be better positioned than the County to operate the CTC most effectively.² Upon its review of proposals the County will determine whether its working assumption is valid.

The CTC will provide a 23-hour safe and secure environment for individuals with serious mental health issues introduced into the system through protective custody by law enforcement officials pursuant to NMSA §43-1-10(2)-(4), until they are stabilized beyond the crisis moment and evaluated.

City Police Departments, the County Sheriff’s Department, and the State Police have indicated a need to make protective custody referrals to the CTC as an alternative to current options. The most current data, from the Las Cruces Police Department, is most recent and instructive. That Department alone has responded to 900 mental-health-related calls in the first six months of 2013, for an average of just under 5 per day. The number may underestimate the potential demand of that single agency on the CTC, for with the current suboptimal choices for placement, a Department representative said that peace officers may be reluctant to take clients into protective custody. With proper facilities in place, however, the peace officers may redirect some or more than the current average of five clients in crisis a day to the CTC. Referrals from the State Police and County Sheriff should add to this potential daily census.

¹ New Mexico House Joint Memorial 17 Task Force Recommendations, November 2011.
² The subsidiarity principle that a central government should perform only those tasks that cannot effectively be performed by its subsidiary localities is often applied to the effective delivery of social services. In that context, the public entity sets and enforces standards, but gains the benefit of independent service organizations with specialized experience that, in turn, manage providers serving on the front lines with clients. In addition, volunteers with community roots provide formal guidance over continuing operations. See, e.g., Reid and Riege Nonprofit Organization Report (Spring 2013), n.1, www.rrlawpc.com.
After an initial period of operation, the County will determine whether capacity and demand indicate that the service should expand to walk-in clients experiencing a severe mental health crisis but not under protective custody.

The County expects the CTC to establish linkages with services beyond the CTC through collaboration with the broad spectrum of behavioral health and community resources in the healthcare and social services continuum, so that the Operator may make appropriate referrals within 23 hours. In addition, the County and its strategic partner will develop a medical record system that assures transfer of needed medical information to the referral site and supports evaluation of CTC performance. Beyond the 23-hours, the CTC should develop a protocol with the judicial system for on-site hearings and further care in the event that a client is in need of a 72-hour hold or an involuntary commitment to in-patient care.

Doña Ana County believes that sharing the operational strength and management resources of a well-capitalized entity sharing the County’s vision would enhance the performance, sustainability, and community mission of The Crisis Triage Center. Although the precise structure and nature of a Relationship, if any, will not be determined until the County has had the opportunity to consider all options, the Relationship may take the form of one or more of the following structures: shared services organization, partnership, limited liability company, joint membership, membership substitution or acquisition, joint operating agreement, lease or capital-investing management arrangement, or another appropriate modification of ownership or governance or transfer of operations.

**Primary Mission**

**Intent**

The County intends the CTC to be an integral part of the established County and community-based system of care that approaches people in a mental health crisis with professionalism, skill, compassion, and flexibility. The County seeks to provide culturally appropriate gender-based mental health crisis services, including, assessment, stabilization, referral, and follow-up services for adults over age 18.

The Doña Ana Board of County Commission adopted resolution 2013-57 clarifying the County’s intent and objectives for CTC operations to include the following:

- The preeminent intent of the CTC is respectful assistance and support for individuals experiencing mental health crisis so that they do not harm themselves or others; and
- Jail and hospital diversion is to be the primary purpose of the CTC; and
- The CTC will conduct appropriate evaluations in a secure environment for persons detained by law enforcement in accordance with constitutional and statutory protections; and
- Operations of the CTC will be designed to meet the professional standards of law enforcement, and the requirements of law.

In addition to embracing the Community Objectives outlined in the final Section of this Memorandum, Doña Ana County expects the selected affiliating partner to invest sufficient resources to promote the programs and facilities outlined in this Memorandum.
Vision

I. Provide a safe and secure environment for individuals with serious mental health issues, introduced into the system through protective custody by law enforcement under NMSA §43-1-10(2)-(4).

II. Establish linkages with healthcare resources to assure appropriate use of the CTC and referrals to the least restrictive setting within 23 hours through collaboration with other providers in the healthcare and social services continuum.

III. Develop the appropriate HIT infrastructure to assure timely transfer of information and to support program evaluation. The goal of this mission element is overall improvement of a system of agencies whose services overlap and who often find themselves in a competitive mode, despite their public sponsorship and funding.

Progress to Date

Doña Ana County has been working in a coordinated manner since 2007 to enhance its public mental health system. The County’s Department of Health and Human Services (HHS) has performed considerable community outreach to embrace input for its planning and gain support for the program. HHS started with the development of a Mental Health Committee (MHC) as a sub-committee of its existing Doña Ana Health and Human Service Alliance (Alliance). The Alliance is an organization comprised of a broad spectrum of the healthcare, criminal justice, advocacy, behavioral health, consumer, and elected or appointed agency representatives.

In 2009, the MHC determined a need to coordinate resources to divert individuals with severe mental illness crises from the criminal justice system and to offer crisis services to such individuals not subject to the criminal justice system. In response, the County commissioned a study on the potential for a local crisis triage system. In accordance with the findings of that report, the MHC has taken a stepwise approach to planning crisis services. Recognizing that crisis services are a component of a larger, comprehensive system, indicating that the CTC and its building would become a “hub” for a wide range of mental health services and originally recommended making the CTC available to walk-up clients as well as those entering via protective custody by law enforcement personnel.

At this point, however, the County has decided that the CTC will only serve clients under law enforcement protective custody per NMSA §43-1-10(2)-(4), subject to a potential phased implementation plan, as described below.

Construction of the CTC building was completed earlier this year, according to a schedule based in part on the availability of funding. The County does not want to put the building in service until it locates a qualified operator. The majority of parties interviewed by Newpoint, including HHS, public officials, law enforcement representatives, service agencies, and family advocates, clearly recognized that the focus of the CTC goes beyond any building and, further, that the County should not let a construction schedule dictate suboptimal timing of an operational kickoff.
Proposed Program Highlights

Objectives
The crisis triage center should meet the following objectives:

- Provide a safe and secure environment for adults with serious mental health issues in a trauma informed setting
- Operate as a 23-hour stabilization and evaluation facility when it is expected that the acute crisis can be resolved in less than 24 hours
- Include services such as immediate stabilization, evaluation and “crisis” triage, followed by a more comprehensive triage to support referral to the continuum of medical and social services.
- Divert adults with mental illness from the detention facility and emergency departments
- Support appropriate and cost effective use of resources (law enforcement and acute care health systems)
- Coordinate with community-based and inpatient settings to assure referrals to the least restrictive settings appropriate for the individual client
- Manage an information system for clinical assessment, tracking, management, and program evaluation of cost effectiveness and results.
- Proactively contain costs of serving community members with mental illness by providing services in the least restrictive environment and coordinating with community-based services

Phased Implementation Plan
Initial entry will be limited to law enforcement field contact determination, in consultation with CTC staff. Once the CTC staff assesses the situation and accepts the individual, the officer can return to his/her line of duty. Law enforcement has participated in crisis intervention training that provides officers with proven strategies for effective and safe management of individuals with mental illness or who are otherwise in crisis. The initial phase will be monitored by DACHHS on a day-to-day basis.

An independent team consisting of County HHS staff and community stakeholders will evaluate performance. The team will consider alternative means of admission other than via law enforcement protective custody only as it documents measurable success and is assured of the sustainability of the program. Only then would admission expand to adults (over age 18) in crisis who voluntarily walk-in or are brought in by family, friends, or a mobile crisis unit.
Facility Profile

The DAC CTC is a 5800 sq. ft. facility located within the perimeter fence of the county detention center, but clearly separated from the detention facility itself. Its 7 rooms can accommodate 10 recliners and 2 beds. The County designed the Center with guidance from mental health professionals, advocates, and families. The intentionality of its design features reflect that input without compromising security for the protection of clients and workers alike. For instance, to reduce environmental stress the architect used spatial separation and design cues to avoid a jail-like appearance. The Center’s muted colors and high natural light reduce irritating glare, and light fixtures reduce the humming noise normally associated with institutional fluorescent lighting.

Nevertheless, the CTC has internal security features throughout. Doors have rounded edges. The shower curtains have Velcro tabs rather than hard rings. Exit doors sound a 20-30 second alarm to allow workers to react, yet not compromise fire safety. The roof has a hatch for quick entry of any needed SWAT team into a locked electrical closet with access into the rest of the Center. The planned furniture is comforting, but large and heavy to protect both the clients held for observation and the workers.

A Female wing has three patient rooms; two rooms accommodate two recliners and one room has a bed. The wing has a single occupant shower with a separate bathroom and one unisex bathroom. The Male wing has four patient rooms; three rooms accommodate two recliners and one room has a bed. The wing has a single occupant shower with a separate bathroom and one unisex bathroom.

Listed below are selected features of the CTC:

- Intake Room
- Office for referral staff including “Promotoras” (lay community members who receive specialized training to provide basic health education in the Hispanic/Latino community) and Peer-to-Peer Counselors/Eligibility Workers
- Safe room located in the female wing, with potential to develop additional safe rooms.
- Training room/break room with full size lockers, refrigerator, sink & cabinets
- Therapy room (Psychiatrist/Counselor/ Nurse)
- Day Room with lockers and seating area
- Consultation room (conference room)
- Large Nursing and Security station
- Meds Room
- Record Storage Room
- Food delivery area
- Attached enclosed patio
- Laundry facilities (washer, dryer)
- Electrical/Data room
- Power Generator
- Parking lot (at right on adjacent diagram)
- Sally port for law enforcement drop-off (at left on diagram)
County’s Expectations for the Operator

Facility and Services Provided by the Operator
The service requirements for a Crisis Treatment Center are defined by regulators and payors (who also refer to such centers as 23-Hour Stabilization Units). The definitions also reflect the licensure status of the facility. Regardless of regulations, the County desires the following services at a minimum:

- A CTC must provide a safe, structured setting with facility-based programs in which patients in urgent/emergency need receive crisis stabilization and professional evaluation services.
- While not a hospital, a CTC requires 24/7 staffing at a level that more closely resembles hospital services.
- The CTC requires continuous observation and supervision for individuals who do not require intensive clinical treatment in an inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting.
- Services at this level of care include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, and mobilization of family support and community resources.
- Professional staffing includes availability of a Medical Director Psychiatrist, and availability at all times of an attending psychiatrist, other physicians as necessary for medical assessment, nurses with psychiatric specialty, social workers, technicians, and other ancillary service providers.
- Care management may be contracted to a community agency, which can be separately reimbursed, since that function is not reimbursed as a core service for Crisis Treatment Centers.
- Reimbursement for services is available from public and commercial payers. The specifics of reimbursement will depend on final licensing status of the facility. Determination of reimbursement potential is the responsibility of the prospective Operator during its due diligence.

Facility and Services Available from County
The Operator may be able to leverage shared services based on the CTC’s location on the detention facility grounds. HHS will explore shared services with its own detention center and selected Operator. The services, such as dietary, building maintenance and external security, would allow the Operator to focus on providing the client care service. The County would expect this advantage to be reflected in the proposals of the candidates to operate the facility.

Collaborative Support from Continuum of Care
TheOperator can access a number of options to offer needed community outreach and education and create linkages to the mission of the CTC. The Operator could share the support of the existing HHS infrastructure for community outreach and education about the mission of the CTC.
Each year, DAC HHS’ staff of 40+ oversees and administers safety-net contracts and funding for more than 70,000 health and wellness encounters with county indigent residents who qualify for the Dona Ana County Assistance Program. The program ranges from clinical visits with primary care physicians, behavioral health providers, specialists, and dentists. Sole Community Provider Funding is also provided to area hospitals to provide services to indigent residents.

For example, The Community Outreach and Education Division, formally institutionalized by the Doña Ana County Board of County Commissioners in 2003, provides the mechanism to reach the residents of rural communities or “colonias” in Doña Ana County.

The HHS Community Outreach and Education Division works as a liaison among community residents, county programs, and other health or human service providers. In order to build relationships and de-centralize services, the department utilizes six Community Resource Centers (CRCs) located in rural communities. The County, and other health and human service providers, deliver direct services using the CRCs. The division is responsible for county-wide outreach activities through networking, planning, and community organizing in neighborhoods and rural communities by forming community coalitions to identify and address unmet needs. The CRCs service delivery focuses on the following topic areas: wellness and health promotion, job skills and employment, and youth and child development. In 2009 there were 1,056 classes offered at the CRCs, totaling 23,978 adult and 8,572 child participant encounters. As of January 2012, the CRCs offered 3,689 classes with 14,863 child participants and 30,119 adult participants. The Community Outreach and Education Division coordinates the delivery of services by developing and maintaining collaborative partnerships with a variety of local providers. By offering prevention and education for parents and teens through contracted services, facilitated by staff, and promotion through community meetings, the division is able to offer resources to the providers that offer the services. This true collaboration benefits rural residents and accomplishes the mission of the department.

Additionally, the Operator could collaborate with a community provider that provides care coordination for Medicaid clients. Medicaid has designated CSAs to provide points of entry for children and adults with intensive behavioral health needs, facilitating a path to recovery. At the current time, the CSA is the site of first contact, has responsibility for clients over time, arranges for behavioral health services for clients, coordinates care across providers, and supports the individual and family in coordinating and managing their care for all assessed needs. With the implementation of Health Care Reform and Medicaid expansion, many of the CTC clients may be Medicaid enrolled or eligible, which the prospective Operator is responsible for determining in due diligence.

The CSA model, now in place throughout New Mexico, could provide direct support or cooperation for the Crisis Triage Centers because of the CSAs’ role in providing care coordination across the system. In Doña Ana County, two CSAs\(^3\) are responsible for eligibility determination, 24-hour crisis response, community support, and coordination for Medicaid clients. As part of the Medicaid system of care, they receive Medicaid reimbursement.

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\(^3\) Southwest Counseling Center and Southern New Mexico Human Development.
The End of the Behavioral Health Carveout
Another systemic change underway in New Mexico is also likely to affect the Crisis Triage Center. For more than 10 years, New Mexico’s program for managed Medicaid has operated a carve-out model for the provision of behavioral health services. A single vendor, currently OptumHealth, New Mexico, is the behavioral health managed care company for Medicaid recipients statewide. Effective January 1, 2014, Centennial Care, will integrate behavioral and physical care through four managed care plans, each of which will accept enrollees statewide and will cover the integrated care without a behavioral carveout as OptumHealth departs the scene.

Service Area

Population Growth and Distribution
Dona Ana County (DAC) is the second most populous county in the state of New Mexico, bordered by Texas and Mexico. DAC encompasses 3,807.51 square miles and there is no public transportation in rural areas, and minimal public transportation in City of Las Cruces area.

Demographic Highlights
The 2010 DAC census count was 209,233 people with a projection of 300,000 people by 2015, making Dona Ana County one of the fastest growing counties in the United States. Forty-nine percent (49%) of the population live in “urban” Las Cruces and fifty-one percent (51%) live in the rural part of the county. Fifty four percent (50%) of the population speaks a language other than English. Below is a sample of the expansive nature of the geographic area and cultural diversity. Doña Ana County’s median household income is $36,136; New Mexico’s median household income is $42,097.

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Population</th>
<th>Adults (18 yo+)</th>
<th>Self Identify Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dona Ana County</td>
<td>209,233</td>
<td>144,954</td>
<td>65.0%</td>
</tr>
<tr>
<td>City of Las Cruces</td>
<td>103,492</td>
<td>70,674</td>
<td>56.8%</td>
</tr>
<tr>
<td>Chaparral</td>
<td>14,631</td>
<td>8,887</td>
<td>96.9%</td>
</tr>
<tr>
<td>Sunland Park</td>
<td>14,106</td>
<td>8,825</td>
<td>95.2%</td>
</tr>
<tr>
<td>Anthony</td>
<td>9,360</td>
<td>5,604</td>
<td>97.4%</td>
</tr>
<tr>
<td>Santa Teresa</td>
<td>4,258</td>
<td>2,833</td>
<td>76.0%</td>
</tr>
<tr>
<td>Vado</td>
<td>3,194</td>
<td>1,961</td>
<td>95.5%</td>
</tr>
<tr>
<td>White Sands</td>
<td>1,651</td>
<td>1,006</td>
<td>18.7%</td>
</tr>
<tr>
<td>Dona Ana</td>
<td>1,211</td>
<td>831</td>
<td>86.6%</td>
</tr>
<tr>
<td>Hatch</td>
<td>1,648</td>
<td>1,012</td>
<td>87.2%</td>
</tr>
</tbody>
</table>

NM Health Disparity Factors
Demographic data demonstrates the need for the CTC, New Mexico’s suicide rate is nearly 65% higher than the national rate, and the New Mexico Youth Suicide rate is more than double the United States rate. Native American youth continue to have the highest rate.

4 UnitedHealthcare Community Plan of New Mexico, Blue Cross Blue Shield New Mexico, Molina Health Care of New Mexico, Inc., and Presbyterian Health Plan, Inc.
Hospitals in Market

- State Run Mental Health Hospital: 1 within 1,345 miles
- Private Hospitals (2 Acute and 1 Mental Health) Hospitals: 3 within 50 mi., 5 within 80 mi.
- Veterans Hospital: 1 within 80 miles
- Public Hospital: 1 within 20 miles
- Community Mental Health Centers (CMHC): 1 within 10 miles and 1 within 40 miles
- Federally Qualified Health Centers (FQHC): 2 within 40 miles

RFP Questions

I. **Staff and Organizational Experience** (limit each item to 300 words or less)
   A. Discuss the capability and experience of your organization with similar projects and populations. Include experience and methodology of developing linkages to the target population and ties to grassroots/community-based organizations rooted in the culture of the target population
   B. Standards for staffing regarding licensing, qualifications, background checks, and drug testing
   C. Discuss the capacity of your organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences
   D. Describe your policy, structures, practices, procedures, and dedicated resources to support the capacity in Item B, above.
   E. ADA requirements
   F. Oversight, audits, and inspections

II. **Crisis Triage Experience** (limit each item to 300 words or less)
   A. Describe your approach to crisis triage; include your organizational philosophy, staff training protocols, program services that address special needs, policy and procedures, use of restraints, etc.
   B. Provide your plans for implementation and ability to start accepting the first client, assume an arbitrary start date.
   C. Describe your “Systems of Care” approach, include how referrals are made and tracked
   D. Consideration of the rights of the individual detained and handed off to the officers in the CTC
   E. Legal medical treatment (both voluntary and involuntary) for de-escalation and stabilization
   F. Security, public access, and visitation
   G. Management of medications, records, prescriptions in regard to federal and state law

III. **Eligibility and Billing Experience** (limit each item to 300 words or less)
   A. Discuss the capability and experience of your organization with Medicaid, Medicare, Veterans Programs, Indigent and Private Insurance eligibility requirements
   B. Include participant encounter definition and costs for proposed service
   C. Describe your billing and reporting capabilities
   D. Records management regarding confidentiality, filing, and disclosure
E. Describe your medical record security and how you insure compliance with HIPPA laws regarding privacy, treatment, information sharing, and confidentiality requirements

IV. Project Implementation Plan (limit each item to 300 words or less)
   A. Specific first year deliverable activities
   B. Describe short and long term strategic plans
   C. Describe specific activities that address realistic and sustainable outcomes

V. Contract Length: Will negotiate up to eight (8) years

Cost Proposal
Interested parties (Candidates) must propose the total cost of the contract and expected revenues from reimbursement programs, private payors, or other sources. Total cost proposed shall include all costs associates with the work to be done, and shall include gross receipt tax, listed separately.

A. REVENUES

B. FIXED EXPENSES
   1. Staffing for 3 shifts with a minimum of 5 staff members per shift)
      In 300 words or less, describe the designated staffing and job (If the Candidate plans to gain economies of scale by combining with existing positions describe in detail how this will be accomplished).
   2. Administrative Fee (not to exceed 10% of the total contract)
   3. Taxes

C. OPERATING EXPENSES (some of which can be sourced directly from County as stated above in this Descriptive Memorandum)
   1. Occupancy – Phone/Internet Services
   2. Office Expenses – Supplies
   3. Office Expenses – Postage and Shipping
   4. Office Expenses – Printing and Copying
   5. Office Expenses – Hardware/Computer and Minor Equipment
   6. Office Expenses – Software/Case Management and Medical Records
   7. Other – Mileage
   8. Utilities
   9. Food Services
   10. Janitorial Services
   11. Laundry Services
   12. Building Maintenance
**Contract Evaluation**

1. DAC will monitor the Contractor’s performance, benchmarks, and progress towards meeting the requirements by reviewing a monthly invoice with supportive documentation (agreed upon by both parties), site visits, and face to face meetings.

2. All documents produced by the contractor for services provided under this contract will become the property of Dona Ana County, which reserves all proprietary rights accorded by law in reference to the work product. All services provided by the Offeror(s) will be covered under the applicable HIPPA language, which will be required and discussed during the negotiation phase of this process.

3. Awarded contractor(s) agree that licensed, trained, and supervised personnel shall provide the contracted services.

**Procedure for Submitting Proposals**

Two electronic copies of your Proposal, one each in Word and .pdf formats, must be received by Newpoint Healthcare Advisors on behalf of Doña Ana County HHS no later than 5:00 p.m. Mountain Daylight Time on November 20, 2013:

jlupica@newpointhealth.com, with a copy to: plathrop@newpointhealth.com.

If you choose to submit hard copy responses in addition, please forward copies for delivery within three business days after the above deadline, as follows:

PERSONAL AND CONFIDENTIAL

Paul C. Lathrop
Newpoint Healthcare Advisors, LLC
Two Renaissance Square, 14th Floor
Phoenix, AZ 85004