

INVITATION TO RFP

Sealed RFPs, subject to the conditions contained herein, will be received by ONEIDA COUNTY DEPARTMENT OF MENTAL HEALTH **until 3:00 P.M., local time on October 22, 2010** for:

Integrated Mental Health Information System RFP- # 2010-022

Specifications MUST be RECEIVED from Oneida County Department of Mental Health, phone Mary Williams at 315-798-5903 or mail request to Oneida County Department of Mental Health, 3rd Floor, 235 Elizabeth Street, Utica, NY 13501, or located on the Oneida County website at <http://www.ocgov.net> (public notice section.)

The return envelope must be sealed and clearly marked with the RFP # and addressed to the Oneida County Department of Mental Health, 235 Elizabeth Street, Utica, NY 13501. Include 5 hard copies and 1 electronic copy of the proposal.

Questions will be taken by email at rrashford@ocgov.net until 3:00 P.M., local time on October 8, 2010. A document with these questions and answers will be posted on the Oneida County website no later than October 15, 2010.

Shortlisted firms may be required to provide a demonstration of their system during the week of November 15, 2010. The tentative schedule is to negotiate a refined scope of work with the selected provider by mid-December with work to start on January 3, 2011. Should OCDMH need to negotiate with an alternate provider, the start will be delayed by one month.

The owner reserves the right to reject any or all proposals received.

The County of Oneida, in order to promote its established Affirmative Action Plan, invites sealed bids from minority groups. This policy regarding sealed bids and contracts applies to all persons without regard to race, creed, color, national origin, age, sex or handicap.

Linda M. Nelson, Commissioner
Oneida County Department of Mental Health

Dated: September 7, 2010

Oneida County Department of Mental Health
Integrated Mental Health Information System RFP
RFP - #2010-022

Oneida County Department of Mental Health is seeking proposals from qualified vendors for provision of an Integrated Mental Health Information system.

Background

The Oneida County Department of Mental Health (OCDMH) provides the planning, monitoring and reviewing of services for individuals with mental illness. The Department focuses on direct participation in committee work and continuous interaction in an array of services that include Case Management, Crisis Services, Vocational-Educational Services, Residential Services, Incident Review/Risk Management and more.

The OCDMH information system supports not just the direct needs of the OCDMH, but also related needs of the clinical services unit at Oneida County Jail, the County Probation Office and the Utica City Court. In addition, the system is used as Oneida County's official Homelessness Management Information System (HMIS) required by the US Department of Housing and Urban Development Department for the Utica/Rome/Oneida County Continuum of Care (NY-518) for which the Oneida County Department of Mental Health is the HUD-recognized Lead Agency. to manage the planning process and act as HMIS Administrator for HUD Continuum of Care (CoC) and Emergency Shelter Grant Programs (ESG).

More information about the mission of OCDMH can be found on the Oneida County website at <http://www.ocgov.net> and more information about the mission of the Utica/Rome/Oneida County HUD CoC can be found on the HUDHRE website at <http://www.hudhre.info/index.cfm>.

Scope of Work

The scope of work addressed by this RFP includes a full and complete system including hardware, software, setup, training, and support, to administer a number of mental health and housing programs. There are three main functional components, roughly aligned with the primary agency missions:

1. **OCDMH** – Needs to track and report clients receiving mental health services by program/provider. The OCDMH administers the following programs directly:
 - Adult Single Point of Access/Accountability (A/SPOAA)
 - Assisted Outpatient Treatment (AOT)
 - Youth Pickups
 - Medication Grant Program
 - Adult Pickups
 - Youth Services

2. **Central New York Services (CNYS)** – Needs case management capability, but not diagnostic. CNYS is the contracted service provider for the following programs:
 - Forensic Evaluation Unit - County/City courts
 - Forensic Mental Health – County jail
 - Youth Diversion Program – County probation office

3. **Oneida County CoC** – Needs to track and report clients receiving housing support services by program/provider. The Oneida County CoC administers the following HMIS programs with the identified agency:
 - Catholic Charities– OASAS/ transitional housing (halfway house) for men
 - Catholic Charities Women’s Halfway House - OASAS/housing
 - CNYS Shelter Plus Care Permanent Supportive Housing Programs (three OASAS S+C programs and one OMH S+C Program)
 - CNYS Oneida County Homeless Assistance Case Management Program
 - CNYS Supportive Living Program – Permanent Supportive Housing Program
 - Emmaus House Emergency Housing – housing program (women)
 - Family Nurturing Center Evelyn’s House – transitional housing program
 - Johnson Park Shelter – emergency housing program for families
 - Johnson Park Apartments 1,2,3 – housing program (family)
 - Johnson Park Apartments 4 – housing program (chronically homeless individuals)
 - Oneida County Workforce Development Jobs & Hope Program
 - Rescue Mission of Utica Emergency Shelter – housing program (men)
 - Upstate Cerebral Palsy Dual Recovery Network Supportive Housing Program
 - Upstate Cerebral Palsy Dual Recovery Network Case Management Program
 - YWCA Mohawk Valley New Horizons – transitional housing program
 - YWCA Mohawk Valley Willows Common – transitional housing program for DV victims and their children

More specific summaries of the A/SPOAA and AOT programs are included in Exhibit A for reference. The Adult Single Point of Access/Accountability (A/SPOAA) and Assisted Outpatient Treatment (AOT) are the two primary OCDMH programs with mandated tracking and reporting requirements. The CNYS program needs are similar to those of traditional case management systems, with the desire of securely including client data into the integrated system for coordination of services and de-identified trend analysis. Similarly there is a demonstrated value of including supportive housing client data into the integrated system for coordination of services and de-identified trend analysis. The supportive housing information needs for HMIS are distinct but well documented elsewhere.

The system shall provide structured management of information about each type of event/incident for each program. The specific data fields and nuances of each program will be reviewed with the successful bidder. While each program has unique data fields, the functional needs are generally as follows:

- Allow client intake for an event/incident involving any of the programs. During intake the system needs to either match client to one already in the system (confidentially) to avoid duplication or create a new master client record for use by all of the programs. Full demographic capability is required for clients to meet the needs of the various programs.
- Allow addition of information to any incident or client record. An incident can be a standard event (from list) with date and/or case notes used for forensic evaluation. Allow update of records that preserve integrity of original record with adjusting entries. Require appropriate data validation. Ability to attach/retrieve related electronic documents is a plus.
- Allow queries and reporting within the user's designated rights. Assume that a total of 30 standard reports will be required to be developed as part of implementation. Required reports are described in more detail in Exhibit A.
- Queries and reports shall be capable of export to PDF (or equal) for electronic distribution and CSV/XLS for inclusion in other documents and further processing.

In addition to program-specific reporting, part of the value of an integrated system is the ability for cross-domain (program/agency) reporting. This consists of an aggregation /lockbox repository or database for de-identified client/population data analysis that aggregates all participating agency data automatically. Access to this data shall be managed as a separate program (user group) and shall consist of a query and report writer that allows analysis of patterns and trends without the ability of distinguishing individual clients.

Technical Requirements

The system will be required to meet these technical requirements as the data repository for OCDMH and its affiliated agencies. "Agencies" mean each individual organization using the integrated information system. "Programs" mean each specific service program or tracking requirement undertaken by an agency. "Clients" mean each person in one or more of the programs in the system.

1. Provides for complete agency autonomy for participating agencies, and complete participation in the Integrated Mental Health Information System:
 - a. Accommodate needs across Mental Health/Substance Abuse, Forensic, and HUD/Housing program domains – integrate diverging/conflicting/contextual data elements from differing domains.
 - b. Separate, secured databases/repositories for each participating agency.
 - c. Shared client identification for authorized/regulatory compliant data sharing – such scheme must permit autonomous, unique, new client identification codes/keys.
 - d. Multiple/unique program identifiers for each agency denotable and usable by other agencies receiving authorized data shares.
 - e. Unique program-incident identifiers for clients.
 - f. Mechanism to share any/all data maintaining regulatory compliance – both automated and manual client data releases.
 - g. A mechanism to block protected information (i.e. domestic violence/CFR-42 addresses).

2. Adheres to all governmental regulatory and legal compliance regarding data entry and sharing:
 - a. Adherence to NYS Public Health/Office of Mental Health, NYS OASAS, HIPPA, CFR 42, and HUD regulations.
 - b. Phonetic and data matching at Intake to help prevent client duplication.
 - c. Remote/encrypted access (including print streams) meeting HIPPA standards.
 - d. Digitally signed information/records with automatic record verification (forms/reports)
 - e. UserID and Password verification that does not store passwords.
 - f. Modular user management with users connected flexibly to the Program(s) that they have authority to access; blocked from all others outside/within their agency.
 - g. Program fencing of data shared by common clients (across programs) outside or within any agency with the ability to automatically or manually share data if permitted and desired.
 - h. Ability to accommodate cross-county (Oneida/Herkimer, Oneida/Madison) agency operations without forwarding any foreign county data to OCDMH.
3. Provides required codes and descriptions for Mental Health, Substance Abuse, Forensic, HUD/Housing including the following:
 - a. ICD-9/DSM IV codes.
 - b. NYS OMH codes.
 - c. HUD/HMIS codes.
 - d. NYS Penal/Arrest codes.
 - e. NYS Juvenile codes.
 - f. National Drug Code pharmacy codes.
 - g. NYS Medication Grant codes.
 - h. Cross domain service planning for long-term goals, short-term objectives, and methods.
 - i. Benefits/Educations/Employment codes.
4. The Homeless Management Information System (HMIS) software must meet HUD Standards for capturing and securely storing required universal and program-specific data elements as specified in the “**Final Revised HMIS Data Standards, March 2010**” which are hereby incorporated by reference and can be found at <http://www.hmis.info/Resources/7523/Final-Revised-HMIS-Data-Standards-March-2010.aspx>

Submission Requirements

In addition to a narrative proposal in response to the scope of work summarized above, bidders responding to this RFP are requested to provide:

- A brief outline of your company or organization and services offered, including:
 - Full legal name of the company
 - Year company was established
 - Current number of employees
- Three references for locations where an implementation similar to the one proposed have been implemented. Please include enterprise name, contact name, telephone number and email address for person familiar with the implementation.
- An outline of all services your company currently supports.
- A description of the geographic reach of your company.
- An outline of your company’s plan for providing “Continuity of Service” in the event of disruption to the physical system (traditional disaster recovery such as data loss, server failure, data center damage) or your company (any impacts to normal business operation such as building damage, staff loss, or financial catastrophe).
- Describe your system’s security measures that protect against unauthorized access or data breach, including proactive and reactive monitoring of security access violations and attempts.
- Provide the estimate duration between contract award and “go-live” date(s) for the system. (A detailed implementation plan will be the first task upon award.)
- Provide a 5-year cost projection for development, implementation and maintenance of the proposed system. Cost should be broken out by year under the following elements (as defined below):

Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Hardware					
Software Licensing					
Installation & Customization					
Data Conversion					
Documentation & Training					
System Maintenance					
User/Technical Support					
Other					
Total					

- **Hardware:** Describe and record the cost of each piece of hardware that would generally be required over a five year period assuming that nothing is currently available. Do NOT include individual user computers but DO provide technical specification of the minimum hardware and operating system required to use the client software.
- **Software Licensing:** Describe and record the cost of each piece of software (including operating systems, program modules, data base, and anything required to be installed on user computers) that would generally be required over a five year period. Describe user licensing options (i.e. concurrent users, named users,

enterprise license). Licensing shall include a “sandbox” environment for testing and training

- **Installation and Customization:** Includes hardware setup, installation and configuration of central software including any customization or on-site programming, installation of 5 client accounts selected by OCDMH, and testing to confirm proper system operation. Upon completion of successful testing, as determined by OCDMH, these services also include installation of additional 20 client accounts and provision of technical procedure for client setup.
 - **Data Conversion:** Includes conversion of existing data. For the purpose of estimate data conversion, assume that all data is already electronic in a spreadsheet or data table and that each program has own set of data tables with sufficient meta-data to allow mapping of fields to new database.
 - **Documentation and Training:** Describe and record the cost of provision of printed or electronic documents, online help, videos or other materials explaining how the system is used. Include four on-site training sessions for system start-up (one day each for mental health, housing, clinical users and one 2-day session for “super-users”) and describe how individual users are to be trained (and rates) during the course of operations.
 - **System Maintenance:** Includes system, maintenance, upgrades, and technical support required to ensure proper system operation, installation of patches and upgrades of operating systems and software to current production versions, and data backup frequency no less often than once/week.
 - **User/Technical Support:** Includes help desk and support for technical questions and problem resolution by users.
 - **Other:** Please specify and describe other elements of cost not addressed in this breakout and provide a cost estimate that would generally be required over a five year period.
- Provide a current rate schedule for the programming services that would typically apply for additional services such as new reports or minor customization during the operating life of the system. Describe your normal business process for how you address clients’ needs for changes to the system.
 - Describe any additional features that your system may have beyond those specified in this RFP.

Exhibit A – Required Reporting

The Adult Single Point of Access/Accountability (A/SPOAA) and Assisted Outpatient Treatment (AOT) are the two primary OCDMH programs with mandated tracking and reporting requirements.

A/SPOAA Requirements

The A/SPOAA program is the primary way that the OCDMH coordinates the array of mandated services for individuals with mental illness. There are about 6,000 active A/SPOAA clients in the system with an estimated 1,000 A/SPOAA events per year.

Hard-copy forms of various types are submitted to OCDMH from various community agencies (police, hospitals, family members). These include referral forms, daily admit/discharge forms, pickup and request for exam forms (941/945), and public intoxication 2209. The A/SPOAA information is entered into the system or updated after a weekly referral meeting when the case is distributed to or reviewed with the provider agency.

OCDMH is required to submit a quarterly report of A/SPOAA using the NYS Office of Mental Health's New Initiatives Quarterly Form website (NIQRS), listing:

- Total # referrals to SPOA for housing.
- # determined eligible for housing.
- # admitted to housing programs through SPOA.
- Total # referrals to SPOA for case management (CM).
- # determined eligible for CM
- # enrolled in CM services as result of SPOA, by type of service

Other desirable reporting in addition to that required by NIQRS includes:

- a. Client List Report with selectable date ranges.
- b. Assessment Tracking Report
- c. Stats on pick-up orders by month
- d. List of referrals selectable by agency program, date range, and/or client.
- e. Statistical reports should be exportable to Excel, CSV, or other electronic format that allows further analysis or inclusion in reports.
- f. Client incident history with all events listed by date, what services are being/have been received by provider, status, and current home location.
- g. Identification of clients on waitlist if available programs are full.
- h. Reports for data validation and case/client follow-up:
- i. List of referrals without an open, close, returned, or withdrawn date
- j. Open referrals with no status update during the past 12 month period.

AOT Requirements

New York State has legislation that provides for court-ordered assisted outpatient treatment (AOT) for certain people with mental illness who, in view of their treatment history, are unlikely to integrate into the community without supervision. This legislation is commonly referred to as "Kendra's Law." The estimated annual number of AOT cases is 30.

Clients are referred to OCDMH from various agencies (police, hospitals, family members). Then a formal investigation is done, a medical interview conducted, and court hearing held on the investigator's and doctor's recommendations. If ordered by the court, the client is then entered into the AOT program. An AOT referral is entered into the system in a similar manner to an A/SPOAA referral. Open cases are typically reviewed every week at the agency coordination meeting.

OCDMH is required to provide a Monthly Statistical Summary Report for AOT listing:

- Total # unduplicated investigations for AOT
- # new investigations this month
- # ongoing (open) investigations
- # active AOT orders
- # unduplicated AOT orders the county is responsible to monitor
- # total AOT orders the county is responsible to monitor
- # referrals resulting in enhanced services to date
- # new service enhancements this month
- # currently active service enhancements
- # significant event reports submitted to OMH field office this month
- # pick-up orders issued this month
- # pick-up orders resulting in hospitalization

HMIS Requirements

HMIS software must also meet HUD requirements for reporting, including the Annual Progress Report (APR) for HUD-funded CoC programs, the Homelessness Prevention/Rapid Rehousing Quarterly Progress Report (QPR) and Annual Progress Report (HPRP-APR), and produce the aggregate data necessary to complete table shells for the Annual Homeless Assessment Report (AHAR) required by HUD for their annual report to Congress. AHAR report specifications are delineated at <http://ahar.hmis.info/>

- End -