



**Request for Proposals
Behavioral Health Electronic Health Record
Platform**

Issued: December 10, 2021

Proposals Due: January 31, 2022

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1. Statement of Work

1.1 Background

Tri-County Behavioral Healthcare (TCBHC) is seeking to develop a long-term relationship with a technology vendor that provides the critical services in the area of clinical documentation, patient scheduling, and care coordination. The goal, ultimately, is to replace our current EHR (Cerner Anasazi) with a product or series of products that facilitate effective care delivery and coordination, particularly as we look to share data electronically—both directly and via a Health Information Exchange. We are seeking a relationship with a vendor that will support our needs today, and that will be capable of supporting the growth and development of our Center and the behavioral health sector as we continue to see changes to the broader healthcare and health IT environment in Texas and the United States.

1.2 Project Description / Scope

TCBHC is focused on a combination of currently identified needs and the capability to adapt along with our needs in line with changes in the healthcare delivery system. As a result, TCBHC wants to ensure that the foundations of the EHR are robust, can dynamically support changing needs, and that the partner company will similarly be able to support our growth through strong customer service and support. As a result, we are seeking a vendor that can provide the following outcomes:

- Deploy an EHR solution that can accommodate existing identified needs through native capabilities, customization, and configuration.
- Provision—but not purchase—the hardware and software necessary to achieve all of the TCBHC requirements. TCBHC is particularly interested in cost information for software to assess whether to purchase directly or through the vendor.
- Provide a qualified team to build, manage, and support the development and articulation of the EHR solution.

TCBHC is expecting a comprehensive proposal from applicants that meets all requirements detailed in Section Addendum I of this RFP. TCBHC understands that a comprehensive solution that meets all the technical and business needs stipulated in the RFP may require collaboration between a few vendors and will accept proposals that demonstrate a successful partnership between vendors. It must be noted, however, that irrespective of the sub-contracting or partnership arrangement, TCBHC requires one lead vendor to present the proposal and to bear all responsibility for the outcomes described in this initiative.

1.3 Project Objectives and Critical Success Factors

1.3.1 Partnership and Communication:

As noted earlier, TCBHC seeks a vendor with strong capabilities and experience in partnering with large, complex, public-sector and healthcare organizations. The partnership formed as a result of this process will be founded upon open communications and the Client expects full answers to Proposal questions and encourages vendor candidates to propose alternatives that are in the best mutual interest of both parties.

1.3.2 Procurement and Migration Requirements/Timelines:

The Client needs to maintain current levels of technical functionality on day one of the transition, with no disruption to key systems and/or functions. Therefore, the Client desires solutions that will allow all systems to be functional no later than September 1, 2023 in the new environment. The Proposer(s) is encouraged to identify solutions that will allow phased migration of systems and solutions earlier than September 1, 2023. There are two key periods for this contract: the migration project period (from contract award through September 1, 2023) and the Post-migration period (after September 1, 2023).

1.3.3 Length of Contract Commitment:

TCBHC, as the funding entity, intends to enter into a 3-year contract for services with an option to extend the term for four additional one-year renewal terms. As part of the proposal, vendors should address the relative advantages and disadvantages of this contracting arrangement, and its effect on pricing.

1.3.4 Performance Measures and Accountability:

The Client intends to manage and monitor this project and subsequent services through the use of measurable Project Goals and Service Level Agreements (SLAs) as outlined in the Business Requirements: Service Level Agreements.

1.4 Questions

All questions must also be submitted via email to EHRFPQuestions@tcbhc.org and must be received by **11:59pm CT, December 31, 2021**. Responses to questions received by this deadline are expected to be posted on the TCBHC website no later than January 14th, 2022.

1.5 Timeline

Milestone	Date
RFP Issued	12/10/2021
Email of intent to bid due	12/24/2021
Vendor Questions Due	12/31/2021
Responses to Questions Published	1/14/2022
Proposal Due to TCBHC	1/31/2022
Vendor Demos	2/14/2022-2/28/2022
Initiate Negotiations	3/01/2022
Best and Final Offers Due	3/15/2022
Board Deliberation	3/24/2022

2. Proposal Instructions

2.1 Proposal Submittal

All Communication regarding this RFP must be in email and addressed to: EHRRFP@tcbhc.org. The subject line of all communications must include: EHR Proposal and your company name.

2.2 Submission Method

- Proposal submission method (email) to: EHRRFP@tcbhc.org;
- Include “EHR Proposal” and your company name in the subject line; and
- Content, exhibits and attachments must be formatted in: PDF, MS Excel, or MS Word.

2.3 General and Administrative Information

Any contract award resulting from this RFP will be based upon the most responsive proposal that is the most advantageous to the Client over the life of the project in terms of the evaluation criteria specified in this document as determined by TCBHC in its sole discretion. TCBHC reserves the right to:

- Reject any or all proposals and discontinue the RFP process without obligation or liability to any entity;
- Waive any defect, irregularity, or informality in any proposal;
- Accept a proposal other than the lowest-priced proposal;
- Award a contract on the basis of initial proposals received without discussions or requests for best and final offers;
- Request additional information or clarification from Proposers, which information may vary by Proposer(s);
- Request best and final offers from any or all Proposers;
- Accept proposals from one or more Proposers;
- Procure the services in whole or in part by other means.
- Award more than one contract; and
- Not award any contract.

2.4 Proposal Instructions

Proposals must be valid and proposed fees must be firm and guaranteed for 180 days from the Proposal Due Date. Proposals and any other information submitted by entities in response to this RFP will not be returned. Compensation will not be provided to Proposers for any expenses that they incur as part of the proposal process, including but not limited to expenses incurred in preparing proposals, making demonstrations, responding to inquiries, and attending meetings and negotiations. Proposers submit proposals at their own risk and expense.

Proposers must respond to **ALL** items contained in section 2.5. Every page in the proposal, including all appendices, exhibits and attachments, must be numbered consecutively. Each section must be clearly labeled with the title, letter and number of the section. Proposals should be single-spaced, contain one-inch margins, and be typed in 12-point font. Proposals should be signed by an individual legally authorized to commit to the term of this RFP and your responses therein. Proposals will not be opened until after the submission deadline. All statements made in the proposal will be considered final, and, if the proposal is accepted, will be used as the basis of the purchase agreement. The final contract term for this system will be negotiated at the time of the contract award.

2.4.1 Solicitation Information and Clarifications

All entities are expected to carefully examine the RFP documents. Any ambiguities or inconsistencies should be brought to the attention of the Sr. Director of Management Information Systems by email to EHRRFPQuestions@tcbhc.org with “Ambiguity or Inconsistency” in the subject line. It is TCBHC’s intent that all information necessary to complete a response is included in this RFP. It is the responsibility of an interested entity to obtain clarification of any information contained herein that is not fully understood. Any entity, by and through the submission of a Proposal, agrees to be held responsible for: Examining the RFP (including attachments and amendments) and all referenced material; (2) becoming familiar with the nature and scope of the services required by the Client; and (3) identifying any local conditions, administrative rules, or other factors that may impact the Client’s timeline for completion of the services. TCBHC is responsible for interpretation of the wording of this RFP. TCBHC staff will not give verbal answers to inquiries regarding the RFP contents. Any verbal statement regarding the RFP prior to the award shall be considered non-binding. The only formal interpretation of the RFP will be made via responses to formal questions submitted by 12/31/2021. Responses will be posted by 1/14/2022.

2.4.2 Historically Underutilized Business (HUB) Program and Good Faith Effort

It is TCBHC policy that HUBs have the maximum opportunity to participate in the performance of TCBHC’s contracts and subcontracts. Proposers shall make a “good faith effort” to take all necessary and reasonable steps to ensure that HUBs have the maximum opportunity to participate as subcontractors. Failure by a contractor or subcontractor to carry out this good faith effort shall constitute a breach of contract and, after notification of such breach by TCBHC, may result in termination of the contract.

To be eligible under this program, HUB contractors and subcontractors must be certified as a HUB, M/WBE, or DBE source by a recognized governmental program, such as:

- Texas Unified Certification Program; or
- State of Texas Building and Procurement Commission.

Any entity identified as a HUB (as either a prime or subcontractor) shall submit a copy of its certification with its proposal. TCBHC reserves the right to verify any entity's HUB status prior to contract award.

2.4.3 Conflict-of-Interest Questionnaire

Pursuant to Chapter 176 of the Texas Local Government Code, entities submitting proposals shall complete the Conflict-of-Interest Questionnaire ("Questionnaire") attached to this RFP and submit it together with the proposal.

2.5 Proposal Contents

The proposal contents *must* be organized in the following order:

2.5.1 Proposer Questionnaire – The Proposer(s) Questionnaire Form must be completed and will be the first section of the proposal. If the Proposer(s) is including any subcontractors as part of its proposal, Proposer(s) must include a separate Subcontractor Questionnaire Form for each proposed subcontractor. The Subcontractor Questionnaire Form will follow the Proposer(s) Questionnaire Form.

2.5.2 Executive Summary (2 pages max) - a brief narrative that demonstrates the vendor's understanding of the services requested by this RFP and the scale and complexity of this initiative. The Executive Summary should demonstrate the strengths of the vendor's proposed approach, the key features that distinguish its proposed solution to meet the requirements and the major benefits it offers. If the vendor is collaborating with other vendors, identify instances where the prime vendor has worked with the proposed subcontractors.

2.5.3 Approach for EHR Implementation (2-3 pages) – a brief description of the approach the vendor proposes to use to implement its solution.

- Describe the requirements gathering process for key components of the EHR that require customization or configuration. This could include, but is not limited to:
 - Screening and/or assessment tools that must be configured within specific workflows;
 - Tools that are mandated by the State of Texas; and
 - Report, especially where requirements of State contracts;
- Given that TCBHC will be moving from an existing EHR, please describe your recommended approach for data migration for demographics, diagnosis, services, etc. including which aspects of your EHR can/cannot accept a bulk load of information.
- Please describe how you intend to handle cut-over given that TCBHC can experience no disruption in services, and the range of programs and sites served by TCBHC.

2.5.4 EHR Detailed Narrative (10 pages)

Provide a detailed narrative of your experience and approach for each of the items listed in the EHR Detailed Narrative section below. Each item in the table has a cross reference to specific Technical or Business Requirements provided in addendums II and III. Vendor responses to

the items in the table should address the identified requirements. Vendors are also encouraged to find areas of overlap between their responses and other Technical or Business requirements.

See Addendum II for details on requirements for each functional unit of TCBHC.

EHR Detailed Narrative:

	Detailed Narrative
1.	Please describe your solution data architecture, including where and how data is stored and how it is protected at rest, in transit and how access to restricted for local and remote users. (Requirements: BUS-002, SEC-001 to SEC-004, FUNC-004, FUNC-012, TECH-001,)
2.	Please describe your system’s data architecture including how to create, access, write to and extract data from various structures, including rules-based alerts. This should include the solution’s capacity to enable the use of custom user interfaces that can write data to core components of the patient record. (Requirements: ADMIN-001, ADMIN-002, FUNC-001, FUNC-002, FUNC-008, FUNC-016, FUNC-019, FUNC-023, FUNC-024, FUNC-025, TECH-002, TECH-003, TECH-005, BH-001 to BH-003, IDD-001, CS-002, CS-003,
3.	Please describe your solutions approach to consent management and the use of roles-based access controls. (Requirements: BUS-005, FUNC-013, FUNC-017, FUNC-026, TECH-005, MR-004, MR-005)
4.	Please describe your solution’s capabilities as concerns medication inventory management. (Requirements: BUS-004)
5.	Please describe how your tool will support usability requirements, particularly as regards usability across platforms, use of rules-based clinical and administrative support, and roles-based access. (Requirements: FUNC-003, FUNC-005, FUNC-009, FUNC-010, FUNC-011, FUNC-018, FUNC-021, TECH-004, COSR-001, COSR-002, BILL-001 to BILL-007
6.	Please describe in detail the components of your solution that support patient engagement and usability, including the capture of patient reported data, sharing of patient appointment scheduling, and billing/invoicing. (Requirements: FUNC-014, FUNC-015, FUNC-020, COSR-003, MR-008,
7.	Please describe how you intend to support implementation of your solution, and on-going maintenance and cultivation of your relationship with TCBHC. (Requirements: AM-001 to AM-003, DOC-001, ES-001 to ES-004, MIGR-001 to MIGR-003, PM-001, PM-002)
8.	Please describe your standard approach to risk particularly as regards continuity of services and service line agreements that meet with industry standards. (RISK-001 to RISK-003)
9.	Please describe your approach to training and on-going updates. Please be sure to address new user training, product update training, local super users, and on-going support beyond a super-user. Also please include ratios of super-users to regular users, and recommendations for skills redundancy. (ES-005)
10.	Please provide your process for ensuring that software enhancements have been fully tested prior to implementation.

2.5.4 Hardware/Software Requirements (4-pages)

Please describe minimum *and* optimal hardware and software requirements to support your EHR system. Should include computers, laptops, tablet computers, and hand-held devices, and software requirements to support this system. Cloud-based systems should also include

bandwidth requirements including for mobile technology. The proposal should describe the software version(s) and hardware specifications such as memory and cache requirements. Furthermore, the description should clearly identify any component described in this RFP—particularly where it affects the business and technical requirements—that will require TCBHC expenditures above and beyond those included in this bid. Note: TCBHC’s current system/hardware platform is Windows Client/Server based utilizing both physical and virtual servers in a multi-location networked environment.

For EHR systems that can support self-hosted systems, please articulate all hardware/software requirements to support this option.

Hardware/Software Requirement (Please specify product, manufacturer, technical requirements, and/or version as appropriate)	Units Required	Please specify unit (eg. users, servers, etc.)	Purpose: Build/Maintain/Both	If the item will not be required long-term, over what term will it be needed?	COMMENTS
<i>example: PC w/Windows 7, 8GB Memory, and 5GB hard drive</i>	<i>8 (1/FTE)</i>	<i>licenses (1/box)</i>	<i>both</i>		<i>eg: Given your desire for scalability, you should explore an enterprise license which will allow you to use this for up to XX boxes.</i>

2.5.6 Team (3-4 Pages)

Detailed overview of the functional roles required as part of the solution implementation for each vendor and any proposed subcontractors. Where possible, this section should identify all key team members by name and role, or provide a CV for an individual representative of someone who may fill that role.

The response to this section should describe staff involved in building this system, creating interfaces, importing data, running data checks, and documenting procedures in support of the goal of a well-functioning, high quality EHR solution.

Note: TCBHC is seeking a vendor that is able to complete the full implementation by the end of our Fiscal Year 2023 (August 31, 2023) vendors should take this into account when considering the team size and makeup.

1. Organization Chart: In addition to identifying all team members (including any subcontractors) by name (for key members) and roles the chart should identify all roles, teams and governance groups that the vendor expects TCBHC to provide for the implementation.
2. Name, role and brief experience of key members of the team (include key subcontractor positions).

TCBHC expects that anyone assigned as lead for implementation for each vendor will have experience converting electronic health records at Community Centers in Texas.

2.5.7 Other Services (2 pages)

Identify and provide details for other supporting services that will be provided as part of the on-going servicing of the overall implementation and maintenance. These include:

- Help Desk Services;
- Documentation and Knowledge Transfer Services; and
- Service Level Agreements (include standard SLA documents as an appendix): Software Support (including upgrades and maintenance).

2.5.8 Project Implementation Timeline (2-3 pages)

Provide a timeline for the overall implementation. Identify the key tasks, milestones and deliverables within the timeline. Any assumptions used in developing the timeline should be identified in this section. If there are specific tasks that TCBHC will be responsible for, they should be identified clearly within the timeline. *(Assume a May 1, 2022 implementation start date).*

Note: The Project Implementation Timeline should consider a strong desire at TCBHC to complete deployment of the EHR solution by the end of FY 2023. In addition to that, TCBHC has on-going reporting requirements for state and other contracts with deadlines that cannot be missed without substantial penalties.

2.5.9 Business Model and Pricing (2-3 pages)

- Costs for all required components (including services and any other costs) must be included using the pricing table below. All areas are required to be addressed. If an area is non-applicable a reason must be provided as to why there is no price. If a cost for an area is included within other costs please mark the item as “included” and specify in the Comments column where the cost is covered.
- In the Hardware/software table, vendors should articulate specific hardware/software requirements along with pricing and unit requirements. TCBHC expects to negotiate and purchase items independent of vendor, but reserves the right to purchase through the Vendor if price and/or support is advantageous.
- Vendors must indicate if their proposed solution requires collaboration with any other entities not included as subcontractors and must clearly state if these are ongoing or new relationships.
- Vendors must clearly identify components of the EHR solution that are proprietary in nature.
- Vendors may add additional rows within the table as required. This includes adding sub-components to an existing line to provide a more detailed breakdown of a cost or adding new rows to identify a cost component not identified in the table. Please be sure to indicate the creation of a new sub-component or row within the Comments column and to provide an explanation for why it was included.
- Consulting rates over the life of this contract for new customized requirements cannot increase in years 1 and 2 after the software ‘go-live’ date, and by not more than CPI+2% per year thereafter.

Solution Item:	Year 1	Year 2	Year 3	Year 4	Year 5
EHR Configuration/Customization/Deployment					
Design					
Development					
Testing					
Deployment					
Other: Please Specify					
Regular Maintenance					
Report Development/Deployment					
Planning					
Requirements (eg. discussions with stakeholders, articulation of needs, data requirements, etc.)					
Design					
Development					
Testing					

Implementation					
Other: Please Specify					
Other: Please Specify					

Attachment A: Proposer Questionnaire

Proposer General Information:

Complete (Legal) Name of Proposer: _____

Proposer Tax Identification Number: _____

Business Address: _____

Telephone Number: _____

Type of Organization: Individual Partnership Corporation Association

Other (please describe) _____

If incorporated, state of incorporation: _____

Date organization was formed (Month/Year): _____

Principal type of business: _____

Total number of years in business: _____

Proposer's history (include description of formation, mergers, acquisition, other names, etc.):

Number of years providing services similar to those requested in this RFP: _____

Please certify the following by placing an "X" in the appropriate column:

Certification	Yes	No
Is Proposer is currently in the process of filing for bankruptcy?		
Has Proposer filed for bankruptcy within the past five (5) years?		
Is Proposer currently being acquired or is there a planned merger with another organization in the next two (2) years?		
Do you certify that the Proposer does not owe taxes to the District?		
Do you certify that the Proposer is not currently under suspension or debarment by any governmental entity (local/state/federal government)?		
Do you acknowledge that if the Proposer is currently under suspension or debarment, its proposal may not be considered?		

Individual authorized to bind Proposer to contract:

Name/Title: _____

Telephone: _____

E-Mail: _____

Point of contact information for this RFP (if different from authorized individual):

Name/Title: _____

Telephone: _____

E-Mail: _____

Proposer Organization:

Executive Team

Name and Title of Executive	Role

List current number of full-time employees (FTE's) (minimum of 32 hours/week) in each category:

Employee Category	Total Number of Employees (Texas-based)	Total Number of Employees (Entity-wide)
Total FTE's		
Customer user support FTE's		
Customer technical support FTE's		
Research and development FTE's		
Project management FTE's		
Project implementation/rollout FTE's		
Other (please describe)		
Other (please describe)		
Other (please describe)		

Proposer Revenues:

What are the Proposer's total revenues received from Electronic Health Record sales and services during each of the last three (3) years (rounded to the nearest 1,000):

2019 Revenues: _____

2020 Revenues: _____

Projected 2021 Revenues: _____

How many EHR customer implementations does the Proposer currently support? _____

What is the annual contract value of the Proposer's three (3) largest Electronic Health Record Contracts?

Contract #1: _____

Contract #2: _____

Contract #3: _____

Proposer Pending Litigations:

Are there any current claims, or have any claims been made against the Proposer in the past 2 years? Yes No

If yes, please identify the claims and describe the dispensation of the claim or claims (include client name, description of litigations, imposed damage amounts, imposed dates, collected amount, and description of cause for litigation).

Attachment B: Conflict of Interest

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Attachment C: Historically Underutilized Business (HUB) Form

TCBHC policy is to include Historically Underutilized Businesses (HUBs) in its procurement process and to provide equal opportunities for HUB participation in the provision of supplies, services, equipment, and construction projects required by the District. As such, TCBHC seeks to ensure that a “good faith effort” is made to assist certified HUB vendors and contractors in its award of contracts and subcontracts.

To be considered as a “Certified HUB Contractor/Vendor”, the contractor/vendor must have been certified by, and hold a current and valid certification, from any of the following certifying agencies recognized by TCBHC; the Texas Building and Procurement Commission (State of Texas); and the Texas Unified Certification Program (TUCP), which includes six certifying agencies.

Proposer HUB Declaration
<p>Is your company certified as a HUB or an MBE/WBE/DBE source? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes,</p> <ol style="list-style-type: none"> 1. Attach your certification to this form and return it in the proposal; 2. Identify the certification agency by checking all that apply; <input type="checkbox"/> Texas Building and Procurement Commission; <input type="checkbox"/> Texas Unified Certification Program; and 3. Identify HUB Status (Gender & Ethnicity): _____

Subcontractor HUB Declaration

*****Please complete this section if your proposal includes the use of HUB Subcontractors.*****

Estimated percentage of the bid (proposal) that is to be subcontracted with Certified HUB Sources: _____

For each proposed HUB subcontractor, complete the information below and **attach the subcontractor’s HUB certification to this form and return it in the proposal.**

HUB Subcontractor Name	Contact Person/Title (First/Last Name)/Title	Telephone Number (including area code)	Email address (if available)



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Addendum I

Evaluation Criteria and Process

Issued: December 10, 2021

Proposals Due: January 31, 2022

A. Evaluation Process

Tri-County Behavioral Healthcare (TCBHC) will evaluate proposals using a structured process that graduates and scores proposals from stage to stage.

I. Minimum Qualifications Screening for Responsiveness

Proposals will be reviewed by the evaluation committee against minimum qualifications established in the RFP to determine their responsiveness. The evaluation committee will request additional clarifications as needed to assist in the evaluation. Proposals that are deemed non-responsive will be eliminated from further review.

II. Written Proposal Evaluation

Written proposals that have been deemed to be responsive will be evaluated and scored by the evaluation committee using the evaluation criteria described below. Based on that scoring the committee will establish a 'short list' of proposers that will be invited to make oral presentations to the committee.

III. Proposer Presentations

Proposers invited to make presentations to the committee will present greater detail regarding their proposals and proposed solutions. Proposers will also answer any questions for clarification from the committee. The presentation results will be combined with the written Proposal evaluation results to finalize a list of proposers that will be invited to negotiate and submit a Best and Final Offer (BAFO) for contract award.

IV. Letter of Intent / Due Diligence

The Proposers selected to negotiate and submit a BAFO will be notified by TCBHC and required to submit a letter of intent indicating their agreement within 5 business days of receipt of the letter of intent from TCBHC.

V. Negotiations/Best and Final Offer

After the 5 day response period, negotiations for the Best and Final Offer phase will begin. This phase will be used to finalize all requirements and proposers will be required to submit a Best and Final Offer that documents all of the results from the negotiations. The Best and Final Offer will be the basis for the final determination of contract award of some type to the Proposer(s).

Proposals will be evaluated for:

- **Completeness:** Whether materials include all necessary sections and whether page-limits, submission dates/times and other criteria are strictly adhered to.
- **Clinical Capabilities:** The degree to which the solution will address the clinical requirements as defined in the requirements section.

- **Business Capabilities:** The degree to which the solution will address the business requirements as defined in the requirements section.
- **Functional Capabilities:** The degree to which the solution will address the functional requirements as defined in the requirements section. This must include the current ability to batch all required data elements to State of Texas data collection systems (CARE, MBOW, CMBHS, TMHP). Ability to successful batch will be verified with at least one current Texas LMHA utilizing the proposed solution. Solution has the opportunity to provide possible verification contact.
- **Implementation Plan:** Whether, in the eyes of TCBHC, the vendor can support the implementation in the right timeframe and using staff as described in the document.
- **Company Stability/Longevity:** Based on submission materials whether and to what degree reviewers believe the Vendor will exist and can continue to support product implementation with TCBHC for at least 5 years.
- **Team:** Does the implementation team demonstrate adequate expertise, seniority, and robustness to support effective implementation?

Evaluation Criteria	Points
Exec Summary	5
EHR Detailed Narrative	60
Clinical Criteria	20
Business Criteria	20
Functional Criteria	20
Implementation Approach	20
Proposer Questionnaire	10
Team	5

As a reminder, section 2.3 of the RFP states that any contract award resulting from this RFP will be based upon the most responsive proposal that is the most advantageous to the Client over the life of the project in terms of the evaluation criteria specified in this document as determined by TCBHC in its sole discretion. TCBHC reserves the right to:

- Reject any or all proposals and discontinue the RFP process without obligation or liability to any entity;
- Waive any defect, irregularity, or informality in any proposal;
- Accept a proposal other than the lowest-priced proposal;
- Award a contract on the basis of initial proposals received without discussions or requests for best and final offers;
- Request additional information or clarification from Proposers, which the information may vary by Proposer(s);
- Request Best and Final Offers from any or all Proposers;
- Accept proposals from one or more Proposers;
- Procure the services in whole or in part by other means;

- Award more than one contract; and;
- Not award any contract.

Proposal Instructions

Proposals must be valid and proposed fees must be firm and guaranteed for 180 days from the Proposal Due Date. Proposals and any other information submitted by entities in response to this RFP will not be returned. Compensation will not be provided to Proposers for any expenses that they incur as part of the proposal process, including but not limited to expenses incurred in preparing proposals, making demonstrations, responding to inquiries, and attending meetings and negotiations. Proposers submit proposals at their own risk and expense.

At any time, TCBHC reserves the right to modify this process without prior notification to the vendors.



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Addendum II

EHR Requirements

Issued: December 10, 2021

Proposals Due: January 31, 2022

Tri-County EHR Replacement Requirements

Req ID	General Business
BUS-001	The proposer's solution MUST be certified to support electronic prescribing of controlled substances including the use of two-factor user authentication.
BUS-002	The proposer's solution SHOULD support use of remote tele-health service delivery for on-site clients, including appropriate billing modifications.
BUS-003	The proposer's solution MUST support routing of emergency/crisis intervention services to teams who conduct remote assessments.
BUS-004	The proposer's solution MUST support maintenance of medication inventory maintained by the facility.
BUS-005	The proposer's solution MUST facilitate in a flexible manner its roles, services and billing items associated with specific services lines. The proposed solution must facilitate the creation of new services lines, including templates, billing, units/subunits and internal codes.
Administrative Requirements	
ADMIN-001	The proposer's solution MUST support a method to extract patient insurance and billing data for loading into the TCBHC financial proposer's solution.
ADMIN-002	The proposer's solution SHOULD support a robust interface with the TCBHC HR proposer's solution for purposes of credentialing, and custom credential types, for clinicians, and, where appropriate, other care providers with appropriate levels of access within the EHR solution with specifications on data exchange to be determined based on capabilities.
ADMIN-003	The proposer's solution SHOULD support real time insurance verification for financial services staff.
Security Requirements	
SEC-001	For a hosted solution, the proposer MUST provide solutions for network security, including perimeter defense (firewall, intrusion detection and vulnerability scanning services), auditing, etc.
SEC-002	For a hosted solution, the proposer MUST provide "endpoint" security solutions for desktop, laptop and workstation security that allow enforcement of security policies. Examples of expected endpoint security solutions include: firewall, network access control (NAC), program control, antivirus, anti-spyware, data security, password audit capability, encryption, and remote access.
SEC-003	The proposer MUST describe and provide evidence of industry accepted application privacy and security features, including those related to multi-factor authentication, authorization, non-repudiation, encryption in transit, encryption at rest and secure coding practices that prevent common application level attacks such as SQL-Injection and/or buffer override.
SEC-004	For hosted solutions, the proposer's solution MUST NOT store live or redundant data outside the United States to allow TCBHC to comply with the State of Texas Data Use Agreement.
Functional Requirements	
FUNC-001	The proposer's solution MUST provide a method and tool (or allow the use of a third-party tool or tools) for the development of custom templates that facilitate the design and development of the front-end user interface, the backend database or persistence repository within the general UI framework of the proposer's solution.
FUNC-002	The proposer's solution MUST provide a stable, secure and well-tested method or application programming interface (API) or web service for inclusion of third-party web pages, content or bounded functionality, within the context of a patient, user or practice.
FUNC-003	The proposer's solution MUST support the creation and management of stored phrases/templates that can be managed at the enterprise, practice or user level.
FUNC-004	The proposer's solution MUST be deployable via the Internet and/or 'Web', including, but not limited to: Natively web-based, deliverable via Citrix, Microsoft RDS and Terminal Services, or a common industry virtual server and desktop internet delivery solution.
FUNC-005	The proposer's solution MUST support fully UI context integrated IMO.

FUNC-006	The proposer's solution MUST support ICD-10 and SNOMED.
FUNC-007	The proposer's solution MUST be Meaningful Use certified at the current industry standard stage.
FUNC-008	The proposer's solution MUST include a method to replicate data for the intent of reporting/data mining that has a minimal lag time. Proposer's solution SHOULD define their lag time.
FUNC-009	The proposer's solution SHOULD facilitate the ability of the proposer's solution to recognize when a note does not have specific terms or phrases. Create an alert when note does not meet requirements.
FUNC-010	The proposer's solution MUST be able to easily import text from 3 rd party software (cut/paste features).
FUNC-011	The proposer's solution MUST make templates available offline with ability to store the information and forward to the server when connected.
FUNC-012	The proposer's solution MUST support multiple (record, store, date) types of consents, including Authorization to Disclose (Release of Information), Medication Consent, Consent to Treatment, CFR42 Part 2 Disclosure.
FUNC-013	The proposer's solution MUST effectively support care team coordination, including the ability to share patient data, create and assign tasks, facilitate communication between care team members, and enable rule-based clinical decision support.
FUNC-014	<p>The proposer's solution SHOULD facilitate the contribution of a patient/family to their medical record (e.g. via a patient portal or health vault), including:</p> <ul style="list-style-type: none"> • Contribution of documentation in the medical record; • Homework; • Self-assessments; • Commentary to treatment team; • pay bills; • schedule or request an appointment; and • remote monitoring with devices and recording of results. <p>Each of the items above SHOULD be able to be turned on or off. The proposer's solution SHOULD communicate contributions to care team with ability for provider to upload/decline upload to medical record.</p>
FUNC-015	The proposer's solution SHOULD facilitate the ability to receive and incorporate information from external sources.
FUNC-016	The proposer's solution MUST support the assignment of medical power of attorney and guardianship, and present this information on templates used by CSRs and providers.
FUNC-017	The proposer's solution MUST support integration with popular email and calendaring applications, such as Microsoft Outlook.
FUNC-018	The proposer's solution SHOULD integrate with popular intranet solutions such as SharePoint.
FUNC-019	The proposer's solution MUST include a patient portal and the patient portal must support view/download/transmit of patient summary and SHOULD support VDT of financial account summary.
FUNC-020	The proposer's solution MUST facilitate rules-based alerting set locally by the organization.
FUNC-021	The proposer's solution MUST support a robust scanning solution with quality readability, using well-known hardware that includes intelligent routing of scanned documents of various sizes, as well as bulk-scanning.
FUNC-022	The proposer's solution SHOULD facilitate the uploading, storage and display of documents and images, including patient photographs, injury photographs, etc.
FUNC-023	The proposer's solution SHOULD provide intuitive and robust document management features to organize attached documents and artifacts.
FUNC-024	The proposer's solution SHOULD facilitate automatic referrals within the organization and participating external treatment sources (i.e., FQHC).
FUNC-025	The proposer's solution MUST connect to and support standards-based exchange using implementation specifications as defined by TCBHC's local HIE.
FUNC-026	The proposer's solution MUST be capable of supporting standards-based computable consent consistent with implementation specifications as defined by the Texas Health Services Authority, including the categorization of data elements as accompanied meta-data.

FUNC-027	The proposer's solution SHOULD support sematic content capabilities, such as managed narrative generation, automated narrative reports, and semantic search/extract/import.
FUNC-028	The proposer's solution SHOULD provide spell check capability.
FUNC-029	The proposer's solution SHOULD allow for split screen or PIP.
Technical Requirements	
TECH-001	Following analysis and implementation planning, if TCBHC decides to self-host the solution, the proposer's solution SHOULD: <ul style="list-style-type: none"> • Support for Citrix (if client-server proposer's solution); • Run on an operating proposer's solution supported by XEN Server; • Run on a proposer's solution that can be integrated with Microsoft Desktop Operating proposer's solutions; • If not a browser-based proposer's solution, can be run on an iPad or Android tablet device; and • If server-based (and hosted by TCBHC), solution must be Windows 2019 Server or newer and must use or be compatible with MS SQL Server 2012, 2016 preferably.
TECH-002	The proposer's solution MUST support a proposer-based or a proposer partner third party vendor hosting solution that facilitates/allows near real-time access to all TCBHC data for any purposes that TCBHC sees fit.
TECH-003	If the proposer's solution MUST include a separate Report Server, the proposer's solution must define the lag time regarding data in the production transaction database.
TECH-004	The proposer's solution MUST support mobile access for provider/staff/contractors (and vetted third partners) and patients.
TECH-005	The proposer's solution MUST support tablet-based collection and storage of patient signatures.
TECH-006	The proposer's solution MUST have uptime minimum requirements that are consistent with industry standards for a healthcare delivery organization.
TECH-007	The proposer's solution SHOULD support standards-based, vendor agnostic application programming interface (API) capabilities, that allow third-party developers to access EHR functionality from external applications, or provide TCBHC with evidence of equivalent technology that demonstrates a commitment to open integration among health information systems products.
Clinical Operations Support Requirements	
COSR-001	The proposer's solution MUST support the ability to scan patients and alert on items that are required on their next visit, including: <ul style="list-style-type: none"> • Check on currency of demographics; • Update payor source • Insurance authorizations, including drug benefits • Expiring treatment plans, ANSA/CANS assessments, Financial, Release of Information • Complete medication consents • Documents required but missing (i.e. Consent to Treat, Proof of Residency, Proof of Income, Guardianship paperwork), with ability for staff to indicate when documents are needed at next visit.
COSR-002	The proposer's solution SHOULD support the ability for all relevant staff to have visibility into the Schedule and where a patient is in the intake process.
COSR-003	The proposer's solution's Scheduler MUST adjust schedules dynamically to handle walk-ins and sit & waits.
COSR-004	The proposer's solution's Scheduler MUST facilitate role-based scheduling, and/or the ability to schedule different types of roles and functional groups, not just individual providers.
COSR-005	The proposer's solution's Scheduler MUST support centralized scheduling across locations and programs.
COSR-006	The proposer's solution's Scheduler MUST include rule-based logic to handle Scheduling logic such as time between appointments based on patient type, transportation resources/scheduling based on location.
COSR-007	The proposer's solution SHOULD work with third-party applications, for features which are not incorporated into the software product (texting patient when provider is ready, or hand-held device with tracking if patient in building).
COSR-008	The proposer's solution's Scheduler MUST be able to handle the scheduling of multiple resources/staff at one time across locations (e.g. tele-health visits: patient, prescriber, transportation, case worker & treatment room).

COSR-009	The proposer's solution MUST facilitate the scheduling of mobile/field-based staff, including transportation theory & GPS location services (either natively or through third-party partnerships).
COSR-010	The proposer's solution MUST facilitate electronic communication to patients.
COSR-011	The proposer's solution MUST facilitate the ability for patients to enter information into the solution in non-traditional ways, such as forms from the internet, tablets/kiosks in the lobby, smart pens.
COSR-012	The proposer's solution SHOULD facilitate the ability to accept payment & provide an electronic receipt via non-traditional methods, such as organizational website, telephone & patient portal.
COSR-013	The proposer's solution must have bi-directional interface with laboratory information system(s) (LIS) from the ordering to the time result appear in the medical record.
Behavioral Health (BH) Programs	
BH-001	The proposer's solution MUST support (natively, via customization, via third party or partner solution) State of Texas required assessments: <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) Assessment <ul style="list-style-type: none"> ▪ Adult Needs and Strengths Assessment (ANSA) ▪ Child and Adolescent Needs and Strengths (CANS) Assessment • Financial Assessment, which includes screening for benefits. • Diagnosis and Registration (CARE)
BH-002	The proposer's solution MUST be currently providing data capture and reporting for all state-requirements including: <ul style="list-style-type: none"> • Registration and Diagnosis Data sent to CARE (State of Texas Dashboard) • TRR Assessment Data sent to Clinical Management for Behavioral Health Services (CMBHS, State of Texas Behavioral Health Database) • Encounter Data sent to MBOW (State of Texas data warehouse)
BH-003	The proposer's solution MUST connect to and interface with DSHS CMBHS proposer's solution regarding CANS/ANSA scores, or replicates procedure logic for the purposes of determining real-time eligibility for the appropriate Level of Care (LOC) for all required data elements.
Intellectual Development Disorder (IDD) Programs	
IDD-001	The proposer's solution MUST support (natively, via customization, via third party or partner solution) State of Texas required documentation at the time of implementation, including: The Intellectual Disability/Related Condition (ID/RC) assessment, the Level of Care/Level of Need (LOC/LON) review, the Inventory for Client and Agency Planning (ICAP), and Individual Plans of Care (IPC). See link for forms at https://www.hhs.texas.gov/laws-regulations/forms
Crisis Services Support	
CS-001	The proposer's solution MUST support inpatient services for up to 16 beds used for Crisis Stabilization of patients in crisis and respite care.
CS-002	The proposer's solution MUST exchange data effectively with sheriff's crisis intervention services, including assessments and emergency detentions where eligible.
CS-003	The proposer's solution must provide Bed Board functionality that allows quick view of all clients on unit, documentation of routine checks, medication order and administration.
CS-004	The proposer's solution MUST demonstrate the ability to prompt a Crisis Plan and provide Risk alerts based on answers.
CS-005	The proposer's solution MUST demonstrate the ability to track arrival times and warrant/enrollment status for assessment and services delivery time requirements.
CS-006	The proposer's solution MUST have the ability for tracking inventory of individual's possessions upon arrival, transfer and discharge.
Medical Record Requirements	
MR-001	The proposer's solution MUST be able to purge records in accordance with retention policies.
MR-002	The proposer's solution MUST be able to merge client records when duplicate records are found.

MR-003	The proposer's solution MUST be able to archive records for inactive clients.
MR-004	The proposer's solution MUST provide an enterprise-wide master patient index that includes patients' demographic information and medical record number(s) from different parts of the same organization to identify patients before importing data.
MR-005	The proposer's solution MUST have ability to assign access to patient records based on role, location, or unit, including ability to block individuals as needed.
MR-006	The proposer's solution MUST provide audit trail of record access.
MR-007	The proposer's solution MUST be able to notify staff of need for consents, authorization and assessments based on programs clients are admitted to and allow for recurrent notifications based on time or event.
MR-008	The proposer's solution MUST be able to generate user consents in multiple languages; at minimum, must include Spanish language documents.
MR-009	The proposer's solution MUST support audits for Medicaid, including partial or full record retrieval.
MR-010	The proposer's solution MUST have the ability to accommodate managing the sequestering of client charts to override security levels that electively restricts access to a client that staff may otherwise have access to.
Billing Requirements	
BILL-001	The proposer's solution MUST facilitate, in a flexible manner, the bundling/unbundling of services and associated charges.
BILL-002	The proposer's solution MUST facilitate multiple fee schedules per patient, if the patient is in multiple programs.
BILL-003	The proposer's solution MUST support ability to charge a no-show fee.
BILL-004	The proposer's solution MUST facilitate the correct determination of fees to be collected from a patient upon check-in. The proposer's solution MUST also correctly apply the payment to appropriate account/program.
BILL-005	The proposer's solution MUST provide functionality to calculate financial cost share and conduct financial reviews as needed.
BILL-006	The proposer's solution MUST facilitate case-rate structure.
Data Correction	
CORR-001	The proposer's solution MUST support the ability to easily correct entries that are erroneous.
CORR-002	The proposer's solution MUST support the ability to add an addendum to a finalized note, assessment, or entry.
CORR-003	The proposer's solution MUST support the ability to provide warning of overlapping client and/or clinician time(s) prior to completing service documenting.
Integrated Care	
INTE-001	The proposer's solution MUST support the ability to assign the appropriate medical Diagnosis to a service at the time of entry.
INTE-002	The proposer's solution MUST support the ability to have medical diagnosis to become historical when no longer a valid Diagnosis.
INTE-003	The proposer's solution MUST support ability to code and bill primary health.
INTE-004	The proposer's solution MUST facilitate decision support for primary healthcare needs.
INTE-005	The proposer's solution MUST support documentation and billing in office medical procedures.
INTE-006	The proposer's solution MUST support documentation that is flexible and supports a brief office visit or an extensive exam.
Solution Provider Requirements	
Account Management Requirements	
AM-001	The Proposer MUST describe its account management approach with required elements: (structure, roles and responsibilities, collaboration/partnership strategies, reporting/billing, continuous improvement, knowledge transfer, benchmarking).

AM-002	The proposed Account Manager MUST meet the required experience and qualifications.
AM-003	The Proposer MUST provide a description of and references for the Account Manager's last two projects as outlined in the RFP.
AM-004	The Proposer MUST assign a software implementation team that has experience converting EHRs at Community Centers in Texas.
Corporate Experience Requirements	
CE-001	The Proposer MUST describe relevant projects completed within the past 5 years. Description must include required elements (e.g. project description, period of performance, project cost, etc.).
CE-002	The Proposer MUST describe its qualifications and experience provided to public sector and healthcare clients within and outside Texas.
CE-003	The Proposer MUST complete and submit the Reference form (3 relevant references within the past 3 years). Two references from healthcare and/or governmental entities preferred.
Documentation Requirements	
DOC-001	The solution provider MUST provide documentation regarding administrative procedures for distribution within solution to facilitate awareness of services provided and procedures for requesting services.
DOC-002	The solution provider MUST provide user documentation, such as user and technical manuals in a searchable format.
End User Support Requirements	
ES-001	The solution provider MUST provide live Help Desk Services for designated users via telephone from 8-5, Monday-Friday, and a smaller number of help-desk calls for crisis services that are available during any non-business hour.
ES-002	The solution provider MUST allow designated users to record support requests during non-business hours and receive a call back the following business day for high priority issues, and/or a call back no more than 3 business days for non-high priority issues.
ES-003	The solution provider MUST allow designated users to text enter support requests (with attachments) during non-business hours and receive a call back the following business day, for high-priority issues, or by text or email within 5 business days for non-high priority issues.
ES-004	Designated users SHOULD receive a call back within 1 business day for any high priority issues that could not be resolved on the phone at the time of the original call or return call, and be informed of the status of the issue or an ETA for resolution.
ES-005	The proposer MUST provide new user training, product update training, local super users, and on-going support beyond a super-user across various training platforms (e.g., class room training, web-based modules).
ES-006	The proposer SHOULD have a documented history of superior customer support.
Migration Strategy Requirements	
MIGR-001	The proposer MUST have a proven methodology, and documented experience for migrating from legacy EMR proposer's solutions to the proposer's solution. The migration methodology should ensure that key historical EMR patient and practice demographic, financial and clinical data elements that are stored in a reasonable manner in the legacy proposer's solution, and for which reasonable assistance by the legacy vendor or a third party migration vendor is provided, can be migrated and made available in a usable manner in the proposer's solution. The methodology must include an alternative solution for capturing historical data and making it available to user's in the proposer's solution, for those data elements that cannot be reasonably migrated as discreet data elements and/or usable as discreet data in the proposer's solution.
MIGR-002	The proposer MUST provide at least 2 examples of successful migration projects for current or past customers.
MIGR-003	The proposer MUST provide a methodology for migrating from the proposer's solution to another solution that includes a guaranteed, reasonable commitment of support at a price that is representative of the proposer's required effort and not intended to be punitive or create a barrier to exit from the proposer's solution.

Project Management Requirements	
PM-001	The proposer MUST have a methodology or strategy for project management and assign a trained project manager for all activities undertaken on behalf of the client that are designated as a project, or otherwise require coordination and can only be achieved via project management methods.
PM-002	The proposer MUST assign an experienced or trained, designated Project Manager for all major upgrade, Lab Interface, HIE Interface, and or new module implementation projects undertaken with the client.
Risk Mitigation Requirements	
RISK-001	The Proposer MUST describe its risk management approach with required elements: (contract/SLA changes, risk sharing, service continuity/ disaster recovery, dispute resolution, contract termination/disengagement requirements and process).
RISK-002	The proposer's solution provider MUST provide a disaster recovery/business continuity solution that contains the required data elements (e.g. processes – initiating, restoration, information maintained, testing, backup, equipment to minimize failure).
RISK-003	The solution provider MUST provide a solution and services for back-up data/file retention and retrieval.

Proposer(s) are responsible for ensuring their proposals are complete and address all RFP requirements by reviewing all of the solicitation documents and not relying exclusively on this checklist.



**Request for Proposals
Behavioral Health Electronic Health Record
Platform**

Addendum III

Key Business Areas

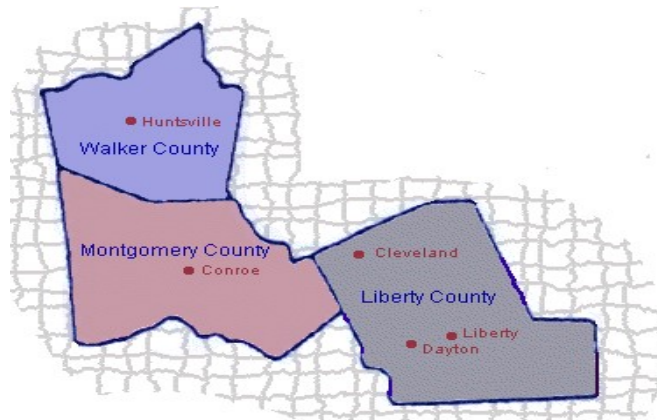
Issued: December 10, 2021

Proposals Due: January 31, 2022

Tri-County Behavioral Healthcare Key Business Areas

History

Tri-County Behavioral Healthcare (TCBHC)—was formed in 1983 and legally established as a community center under the provisions of Chapter 534 of the Texas Health & Safety Code Ann., as amended. Tri-County, in its capacity as the designated mental health/Intellectual and Developmental Disability Authority, was established in order to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health/IDD services for the residents of Liberty, Montgomery and Walker Counties.



Services are provided to:

- adults with serious mental illness and chemical dependency;
- children and adolescents with serious mental illness or emotional disorders, chemical dependency, autism or pervasive developmental disorders; and
- persons with intellectual and developmental disorders.

Tri-County Behavioral Healthcare Background

In response to legislation signed by President John F. Kennedy in 1963, Texas established Community Centers in 1965 to move persons from mental health and/or Intellectual/Developmental Disabilities (IDD) from institutions to the community. Formed in 1983 by an interlocal agreement between Liberty, Montgomery and Walker counties, Tri-County is one of 39 Community Centers which provide mental health and IDD services to all 254 counties in the State of Texas. Tri-County is a 'Unit of Government' as established by section 534 of the Texas Health and Safety Code and has also been designated as a non-profit organization by the Internal Revenue Service. Services are provided to adults, children and youth with mental illness under contract with the [Texas Health and Human Services Commission \(HHSC\)](#) as a Local Mental Health Authority (LMHA) or in the form of fee-for-service reimbursement from private insurance companies. Under separate contract with the Health and Human Services Commission, Tri-County also provides services to Youth and Adults with Substance Use Disorders and services to persons with Intellectual and Developmental Disabilities (IDD).

Community Centers or Local Mental Health Authorities (LMHAs), are political subdivisions of the state. The responsibilities of Texas' 39 LMHAs, as established in state law, are twofold: planning and coordinating mental health policy and resources; and serving as a provider of last resort for community mental health services in their region. Individuals may come in

contact with an LMHA through a crisis hotline, walk-in visits or through a referral from a community partner, such as a local school, hospital or jail. Based primarily on rules established by the Texas Health and Human Services Commission (HHSC), LMHAs serve the highest-need individuals suffering from serious mental illness. In addition to crisis services, LMHAs provide adults and children with medication, counseling, case management, treatment and supports.

Center Mission Statement

The Mission of Tri-County is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.

Center Vision Statement

The Vision of Tri-County is to develop a mental health and developmental disability care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community. To achieve this vision, we will partner with the community to: 1) expand the availability of new and existing resources; and, 2) assure the availability of technically and culturally competent staff.

Reform Incentive Payment (DSRIP) pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness. Under the transformation waiver, eligibility to get uncompensated care or DSRIP payments required participation in a regional healthcare partnership. Within a partnership, participants include governmental entities providing public funds known as intergovernmental transfers, Medicaid providers and other stakeholders. Participants developed a regional plan identifying partners, community needs, the proposed projects, and funding distribution. Each partnership has one anchoring entity, which acts as a primary point of contact for HHSC in the region and is responsible for seeking regional stakeholder engagement and coordinating development of a regional plan.

East Texas Behavioral Healthcare Network

The East Texas Behavioral Healthcare Network (ETBHN) is a network comprised of eleven community mental health and developmentally disability centers that cover 70 Counties in Texas. ETBHN was established in 1998 as a response to the unique challenges that these organizations face in delivering care effectively and efficiently to consumers living in the region. In the constantly changing environment in which the community centers exist, it is necessary for ETBHN to be flexible and able to adapt to the changing needs of the centers' that it serves. The network has been effective in developing economies of scale, adding new consolidated programs, assisting with quality of services, and delivering training initiatives for the Member Centers and Centers outside the network.

Tri-County was Certified by the State of Texas Health and Human Services Commission as a Certified Community Behavioral Health Clinic in March of 2021.

Facilities and Hours of Operation

Locations			Services				
Street Address	City	County	Behavioral Health (BH)	MH Crisis Services	Family Health Care	Intellectual Developmental Disabilities (IDD)	Substance Abuse
233 Sgt Ed Holcomb Blvd. S	Conroe	Montgomery	❖		❖	❖	❖
706 Old Montgomery Road	Conroe	Montgomery		❖			
7045 Hwy 75, S.	Huntsville	Walker	❖	❖	❖	❖	
2004 Truman	Cleveland	Liberty	❖	❖	❖	❖	
2000 Panther Lane	Liberty	Liberty	❖	❖		❖	

TCBHC Environment

TCBHC is a large and complex organization operating in a dynamic environment. They support a large number of programs and exchange large volumes of information internally among programs and externally with customers, stakeholders and external entities.

TCBHC Programs

Behavioral Health Program Descriptions

Behavioral Health (BH): Behavioral health team partners with individuals to provide an empowering person-centered approach for all ages to reach recovery. Specific services include:

- *Crisis Services:* Trained staff are available 24 hours a day, 7 days a week through our Crisis Hotline to assist with finding the most appropriate care and needed services.
- *Medication Management:* Physicians and nurse practitioners work in partnership with individuals, their support team, and our nursing team to promote safe and effective use of medications to assist individuals in reaching their desired wellness and recovery goals. We educate individuals and their support team on the importance of medication management and how individuals can reach their recovery.
- *Counseling:* Dedicated counselors collaborate with individuals offering individual, couple, family, or group counseling to address trauma, bullying, depression, anxiety, and more behavioral health challenges.
- *Case Management:* Routine Case Managers provide resources for individuals within their communities to receive continuity of care between their doctor and counselor visits. Intensive Case Managers will meet more frequently with individuals, providing resources between visits, while also ensuring the individuals' care plan is effective. Case Managers monitor individuals' care plan and make adjustments as needed to assist individuals in meeting their recovery goals.

- *Psychosocial Rehabilitative Services*: Our therapeutic team assists individuals to build strengths and focus on restoring their ability to develop and maintain social relationships, occupational or educational achievement. Individuals will gain knowledge and work towards successful independent living skills.
- *Supported Housing*: Within our behavioral health services, we offer a program that assists individuals locating and maintaining, safe and affordable housing. While in the homes, individuals will work towards improved community living skills.
- *Supported Employment*: We offer an employment program for those in our behavioral health services; assisting individuals in choosing and obtaining employment within their community.
- *Peer Support* services are recovery focused and person centered for individuals working towards reducing, modifying or eliminating unwanted feelings and behaviors associated with behavioral health challenges.
- *Patient Navigators* are located within the Gonzales Memorial Hospital and Guadalupe Regional Medical Center. Patient Navigators assess individuals and provide education on the best follow up care for their needs, working closely with individuals to ensure they are following their suggested care plan to reach a healthy lifestyle and eliminate the need to visit the emergency department.

Crisis Services: Well-trained staff is dedicated to assisting individuals experiencing a behavioral health crisis; services include:

- *Crisis Hotline* is available 24 hours a day, 7 days a week; highly trained mental health professionals answer the hotline.
- *Mobile Crisis Outreach Team (MCOT)*: Highly trained mental health professionals are available for immediate response 24 hours a day throughout our eight counties. MCOT services focus on providing timely crisis assessments and development of a treatment plan unique to the individual's needs. Teams provide services where the crisis is taking place; this can include your home setting, school, the local emergency room, or places of business.
- *Children Crisis Respite* services help resolve crises by offering a short-term, voluntary placement of up to 45 days per fiscal year in a therapeutic and safe environment. Children placed into this program can be released to parents or legal guardians at any time. Within the program, staff assists children in linking to other resources to meet their needs more comprehensively and/or assure that they continue in already established services. We strive to stabilize the child with the objective of returning them to their natural setting as soon as possible. Referrals for family members/caregivers are provided where needed during the course of treatment so that all members of the family unit may have needs addressed.
- *Crisis Respite Unit*: TCBHC offers a 12-bed voluntary Crisis Respite Unit. Well-trained licensed staff assists individuals in crisis, through assessments and evaluations to determine the most suitable care plan for recovery. The average length of stay for individuals is 7 days, which includes linking to resources, providing skills training, group therapy, and psychiatric stabilization for individuals to return back to their community successfully.
- *Extended Observation Units*: TCBHC offers two extended observation units (EOU) to provide services to those in crises. We have a northern location in Georgetown with a 4-bed unit and a southern location in Seguin with a 6-bed unit, both providing services to individuals within our eight counties. Both EOU locations offer involuntary or voluntary admission for those in crisis and need of care and short-term stabilization. Once admitted, a psychiatrist will see individuals within the first hour, ensuring appropriate medications are provided and our licensed nurses will monitor symptoms providing support 24/7. At our EOUs, we offer up to 48 hours of care, working with the individual to an appropriate step down care plan, with a goal to decrease the need of inpatient hospitalization.

Substance Abuse: TCBHC offers Outreach, Screening, Assessment and Referral services through the OSAR Program, covering a 30 county area of Central Texas. TCBHC also has a recovery program offering intensive, supportive and continuing care treatment for both adults and adolescents by providing a solid step-down from each level of care to ensure continued support and to promote long-term recovery.

- *Screening and Assessments*: Licensed staff provides assessments and referrals to those who are actively seeking substance use services and/or support. The OSAR Team conducts verbal screenings to gather information pertaining to severity of use and how use has impacted day to day functioning or mental health, in order to provide appropriate referrals to recovery resources.
- *Interventions*: Following the assessment and screening, individuals can expect short term case management services in addition to the opportunity of up to 6 brief motivational interviewing sessions with their OSAR counselor.
- *Support*: OSAR counselors are available for additional support and case management until the individual successfully enters into referred treatment service. OSAR counselors can also remain, as a point of contact for future recovery support needs. For uninsured or underinsured individuals, the OSAR team can determine if you are approved for full or partial financial assistance towards referred treatment services.
- *Referrals*: Once the needs of an individual have been identified for best outcomes of their recovery, services may include intensive outpatient services, residential substance use services or additional community supports.

Intellectual Developmental Disorder Program Descriptions

Intellectual Developmental Disabilities (IDD): The focus of the IDD Program is to assist individuals and their families in choosing and accessing quality and cost-efficient services and supports that best meet their needs and requests. This is accomplished by offering an extensive array of services and supports either provided through TCBHC or through a network of private and public agencies and organizations. IDD services provide intervention, therapies and supports throughout a lifetime allowing persons to reach their greatest potential, including eligibility determination, early intervention for babies and toddlers, autism services, enrichment centers, respite, companion care, community supports, employment assistance and service coordination.

- *Eligibility Determination* is an assessment to determine if a person has an intellectual disability or is a member of the DADS priority population for IDD. The assessment uses standardized tests to determine a person's IQ and adaptive behavior level (ability to perform life skills) and is conducted by a qualified professional. An assessment typically includes an interview with the person, the person's legally authorized representative, or others who are actively involved with the person.
- *Enrichment Centers* offer on-site meaningful daily activities provided by Direct Support professionals to assist individuals in the skills necessary for successful community participation, integration and independent living.
- *Respite* provides temporary non-routine assistance to the caregiver by assisting the individual with daily living tasks and providing needed supervision.
- *Companion Care* provides a safe environment within the community for an individual to live as independently as possible.
- *Community Supports* offers small groups or one-on-one activities conducted in the individuals' home or in the community to support the individual's ability to live with the maximum amount of independence.
- *Employment Assistance* provides assistance in order to sustain competitive employment or self-employment to an individual who, because of disability, requires intensive, ongoing support. Services include employment adaptations, supervisor training related to individuals' assessed needs, and earning at least a minimal wage (if not self-employed).
- *Service Coordination* helps people access medical, social, educational, and other services and supports that will help an individual achieve an acceptable quality of life and community participation.
- *Children Crisis Respite*: Helps resolve crises by offering a short-term, voluntary placement of up to 45 days per fiscal year in a therapeutic and safe environment. We strive to stabilize the child with the objective being to return them to their natural setting as soon as possible. Referrals for family members/ caregivers are provided where needed during the course of treatment so that all members of the family unit may have needs addressed.

Autism: The Autism Program provides a family centered approach to teaching individuals skills needed to succeed at home, school and in the community. The team offers research-based strategies to address compliance, speech and language, life skills, academics, social skills and more within the individuals' home and community.

Medication Management Program Description

Physicians and nurse practitioners work in partnership with individuals, their support team, and our nursing team to promote safe and effective use of medications to assist individuals in reaching their desired wellness and recovery goals. We educate individuals and their support team on the importance of medication management and how individuals can reach their recovery goals.

Health Care Program Description

Primary Medical Care: Provision of medical care and preventative care focusing on overall wellbeing, including general medical services, pediatric care and women's wellness. School-based services offered in two locations.

Administration Service Descriptions

Billing: The billing unit ensures that all clinical services (traditional and non-traditional) are billed appropriately across a mix of public and private payers. Payers range from Medicaid and other state- or other public supported services to commercial private payers, self-pay patients, and sliding fee arrangements based on a family's ability to pay. Following is some detailed information on their billing processes:

- Billing is performed in-house through one tax ID, electronically on a weekly basis, except for secondary claims
- The top five payers are Medicaid, Medicare, United Health Care, Aetna, and Cigna. Top payers require an alternate type of service code/place of service code. Medicaid is broken down into multiple programs and is not billed the same across programs.
- TCBHC uses two clearinghouses— Claim MD and TMHP, and files claims under eight NPIs.
- Bills for behavioral health services using Caser ratings, school-based services as 5010 claims for counseling and rehab/case management, and nursing home services coded as PASARR.
- TCBHC utilizes a sliding fee schedule for Maximum Monthly Fee are both flat fees and percentage based on family income and size. They can be used in combination with commercial insurance.
- IDD services are billed to Medicaid through CARE system which is transitioning to TMHP on a weekly basis using two NPI numbers.

Finance and Human Resources: TCBHC's finance and HR systems are provided and managed by their current EHR vendor. For that reason, the HR and finance system interact closely with the EHR, specifically via the following components:

- Cost Accounting
- General Ledger
- Benefits Management
- Budget
- Payroll
- Personnel Management
- Table and System Setup

This degree of integration is NOT a requirement of this RFP.

Human Resource (HR): HR staff ensures that the organizations employees and contractors are recruited, hired, terminated, and paid appropriately. Also ensures that professional staff maintains required credentials and obtain continuing education pertaining to their medical specialty. Currently, new employees are initially entered into TCBHC's EHR System and transferred to the HR system via internal Cerner AZ EHR processes. While support for some minimal HR and EHR Systems integration is a requirement of this RFP, the aforementioned process is NOT a requirement of this RFP.

Quality Management: The Quality Management unit ensures compliance with institutional, professional or governmental regulation, responding to audits from various sources as needed.

Medical Records: The medical record unit maintains patient records as the central repository for planning patient care and documenting communication among patients/caretakers and health care professionals contributing to the patient's care. Records are maintained in both paper and electronic formats.

Key Business Processes

Key Process	Process Description	Frequency / Volume	Note
Clinical Support Processes			
Eligibility Determination for Services	Determine eligibility for services and schedule first Appointment	Schedule 25-30 first appointments per day	
Appointment Scheduling	Schedule patient appointments	80-150 daily	See scheduling workflow
Case Management	Case Managers monitor individuals' care plan and adjust as needed to assist individuals in meeting their recovery goals	An average of 30 cases handled per day	
Intake	Process patients that arrive at a facility	2,500-3,000 annually	See scheduling workflow
Facility-based Patient Encounter, Individual	A healthcare related contact between a patient and 1 or more providers for the purpose of treating the individual	70,000 encounters annually	
Facility-based Patient Encounter, Group	A healthcare related contact between a group of patients and one or more providers	17,000 groups annually with an average of 7 individuals per group	
Telehealth encounter	A healthcare related contact between a patient at the facility and a provider at a remote location	25,000 annually	
Remote Patient Encounter	A healthcare related contact between a patient and 1 or more providers for the purpose of treating the individual	240,000 encounters annually	
Discharge/ Dismissal	Capture patient medical outcomes and payment disposition information on EMR/EPM records	22,000 discharges annually	
Crisis hot line	Respond to crisis hot line calls and inquiries 24 hours, 7 days per week	5,000 calls per year	See crisis services workflow
Crisis Response	Response by team to referral calls for assessment 24 hours, 7 days per week	4,000 assessments per year	

Key Process	Process Description	Frequency / Volume	Note
Crisis Inpatient Days	Provide involuntary or voluntary admission for those in crisis and need of care and short-term stabilization. Once admitted, a psychiatrist sees individuals within the first hour, ensuring appropriate medications are provided	4,500 inpatient days per year	
Internal Business Reporting	Creation of report formats and reports to display progress in meeting operational and strategic goals	~ 65,000 internal reports generated each month (duplicated count)	
County and State Reporting	Creation of report formats and reports to meet government reporting requirements	~ 10 gov reports generated each month	
Data Analysis and Decision Support	Providing analyzed data to support recommendations to board on strategic objectives and business opportunities	50 discrete reports run periodically throughout the year	
Compliance and Quality Management	Ensuring that services provided are in accordance with all established regulations, organizational policies and protocols	On average, 10 audits per month	
Coordinated Care	Coordinate programmatic services and patient care	Ongoing	
Eligibility Determination for Medications	Determine benefit eligibility for medications	3 FTE's, ongoing	
Prescribe Medication(s)	Issue prescription (paper or electronic) or provide from inventory of samples/Patient Prescription Assistance Program (PAP), including for controlled substances	36,000 annually	
Maintain Medication Inventory	<ul style="list-style-type: none"> Maintain log of medication samples given by patient name and prescribing provider; Maintain a log of patient medications stored in the clinic 	4 FTE's, Ongoing	
Medication History	Review pharmacy claims of medications ordered and filed	Ongoing	
Order labs and obtain results	Order laboratory tests and obtain test results within specified time	10,000 labs ordered	
New generation medications (NGM)	Report NGMs to state Medicaid to ensure compliance with performance contract requirements	Monthly report	
Administrative Processes			
Billing for Clinical Services	Bill to public and private payers for all billable clinical services		
General Ledger	Maintain General Ledger	Daily	
Financial Reporting	Develop and disseminate monthly, quarterly and annual financial reports	Monthly	
Accounts Payable	Process invoices and expense reimbursements for payment	Daily	
Application Maintenance and Support	Maintain clinic specific application software and support users	1 FTE	
Hardware Maintenance and Support	Maintain clinic hardware and support users	2.5 FTE's	

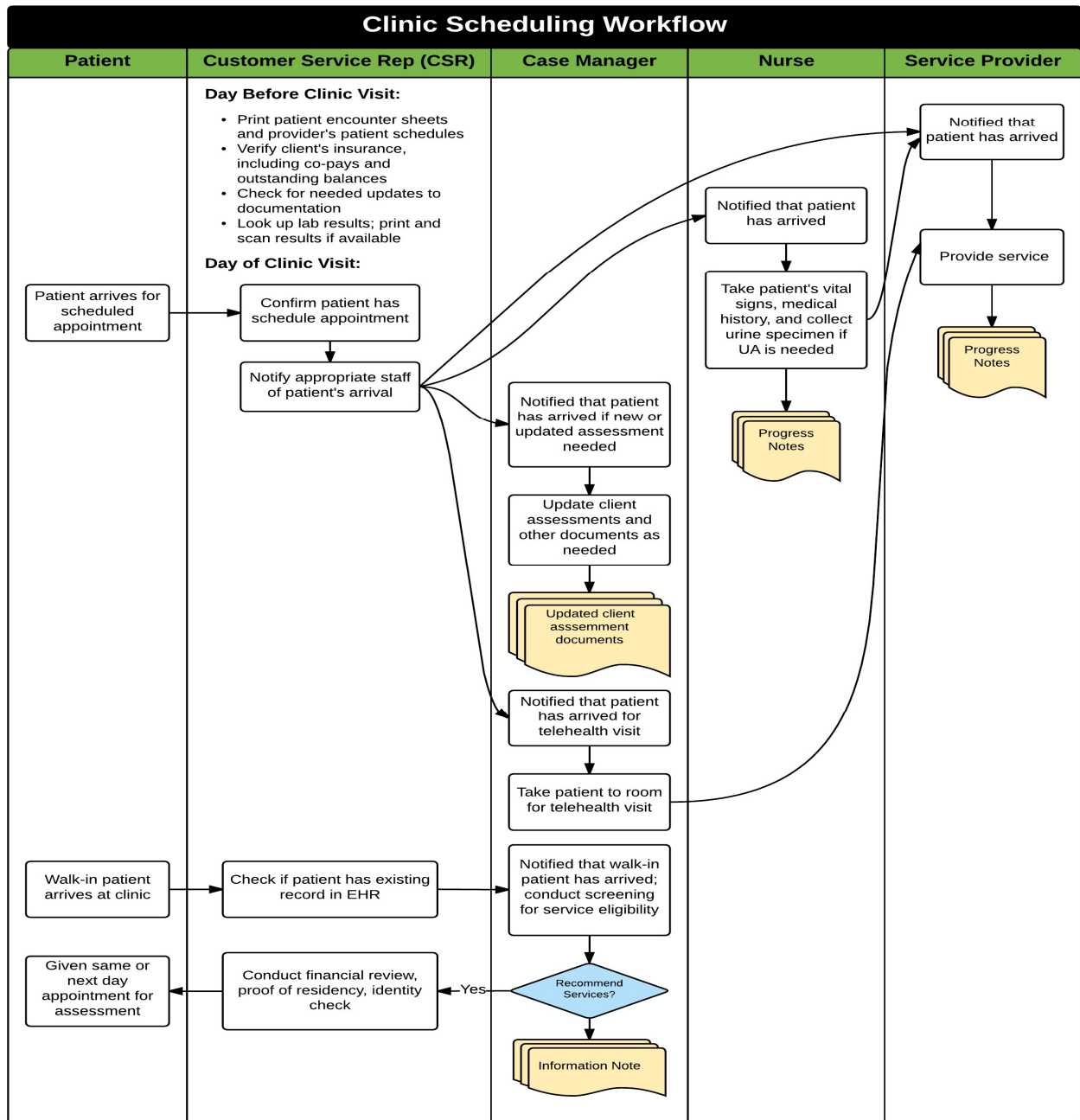
Key Process	Process Description	Frequency / Volume	Note
Database Support	Provide support for critical databases	1 FTE plus SQL	
Help Desk	Respond to user questions and inquiries, maintain help desk software	2.5 FTE's	
Remote Employee Access	Provide access to client systems	As needed	
Provider EHR Training	New provider and continuing provider EHR training	Ongoing	

Selected Workflows

The following workflows of selected TCBHC business areas are important for potential EHR vendor to understand.

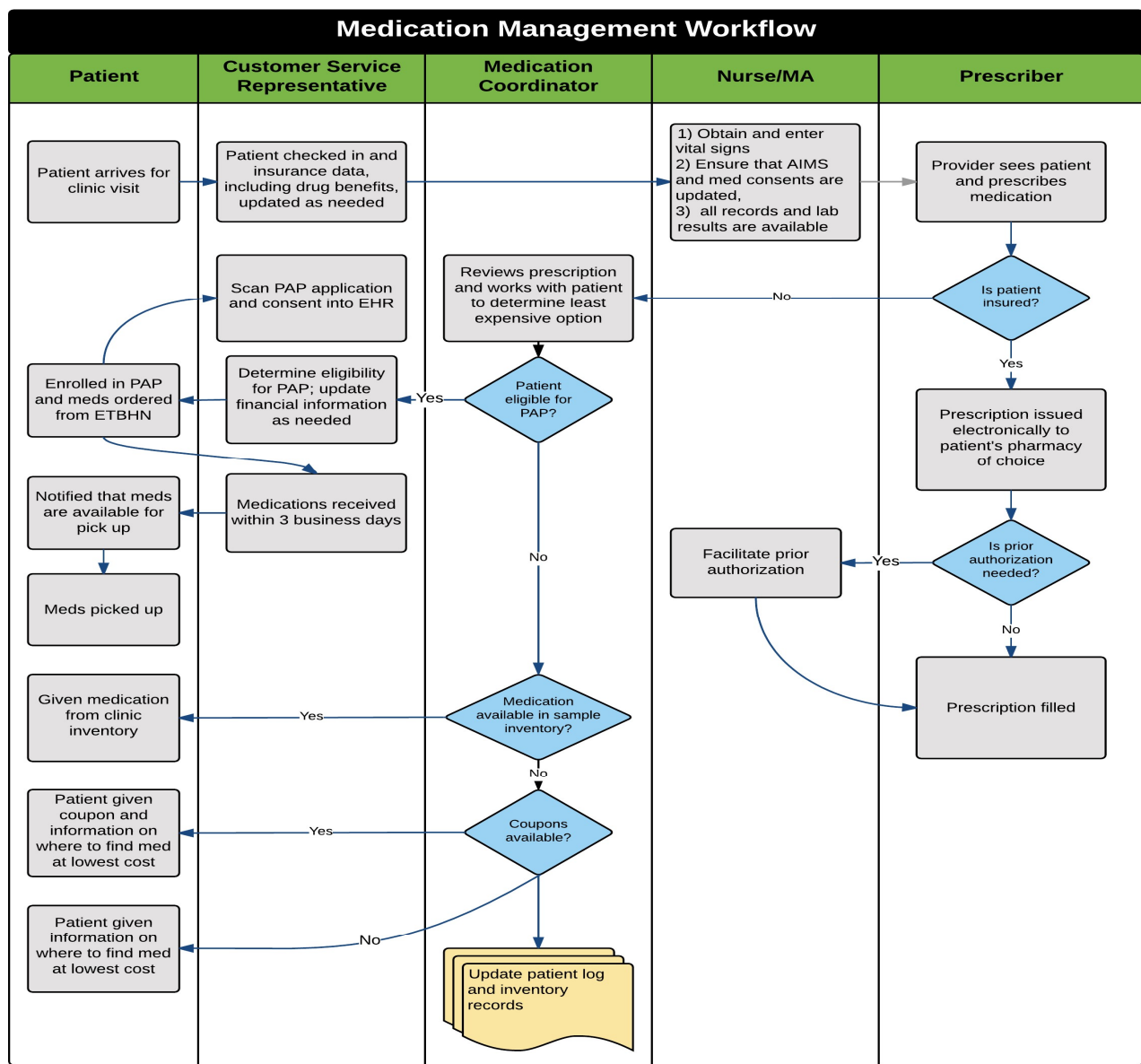
Behavioral Health Scheduling

The following diagram depicts scheduling activities primarily performed by Customer Service Representatives at the Seguin clinic. While this process is specific to one location, it illustrates processes that are common across TCBHC programs. The diagram further illustrates the need for robust EHR scheduling functionality.



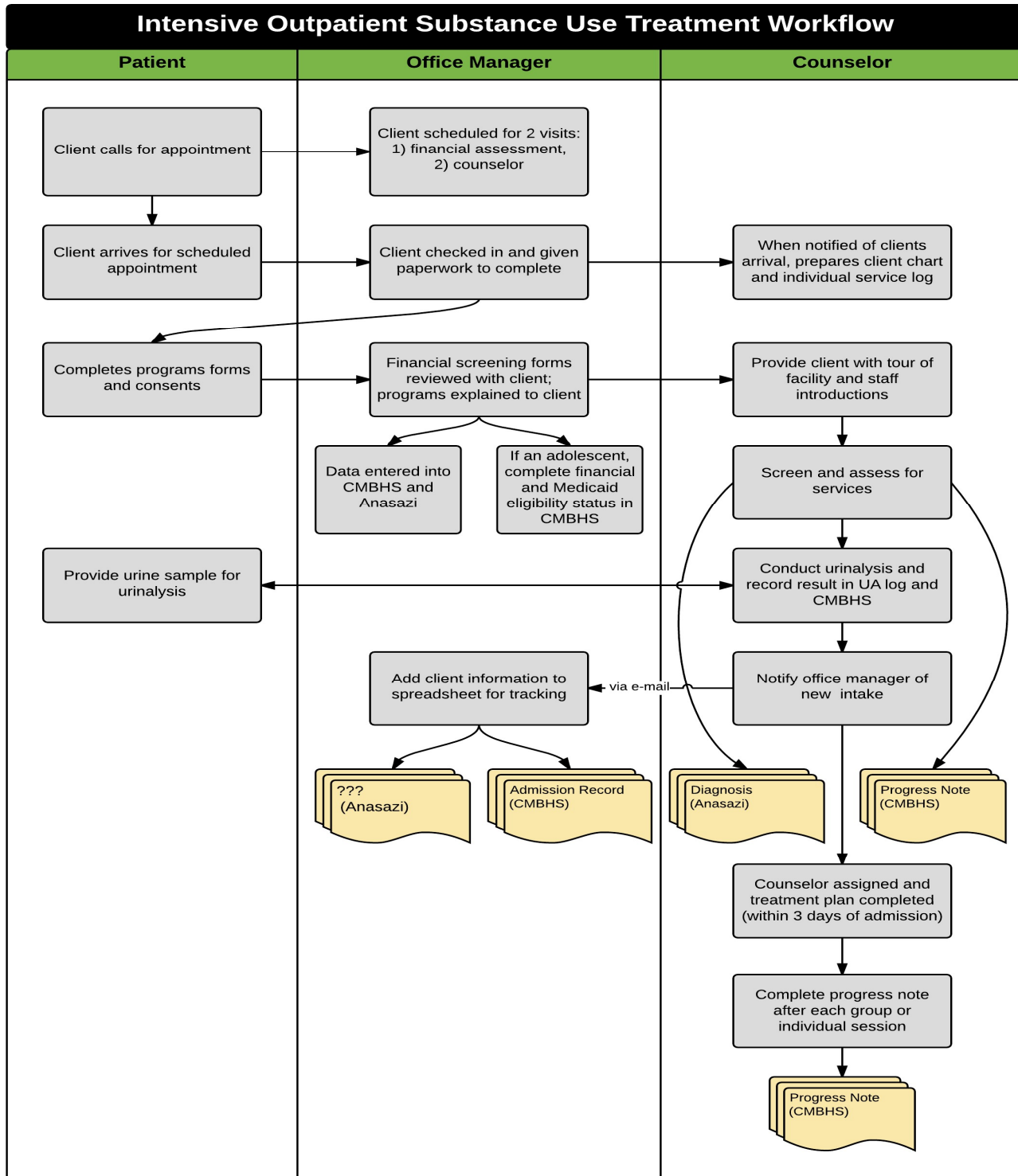
Medication Management

The following diagram depicts processes associated with prescription medications and decisions that impact how medications are provided to patients based on their ability to pay. When a patient needs to obtain medications through the Patient Assistance Program (PAP) or through state funding (paid for by TCBHC), the medication management staff primarily orders medications from the East Texas Behavioral Health Network (ETBHN) mail order pharmacy. ETBHN utilizes M&D Cares, an online software interface that assists TCBHC with medication inventory, tracking, and billing. ETBHN also generates a PAP application when medications purchased by TCBHC have a PAP available. M&D Cares works very well for the type of services that TCBHC provides and staff is satisfied with its performance; however, the lack of integration with the current EHR is a cause of frustration. Although e-prescribe services are available to TCBHC providers, it is used infrequently when ordering medications from ETBHN due to issues with the inability of the current EHR to track medication inventory for a particular patient available on site or at the pharmacy, as well as samples inventory.



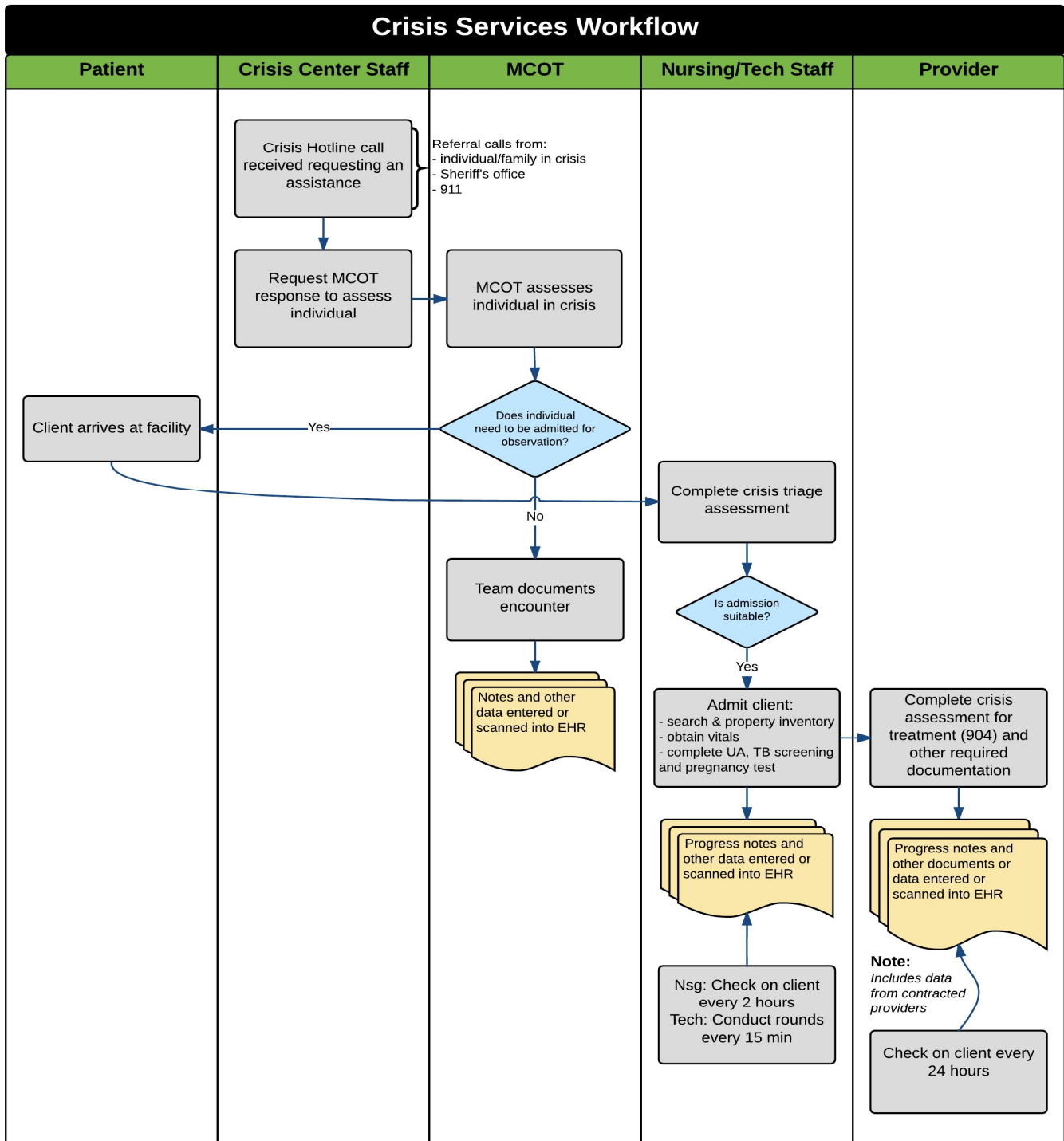
Intensive Outpatient Substance Use Treatment Workflow

While this workflow is specific to an adolescent recovery program, it provides a high-level overview of intensive outpatient substance use treatment services.



Crisis Services Workflow

This workflow provides a high-level overview of the referral process for the crisis services MCOT staff and admission to one of the extended observation units for inpatient assessment and short-term stabilization of the client in crisis.





Request for Proposals
Behavioral Health Electronic Health Record
Platform

Addendum IV

Tri-County Technology and Applications

Issued: December 10, 2021

Proposals Due: January 31, 2022

Tri-County Infrastructure and Technology

TCBHC manages its own infrastructure and hosts its critical applications with an IT Unit that currently is staffed by 9 skilled individuals (who adequately cover networking, desktop services, helpdesk, EHR infrastructure support and server managed services).

Network

TCBHC facilitates connectivity between 6 sites primarily set up in a hub and spoke architecture. TCBHC supports remote users via screen share software (Team-Viewer, VNC, and LogMeIn). Conroe houses the primary office located at 223 Sgt. Ed Holcomb Blvd as the hub. Also, in Conroe is the Psychiatric Emergency Treatment Center (PETC) located at 706 FM 2854 and a Maintenance facility where no services are offered. There are currently three satellite offices located in the cities of Cleveland, Huntsville, and Liberty. Within the calendar year 2022, there will be a fourth satellite office located in the city of Porter.

Network Devices and Solutions

Telemed

In addition to facilitating connection to the data center in Conroe, Texas, and their primary family of systems based around Anasazi, the network supports a tele-video programs (Cisco RealPresence, LifeSize) that brings providers to patients and families remotely.

Network Devices include network printers/multifunction devices, and scanners. TCBHC staff can scan directly into Anasazi, which serves as the document management solution. TCBHC also supports several laser fiche devices for additional scanning and Topaz Signature Pads at most locations.

Printers and Scanners

TCBHC sites utilizes PaperCut MF which enables user and device-level management and control for all printers and multifunctional devices particularly for all copy, print, fax, and scan functions.

Interfaces

In addition to Anasazi, staff in multiple programs at TCBHC perform direct data entry into State of Texas HHSC supported systems, including the Clinical Management for Behavioral Health Services System (CMBHS), a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers, and the Texas Department of Aging and Disability Services (DADS) supported Client Assignment and Registration System (CARE) system. TCBHC additionally pushes data into the State of Texas MBOW data repository on a regular basis.

Telecommunication

TCBHC utilizes Intrado as a telephone reminder notification vendor and outsources Crisis Call Center to Avail Solutions Tri-County Applications and Data.

Cerner Community Behavioral Health System (formerly Anasazi)

Cerner Community Behavioral Health System is a solution targeted towards community behavioral health centers. The software covers the following areas of our key business areas:

- Outpatient Physician-based mental health services;
- Field Based Case Management Services for multiple departments;
- Therapeutic Services (including but not limited to Counseling, Applied Behavioral Analysis, and Rehab Services);
- Inpatient Crisis Units;
- Scheduling of Appointment based services;
- Financial Assessments and Billing for Services; and
- State Reporting

Usage:

Current provider and user counts usage at TCBHC are as follows:

- 26 providers (19 part time, 7 full time)
- 642 active users (96 contractors, 546 staff)

Features:

- Cerner Behavioral Health is a module based, including a module for physician-based services (Doctor's Homepage).
- Cerner Behavioral Health allows for customization of assessment and authorization forms and treatment plans by trained staff per documentation requirements of TCBHC units.
- Cerner Behavioral Health has import utilities for ICD 10 and DSM 5.

Other Systems Used at Tri-County

CMBHS

Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers.

The system was deployed December 14, 2009 and has been implemented across the state to DSHS-contracted substance abuse and mental health treatment service providers with rollout concluding in September 2013.

In addition to an electronic health record, CMBHS also serves as a clinical tool which includes diagnostic and treatment plan capabilities. CMBHS supports data exchange across contracted substance abuse service providers and between DSHS and other state agencies to coordinate care. The CMBHS system

combines the electronic health recordkeeping requirements for both mental health and substance abuse treatment providers in a single system.

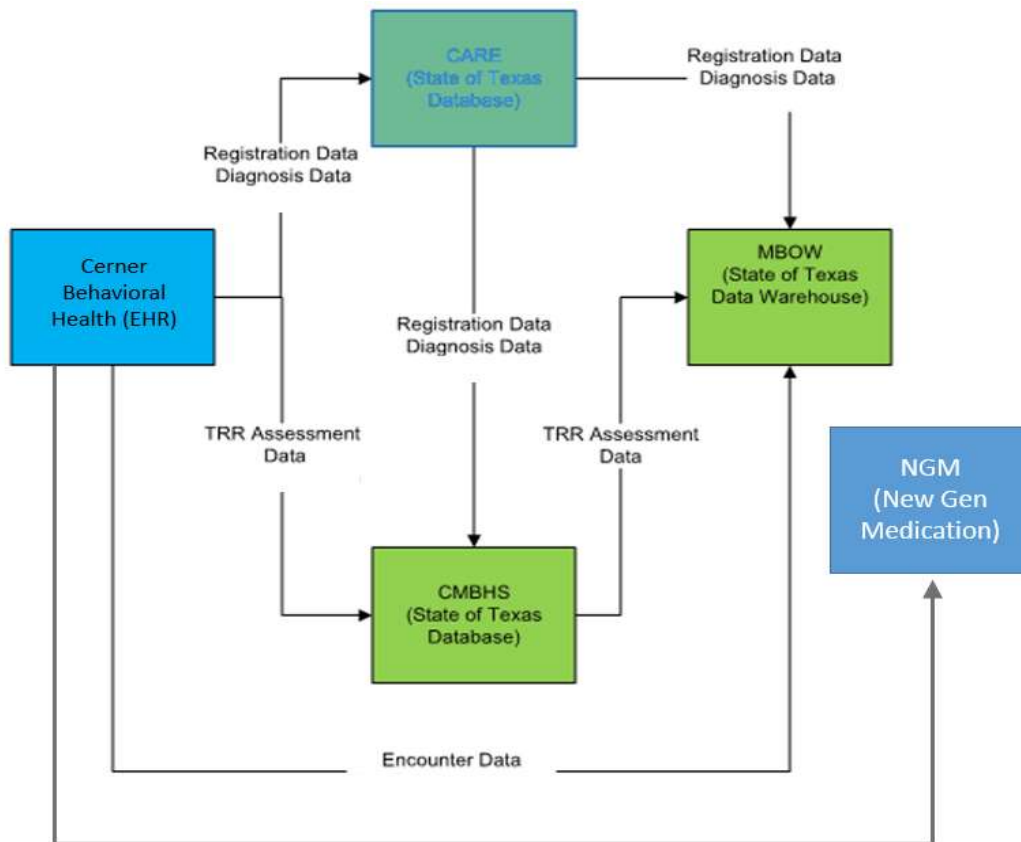
CARE, MBOW and NGM

The Client Assignment and Registration (CARE) System was originally developed to support the State's resiliency and recovery with respect to mental illnesses. The Resiliency and Disease Management (RDM) approach to mental health treatment uses focused, evidence-based treatment, which is intended to lead to better outcomes for the greatest number of clients. RDM is a DSHS mental health program for children and adolescents. In an effort to redesign the way public mental health services are delivered to adults with severe and persistent mental illnesses and children with severe emotional disturbances. A primary aim of RDM is to ensure the provision of interventions with empirical support to eliminate or manage symptoms and promote recovery from psychiatric disorders.

Key to this effort is Data Management. Numerous changes were made to provide data support for the RDM initiative, including the creation of Web**CARE** and enhancement of the Mental retardation and Behavioral health Outpatient Warehouse (**MBOW**), which allows for extensive monitoring of data for decision-making. Analysis of cost information is provided through the Cost Accounting Methodology (CAM). Recently, the Texas Department of State Health Services (DSHS) conducted a focused desk review of the **New Generation Medication** program to ensure compliance with the Performance Contract requirements, to verify accuracy of data in CARE and to support Local Authority quality.

Tri-County Behavioral Healthcare State Reporting

TCBHC has extensive State reporting requirements, much of it coming from their EHR System. The following diagram depicts the main flow of data to State Systems:



The following sources are used to feed MBOW:

