MILWAUKEE COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
WRAPAROUND MILWAUKEE

YEAR 2015
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES

Issued July 14, 2014
Proposal due 4:00 PM CDT, September 2, 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July, 2014

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the RFP process by submitting proposals for the Behavioral Health Division (BHD) programs within the Community Access to Recovery Services section to be purchased in the year 2015. The Department welcomes new prospective vendors to participate in this RFP process.

Proposal materials (*Program Requirements* and *Technical Requirements*) will be available for download in electronic format beginning **Monday, July 14, 2014** from:

http://county.milwaukee.gov/DHHS_bids

Two (2) question and answer sessions (pre-Proposal conferences) will be held to discuss the proposal guidelines. In addition, a Technical Assistance Session has also been scheduled to assist proposers in completing proposals. The meetings have been scheduled at the following locations and times listed below. Please email questions in advance to dhhsca@milwaukeecountywi.gov no later than August 1, 2014.

Tuesday, August 5, 2014	**4:00 – 5.30 p.m.** **Bay View Library** 2566 South Kinnickinnic Avenue Milwaukee, WI 53207
Thursday, August 7, 2014	**3:00 – 4:30 p.m.** **Coggs Center Room 104** **1220 W. Vliet Street** **Milwaukee, WI 53205**
Technical Assistance Session **Tuesday, August 12, 2014**	**9:30a.m. – 11:00 a.m.** **Coggs Center Room 104** **1220 W. Vliet Street** **Milwaukee, WI 53205**

All proposals for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:00 p.m. CDT on **Tuesday September 2, 2014**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Proposals may be mailed or delivered to:

Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
1220 West Vliet Street
Room 300
Milwaukee, WI 53205

To receive information or assistance, please contact the following persons:

Program information:

Jennifer Wittwer, Behavioral Health Division (414) 257-4704
Stephanie Erickson, Behavioral Health Division (414) 257-7354
Bruce Kamradt, Wraparound Milwaukee, (414) 257-7639
Wes Albinger, Wraparound Milwaukee, (414) 257-7835

Technical Requirements (questions about proposal submission requirements):

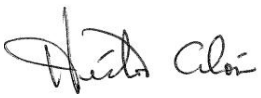
Stefanie Erickson, Behavioral Health Division (414) 257-7354
Sumanish Kalia, CPA, Contract Administration (414) 289-6757

Fiscal/budget questions:

Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,



Héctor Colón
Director
Milwaukee County Department of Health and Human Services

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SECTION 1:

INTRODUCTION

1. INTRODUCTION

Welcome to the Year 2015 Request for Proposal (RFP) process. The Technical Requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health Division, Community Access to Recovery Services. The programs for purchase are described in the *Year 2015 Purchase of Service Guidelines: Program Requirements* found in Section 5 of this document.

The DHHS RFP process begins with the emailing of an "Interested Parties" letter to all current contractors and interested parties on the DHHS E-notify mailing list maintained by Contract Administration, and the publication of media announcements in the Milwaukee Journal-Sentinel newspaper. The "Interested Parties" letter is also posted on the County Business Opportunities Portal.

Proposals will be accepted **only** for the programs described as accepting proposals in the *Year 2015 Purchase of Service Guidelines: Program Requirements*, Section 5. The RFP information is organized into SIX (6) separate sections plus appendices. Instructions and forms are included in most sections; forms can also be found on the Contract Administration web page at:

http://county.milwaukee.gov/DHHS_bids

Updates and revisions to this and other RFP related publications may occur through the proposal deadline, and can be viewed at:

http://www.county.milwaukee.gov/Corrections22671.htm

This site should be checked frequently, as it is the responsibility of the Proposer to respond to all requirements as they appear in the posted revisions.

ALL PROPOSALS WILL BE REVIEWED AND SCORED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND IN PART 4 OF THE TECHNICAL REQUIREMENTS unless evaluation criteria is identified with Program Description in Section 5.

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SECTION 2:

RFP INFORMATION

2. RFP INFORMATION

The Manager for this RFP is Mr. Dennis Buesing, Contract Administrator.

Address:
Dennis Buesing, Contract Administrator
Milwaukee County Department of Health and Human Services
1220 W Vliet Street, Ste 301
Milwaukee, WI 53205
Tel. 414-289-5853
Fax. 414-289-5874
Email: dennis.buesing@milwaukeecountywi.gov

INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers must submit their questions via email to dhhsca@milwaukeecountywi.gov on or before **August 1, 2014. All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to dennis.buesing@milwaukeecountywi.gov.

It is the intent of DHHS that these questions will be answered and posted on: http://county.milwaukee.gov/DHHS_bids on or before **August 15, 2014**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Dennis Buesing or other persons mentioned as contacts in the interested party letter (refer to page iii above) on any matter related to the proposal, the proposer may be disqualified.

Proposers are expected to raise any questions, noted errors, discrepancies, ambiguities, exceptions, additions or deficiencies they have concerning this proposal in writing through e-mail on or before August 1, 2014, to:

Dennis Buesing, Contract Administrator, DHHS
E-mail: Dennis.buesing@milwaukeecountywi.gov

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this proposal after the above date, they shall immediately notify the above named individual of such error and request modification or clarification of the proposal document before the proposal due date.

If the proposer fails to notify DHHS prior to the proposal due date of any condition stated above that reasonably should have been known to the proposer, and if a contract

is awarded to that proposer, the proposer shall not be entitled to additional compensation or time by reason of the error or its correction.

Revisions to this proposal request will be made in the form of an official written addendum issued by Milwaukee County DHHS. Proposers may attach additional relevant information to their proposal response. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website at:

http://www.county.milwaukee.gov/Corrections22671.htm. **Proposers must check the website for posted addenda; they are encouraged to check daily.**

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

PROPOSER CONFERENCES

Two (2) question and answer sessions (Pre-proposal conferences) will be held to discuss the proposal guidelines, respond to written questions and to provide any additional instructions to proposers on submission of proposals. In addition, a Technical Assistance Session has also been scheduled to assist proposers in completing proposals budgets, forms and any other submission requirements. The meetings have been scheduled at the following locations and times listed below. Please email questions in advance to dhhsca@milwaukeecountywi.gov no later than August 1, 2014. If no questions are received, DHHS reserves the right to cancel the conferences.

Tuesday, August 5, 2014	**4:00 – 5.30 p.m.** **Bay View Library** 2566 South Kinnickinnic Avenue Milwaukee, WI 53207
Thursday, August 7, 2014	**3:00 – 4:30 p.m.** **Coggs Center Room 104** **1220 W. Vliet Street** **Milwaukee, WI 53205**
Technical Assistance Session **Tuesday, August 12, 2014**	**9:30a.m. – 11:00 a.m.** **Coggs Center Room 104** **1220 W. Vliet Street** **Milwaukee, WI 53205**

REASONABLE ACCOMMODATIONS

Upon request, DHHS will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. If the Proposer needs accommodations, please contact the RFP Manager.

ESTIMATED TIMETABLE FOR RFP

The key RFP dates are outlined in the table below titled "RFP Schedule." In the event that DHHS finds it necessary to change any of the specific dates and times in the calendar of events, it will do so by issuing an addendum to this RFP **which will be posted at: http://www.county.milwaukee.gov/Corrections22671.htm**

Proposals are due by **4:00 PM CDT** on **September 2, 2014.**

RFP Schedule

RFP Milestones	Completion Dates
RFP issue date	July 14, 2014
Last day for submitting written questions	August 1, 2014
1st Question and Answer Session (Pre-Proposal Conference)	August 5, 2014; 4 PM
2nd Question and Answer Session (Pre-Proposal Conference)	August 7, 2014; 3 PM
Technical Assistance Session	August 12, 2014; 9:30 to 11 AM
Written Q&A posted to website	August 15, 2014
Written Proposals due	September 2, 2014; 4:00 PM CDT

CONTRACT TERM AND FUNDING

The County as represented by DHHS intends to use the results of this Request for Proposal (RFP) to award Purchase of Service Contracts up for competitive proposal as listed in Section 5, Program Requirements, of this RFP. The DHHS reserves the right to award multiple contracts for each program in this RFP. Programs awarded contract allocations under this RFP are to be renewed annually upon review of contract compliance, for up to a three-year period (initial contract and up to two continuation funding cycles). Funds have been earmarked in advance to be allocated among the Programs of this RFP. All proposals within a program area will receive equal consideration in the review of proposals and the award of contracts.

The initial contract cycle is estimated at 12 months (January 1, 2015 – December 31, 2015). Start date is contingent on successful conclusion of contract negotiations. The continuation funding cycles will be 12 month cycles on the County fiscal year (January 1 – December 31).

Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.

PREPARING AND SUBMITTING PROPOSALS

The evaluation and selection of contractors will be based on the information submitted in the proposal plus references, if applicable (such as called for in the Experience Assessment for New Proposer Agency, Items # 29c and 29d, or in individual program descriptions). Proposers should respond clearly and completely to all requirements. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal.

Elaborate proposals (e.g. expensive artwork), beyond that sufficient to present a complete and effective proposal, are not necessary or desired.

All proposals for funding **must be received** by the DHHS **no later than 4:00 p.m. CDT on Tuesday, September 2, 2014.** Proposals will be time-stamped upon delivery and late proposals will be rejected. Proposals for all DHHS divisions must be mailed or delivered to: Milwaukee County DHHS, Contract Administration, 1220 West Vliet Street, Suite 300, Milwaukee WI 53205.

All proposals must be typed using the format and the forms presented in this booklet, or the DHHS website. All pages are to be numbered, with each requested item on a separate page. Proposals do not need to be submitted in binders, however each copy should be secured with a binder clip or other securement (please avoid using rubber bands to secure individual copies).

WITH RARE EXCEPTION, ALL SUBMISSION REQUIREMENTS APPLY TO ALL PROGRAMS. If there is any question about the applicability of a particular submission item, contact the Technical Requirements contact person (p. iii) affiliated with the Division with which you are applying. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the proposal, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire proposal may be removed from consideration.

Proposers applying for **programs up for competitive, panel review**: **One original plus four copies** of the complete proposal for each program must be submitted on three-hole punched paper for each program for which funding is requested. **A list of programs up for competitive, panel review can be found in the introduction to *Program Requirements (section 5).***

For Contractors in a **multi-year contract cycle or sole-sourced contracts/programs** which do not require a competitive, panel review, **one original plus one copy** of the completed proposal must be submitted on three-hole punched paper for each program for which funding is requested.

Please note that contractors who are currently in a multi-year contract cycle have different submission requirements. These requirements are detailed in a separate "Proposal Contents" table.

MODIFICATION OF PROPOSAL

A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal due date and time.

To accomplish this, a written request must be signed by an authorized representative of the Proposer and submitted to the RFP Manager. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another at any time up to the due date and time.

INCURRING COSTS

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Proposer to develop and submit its Proposal. The Proposer is entirely responsible for any costs incurred during the RFP process, including site visits for discussions, face to face interviews, presentations or negotiations of the Contract.

RENEWAL/DATES OF PERFORMANCE

Contractor shall begin work on January 1, 2015, subject to conclusion of successful contract negotiation and terminate December 31, 2015, unless the Contract is otherwise renewed or extended, or it is indicated otherwise in the Program Requirements.

DHHS shall have the option of extending any contract for two additional one-year periods under the same terms and conditions, and upon mutual consent of DHHS and the Contractor, for all proposals up for competitive bid in this RFP.

Obligations of DHHS shall cease immediately and without penalty or further payment being required, if in any fiscal year, DHHS, state, or federal funding sources fail to appropriate or otherwise make available adequate funds for any contract resulting from this RFP.

MISCELLANEOUS
The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

RFP Document: Proposals submitted by an agency become the property of Milwaukee County at the point of submission. For agencies awarded a contract, the proposal material is placed in an agency master file that becomes part of the contract with DHHS. It will become public information, and will be subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the conclusion of contract negotiations and the written Notification of Intent to Award a Contract, the proposal is considered a "draft" and is not subject to the open records law.

For agencies not awarded a contract, proposal material will be retained for a period of time as specified by County document retention policies.

PROPRIETARY INFORMATION:

Any restriction on the use of data contained within a request must be clearly stated in the Proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the proposer's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of the Milwaukee County Department of Health and Human Services.

Any materials submitted by the proposer in response to this RFP that the Proposer considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (*see appendices*) Confidential information must be labeled as such. Costs (pricing) always becomes public information when Proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the Proposal submitted.

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SECTION 3:

PROPOSAL SELECTION AND AWARD PROCESS

3. PROPOSAL SELECTION AND AWARD PROCESS

3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager and/ or his representative to determine if 1) all "Technical Requirements" have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. In the event that none of the Proposals meet one or more of the specified requirements, the DHHS reserves the right to continue the review and scoring of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this RFP may be rejected by DHHS. DHHS may request reports on a Proposer's financial stability and if financial stability is not substantiated, Milwaukee DHHS may reject a proposal. DHHS retains the right to accept or reject any or all proposals, or to accept or reject any part of a proposal if it is deemed to be in the best interest of DHHS. DHHS shall be the sole judge as to compliance with the instructions contained in this RFP.

REQUEST FOR PROPOSAL REVIEW AND SCORING:

Accepted Proposals will be reviewed and scored by the respective DHHS Departments. A panel of community experts, consumers and county staff will be composed to verify that the proposals meet all specified requirements. This verification may include requesting reports on the Proposer's financial stability, conducting demonstrations of Proposer's proposed products and/or services, and reviewing results of past awards to the Proposer by Milwaukee County or other funders. Accepted Proposals will be reviewed by a Review and Scoring Panel and scored against the stated criteria. **A Proposer may not contact any member of the review panel except at the RFP Manager's direction.** A Proposer's unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer's Proposal. The panel may review references, request oral presentations and use the results in scoring the Proposals. However, DHHS reserves the right to make a final selection based solely upon review and scoring of the written Proposals should it find it to be in its best interest to do so.

Proposals are evaluated against the review and scoring criteria as indicated in 3.2. Review Panel scores are presented to division administrator(s), who may, or may not recommend the highest scoring proposal(s), to the DHHS Director

The review and scoring panel will be the sole determiner of the points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. The Review Panel can ask for oral clarification to supplement written proposal, if it will assist review and scoring procedure.

In addition, the division administrator may convene a second panel to hear oral presentations from the highest-scoring proposers, based on the initial review and ranking of the proposals by the Review Panel based on the criteria outlined in the RFP.

The Proposer is responsible for any Proposal inaccuracies, including errors in the budget and any best and final offer (if applicable). The DHHS reserves the right to waive RFP requirements or gain clarification from a Proposer, in the event that it is in the best interest of the DHHS to do so.

The DHHS reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

3.2 REVIEW AND SCORING CRITERIA

Proposals submitted in response to this RFP will be evaluated per the process and criteria detailed in Part 4 of Technical Requirements (**Section 4**).

3.3 RIGHT TO REJECT PROPOSALS

The DHHS reserves the right to reject any and all Proposals. This RFP does not commit the DHHS to award a contract, or contracts.

3.4 NOTICE OF INTENT TO AWARD

All Proposers who respond to this RFP will be notified in writing of the DHHS's intent to award a contract as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the DHHS.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to proprietary information exclusion mentioned in **Section 2**. Any such inspection will be conducted under the supervision of DHHS staff. Copies of proposals will be made available for inspection for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 4:00 p.m. at:

Milwaukee County Department of Health and Human Services
Contract Administration
1220 W Vliet Street, Suite 300
Milwaukee, WI 53205

Proposers should schedule inspection reviews with Cleo Stewart, at 414-289-5980 to ensure that space and time are available for the review.

3.5. NEGOTIATE CONTRACT TERMS

The DHHS reserves the right to negotiate the terms of the contract, including the award amount, evaluation process, authorized budget items, and specific programmatic goals, with the selected proposer(s) prior to entering into a contract. If contract negotiations cannot be concluded successfully with the selected proposer, the agency may negotiate a contract with another proposer at the respective division administrator's discretion.

3.6 PROTEST AND APPEALS PROCESS

Only unsuccessful proposer(s) are allowed to file an appeal. Applicants can only protest or appeal a violation of the procedures outlined in these RFP instructions or in the selection process. Subjective interpretations by the reviewers are not subject to protest or appeal. All appeals must be made in writing and must fully identify the procedural issue being contested. On demand by such appellant(s), DHHS may provide the summary score(s) of review and scoring panel, but in no case will the names of panel members be revealed.

A written appeal, fully documenting the basis for the appeal, must be made in writing. The appeal must be as specific as possible and should identify deviations from published criteria in the selection process or the procedures outlined in these RFP instructions that are alleged to have been violated.

The written appeal should be filed with Héctor Colón, Director, Department of Health and Human Services, 1220 W. Vliet St., Suite 301, Milwaukee, WI 53205, and received in his office no later than five (5) working days after the notice of intent to contract or non-funding is post-marked. Late filing of the appeal will invalidate the protest.

The decision of the DHHS Director will be binding.

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SECTION 4:

TECHNICAL REQUIREMENTS

4. TECHNICAL REQUIREMENTS

These requirements are for submitting a proposal to DHHS. The DHHS reserves the right to add terms and conditions to the RFP as necessary.

This section contains mandatory requirements that Proposer(s) are required to provide or agree to at NO cost to DHHS. Proposers who cannot, or will not, meet all of these requirements may be disqualified on the grounds of noncompliance.

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

By signing and submitting a proposal, the Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this RFP:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised RFP or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

DEVIATIONS AND EXCEPTIONS

Submission of a proposal shall be deemed as certification of compliance with all terms and conditions outlined in the RFP unless clearly stated otherwise in the attached “Statement of Deviations and Exceptions” (*see Appendices*). The DHHS reserves the right to reject or waive disclosed deviations and exceptions.

Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the attached “Statement of Deviations and Exceptions” (*see Appendices*) and attached to the Cover Letter (*item 2*). In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposers shall be held liable.

Part 1: AGENCY PROPOSAL

INSTRUCTIONS and FORMS

2015 PURCHASE OF SERVICE PROPOSAL CONTENTS – I. INITIAL SUBMISSION

This proposal contents sheet must be attached immediately after the proposal summary sheet (item #1)

Technical Requirements Item #	Item Description	Proposal: Check each Item Included	Proposal: Page # of Proposal
INTRODUCTION			
1	Proposal Summary Sheet		
	Proposal Contents		
2	Cover Letter		
Part 1 – AGENCY PROPOSAL			
3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Ownership, Independence, and Governance		
7	Owners/Officers		
8	Mission Statement		
9	Agency Organizational Chart		
10	Agency Licenses and Certificates		
11	Indemnity, Data And Information, and HIPAA Compliance Statement		
13	Related Organization/Related Party Disclosure		
14	Employee Hours-Related Organization Disclosure		
15	Conflict Of Interest & Prohibited Practices Certification		
16	Equal Employment Opportunity Certificate		
17	Equal Opportunity Policy		
18	Audit Fraud Hotline		
19	Certification Statement Regarding Debarment And Suspension		
20	Additional Disclosures		
21	Certification Regarding Compliance With Background Checks – Children & Youth		
22	Certification Regarding Compliance With Background Checks - Caregiver		
23	Promotion of Cultural Competence		
24	Emergency Management Plan		
Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION			
25	IRS Form 990 For Non-Profit Agencies		
26	Certified Audit/Board Approved Financial Statement		
27	Electronic versions of: Form 1 (Program Volume Data)		
	Form 2 and 2A		
	Form 2B		
	Form 3 and 3S (Anticipated Program Expenses)		
	Form 4 and 4S (Anticipated Program Revenue)		
	Form 5 and 5A		
	Form 6-6H		

Part 3 –PROGRAM PROPOSAL

Technical Requirements		Proposal	
Item #	Item Description	Check each Item Included	Page # of Proposal
Part 3 –PROGRAM PROPOSAL			
28	Program Organizational Chart		
29a	Program Logic Model		
29b	Program Narrative		
29c	Experience Assessment For Agency		
29d	Experience Assessment For Agency Leadership		
29e	Most Recent Program Evaluation (Current Contractors)		
30	Provider Proposal Site Information		
31	Accessibility		
32	Staffing Plan		
33	Staffing Requirements		
34	Current Direct Service Provider/Indirect Staff Roster		
36	Client Characteristics Chart		

DCPI	Designation of Confidential and Proprietary Information		
SDE	Statement of Deviations and Exceptions		

Note: DCPI and SDE forms are optional, check column if included

Part 4 - OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW AND SCORING CRITERIA

Overview Of Proposal Review Process
Proposal Review and Scoring Criteria

Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

Proposers applying for **programs up for competitive, panel review** must submit all items in the above table (Introduction; Part 1, Agency Proposal; Part 2, Budget and Other Financial Information; and Part 3, Program Proposal).

II. FINAL SUBMISSION

After completion of the proposal review and upon receiving notice of a contract award, funded agencies are required to submit the following updated proposal items (if nothing has changed from initial submission, re-date and resubmit):

Item #	Item Description
1	Proposal Summary Sheet
12	Insurance Certificate
25	IRS Form 990 For Non-Profit Agencies
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H
34	Current Direct Service Provider/Indirect Staff Roster

Final submissions are due by 4:00 p.m., November 21, 2014, and must be mailed or delivered to:

Milwaukee County DHHS
Contract Administration
1220 West Vliet Street, Suite 300
Milwaukee WI 53205

III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed above under FINAL SUBMISSION, **plus** the Authorization To File* (Item 3), Emergency Management Plan (Item 25), **plus** any other items that have changed from the previous contract year (e.g., change in Board of Directors, change in Personnel Roster, etc.).

*Must be completed specifically for each contract year.

Submissions from all agencies must be received by the DHHS **no later than 4:00 p.m. CDT on Tuesday, September 2, 2014**

SAMPLE COVER LETTER *ITEM # 2*

(ON PROPOSER LETTERHEAD)

DATE:

Mr. Héctor Colón, Director
Milwaukee County Department of Health and Human Services
1220 West Vliet Street, Room 301R
Milwaukee, WI 53205

Dear Mr. Colón:

I am familiar with the *"Year 2015 Purchase of Service Guidelines: Program and Technical Requirements"* for Behavioral Health Division services set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

YEAR 2015 PROPOSAL SUMMARY SHEET *ITEM # 1*

Agency_____Agency Director_____

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity _____

Address_____
(Street) (City) (State) (Zip)
Contact Person _____

Telephone #_____Email _____

Agency Fiscal Period_____Federal ID Number_____
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2015 program proposed in your proposal. Program name, and if applicable, a program number must be assigned to each program. This proposal must include programs from only one division. In order to apply for programs from more than one division, a separate, complete proposal must be submitted for each division.

Division/Program Section: BHD/CARS___ Wraparound____

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number:_____**Program Name:**_____
Continuation____ New_____

2014 Funding: _____ 2015 Request:_____
Site(s):
(1) _____ (3) _____
(2) _____ (4) _____

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE PROPOSAL PACKAGE.
PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS,AS WELL AS A SEPARATE SHEET FOR EACH PROGRAM WITHIN EACH DIVISION FOR WHICH YOU ARE APPLYING

YEAR 2015 AUTHORIZATION TO FILE RESOLUTION *ITEM #3*

(Applicable for Non-Profit and For-Profit Corporations Only)

PLEASE NOTE: Proposals cannot be recommended for funding to the Milwaukee County Board until the Authorization to File is completed and received by DHHS Contract Administration.

This is to certify that at the _____ (Date) meeting of the Board of Directors of

_____ (Agency Name), the following resolution was

introduced by _____ (Board Member's Name), and seconded by

_____ (Board Member's Name), and unanimously approved by

the Board:

BE IT RESOLVED, that the Board of Directors of _____ (Agency

Name) hereby authorizes the filing of a proposal for the Year 2015 Milwaukee

County Department of Health and Human Services (DHHS) funding.

In connection therewith,

_____ (Name and Title) and_____ (Optional

Name(s) and Title) is (are) authorized to negotiate with DHHS staff.

In accordance with the Bylaws (Article ____, Section ___) of_____

(Agency Name), _____ (Name and Title)

and _____ (Optional Name(s) and Title) is (are)

authorized to sign the Year 2015 Purchase of Service Contract(s).

Name: _____ (Signature of the Secretary of

the Board of Directors) Date: _____

Printed Name: _____

YEAR 2015 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

Please check all the statements below that describe your business entity:

☐ Corporation	☐ Partnership/Joint Venture	☐ Service Corporation (SC)
☐ For-Profit	☐ Limited Liability Company (LLC)	☐ Sole Proprietorship
☐ Non-Profit	☐ Single Member LLC	☐ Individual Credentialed Provider

The agency has on file and agrees to make the following documents available for review upon request by DHHS.

_____ Articles of Incorporation *(applicable for Corporations only)*

_____ Operating Agreement *(applicable for LLC only)*

_____ Bylaws *(applicable for Corporations only)*

_____ Personnel Policies

_____ A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

_____ Audit Hotline Policy (see item 18)

_____ Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

_____ Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

_____ A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

_____ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

_____ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

_____ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and
5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

____ Occupancy Permit and/or other permits required by local municipalities, as applicable, for services being provided.

Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

Items 5, 6, & 7 partially comprise the points scored under Administrative Ability
Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence

ITEM # 5

YEAR 2015 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS

DEMOGRAPHY SUMMARY

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

Cultural Diversity – *The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.*

Ethnicity	Female	Male	Disabled
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "disabled individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);

2. Has a record of such impairment, or;

3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

2. Black: All persons having origins in any of the Black racial groups of Africa.

3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).

4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

YEAR 2015 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, COMPENSATION, AND GOVERNANCE (Applicable to for-profit and nonprofit Corporations Only)

Please list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year's distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

In addition, a resume must be submitted for each board member. The resume should include the board member's name, education and experience but should exclude identifying information such as social security numbers, addresses, D.O.B and marital status.

Board Member Name	Office Title	Term	% Owner-ship	Amount Distributions/ Dividends ($)	Compen-sated? (Yes/No)	Independent? (Yes/No)	Resume Attached

Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals?

☐ Yes
☐ No

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

Board Committees/ Advisory Committees

Committee Name	Committee Purpose

The Board of Directors' 2015 meetings for the agency will be held on the following dates:

January	May	September
February	June	October
March	July	November
April	August	December

Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee DHHS access to the meeting minutes upon request.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

YEAR 2015 AGENCY OWNERS/STOCKHOLDERS/OFFICERS

ITEM # 7

(applicable to all organizations)

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. For Non-profits this will include names of officers appointed by the Board (such as COO or CEO). In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. Volunteer board members with no ownership stake or compensation need not be listed here (but should be listed on Item 6). ***This Item applies to both For-profit and Non-profit agencies***.

Name	Status	Office / Title	% Ownership	Amount of Distributions/ Dividends ($)	Total Compensation ($)*
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				
	☐Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☐ Officer (non profit only)				

*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature: ________________________ Date: __________________

Printed Name: ______________________________________Title: ___________________________

Agency: ____

Item 8 comprises the points scored under Mission

YEAR 2015 AGENCY MISSION STATEMENT

ITEM # 8

Agency: _____

Submit your agency's Mission Statement. Explain how it aligns with the Division or Program's stated mission, values or goals.

AGENCY ORGANIZATIONAL CHART

ITEM # 9

Submit an organizational chart of the agency detailing each major department or program.

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 10

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

YEAR 2015 INDEMNITY, DATA & INFORMATION SYSTEMS COMPLIANCE, HIPAA

ITEM # 11

Indemnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

INSURANCE

ITEM # 12

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). **If any employees or other service providers of the Contractor will use their personal vehicles for any purpose related to the provision of services under this proposal, those employees or other service providers shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.**

If the services provided under the contract **constitute professional services**, **Contractor shall maintain Professional Liability coverage as listed below**. Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

TYPE OF COVERAGE	**MINIMUM LIMITS**
Wisconsin Workers' Compensation or Proof of all States Coverage	Statutory
Employer's Liability	$100,000/$500,000/$100,000
Commercial General and/or Business Owner's Liability	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	$1,000,000 - Per Occurrence $1,000,000 - General Aggregate
Automobile Liability	
Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired	$1,000,000 Per Accident
Uninsured Motorists	Per Wisconsin Requirements
And/or, **Umbrella/Excess Liability**	$1,000,000 Per Occurrence $1,000,000 Aggregate
Uninsured Motorists	Per Wisconsin Requirements

Professional Liability

To include Certified/Licensed Mental Health and AODA Clinics and Providers and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	$1,000,000 Per Occurrence $3,000,000 Annual Aggregate As required by State Statute Wisconsin Patient Compensation Fund Statute
Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	$1,000,000 Per Occurrence/Claim $3,000,000 Annual Aggregate
Other Licensed Professionals	$1,000,000 Per Occurrence $1,000,000 Annual aggregate or Statutory limits whichever is higher

Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an "additional insured" endorsement, for general liability, automobile insurance, and umbrella/excess insurance. Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with "additional insured" endorsement are:

1. Transport companies insured through the State "Assigned Risk Business" (ARB).
2. Professional Liability where additional insured is not allowed.

Workers Compensation coverage is required for all Contractors, regardless of organizational structure or size (includes one-employee providers as well as Contractors composed solely of independent contractors). **A Waiver of Subrogation for Workers' Compensation by endorsement in favor of Milwaukee County is also required. A copy of the endorsement shall be provided to DHHS.**

Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Contract Administrator named as the "Certificate Holder") shall be submitted for review and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider's responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

CERTIFICATE HOLDER
Milwaukee County Department of Health and Human Services
Contract Administrator
1220 W. Vliet Street
Milwaukee, WI 53205

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services* coverage is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements. All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.

Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager
Milwaukee County Courthouse – Room 302
901 North Ninth Street
Milwaukee, WI 53233

YEAR 2015 RELATED PARTY DISCLOSURES

ITEM # 13

Milwaukee County Employee

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2012, 2013, and 2014 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2012 Wages	2013 Wages	2014 Wages

☐ **No employment relationship with current or former Milwaukee County employees (within 3 years) exists.**

Related Party Relationships

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? ☐ Yes ☐ No

If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

FORM 2C - YEAR 2015 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE *ITEM # 14*

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

"Related Organization" is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

_____No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

YEAR 2015 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 15

Interest in Contract

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

Interest of Other Public Officials

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

Prohibited Practices

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

Said chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this RFP through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this RFP.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

YEAR 2015 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE FOR MILWAUKEE COUNTY CONTRACTS *ITEM # 16*

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination
VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.
VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause. A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program
VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and disabled persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.
VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities
VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors
VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement
Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan
VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street 9th Floor, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].
VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].
If a current plan has been filed, indicate where filed _____ and the years covered_____.
VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees
_____VENDOR certifies that it has_____ *(No. of Employees)* _employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____employees in total.

Compliance
VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this___day of_____, 20____by: Firm Name_____

By _____Address _____
(Signature)
Title_____City/State/Zip _____

YEAR 2015 EQUAL OPPORTUNITY POLICY

ITEM # 17

_____is in compliance with the equal opportunity policy and standards of all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics._____has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, _____has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr._____. Ms. /Mr. _____ may be reached during week days at _____.
A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

_____

(Director or Chief Officer) (Title) (Date)

This Policy Statement shall be posted in a conspicuous location.

Audit Services Division Hotline

Milwaukee County has set up the Audit Services Division Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Audit Services Division Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

…Milwaukee County funded construction and work sites shall also have posted the bulletin that the Audit Services Division has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement"

A Hotline bulletin is attached (See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

Certifies that the copies of Audit Hotline poster will be posted at prominent locations within our organization upon effective date of awarded contract.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

CERTIFICATION STATEMENT

DEBARMENT AND SUSPENSION

The Proposer certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

ADDITIONAL DISCLOSURES

ITEM # 20

1. Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

   ☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your Company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

   ☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation outlining the following:

   - Date of citation or violation
   - Description of violation
   - Parties involved
   - Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

   ☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

   ☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

   ☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING YOUTH

Proposer certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks, File No. 99-233. Agencies under contract shall conduct background checks at their own expense.

RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks shall be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.

2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be submitted, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.

3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not submit to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.

4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions

stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.

7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.

8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.

9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.

10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.

11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of proposal, shall notify the DHHS or its designee immediately.

12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

CERTIFICATION STATEMENT

ITEM# 21

RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING CHILDREN AND YOUTH

This is to certify that _____
(Name of Agency/Organization)

(1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"

(2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,

(3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

CERTIFICATION STATEMENT

RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at http://www.legis.state.wi.us/rsb/code.htm). Agencies under contract shall conduct background checks at their own expense.

DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf)

A caregiver is a person who meets all of the following:
• is employed by or under contract with an entity;
• has regular, direct contact with the entity's clients or the personal property of the clients; and
• is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that _____
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: _____ Date: _____

Printed Name: _____Title: _____

Agency: _____

Item 23 partially comprises the points scored under Cultural Diversity and Cultural Competence

CULTURAL COMPETENCE *ITEM # 23*

Cultural Competence *- A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.*

Cultural Humility ***-*** *Cultural Humility recognizes variation within members of a group which may otherwise be similar in terms of race, gender, ethnicity, or other characteristic. The emphasis in Cultural Humility is not on specific knowledge of any given cultural orientation, but rather on an approach which demonstrates a respectful attitude toward diverse points of view, recognizing that groups of individuals cannot be reduced to a set of discrete traits. This approach specifically avoids making broad assumptions about groups based on defined traits or behaviors; instead, it focuses on recognizing and integrating the unique perspective each client brings to the service delivery experience.*

Describe your proposed strategy for developing and maintaining Cultural Competence. Apart from having a culturally diverse board and or staff, please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. A defining characteristic of Cultural Humility is client centered care. Proposers should describe their client centered approach specifically in terms of how it incorporates Cultural Humility.

Item 24 partially comprises the points scored under Administrative Ability

EMERGENCY MANAGEMENT PLAN ITEM # 24

In order for Agencies under contract with DHHS to be prepared for a natural or man-made disaster, or any other internal or external hazard that threatens clients, staff, and/or visitor life and safety, and in order to comply with federal and state requirements, Agencies shall have a written Emergency Management Plan (EMP). All employees shall be oriented to the plan and trained to perform assigned tasks. **Submit a summary of your Emergency Management Plan (no more than 6 pages) that identifies the steps Proposer has taken or will be taking to prepare for an emergency and address, at a minimum, the following areas and issues:**

1. Agency's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command;
2. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location;
3. Identify services deemed "essential", and any other services that will remain operational during an emergency (**Note, Agencies who offer case management, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or to individuals with physical or developmental disabilities are deemed to be providers of essential services**);
4. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency during a fire emergency;
5. Plan a response to serious illness, including pandemic, or accidents;
6. Prepare for and respond to severe weather including tornado and flooding;
7. Plan a route to dry land when a facility or site is located in a flood plain;
8. For residential facilities, identify the location of an Alternate Care Site for Residents/Clients (Note, this should include a minimum of two alternate facilities, with the second being at least 50 miles from the current facility);
9. Identify a means, other than public transportation, of transporting residents to the Alternate Care location (Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan);
10. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (**Note, in the case of Personal Care Workers, staff should be prepared to accompany the Client to the Alternate Care Site, or local emergency management identified Emergency Shelter**). Provide a description of your agency's proposed strategy for handling fluctuations in staffing needs. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies;
11. Identify how meals will be provided to Residents/Clients at an Alternate Care Site. In addition, a surge capacity assessment should include whether the Agency, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff;

12. Identify how Agencies who offer case management, residential care, or personal care for individuals with substantial cognitive, medical, or physical needs shall assist Clients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.

13. Ensure that current assessment and treatment plan for each Resident/Client with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Resident/Client to the Alternate Care Site. This should include: Resident identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA.

14. Identify staff responsible for ensuring availability of prescriptions/medical equipment and Client information at Alternate Care Site;

15. Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee); and

16. Collaborate with Suppliers and Personal Services Providers.

Describe, in detail, formal and informal agreements (such as Memoranda of Agreement) which support elements of your plan, as well as any specific examples of tests, drills, or actual implementation of any parts of your plan. Agencies shall have agreements or MOUs with other agencies or operators of Alternate Care Sites and assess the availability of volunteer staff for such emergencies.

Proposers can find resources for EMPs including sample plans, Mutual Aid Agreement and templates at the following website:

http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.htm

If Proposer serves persons with special needs receiving in-home care, or care in a supportive apartment, it should have the Client, the caregiver or someone upon whom the Client relies for personal assistance or safety complete the below referenced “DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS”.

http://www.dhs.wisconsin.gov/preparedness/resources.htm

Part 2: BUDGET AND OTHER FINANCIAL INFORMATION

INSTRUCTIONS and FORMS

IRS FORM 990

ITEM # 25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies that have never filed IRS Form 990

CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM # 26

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

For information on audit and invoicing requirements should a contract be awarded, see the *Audit and Reporting Requirements* document available at: http://county.milwaukee.gov/DHHS_bids .

BUDGET FORMS

ITEM #27

Item 27, forms 1 – 6H comprise the points scored under Budget Justification

All proposers must define a unit of service and calculate a cost per unit on Budget Form 1 regardless of the payment method expected to be identified in the final executed contract. Form 1 partially comprises the points scored under Budget Justification.

Form 2 partially comprises the points scored under Staffing Plan

Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:
http://county.milwaukee.gov/DHHS_bids.

All Proposers must report unit details on Form 1. These forms must be used in the format provided, and completed according to the Instructions provided with the link forms under various tabs marked “Instructions”. Any forms that have been altered will not be accepted; the item will be considered an omission in the proposal and will be scored accordingly during the review process.

All Proposers in addition to submitting a hard copy, must submit budget forms electronically to dhhsca@milwaukeecountywi.gov In the subject line indicate agency name, contract division (DSD, MSD, BHD, WRAP, DCSD, or Housing) and “2015 budget forms” *e.g. XYZAgency-DSD-2015 Budgetforms.xls*

Part 3: PROGRAM PROPOSAL

INSTRUCTIONS and FORMS

PROGRAM PROPOSAL: COMPLETE PARTS 2 AND 3 FOR EACH PROGRAM

A separate PART 2, BUDGET AND OTHER FINANCIAL INFORMATION and PART 3, PROGRAM DESIGN**,** must be completed **for each program** for which an agency is requesting DHHS funding. Agencies are required to submit a separate program proposal section, including all of the required submission items in PART 1, for each program, not for each site. If an agency offers a program at more than one site, Items 30 and 31 must be submitted **for each site**.

PROGRAM ORGANIZATIONAL CHART

ITEM # 28

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

PROGRAM LOGIC MODEL AND EVALUATION REPORT

(To be included In Initial Submission of ALL Proposals except for the Birth-3 Program) *ITEM # 29a*

Use single words or short phrases to describe the following:

Inputs: List the physical, financial, and human resources dedicated to the program.

Processes/Program Activities: List the services to be delivered, **to include any "Required Program Components" as described in the Program Requirements**.

Outputs: List the volume of processes/program activities to be delivered, **to include any "Expected Outputs" listed in Program Requirements (See Section 5 for Program Requirements).**

Expected Outcomes: List the intended benefit(s) for participants during or after their involvement with a program, **to include all "Expected Outcomes" listed in the Program Requirements**, as well as any additional outcomes already established for the program. If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

Indicators List the measurable approximations of the outcomes you are attempting to achieve, **to include any required "Indicators" listed in the Program Requirements.** Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.
For more examples of Inputs, Processes, Outputs, and Outcomes, see DHHS Outcomes Presentation, March 16, 2006, at: http://county.milwaukee.gov/ContractMgt15483.htm (Look under "Reference Documents")

Projected Level of Achievement-Using column F of your Program Logic Model (Item 29a), identify the number and percentage of participants you project will achieve each "Expected Outcome" for each program proposed.

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT *(Sample)* *ITEM # 29a*

A	B	C	C1	D	E	F	G	H
Inputs	**Processes/Program Activities**	**Outputs**	**For evaluation report** **Actual level of achievement**	**Expected Outcomes**	**Indicators**	**Projected level of achievement**	**For evaluation report** **Actual level of achievement**	**For evaluation report** **Description of changes**
Staff *Clients* *Community sites (list major ones)* *Community living curriculum* *Transportation (vans)*	*Staff establish sites for community activities.* *Staff and clients identify community interests.* *Staff arrange/coordinate transportation to/from community activities.* *Staff facilitate community activities.* *Staff conduct pre and post activity workshops to teach and support clients' involvement in community life*	*32 unduplicated clients will participate in 500 community living experiences.*		*Outcome 1:Clientsincrease awareness of community resources.*	*Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores*	*24 (75%) of clients will achieve the outcome*		
				Outcome 2: Clients increase utilization of public and private services in their community.	*Number and percent of clients who demonstrate an increase in utilization of public and private services in their community*	*24 (75%) of clients will achieve the outcome*		
				Outcome 3: Clients generalize acquired skills to other home and community living situations	*Number and percent of clients who generalize acquired skills to other home and community living situations*	*24 (75%) of clients will achieve the outcome*		

example

Items 29a and b partially comprise the points scored under Service Plan and Delivery

PROGRAM LOGIC MODELand ANNUAL EVALUATION REPORT

ITEM # 29a

A	B	C	C1	D	E	F	G	H
Inputs	**Processes/Program Activities**	**Outputs**	**For evaluation report**	**Expected Outcomes**	**Indicators**	**Projected level of achievement**	**For evaluation report**	
			Actual level of achievement				**Actual level of achievement**	**Description of changes**

Items 29b and 290c & d (as applicable) partially comprise the points scored under Previous Experience

PROGRAM NARRATIVE *ITEM # 29b*

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2015 Purchase of Service Guidelines: Program Requirements*.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model.

Refer to the *Year 2015 Purchase of Service Guidelines: Program Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include:

- All Required Program Components
- Required Documentation
- Expected Outputs
- Expected Outcomes
- Indicators

If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of the service recipients' knowledge, skills, behaviors, condition, or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one indicator for each "Expected Outcome".

Using the table on the next page, describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation. Discuss past service experience with similar contracts. Specifically address recent and current experience in terms of program volume, target population, dollar amount of contract, and service mix (i.e., types of services provided).

Program Name	Funding period	Funder	Program volume	Target Population	Dollar amount	Service Mix

Items 29c, 29d, or 29e as applicable, partially comprise the points scored under Administrative Ability

Item 29c or 29d, as applicable, comprises the points scored under Outcomes and Quality Assurance

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For agencies with some history of funding, but without a current DHHS Purchase of Service contract, submit this form. **This document shall be completed by a prior funder**, and is subject to verification**.**

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 29C. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance Assessment for (Agency)_____

From (Funding Source)_____

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program_____

2. When and for how long did Funding Source fund this program?_____

3. Program volume: How many people did this program serve?_____

4. Target Population: What was the primary target population for this program?_____

5. What was the dollar amount provided by Funding Source?_____/year

6. What services were provided through this program?_____

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N)_____

8. If no longer funding this program, why not?_____

_____

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:
   - 0 Does/did not meet expectations
   - 1 Meets/met very little of what is/was expected
   - 2 Meets/met fewer than half of expectations
   - 3 Meets/met more than half of expectations
   - 4 Meets/met all expectations
   - 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget
0 1 2 3 4 5 NA

Comments:_____

_____

Achievement of established outcomes
0 1 2 3 4 5 NA

Comments:_____

_____

Timely submission of program reports
0 1 2 3 4 5 NA

Comments:_____

_____

Accurate submission of program reports
0 1 2 3 4 5 NA

Comments:_____

_____

Signed,

_____

Name (print)_____

Title _____

Phone_____

Email _____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER *ITEM #29d*
ORGANIZATIONAL LEADERSHIP

All new agencies, or agencies without a previous Purchase of Service contract with Milwaukee County DHHS, must complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior funder or by a prior employer**, and is subject to verification**.**

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 29d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance assessment for (Individual):_____

From (Agency)_____

Please provide the following information relating to Individual's history with Agency.

1. Individual's title_____

   _____

2. When and for how long did Individual work for Agency?_____

   _____

3. Program volume: How many people were served by this program?_____

   What was Individual's role in program administration?

   _____Direct _____Indirect (supervision) _____Limited or none

4. Target Population: What was the primary target population for this program?_____

   _____

5. What was the dollar amount provided by Funding Source?_____/year

   What was Individual's role in fiscal management of the program?

   _____Direct _____Indirect (supervision) _____Limited or none

6. What services were provided through this program?_____

   _____

7. If no longer funding this program, why not?_____

   _____

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

    0 Does/did not meet expectations
    1 Meets/met very little of what is/was expected
    2 Meets/met fewer than half of expectations
    3 Meets/met more than half of expectations
    4 Meets/met all expectations
    5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget
0 1 2 3 4 5 NA

Comments:_____

_____

Achievement of established outcomes
0 1 2 3 4 5 NA

Comments:_____

_____

Timely submission of program reports
0 1 2 3 4 5 NA

Comments:_____

_____

Accurate submission of program reports
0 1 2 3 4 5 NA

Comments:_____

_____

Signed,_____

Name (print)_____

Title _____

Phone _____

Email _____

Program Evaluation: Agencies **currently providing services under a Purchase of Service contract with the DHHS** in 2014 must include a copy of the most recent annual or semi-annual program evaluation report for the program currently provided, or, if several programs are being provided, for the program that is the most similar to the service being applied for in this proposal.

2015 PROVIDER SERVICE SITE INFORMATION *ITEM #30*

Provide a separate sheet for each site location where services are provided.

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: _____

Total number of unduplicated consumers you are currently serving: _____

Please check if your agency provides the following at this site:
____Programs for men ____Programs for women ____Programs for men & women
____Services for pregnant women
____Services for families with children ____Childcare provided
____Services for Persons Involved in the Criminal Justice System
____Services for the Developmentally Disabled
____Services for the Physically Disabled
____Services for persons with co-occurring mental health and substance use disorders
____Wheelchair accessible

Hours of operation: ____for specific program ____for all programs at this site
_____Monday:
_____Tuesday:
_____Wednesday:
_____Thursday:
_____Friday:
_____Saturday:
_____Sunday:
_____Emergency contact available 24 hours_____Emergency number_____

_____ Agency owns this Service Site

_____ Agency leases this Service Site:

Expiration date of Lease: _____
(lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,_____

Name (print)_____

Title _____

Phone _____

Email _____

PROGRAM ACCESSIBILITY *ITEM # 31*

What is your agency's plan to serve clients:

- With physical disabilities

- With developmental disabilities

- With hearing impairment

- With visual impairment

- Who are non- English speaking or have limited English proficiency

- Who require personal care assistance

List any other services enhancing program access, e.g. agency located near public transportation, etc.

Item 32 partially comprises the points scored for Administrative Ability

STAFFING PLAN

ITEM # 32

Describe the staffing plan and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF *ITEM # 33*

Indicate the number of staff **directly related to achieve your objectives for the program(s) you are applying for**, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A.** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). ***Complete the attached roster*** *(item 34)* ***for current staff working in each program for which a proposal is being submitted.*** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM_____ 2015 PROGRAM No._____

POSITION TITLE_____ NO. OF STAFF: _____

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: $_____

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: _____

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation):
_____/_____=_____

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
_____/_____=_____

For Behavioral Health Division, CARS proposals, include copies of staff licenses, certifications and diplomas.

CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER *ITEM # 34*

ITEM 34 is available as a download from: 0Hhttp://county.milwaukee.gov/DHHS_bids

This form should be submitted electronically along with the budget spreadsheet.

PROGRAM EVALUATION *(No Submission Required with Proposal)* *ITEM # 3***5**

Annual evaluation reports <u>for the twelve-month period ending June 30, 2015</u> are due by Friday, August 1, 2015 for contractors that are continuing from 2014. For new contractors, evaluation reports are for the 6 months ending June 30, 2015, due August 1, 2015.

Evaluation Reports for the DSD Early Intervention Birth to Three Program will continue to be due semiannually on January 31st and July 31st of each year. Compliance with this contract requirement constitutes "submission" of this proposal Item.

To summarize, unless otherwise indicated in the Program Requirements, Evaluation Reports for the 12 months ending June 30, 2015 are due August 1, 2015.

Evaluation reports must conform to the following, in format and content:

Using Column G of your Program Logic Model (*Item 29a*) for the current year's program, identify the number and percentage of participants who have achieved each "Expected Outcome" for each program delivered. Using the Program Logic Model, the evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/post test, etc.) used to measure the achievement of the outcome. Using Column H of your Program Logic Model (Item 30a), describe modifications to program and/or indicators and/or projected level of achievement for future reporting periods, based on the findings of the evaluation.

Describe methods of data collection used. Describe how consumers and community members have been integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

The Evaluation Reports must be submitted electronically to DHHSCA@milwaukeecountywi.gov in either Excel, Word, or PDF format. In order to ensure that the appropriate division receives the Evaluation Report, the subject line must include the Agency Name, Contracting Division, and Program Title to which the report applies.

In addition to the electronic submission, the evaluation reports may also be submitted to the following persons:

Behavioral Health:
Stefanie Erickson
Community Access to Recovery Services
9201 W. Watertown Plank Rd.
Milwaukee, WI 53226

Management Services:
Diane Gallegos
Management Services Division
1220 W. Vliet St., Rm 300
Milwaukee, WI 53205

Housing:
James Sponholz
Housing Division
1220 W. Vliet St., Rm 300
Milwaukee, WI 53205

Delinquency and Court Services:
Theresa Randall
Delinquency & Court Services
10201 West Watertown Plank Road
Milwaukee, WI 53226

***Disabilities Services*:**
Jane Alexopoulos
Disabilities Services
1220 West Vliet Street, Room 300
Milwaukee, WI 53205

Item 36 partially comprises the points scored under Cultural Diversity and Cultural Competence and under Staffing Plan.

CLIENT CHARACTERISTICS CHART

ITEM # 36

ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

2. **Black**: All persons having origins in any of the Black racial groups in Africa.

3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)

4. **American Indian or Alaskan Native**: All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.

5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

DISABLED DEFINITIONS

A disabled individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);

2. Any person who has a record of such impairment; or,

3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name _____

Disability/Target Group _____

Program Name _____ **2015 Program #** _____

Facility Name & Address _____

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

		Number	Percent (%)	Prior year actual
2. Age Group:	a. 0 - 2			
	b. 3 - 11			
	c. 12 - 17			
	d. 18 - 20			
	e. 21 - 35			
	f. 36 - 60			
	g. 61 & over			
	TOTAL			
3. Sex:	a. Female			
	b. Male			
	TOTAL			
4. Ethnicity:	a. Asian or Pacific Islander			
	b. Black			
	c. Hispanic			
	d. American Indian or Alaskan Native			
	e. White			
	TOTAL			
5. Other:	a. Disabled individuals			
	b. Not applicable			
	TOTAL			

Date Submitted:	

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year.

(Rev 7/13)

PART 4: OVERVIEW OF PROPOSAL REVIEW PROCESS

PROPOSAL REVIEW AND SCORING CRITERIA

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
REQUEST FOR PROPOSAL REVIEW PROCESS

I. Proposal Review Panel Selection and Representation

A. Proposal Review Panel Selection

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the Proposer has applied, or hold any ownership, contractual or employment interests in the Proposer or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Community Business Development Partners, etc.

B. Proposal Review Panel Representation

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer / service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division or DHHS Contract Administration staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Milwaukee County DHHS staff, as consultants, may provide responses to program and procedural information including:

- past performance of a Proposer;
- Proposer's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,
- program outcomes and performance reviews.

Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including division program or quality assurance staff, and/or DHHS Contract Administration staff. Milwaukee County DHHS staff will not comprise the majority of panel members.

2. Panel representation when only one proposal is submitted to provide a particular program or service will be no more than two members. If only one proposal is received, and the proposer is not an incumbent agency, the panel will be comprised of no more than two members, and at least one member must be a community representative.

3. Alternately, if only one proposal is received and the proposer is an incumbent agency that is the current provider of the program services for which proposals are being requested, DHHS may not convene a panel to score the proposal; however, DHHS staff may review the proposal to verify that the proposal meets all specified requirements. This verification may include requesting reports on the Proposer's financial stability, and reviewing results of past awards to the Proposer by Milwaukee County DHHS and/ or other funders. Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.

4. Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit proposal items identified in the Purchase of Service Guidelines: Technical Requirements. Program, quality assurance and/or Contract Administration staff will perform a screening of items submitted by agencies in this category.

II. General Guidelines

A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to Division Administrators who may accept or dispute them. If a Division Administrator disputes a review and scoring panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The panel shall then be reconvened to

discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made by the Division Administrator.

B. The primary measure of the quality of the Proposer's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent County contract performance of Proposers, or, for new Proposers, current and recent non-County contract performance, or, for new organizations, the current and recent experience of senior staff at Proposer's agency.

C. The review process may include verification of assertions made by the Proposer in the proposal, including but not limited to site visits, record review and interviews and reference checking. The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.

E. Criteria to be considered in evaluating proposals include the Proposer's ability to provide the proposed program, the Proposer's proposed program relative to that proposed by other Proposers, and the Proposer's proposed cost to provide the program or service compared to the cost proposed by other qualified Proposers.

F. For omissions of requested items, Proposers will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.

G. Division Administrators may consider factors other than scoring in making contract recommendations.

III. Proposal Review and Scoring Criteria for ALL contract divisions

A. **Administrative Ability - 12 percent.** The Proposer demonstrates evidence of administrative capacity to meet federal, state, county and creditor requirements, including timeliness of required submissions and payment of obligations. Proposer demonstrates an ability to provide timely and accurate monthly client and financial reports. Proposer demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of Proposer in prior year's

required submissions. For new Proposers, reviewers will consider the on time and accuracy rate of Proposer as described by the person providing the required Experience Assessment report (item 29c or 29d). Existing proposers will be rated on the most current evaluation report (item 29e). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Proposer demonstrates comprehensive emergency preparedness. For full points, Proposer has an existing emergency management plan which includes all required elements, has been tested, and includes specific examples of memoranda of agreement or other formal arrangements for continuity of operations, client care, etc.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

B. **Budget Justification - 13 percent.** The Proposer provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The Proposer's proposed cost to deliver the service, compared to other Proposers, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

C. **Cultural Diversity and Cultural Competence - 9 percent.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 36) and Employee Demographics Summary (Form 2B, Item 27). For full points, Proposer must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target population. If Proposer receives less than full points for this item, one point will be added to the score if the Proposer can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the Proposer's proposed methods for developing and maintaining Cultural Competence as well as the Proposer's history of performance in this area. (Item 23) Proposer must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, Proposer will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

D. **Previous Experience – 18 Percent**. The Proposer's experience demonstrates the ability to provide the proposed service to the target group. For Proposers without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the Proposer following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Proposer currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

E. **Outcomes and Quality Assurance – 13 Percent**.
For Proposers with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of program evaluation reports for most current contract period (item 29e). For new Proposers or Proposers without a current DHHS contract within the last two years, scores will be derived from item 29c or 29d as applicable.

Outcomes and Quality Assurance will also be scored based on reviewers' prior experience with Proposer, if applicable relating to these criteria.

F. **Service Plan and Delivery – 23 Percent**.

Review and scoring and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DHHS in the Year 2015 Purchase of Service Guidelines Program Requirements and the contract agency.
- Rationale and theories supporting the program activities. Proposers should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, Proposer must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 29a and b.

The agency mission statement (item 8) is shown to be consistent with the Division's or program's mission, values or goals.

Agency either owns service site or has a current lease which expires no earlier than the ending date of the current contract period.

Service Delivery Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

G. **Staffing Plan – 12 Percent**. The Proposer demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Proposer's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Proposers' proposals. Compensation of lowest paid staff will be compared and ranked against the other Proposers' proposals.

Proposer must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, Proposer must indicate the required years of experience for direct service staff proposed for the program. Proposer must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Proposer must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

TOTAL SCORE **100 Percent**

BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
WRAPAROUND MILWAUKEE

SECTION 5:

PROGRAM REQUIREMENTS

5. PROGRAM REQUIREMENTS

Table of Contents

Recommended Programs and Tentative Allocations

BEHAVIORAL HEALTH DIVISION 5-BHD-1

None of the above programs are open for competitive proposals for 2015.

WRAPAROUND MILWAUKEE 5-WRP-1

The following services **are open** for competitive proposals for 2015:

The following services **are not open** for competitive proposals (continuing contractors only):

2015 TENTATIVE CONTRACT ALLOCATIONS

COMMUNITY ACCESS TO RECOVERY SERVICES
BEHAVIORAL HEALTH DIVISION

The following services are not open for competitive proposals (continuing contractors only):

Recommended Programs	2015 * Tentative Allocations
Community Support Program (CSP)	TBD
Intake & Assessment - Central Intake Unit	TBD
Service Access & Prevention (MH & AODA)	TBD
Wiser Choice Resource Center	TBD
Outpatient Treatment Program	TBD
Training (MH & WC Networks)	TBD
Prevention – Primary AODA	TBD
Psychosocial Drop-In Center	TBD
Psychosocial Clubhouse	TBD
Targeted Case Management	TBD
Crisis Stabilization Home	TBD
Crisis Resource Center	TBD
Community Linkage & Stabilization Program	TBD
Office of Consumer Affairs – Peer Support	TBD

* TBD – To be Determined All 2015 program allocations are contingent on the 2015 Behavioral Health Division adopted budget.

The Behavioral Health Division has a three year contract cycle. All current organizations providing services are required to submit annual applications. Complete application including a full panel review of the application are required prior to renewal at the beginning of a three year cycle. Assuming satisfactory performance and continued availability of funds, programs are given two one-year contract extensions. During the two years of those extensions, only abbreviated applications are required and those applications are not reviewed by a full panel.

2015 TENTATIVE CONTRACT ALLOCATIONS

WRAPAROUND MILWAUKEE

Note: Wraparound Milwaukee is a program of the Behavioral Health Division

Recommended Programs	Tentative Allocations
The following services are open for competitive proposals :	
Care Coordination **Contract amount may vary based on service volume** – **method of payment is case rate**	**$TBD**
Family and Educational Advocacy Services	**$551,250**
In 2015, the above programs are subject to a full application and full panel review.	
The following services are <u>not</u> open for competitive proposals (continuing contractors only):	
Mobile Crisis Services – Crisis/Respite Group Home for Adolescent Boys 12-17	**$TBD**
Mobile Urgent Treatment Team – Crisis Support Services and Short-Term Case Management	**$TBD**
Family Intervention and Support Services (FISS)	**$TBD**

The Wraparound Milwaukee Program have a three year contract cycle. All current organizations providing continuing services to Wraparound Milwaukee in the second and third year of the cycle are required to submit annual applications (abbreviated proposal). Complete applications including a full panel review of the application are only required prior to renewal at the beginning of a three year cycle.

Assuming satisfactory performance and continued availability of funds, programs are given two one-year contract extensions. During the two years of those extensions, applications are not reviewed by a full panel.

TBD - Final 2015 program allocations are contingent on the 2015 Behavioral Health Division adopted budget.

Behavioral Health Division

Vision for the Milwaukee County Behavioral Health Division

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

Mission of the Milwaukee County Behavioral Health Division

The Milwaukee County Behavioral Health Division (BHD), part of the Department of Health and Human Services (DHHS), is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders. BHD strives to provide patient centered care, adhere to best practice standards and outcomes, promote accountability at all levels, offer recovery support in the least restrictive environment, and coordinate integrated service delivery.

Services that are purchased by BHD are intended to efficiently manage the available resources so that we may best match the priorities of our service area. BHD utilizes its funding to provide a broad continuum of services. BHD will continue to develop and support service models that are evidence-based, culturally competent, and culturally diverse. BHD currently provides mental health services in the following areas:

- Inpatient Services: Nursing Facility Services
- Inpatient Services: Acute Adult/Child Services
- Crisis Services
- Adult Community Services: Mental Health and Substance Abuse
- Child and Adolescent Community Services

BHD has made significant progress toward system redesign over the last two years with help and support from numerous community stakeholders. While there are many accomplishments to be noted, the mental health redesign process is firmly committed to continuous quality improvement. At the core of the recommendations of the mental health redesign process, it is consistently believed that there will be a need for continued movement toward and expansion of community-based services. This movement will include not only an emphasis on delivering and expanding treatment options, but also an emphasis on services that promote both prevention and recovery.

Furthermore, the Community Access to Recovery Services Department (CARS) has been undergoing its own internal reorganization and growth over the last four years. It is known that between 65% to 80% of all clients served in the Milwaukee County Behavioral Health Division CARS Department present with both a mental health and substance use disorder. In an effort to deliver services using an integrated care model,

CARS will ensure that programs and services are delivered under the systems framework established in Milwaukee Co-occurring Competency Cadre (MC3) to support a co-occurring capable system. Emphasis will be placed on assessing an individual for both a mental health and substance use disorder upon intake. The result will be a recovery oriented system of care that focuses on a person-centered approach, continuous quality improvement, and allows for the use of peers as providers within a genuine integrated care model will become standard of service practice.

Finally, in 2014 policy oversight for BHD shifted from the County Board of Supervisors to the Mental Health Board (MHB). MHB will be establishing future policies and direction for BHD in partnership with BHD staff. As a result of State legislation establishing the MHB, certain County rules and ordinances that used to apply to BHD (such as appeal procedures under Chapter 110) no longer apply.

PROGRAM DESCRIPTIONS

PROPOSAL SUBMISSION REQUIREMENTS (Applies to all BHD (CARS) programs up for competitive bid):

Service/Treatment Process

For each program for which you are submitting a competitive proposal:

(1) List and define each program's activities, purpose of the activity, and the usual size, structure, and schedule of activities or groups.

(2) Describe the sequence of program activities, including counseling and/or treatment, if applicable. Indicate the phases of service/treatment, the length of time in each phase, and the criteria used to determine movement from one phase to another.

(3) If counseling or treatment is a program component:

- Describe how and when individualized plans, goals and operationalized strategies are developed and reviewed. Identify by position who is involved in this process.
- Provide a detailed description of the issues and topics to be addressed in counseling.
- Provide a description of the treatment modality that will be utilized. Address the specific service needs of individuals living with co-occurring disorders.

(4) Describe your plan to ensure that services can be provided to service recipients with Limited English Proficiency (LEP).

(5) Describe any agreements and working collaborations with other community agencies that will provide services to the target population. Describe the qualifications of said providers. Include any letters of agreement.

(6) Program incumbents should provide a summary description of their most recent program evaluation reports submitted to BHD. Include any changes made in the program as a result of the evaluation.

The following BHD Purchase of Service programs currently fall within a multi-year contracting cycle and are not open to new provider agencies.

The current provider agencies for all of the programs not in a competitive cycle must file a partial application for each program that includes all the times listed under FINAL SUBMISSION plus the Authorization to File for 2015 and any other items that have changed from the previous year. Partial applications for programs that fall within a multi-year contracting cycle are due the same date and time as the complete application for programs that are included in the 2015 RFP. Please refer to the *Technical Requirements* section of this document.

Please note: Tentative funding levels are based upon Departmental level budget requests and as such may be subject to change based upon the final adopted 2015 Milwaukee County budget. As a result, significant changes may occur in the structure and funding of our programs by the time applications are due for submission in September. Applicants should routinely check the Milwaukee County DHHS website for updates to the RFP throughout the application process and prior to submitting a proposal.

FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE PROPOSALS

Community Living Support Services
Cycle I

Psychosocial Drop In Center
Program #M009

Program Purpose

Psychosocial drop-in centers provide a low-pressure environment for education, recreation, socialization, pre-vocational activities and occupational therapy opportunities for individuals experiencing severe and persistent mental illness and/or co-occurring disorders. They are based on a concept of membership and utilize peer support as a central tenet of the model. Psychosocial drop-in centers are intended to provide individuals with a mechanism of social connectedness so that they may further their own recovery.

Membership in the psychosocial drop-in center is voluntary and members decide upon their own level of participation. That being said, the psychosocial drop-in center is encouraged to have a mechanism of outreach and re-engagement for members whose participation has had a notable recent change. Members are encouraged to participate in assisting with the planning and carrying out of club activities. Activities may include: exercise groups, computer and pre-vocational skills, support groups, mental health and substance abuse educational groups, stress management, activities of daily living, arts and crafts, and community-based recreational opportunities. An additional important offering in the psychosocial club milieu is regular community meetings, in which members share their ideas and opinions about club activities.

Required Program Inputs, Processes and Program Activities

Applicants must demonstrate at least one year of experience operating a psychosocial drop-in center.

The psychosocial drop-in center must include a Peer Specialist component.

Applicants must demonstrate a commitment to participating in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative.

The psychosocial drop-in center must be operational a minimum of 5 days per week. Provisions for evening, weekend and holiday activities are strongly encouraged.

The psychosocial drop-in center must demonstrate the ability to accept new members and commence the orientation process within two weeks from receipt of a completed application.

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses of the 1/12 (one-twelfth) or the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Behavioral Health Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

Required Documentation

Semi-annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements."*

Monthly expense reporting is required.

The annual CPA audit is to be shared with DHHS Contract Administration upon completion.

Expected Outcomes

Psychosocial drop-in center members will decrease their incidence of hospitalization.

Psychosocial drop-in center members will increase their socialization opportunities.

Psychosocial drop-in center members will increase their independence via pre-vocational, vocational and activities of daily living opportunities.

Indicators

The number and percent of members who self-report a decrease in hospitalization, as compared to what was experienced prior to psychosocial drop-in membership.

The number and percent of unduplicated clients who actively participate in planned social activities sponsored by the psychosocial drop-in center.

The number and percent of unduplicated clients who are actively engaged in pre-vocational, vocational and/or activities of daily living opportunities.

Expected Levels of Outcome Achievement

50% of psychosocial drop-in center members who attend the psychosocial drop-in center during the reporting year will self-report a decrease in their incidence of hospitalization, as compared to what was experienced prior to psychosocial drop-in center membership.

50% of psychosocial drop-in center members who attend the psychosocial drop-in center during the reporting year will be actively engaged in pre-vocational, vocational and/or activities of daily living opportunities.

50% of psychosocial drop-in center members who attend the psychosocial drop-in center during the reporting year will be actively engaged in one or more clubhouse-sponsored social activities annually.

Community Living Support Services
Cycle I

Clubhouse Model Program
Program #M010

Program Purpose

The Clubhouse Model program is a model of rehabilitation for individuals living with a mental illness and/or co-occurring disorders; the clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse. This includes involvement in the planning processes and all other operations of the club.

Central to its philosophy is the belief that work is important for all people, including those who are living with a mental illness. The clubhouse focuses on the strengths, talents and abilities of all its members, with the belief that all members have the potential to grow, develop and make productive contributions to the community. While work is an essential part of the clubhouse model, pre-vocational activities and ongoing, intentional engagement efforts need to be available and tailored to the individual's needs, so that the clubhouse is welcoming and sensitive to the needs of all members, regardless of where they may be on the recovery spectrum.

Parallel to the importance of work, individuals have a need to have opportunities for socialization. The clubhouse provides a place for social interaction, development of relationships and social support, including in the evenings, on weekends and holidays. It is anticipated that with increased socialization opportunities, individual isolation will decrease, members will be more willing to consider the other opportunities the club has to offer and begin the journey toward recovery and full community membership.

Required Program Inputs, Processes and Program Activities

Applicants must be in compliance with and certified via the International Center for Clubhouse Development (ICCD) evidence-based standards. Applicants must provide demonstration of such certification.

Applicants must demonstrate at least one year of experience operating a certified clubhouse program.

Applicants must demonstrate a commitment to participating in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative.

The clubhouse must be operational a minimum of 5 days per week. Provisions for evening, weekend and holiday activities are strongly encouraged.

The clubhouse must demonstrate the ability to accept new members and commence the orientation process within two weeks from receipt of a completed referral.

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses of the 1/12 (one-twelfth) or the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Behavioral Health Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

Required Documentation

Semi-annual evaluation reports must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements."*

Monthly expense reporting is required.

The annual CPA audit is to be shared with DHHS Contract Administration upon completion.

Expected Outcomes

Clubhouse members will decrease their incidence of hospitalization.

Clubhouse members will increase their ability to achieve educational, pre-vocational and vocational goals.

Clubhouse members will increase their socialization opportunities.

Indicators

The number and percent of members who self-report a decrease in hospitalization, as compared to what was experienced prior to clubhouse membership.

The number and percent of unduplicated clients who are actively engaged in educational, pre-vocational and/or vocational activities.

The number and percent of unduplicated clients who actively participate in planned social activities sponsored by the clubhouse program.

Expected Levels of Outcome Achievement

50% of clubhouse members who attend the clubhouse during the reporting year will self-report a decrease in their incidence of hospitalization, as compared to what was experienced prior to clubhouse membership.

80% of clubhouse members who attend the clubhouse during the reporting year will be actively engaged in educational, pre-vocational and/or vocational activities.

50% of clubhouse members who attend the clubhouse during the reporting year will be actively engaged in one or more clubhouse-sponsored social activities annually.

Service Access and Prevention – Mental Health and Substance Abuse
Program #M001
Cycle I

Program Purpose

This program consists of a variety of services designed to increase the community's awareness and understanding of mental illness, substance abuse or co-occurring issues, and to provide information on what resources are available to assist and support individuals and families. Programs under this service description should provide services for individuals and families living with mental illness, substance abuse and co-occurring issues, including advocacy, information/referral and prevention.

Applicants may apply for any of three main service areas. A brief description of each of the service areas is noted below.

Consumer/Benefit Advocacy (Program #M001-A)
Consumer and/or benefit advocacy programs should provide advocacy services for individuals with mental illness, substance abuse or co-occurring disorders and their families. Services may include advocating for individuals who are currently receiving mental health or substance abuse services, obtaining information that will help better serve those individuals, helping to obtain financial or entitlement benefits and/or advocating for research-based system changes.

Information & Referral Services (Program #M001-1R)
Information and referral services are designed to assist individuals and their families in obtaining information and linking them with appropriate public and private resources.

Prevention Services (Program #M001-P)
Prevention services are designed to provide information, education and training to individuals, their families, and the general public to increase awareness and reduce stigma related mental illness, substance use and co-occurring disorders.

Required Program Inputs, Processes and Program Activities

Applicants must demonstrate at least two years of experience providing advocacy, information/referral or prevention services to individuals and/or families with mental illness, substance abuse or co-occurring disorders.

Applicants must demonstrate a commitment to participating in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative.

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses of the 1/12 (one-twelfth) or the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Behavioral Health Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

Required Documentation

Semi-annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*

Monthly expense reporting is required.

The annual CPA audit is to be shared with DHHS Contract Administration upon completion.

Contract Deliverables

Each program should submit information regarding the specific tasks, activities and/or product that will be purchased through grant funding.

Expected Outcomes

Due to the variety and unique characteristics of each consumer advocacy program, specific expected outcomes cannot be pre-determined. However, each agency is required to submit, as part of their proposal, at least three (3) expected program outcomes that describe the benefits to consumers and/or the mental health system, as the result of service implementation.

These may include:

1. A description of any required data collection instruments or measures, as applicable,
2. A description of any protocols for outcome measurement (e.g. sampling, all clients, etc.),
3. Identification of who the program is expected to benefit (e.g. all participants), and
4. The length of exposure to the program that is expected to produce the outcome.

Expected Levels of Outcome Achievement

Due to the variety and unique characteristics of each consumer advocacy program, specific levels of outcome achievement cannot be pre-determined. However, each agency is required to submit as part of their proposal, at least three (3) expected levels of outcome achievement for their respective programs.

Outcome measures should be written in the following format:

"75% of clients are expected to report that their concerns have been addressed"

SERVICE ACCESS & PREVENTION –
PRIMARY ALCOHOL AND OTHER DRUG ABUSE (AODA) #A001
Cycle I

Program Purpose

The Milwaukee County Behavioral Health Division (BHD) is soliciting proposals for the provision of AODA primary prevention programs. Prevention programming is intended to reduce the consequences of substance abuse in communities as well as prevent the onset and/or reduces progression of substance abuse in individuals. In addition, it promotes individual, family and community health, prevents mental health disorders, supports resilience and recovery, and prevents relapse. The focus of this proposal is the provision of substance abuse primary prevention services in Milwaukee County. BHD is committed to providing high quality, culturally responsive, evidenced-based AODA primary prevention programming. AODA issues have broad and significant impacts on the overall health and well-being of all Milwaukee County residents. The economic and health costs of substance abuse are substantial, as are the related costs to the community of arrests and criminal offenses. This only validates the need for strategic prevention services.

Wisconsin Chapter SPS 160.02(21) defines "Prevention" as "a pro-active process of promoting supportive institutions, neighborhoods and communities that foster an environment conducive to the health and well being of individuals and families." This definition encompasses a continuum of prevention activities, such as:

1. The promotion and enhancement of health and well-being,
2. The prevention of the development of substance use problems,
3. The prevention of the development of substance use problems into substance use disorders.

Primary prevention- To protect individuals in order to avoid problems prior to signs or symptoms of problems. Includes those activities, programs, and practices that operate on a fundamentally non-personal basis and alter the set of opportunities, risks, and expectations surrounding individuals. Under the rubric of primary prevention, there are several levels of intervention, each differing in degree of specificity. These include:

1. **Universal measure -** Target general population groups without reference to those at particular risk. All members of a community benefit from a universal prevention effort, not just specific individuals or groups. An example would be universal preventive interventions for substance abuse that includes substance abuse education using school-based curricula for all children within a school district. Universal prevention measures also include the implementation of environmental strategies.
2. **Selective measure -** Target those at higher-than-average risk any problem. Targeted individuals are identified on the basis of the nature and number of risk factors. The goal is to prevent the development of serious problems. Examples of

selective prevention programs for substance abuse include special groups for children of substance abusing parents or families who live in high crime or impoverished neighborhoods and mentoring programs aimed at children with school performance or behavioral problems.

3. **Indicated measure -** Identify individuals who are exhibiting early signs of problem behavior(s) and target them with special programs to prevent further onset of difficulties and the development of more severe problems. Identifies persons in the early stages of problem behaviors and attempts to avert the ensuing negative consequences by inducing them to cease their problem behavior through counseling or treatment. It is often referred to as *early intervention*. Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors, and psychological problems such as depression and suicidal behavior, which increases their chances of developing a drug abuse problem. In the field of substance abuse, an example of an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, suicidal ideation, and early signs of substance abuse.

These funds are intended to support coalitions and agencies in the selection the priority areas for preventative interventions. The priority areas as identified in the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use 2012 (http://www.dhs.wisconsin.gov/stats/aoda.htm) are:

- Underage drinking (ages 12-20);
- Alcohol-related motor vehicle fatalities and injuries (especially among people ages 16-34);
- Adult binge drinking (ages 18-34);
- Drug-related deaths (with a focus on unintentional opioid-related overdose deaths among people ages 20-54);
- Alcohol consumption for pregnant women; and,
- Alcohol consumption for women of childbearing years (ages 18-44).

Environmental Strategies

Environmental strategies are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Information concerning the development of environmental strategies through coalitions can be found at the Community Anti-Drug Coalitions of America website:
http://www.cadca.org/resources/detail/coalition-impact-environmental-prevention-strategies

Individual Strategies

Broadly defined, individual strategies are short-term actions focused on changing individual behavior, while environmental strategies involve longer-term, potentially

permanent changes that have a broader reach (e.g., policies and laws that affect all members of society).

The most effective prevention plans will use both environmental and individual substance abuse prevention strategies. (http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Environment.html)

Vendors may apply for funding to deliver one or more of the proposed primary prevention measures (universal, selective, and/or indicated) in at least **two** selected priority areas.

Coalitions and agencies are required to use the Strategic Prevention Framework (SPF) in the development and delivery of their preventative intervention(s). SPF uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the community level. The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within the county and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

SPF is a community-based approach to substance abuse prevention that cuts across existing programs and systems. SPF executes a data-driven, five-step process. Sustainability and cultural competence are woven throughout the five steps of the SPF. The SPF was initiated by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). The five steps of the SAMHSA SPF are designed to help communities build prevention competencies and the infrastructure necessary to implement and sustain effective prevention policies, practices, and programs. An outline of the five-step process of the Strategic Prevention Framework follows.

Step 1: ASSESSMENT - *Profile population needs, resources, and readiness to address needs and gaps.*
Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF is the creation of an assessment workgroup. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step 2: CAPACITY BUILDING - *Mobilize and/or build capacity to address needs.*

Building capacity involves the mobilization of resources within a community. A key aspect of capacity building is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and systems thinking. Additionally, capacity building should include a focus on sustainability as well as evaluation capacity.

Step 3: STRATEGIC PLANNING - *Develop a comprehensive strategic plan.*
Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the factors identified in a specific community that are contributing to the selected priority. The planning process produces strategic goals, objectives, and performance targets as well as logic models and preliminary action plans. In addition to the strategic goals, objectives, and performance targets, Step 3 also involves the identification and selection of evidence-based strategies that include changes in policies, programs, and practices that will positively impact the selected priority.

Step 4: IMPLEMENTATION - *Implement evidence-based prevention programs, policies, and practices.*
Implementation involves taking action guided by the strategic plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not completed in full during the planning process in Step 3, it should occur in Step 4. Step 4 also includes the creation of an evaluation plan, the collection of process measurement data, and the ongoing monitoring of implementation fidelity.

Step 5: EVALUATION - *Monitor, evaluate, sustain, and improve or replace those that fail.*
Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the ongoing process is identifying areas for improvement and course correction. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the strategic plan, action plan, and desired outcome measures.

A. Goals and Desired Outcomes

The primary goals of and outcomes of these prevention funds are:

1. Prevent the onset and reduce the progression of alcohol abuse, including childhood and underage drinking, drinking among pregnant women and women of childbearing age, and adult binge drinking.

   Outcomes:

   a. abstinence from alcohol and other drug abuse, and abstinence from any use by children and youth;
   b. increased social supports and social connectedness; and
   c. social policy that supports prevention goals.

2. Reduce alcohol and drug abuse-related problems in the Milwaukee community.

   Outcomes:

   a. increased attendance and retention in employment;
   b. increased attendance and retention in school;
   c. decreased drug-related deaths,
   d. decreased alcohol-related deaths,
   e. decreased misuse of prescription drugs,
   f. decreased criminal justice involvement; and
   g. decreased health and injury consequences.

3. Build prevention capacity and infrastructure at the community level.

   Outcomes:

   a. increased access to prevention services;
   b. increased retention in prevention programs;
   c. increased use of cost effective services;
   d. use of evidence based practices; and
   e. implementation of environmental strategies.

Essential Components

- The selected prevention vendor(s) will have demonstrated participation in the Milwaukee Co-occurring Competency Cadre (MC3) initiative or will begin their participation in MC3 upon award. It is the desire of BHD that prevention activities in the future will encompass both mental health and substance abuse.

Required Program Inputs, Processes, and Program Activities

1. Required service model, service emphasis, program philosophy, and/or program activities.

- Vendors must use the SPF as its model for the delivery of the preventative intervention(s).
- Applicants choosing to implement universal prevention strategies would also be expected to administer and staff the work of the Milwaukee Coalition of Substance Abuse Prevention. This coalition is comprised of Milwaukee County

citizens, substance abuse service professionals and individuals who are familiar with the consequences of alcohol and other drug abuse. Based on a needs assessment, the coalition identifies Milwaukee County alcohol and drug use consumption patterns, identifies consequences of substance abuse and identifies both individual and community risk factors. Based on the results of this needs assessment, the coalition identifies priorities, establishes goals and identifies population level strategies to reduce substance abuse and related consequences. The Milwaukee Coalition of Substance Abuse Prevention meets quarterly. Currently there are three Committees and the Executive Committee that meets more frequently. The successful applicant would need to adequately budget staff time and resources necessary to prepare for coalition and committee work including identifying logistic meeting needs, taking minutes, preparing agendas and establishing a communication system for coalition members. Funds would also need to be available for maintaining and building coalition capacity and implementing population level prevention strategies.

2. Time Requirements

- **Year 1**
  - **i.** By the end of Year 1 stages 1-3 of the SPF should be completed.
  - **ii.** Preliminary Report 1 will be provided to Milwaukee County by the end of Month 6 of Year 1. This report must address the results and activities involved in the Assessment and Capacity Building stages of the SPF.
  - **iii.** Preliminary Report 2, to be provided by the end of Month 12 of Year 1, should include the Strategic Plan to address the problems identified in the Assessment stage, as well as the resources identified during the Capacity-Building stage which will be utilized to implement the plan. This report must also include the priority areas selected as a result of stages 1-3.
- **Year 2**
  - **i.** The selected vendor must implement its strategic plans by the start of Year 2 and thereafter spend the remainder of Year 2 implementing the plans and collecting expected outputs (please see below for a definition of “expected outputs” data) and outcomes data.
  - **ii.** Preliminary Report 3, on the successful implementation of the plan, including expected outputs data, should be provided by the end of Month 6 of Year 2 of the grant cycle. In addition to expected outputs data, this report must also include any plan of correction which will be utilized to address any problems with implementation of the plan. These difficulties of implementation should ideally be identified in the expected outputs data.
  - **iii.** Preliminary Report 4 on the successful implementation of the plan must be provided by the end of Year 2. This report must include expected outputs data and must also include any available outcomes data. If no outcomes data is available, a brief explanation

must be provided regarding the lack of outcomes data. In addition to expected outputs and outcomes data, this report must also include any plans of correction which will be utilized to address any problems with implementation of the plan. These difficulties of implementation should ideally be identified in the expected outputs data. If no outcomes data is available because of difficulties with data collection, a plan of correction to address this problem must also be included in the report.

- **Year 3**

i. Preliminary Report 5 on the successful implementation of the plan must provided by the end of Month 6 of Year 3. This report must include both expected outputs and outcomes data. In addition to expected outputs and outcomes data, this report must also include any plans of correction which will be utilized to address any problems with implementation of the plan. These difficulties of implementation should ideally be identified in the expected outputs data. If no outcomes data is available because of difficulties with data collection, a plan of correction to address this problem must also be included in the report.

ii. A Final Report (6) on the successful implementation of the plan must be provided by the end of Year 3. This report must include expected outputs and outcomes data. This report must also include a plan of sustainability for the strategic plans which have been implemented, as well as a plan of sustainability/transition for the Milwaukee County Substance Abuse Prevention Coalition, should the grant be awarded to a different vendor during the next grant cycle.

3. Constraints on program format

- Services proposed including methods for measuring outcomes must meet the requirements in DHS 75.04.

Required Documentation

- ALL vendors will be expected to collect and report data on National Outcome Measures (NOMS) for the statewide and national evaluation. The reporting of the NOMS will occur on the Substance Abuse Prevention Service Information System (SAP-SIS).

<u>Expected Outputs</u>

This refers to program volume - number of classes conducted, number of home visits made, volume of individuals served. Report expected frequency or level of achievement of outputs. “At least twice per year, individuals will participate in x.” This should include both the nature of the outputs (agency will report number of home visits conducted), as well as any expected levels of output (number of face to face meetings conducted), as applicable. Below are some examples:

- # of Milwaukee County Substance Abuse Coalition steering committee meetings organized and held every 6 months
- # of individuals/organizations who are involved in the implementation of the Strategic Plan
- # of additional meetings held to build capacity with the community
- Creation and maintenance of a database to keep track of expected outputs/outcome data
- Development of at least 2 Strategic Plans
- # of community-based activities designed to implement the Strategic Plans for each selected priority area (e.g., meeting with local bar owner to encourage earlier closing times, meeting with local media to portray the cost of drunk driving, meeting with local politicians to change existing substance use policy)

Expected Outcomes

Please refer to the "Goals and Desired Outcomes" portion of this program description on a previous page above. Some examples of potential outcomes are:

- Increase in youth who are abstinent from alcohol in a given cohort (based on the Youth Risk Behavior Survey)
- Reduction in number of drunk-driving related fatalities (based on data from the Milwaukee County Coroner's Office)
- Reduction in number of deaths due to drug overdose (based on data from the Milwaukee County Coroner's Office)

Performance Indicators

The measurable approximation of the outcome, which shows that it has been achieved. For example:

- The number and percent of youth who are abstinent from alcohol in a given cohort (based on the Youth Risk Behavior Survey)
- The number and percent reduction in drunk-driving fatalities from Year 1 to Year 2 to Year 3 (based on data from the Milwaukee County Coroner's Office)
- The number and percent of overdoses due to opioids among African-Americans between Year 2 and Year 3 (based on data from the Milwaukee County Coroner's Office)
- The number of cases of alcohol exposed pregnancies reported in Milwaukee County per live births from Year 1 to Year 3

Describe any required data collection instruments, as applicable. For example:

- Youth aged 12-14 will demonstrate an increase in abstinence, as evidenced by the Youth Risk Behavior Survey, which will be administered every 6 months during the grant term
- Emergency room visits for alcohol-related vehicular accidents will decrease over the grant term. This data will be collected from Wisconsin Price Point system every 12 months.
    - ** The selected vendor may choose to develop its own data collection instrument, if applicable.

Describe any protocols for outcome measurement, e.g., sampling, all individuals, etc., as well as, for whom it is expected, e.g., all accepted/enrolled/assessed individuals, those who "complete" the program, or meet some participation milestone. For example:

- All youth who attend Milwaukee Public School who complete the Youth Risk Behavior Survey will be included in the outcomes
- A random sample of 8th grade classrooms from a random sample of MPS schools
- All deaths reported to the Milwaukee County Coroner's office
- All children who attend at least 3 prevention presentations

What length of exposure to the program is expected to produce the outcome?

Expected Levels of Outcome Achievement

This metric is designed to capture specific minimum levels of attained outcome. *"75% of individuals are expected to be free of hospitalization during a six month period,"* as applicable. Some examples of this are:

- There will be a 35% increase in the number of abstinent youth in a given cohort from the end of Year 1 compared to the end of Year 3 (as assessed by the Youth Risk Behavior Survey)
- There will be a 10% decrease in drunk-driving related deaths (based on data from the Milwaukee County Coroner's Office) at the end of Year 2 and a 15% reduction at the end of Year 3

**** Please note that failure to provide the specified program expected outputs or achieve the specified program outcomes will not result in punitive action, provided there is adequate explanation of the problems involved in attaining these expected output/outcome levels, as well as a step-by-step plan(s) of correction to attempt to redress the problem. The vendor will work in partnership with the Community Services Branch of Milwaukee County to develop and achieve this corrective action plan.**

Consumer Satisfaction

Each program shall have a process for collecting and recording indications of confidential satisfaction with the services provided by the program. This process may include any of the following:

(a) Short in person interviews with persons who have received services.

(b) Evaluation forms to be completed and returned by individuals after receiving services.

(c) Follow up phone conversations.

Targeted Case Management Program (TCM)
#M0013 & #M0014
Cycle I

Program Purpose

Targeted Case Management (TCM) is a modality of mental health practice that addresses the overall maintenance of a person with mental illness. This modality includes, but is not limited to, addressing the individual's physical, psychological and social environment with the goal of facilitating personal health, community participation, empowerment and supporting consumers' recovery.

Targeted Case Management puts a primary emphasis on a therapeutic relationship and continuity of care. Targeted Case Management utilizes Peer Specialists as a significant part of caring for the whole person and each TCM program is required to include a Peer Specialist component in their programming. Within a co-occurring milieu, person centered planning and trauma informed care are employed to assist in meeting the individual needs of the person and to foster a collaborative partnership between the case manager and the consumer.

Target population are individuals who have Axis I and/or Axis II diagnoses without the severity or persistence that would qualify them for a CSP and yet have a disorder requiring more than outpatient or ambulatory therapy can provide. The target population is at high risk for re-hospitalization, and may include the chronic young adult population and/or often has concomitant substance abuse or histories of homelessness.

Persons who are served by the program must:

1. Be a Milwaukee County resident;
2. Be at least 18 years of age and under the age of 60;
3. If over the age of 60, must be first screened for Family Care;
4. If over the age of 60 and client does not meet functional or financial eligibility for Family Care, client may be eligible for TCM services;
5. Have demonstrated functional limitation in the last six months in one or more of the following areas: housing, employment, medication management, court mandated mental health services, money management, or symptom escalation to the point of requiring emergency intervention or hospitalization; and
6. Be screened and found eligible for services through a SAIL assessment.

Required Program Inputs, Processes, and Program Activities

All TCM providers must demonstrate a commitment to participating in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative.

All TCM providers must include a Peer Specialist component in their programming.

ALL TCM providers will incorporate principles of person-centeredness, a well as recovery-driven and trauma informed care at all levels.

All TCM providers must send new staff to participate in the Community Service Branch's Basics of Community Treatment training.

There are two program levels of targeted case management services:

1. **Level I** (standard) **TCM**, **Program #M013**. TCM is expected to provide outreach case management. Services including assessment, treatment planning and referral/monitoring should be provided in accordance with Wisconsin Medicaid TCM requirements.

2. **Level II** (clinic-based) **TCM**, **Program #M014**. TCM is expected to provide primary clinic-based mental health services to individuals who are not appropriate for primary outreach case management services. Services including assessment, treatment planning and referral/monitoring should be provided in accordance with Wisconsin Medicaid TCM requirements.

Programs are expected to maximize third party revenue, including billing for Crisis Case Management services.

A unit of service is one quarter hour (1/4) of direct service time. Direct service is the time spent providing service to program participants, which includes: face-to-face contacts (office or community), collateral contacts telephone contacts, consumer staffing sessions, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meetings, in-service training, etc.

Non-Billable Activities

In addition to mental health services, the program will provide essential representative payeeship and money management services. Additional services may be required to help individuals live successfully (e.g. assistance with accessing transportation or grocery shopping.) While these services may not billable to Medicaid, all TCM programs are expected to meet the holistic needs of the individuals they serve so that they can remain safe and healthy in the community.

Required Documentation

Assessments and treatment plans must be present in the case record maintained by the agency. Additionally, services must be documented through an entry in the case record.

The treatment plan and six month review protocol should be clearly documented with client signature of acknowledgement. This should be reviewed every six months; evidence of a strength assessment and strength based service approach; stated consumer preference(s); evidence of recovery focused goals, treatment plan and service delivery; evidence that a method is in place to assure that all services submitted for payment have met corresponding requirements and are present in the chart.

Direct service time must be documented through an entry in case notes, or narrative, for units billed. The narrative entry must include: the date of the contact, the type of the contact (face to face, collateral, phone, etc.), who the contact was with, the content of the contact, and the number of units (the length of contact).

The case narrative must be contained in the case chart records maintained by the agency. In addition documentation should include the following: Comprehensive assessment; case plan per clinical standards, collaboration and identification of those involved, including signature of the consumer; integration between the assessment, treatment plan, service delivery and progress reporting, consumer preference regarding emergency contact/crisis plan in case of not being able to reach consumer.

Semi-annual evaluation reports must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements."*

Monthly expense reporting is required.

The annual CPA audit is to be shared with DHHS Contract Administration upon completion.

The agency must collection information required for the BHD data reporting structures. The information required related to demographics, episode of care, State's Human Service Reporting System (HSRS) and service information.

Expected Outputs

Level I (community-based) TCM, Program #M013 Case managers will maintain a caseload of 25 consumers. Case managers will practice with a team approach to assure adequate coverage, team collaboration and provider support. Services need to be available forty (40) hours per week with on-call coverage after regular hours; and will provide a minimum of four outreach (in-home) visits and eight face-to-face visits per year.

Level II (clinic-based) TCM, **Program #M014** Case managers will maintain a caseload of sixty (60) consumers; Case managers will practice with a team approach to assure adequate coverage, team collaboration and provider support; Services need to be available forty (40) hours per week with on-call coverage after regular hours; and will provide a minimum of four outreach (in-home) visits and eight face-to-face visits per year.

Expected Outcomes

TCM clients will decrease their incidence of hospitalization.

TCM clients will increase their participation in their own treatment, goals and recovery planning.

TCM clients will experience increased levels of self-determination, empowerment, and independence.

TCM clients will achieve positive movement on the recovery spectrum.

Indicators

The number and percent of hospitalizations and PCS contacts of individuals receiving TCM services following TCM admission in comparison to their baseline prior to admission into services.

The number and percent of clients who acknowledge active engagement in their own treatment and recovery planning processes.

The number and percent of routine visits from their TCM provider indicating movement toward recovery as evidenced by fewer required visits as compared to previous years of treatment provision.

The number and percent of clients who are able to be successfully discharged secondary to recovery.

Expected Levels of Outcome Achievement

During the reporting year the following will occur:

75% of TCM clients will experience a decrease in their incidence of hospitalization, as compared to what was experienced prior to TCM admission.

75% of TCM clients will be actively engaged in their own treatment, goals and recovery planning processes.

50% of TCM clients during the reporting year will be able to achieve movement toward recovery, as evidenced by fewer required visits from the TCM team.

25% of TCM clients will be successfully discharged secondary to recovery.

Community Support Program (CSP)
Program #M012
Cycle II

The Milwaukee County Behavioral Health Division (BHD) is seeking competitive applications for operation of Community Support Programs (CSP). This RFP is open to both existing providers and new applicants. Applicants would need to have all components required (location, staffing, DHS 63 state certification, etc.) in place and ready for full operation of the CSP no later than January 1, 2014. It should be noted that there is a current budget initiative to outsource the two County-operated CSPs in addition to investing in the evidence-based programs (EBP) noted below. As such, applicants should indicate interest in their proposal for any expansion opportunities and/or desire to be an EBP pilot.

Program Purpose

A CSP is the most comprehensive and intensive community treatment model. A CSP is a coordinated care and treatment program that provides a comprehensive range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement and person-centered treatment where participants live, work and socialize. Services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement to achieve individual goals.

Community Support Programs serve individuals living with a severe and persistent mental illness and/or co-occurring substance use disorders who are typically between the ages of 18 and 59, although if over 60 and not eligible for Family Care they may be served by the CSP. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63.

Milwaukee County is also interested in investing in the support and restructuring of up to four Community Support Programs to provide the evidence-based practices of both Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT), with each CSP demonstrating fidelity to both models. Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness (http://www.actassociation.org/actModel/). Integrated Dual Disorder Treatment is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services (http://www.centerforebp.case.edu/practices/sami/iddt). ACT/IDDT helps people address both disorders at the same time in the same service organization by the same team of treatment providers. It is the expectation that the CSPs will have attained

fidelity to each of these models within a 3-year period of transition; as such proposals should clearly outline a plan of implementation

It is the intention of the Community Services Branch to offer training, Technical Assistance and consultation to the selected ACT/IDDT sites. Additionally, the formation of an ACT/IDDT Steering Committee of the selected sites and other invested stakeholders, including individuals receiving services and their families. The Steering Committee will assist with the identification of any potential barriers, guide service delivery and advise the Community Services Branch on additional resources or other needs to ensure successful implementation of ACT/IDDT within the selected CSPs.

Required Program Inputs, Processes and Program Activities

Applicants must demonstrate the program model and treatment philosophy they will utilize to meet all of the requirements as outlined in DHS 63, as well as the IDDT and ACT models of care.

Applicants must demonstrate their implementation plan to achieve fidelity to both the IDDT and ACT models of care.

Applicants are required to demonstrate the capability to admit newly referred clients in accordance with the BHD CSP admission policy. This currently requires that individuals hospitalized on a psychiatric inpatient unit be admitted within 3 days of receipt of referral; individuals in the community must be admitted within 7 business days of receipt of that referral.

The CSP must demonstrate the ability to provide service 7 days per week, including evenings and holidays, so that they are able to meet the individual needs of each client. This also includes provisions of a 24/7 on-call service for all CSP clients to access as needed.

The CSP must demonstrate their ability to provide comprehensive, individualized, person-centered services. All applicants must also provide information about their current participation and ongoing commitment in the Milwaukee Co-Occurring Competency Cadre (MC3).

The CSP pilot sites must include the staffing pattern required in the IDDT and ACT models, to include a team leader, Case Managers, substance abuse counselor, psychiatric nurse, psychiatrist, vocational specialists, housing specialists, and certified peer specialists. It should be noted that Case Managers can be hired to cover many of the above-noted specialties. It should be noted that the utilization of certified peer specialists is required for all CSPs.

Required Documentation

Semi-annual evaluation reports must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*

Monthly expense reporting is required.

The annual CPA audit is to be shared with DHHS Contract Administration upon completion.

The agency must collection information required for the BHD data reporting structures. The information required related to demographics, episode of care, State's Human Service Reporting System (HSRS) and service information.

Assessments and treatment plans must be present in the case record maintained by the agency. Additionally, services must be documented through an entry in the case record.

Expected Outcomes

CSP clients will decrease their incidence of crisis episodes, hospitalization and incarceration.

CSP clients will increase their participation in their own treatment and recovery planning.

CSP clients will experience increased levels of employment and other meaningful activities.

CSP clients will reduce substance use and successful movement through the stages of change.

Indicators

The number and percent of members who experience a decrease in crisis services, hospitalization and/or incarceration on an annual basis, as compared to what was experienced prior to CSP admission.

The number and percent of clients who recognize they are actively engaged in their own treatment and recovery planning processes.

The number and percent of clients who are able to achieve increased levels of employment and/or meaningful activities on an annual basis.

The number and percent of clients who are able to successfully reduce substance use and movement through the stages of change.

Expected Levels of Outcome Achievement

75% of CSP clients during the reporting year will experience a decrease in their incidence of crisis services, hospitalization and/or incarceration, as compared to what was experienced prior to CSP admission.

75% of CSP clients during the reporting year will be actively engaged in their own treatment and recovery planning processes.

25% of CSP clients during the reporting year will be able to achieve increased employment and/or meaningful activities on an annual basis.

10% of CSP clients during the reporting year will reduce substance use and achieve movement through the stages of change.

Intake and Assessment: Central Intake Unit (CIU)
Program #A002
Cycle II

Program Purpose

The Central Intake Unit screens individuals to determine if they meet the eligibility criteria for BHD AODA services**. This is a one-year contract for the period of January 1, 2014-December 31, 2014. The CIU services will transition to a fee for service agreement for 2015.**

Client Eligibility

Services can be provided to individuals who:

- Reside in Milwaukee County; or are eligible for Access To Recovery 3
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit or BHD staff.

The Central Intake Unit staff also assist individuals who meet the eligibility criteria for BHD AODA services, regardless of fund source, access other community treatment/services, including referral and light case management to individuals who:

- Meet diagnostic criteria for a substance use disorder; and
- Are screened and may not be authorized for BHD paid services (see policy on limit of times clients may reenter the system).
- Are screened and may not be appropriate for BHD paid services.

Target Population

BHD is targeting two populations:

1) The General Population of Milwaukee County. Priority given to: IV using pregnant women, pregnant women, IV drug users, parent(s) w/child(ren).

2) Criminal Justice Population:

- a) incarcerated individuals that are reentering the Milwaukee community from prison and
- b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the

community while benefiting from AODA treatment and recovery support services as an alternative to revocation, and;

- c) individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs, including the Veterans Treatment Initiative.
- d) other criminal justice populations as identified.

Program Activities and Processes

1. Deliver Central Intake Unit services according to BHD policies and procedures and consistent with Federal and State confidentiality and patient rights laws and regulations.
2. Oversee the operation and provision of mobile capacity to include Genesis Detox, BHD inpatient, and other locations based on client need.
3. Provide services in strict adherence with ASI and ASAM training, level of Care Recommendations and Informed Choice as per BHD policies.
4. Provide intake/screening services for all individuals seeking County-funded AODA services. Annual volume is projected at approximately 2,500 intake/screenings per year.
5. For those clients not able to receive a WIser Choice comprehensive screen, conduct a non-WIser Choice screen to determine what needs may be able to be met on the client's behalf until such time that the client may receive a full WIser Choice comprehensive screen.
6. Conduct a computer-assisted interview in real time (expected to not exceed 2 hours per client) with each client to:
    a) provide an orientation about AODA system services;
    b) advise the client of the provisions of DHS 1, DHS 92, DHS 94, Wis. Stat. 51.30, the federal Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Drug and Alcohol Patient Records (42 CFR Part 2) and rules related to county funding;
    c) determine eligibility for Milwaukee County funded AODA treatment and recovery support services, which includes a preliminary Temporary Assistance for Needy Families (TANF) screen for eligible custodial and non-custodial parents;
    d) provide referral to other community resources if the client does not have a need for AODA services or is ineligible for Milwaukee County funding.
    e) if the client meets technical eligibility criteria, perform a comprehensive screening for AODA clinical and recovery support service needs in order to determine:
        - if there is a need for AODA treatment and if so;
        - the most appropriate and least restrictive level of care ; and
        - other services that may be needed to support recovery.

7. Enter client data into the BHD computerized information system in real time and update as necessary.
8. Assist each client, to make an informed choice of a BHD-approved provider for clinical treatment, recovery support service provision and recovery support coordination and case management services. Choice will be informed by data shared with the client from the comprehensive screening, as well as profiles of individual providers. Under the terms of the Milwaukee WIser Choice program the CIU must help each client choose from among two or more providers qualified to render each service needed by the client, among them at least one provider to which the client has no religious objection. If no residential treatment provider is available, the CIU will follow BHD's wait list process.
9. Client Choice. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection." The CIU Operations Management Agency and its staff must implement practices to assure that clients have informed choice. CIU staff must take all measures to assure that the assistance they provide clients in the selection process is based entirely on the client's reported needs and preferences, rather than on any bias in favor of or against any particular provider. Acceptance of any form of compensation, monetary or other, in return for steering a client toward choosing a particular provider is prohibited.
10. Obtain the client's signature on the appropriate consent forms.
11. Schedule an appointment with the BHD-approved AODA treatment provider and/or RSS provider chosen by the client.
12. Follow BHD Recovery Check-Up (RCU) protocols.
13. Connect the client with the selected recovery support coordination/case management agency at the time of screening, if so indicated per established criteria.
14. In the case of a client with emergent needs, work closely with the recovery support coordinator to assure that appropriate services are accessed immediately and/or contact the appropriate BHD staff to request authorized emergency services on behalf of the client.
15. For each identified service, enter a request via the computerized BHD information system for the issuance of a voucher to pay for the service. Upon confirmation from the provider that the client has presented for service, via the Provider Feedback Form, update the request in BHD information system within 1 business day.
16. Provide initial and ongoing training for CIU employees to include instruction on the administration of the ASI, ASAM and CIU clinical policies and procedures. **Describe in detail the agency capability and training plan for all new hires and existing employees (if applicable).**

This description must include how you will provide on-going clinical oversight and case sampling, documented supervision, quality assurance and fidelity.

17. Attend all BHD-mandated related trainings, quarterly provider operation's meetings and All Provider quarterly meetings.
18. Participate in the continuing development of policies and procedures for the operation of the CIU.
19. Develop and implement procedures that have been approved by Milwaukee County including:
    a. Emergency procedures for the conveyance of persons to emergency medical facilities when necessary;
    b. Management of belligerent and aggressive persons; and
    c. Procedures to implement BHD's Appeal Processes for both clients and treatment providers.
20. Receive data from the State-approved vendor for IDP assessments (expected volume of 1,100 per year) and when necessary, the BHD Intake GBH outcomes tool and enter the data into BHD's information system. It is estimated that entry for each assessment will take approximately 15 minutes.

Required Program Inputs

Operations

1. Operations. Manage the operations of the Central Intake Unit according to BHD policies and procedures. Adherence to all BHD communications is expected as to assure consistent business processes across all sites.
2. All fixed- and mobile-site locations are to be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements. Each site must provide interview areas that assure privacy and confidentiality.
3. Mobile Capacity. In order to maximize system access for clients, the agency will have mobile capacity for conducting intake and screening at locations throughout Milwaukee. Through discussion with BHD, the agency will develop a plan to allocate mobile services to fixed-site locations convenient for clients. For clients participating in the ATR 3 grant expansion, mobile capacity will be extended to the surrounding counties, including Waukesha, Racine, Washington, Kenosha and Walworth..
4. Equipment. The CIU must have adequate TDD/TTY, phone system, fax capability, computer equipment sufficient to meet the IT requirements, laptop computer(s) to support mobile capacity and digital cameras.
5. Hours of Operation. In addition to normal, weekday hours of operation (e.g. 8:00 a.m. to 4:30 p.m.), the applicant will be required to have hours of operation that provide for access at least one evening a week and Saturday mornings. Include a schedule which reflects the one evening a week and Saturday morning hours. Mobile Capacity must be available during normal, weekday business hours. Intake services are available on

a walk-in basis and by appointment when appropriate or identified by BHD staff. The applicant must include all expected CIU closings for the year (holidays, etc) and how they will inform the public of such closings. Include language that is welcoming and informs the public that although the CIU functions on a first come, first serve basis, that all residents are welcome regardless of established business hours, i.e. that if someone does not get to the CIU early in the morning, that does not prevent them from receiving help.

6. Identify, secure (purchase or lease), furnish and equip the CIU site(s).

7. Staffing. The CIU agency will implement a staffing plan sufficient for conducting 3,200 intake/screenings annually for the hours of operation listed above. The Central Intake Unit's staff must reflect the cultural, ethnic, gender and linguistic characteristics of the community area it serves. A minimum of one staff must be English/Spanish bilingual, and as needed, provision must be made to communicate with Limited English Proficiency (LEP) clients. All CIU's must have means for communicating with Blind, Deaf and Deaf and Hard of Hearing clients.

8. Staff Qualifications.

   a. Persons conducting the comprehensive screening must possess:
      - a minimum of a Bachelor's degree in Social Work, Psychology, Nursing or a related human services field, and two years full-time work experience and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
      - alternatively, a minimum of a Certified Substance Abuse Counselor (CSAC) certification or equivalent from the Department of Regulation and Licensing with at least three years of experience as an AODA counselor and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
      - in addition to the demonstrated competencies for substance use disorders, knowledge and experience of mental health disorders is preferred.
      1. The clinical ability to effectively administer and interpret instruments used in the comprehensive screening; and
      2. Sufficient computer skills to administer the computer-assisted interview and to enter data into the BHD information system.

   b. At least one staff person, in a supervisory position, must be a licensed Master's level behavioral health professional with a degree in Social Work, Psychology, Nursing or other human service profession with experience and demonstrated competencies in clinical interviewing and assessment and knowledge of substance use disorders (knowledge and experience of mental health disorders is preferred). **For this position, describe in detail the capability and plan for the provision of direct supervision of screeners during normal business hours.** The CIU Supervisor must be available on-site for the

support and direction of the CIU staff, and available to BHD staff as needed.

9. Confidentiality. The CIU agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code DHS 94), records (Wis. Stat. 51.30), and confidentiality regulations (DHS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).
10. WIser Choice Operations Meetings/Training: actively participate in monthly CIU Supervisor operations meeting facilitated by BHD. Actively participate and represent the CIU during regularly scheduled Outpatient/Day treatment and Residential treatment providers operations meetings, ongoing training for existing and new staff on ASAM PPC 2R, attendance at all BHD facilitated CIU Screening in-services, and other meetings as identified.
11. Reporting Requirements:
    Quarterly reports must be submitted documenting training and in-services held with staff, non-WIser Choice screens completed,
    - January 15 (quarterly and end-of-year report)
    - April 15
    - July 15
    - October 15

Required Documentation

1. Use of Best Practices for Comprehensive Screening. The CIU Operations Management Agencies will use instruments and processes approved by BHD for conducting the comprehensive screening. At this time, screening protocol includes the Addiction Severity Index (ASI) with Supplemental Items followed by application of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R); as well as the Clinical Institute Withdrawal Assessment (CIWA); Client Intake Summary form, and the ASAM ATR developed RSS assessment instrument and other identified instruments as needed upon BHD approval. Include a plan that would detail how the agency would move to a single point of intake for individuals who present with AODA and/or mental health needs.

2. Semi-annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*

Expected Outcomes

1. Quality Assurance and Quality Improvement. Develop program performance indicators, how they will be measured and a corresponding quality improvement plan. Submit these outcomes and quality improvement plan in 2 separate 6-month reports for the periods January 1 – June 30, 2014 and July 1 – December 31, 2014. Reports will be due 6 weeks later on August 14, 2014 and February 12, 2015 respectively.
    - Minimum indicators must include:
        i. The number and percent of clients who are appropriately identified as Medicaid eligible will increase.
        ii. The number and percent of clients who are appropriately referred to providers based on ASAM criteria will increase.
        iii. Adherence to RCU protocol will increase.

Indicators

1. At least 90% of clients who are Medicaid eligible will be identified as such by the CIU.

2. Appropriate placement of clients per ASAM criteria will occur 90% of the time.

3. Clients who are deemed eligible for services will be referred to providers in accordance with BHD Policies and Procedures at least 90% of the time.
4. Adherence to the RCU protocol will occur 95% of the time.

Intake and Assessment: Intoxicated Driver Program
Program #A004
Cycle II

PROGRAM DESCRIPTION: Intoxicated Driver Program

This program area provides intake and assessment services for individuals charged with or convicted of operating while intoxicated (OWI). Applicants applying for this program must meet the requirements of HFS 62 Assessment of Drivers with Alcohol or Controlled Substance Problems.

Responsibilities include:

1. Conducting an assessment, using the Wisconsin Assessment of the Impaired Driver (WAID) instrument of all motor vehicle drivers who are ordered by courts or the State Department of Transportation (DOT) to be examined for their use of alcohol or controlled substances, to have an individualized driver safety plan developed based on that examination, and to carry out the driver safety plan;

2. Staff certified by the Wisconsin Certification Board and who have also completed the WAID training;

3. Making treatment recommendations based on the WAID;

4. Completing and distributing to the Wisconsin Department of Transportation (DOT), and to the treatment provider, a Driver Safety Plan for each client; and

5. Limited case management and filing a final report with DOT.

This program also functions as a Central Intake Unit with the basic responsibility areas as outlined under the program #A005, Central Intake Unit, for Milwaukee County residents requiring AODA treatment.

Program outcomes and reporting requirements will be negotiated with the provider before consummation of the contract.

Outpatient Treatment Program
#M002
Cycle II

Introduction

It is the intent of the Behavioral Health Division to modify the provision of mental health outpatient treatment services to include substance abuse treatment services to persons presenting with a serious and persistent mental illness and a co-occurring substance use disorder.

The development of integrated services is an expectation of outpatient providers. The development of Co-Occurring Disorder (COD) capacity among outpatient as well as among other "level of care" providers will occur through a collaborative approach emphasizing "Best Practices" within the field. It is our expectation that outpatient providers will engage with BHD in the development of COD capacity shortly after initiation of a purchase of service contract.

Statement of Need

Research has confirmed that people with co-occurring substance use and mental health disorders are a large, significantly under served population. They have multiple service needs that cut across a variety of service systems, making it difficult to navigate the systems due to impaired functioning and/or cognitive limitations, as well as potentially receiving duplicative services from different systems due to lack of coordination. While there are ample studies supporting the efficacy of integrated treatment for individuals with co-occurring disorders, separate service systems have been unable to meet their needs.

Individuals with co-occurring psychiatric and substance use disorders are increasingly recognized as a population that is highly prevalent in both addiction and mental health service systems, and associated with poor outcomes and higher costs in multiple domains. In addition, they have long been recognized to be "system misfits" in systems of care that have been designed to treat one disorder only or only one disorder at a time.

Currently our vision is that all programs and clinicians will develop core capability, within the context of their existing program design, to more effectively service individuals with co-occurring needs by providing appropriately matched interventions and using established best practices for these populations. This RFP for mental health outpatient services represents the first step in implementing a COD service delivery system.

Core COD Values

According to SAMHSA, there are six guiding principles that serve as fundamental building blocks for programs in treating clients with COD, and they are equally applicable to both mental health and substance abuse agencies:

1. Employ a recovery perspective.
   a) Develop a treatment plan that provides for continuity of care over time.
   b) Devise treatment interventions that are specific to the tasks and challenges faced at each stage of the co-occurring disorder recovery process.
2. Adopt a multi-problem viewpoint.
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.
   a) Building community
   b) Reintegration with family and community

QUALIFICATION FOR RESPONDENTS:

- Current mental health (MH) Certification under Wisconsin Administrative Code, HFS 61.91, Outpatient Psychotherapy Clinic Standards
- Current substance abuse (SA) certification under HFS 75.13 Outpatient Treatment Service.

Eligibility Standards of Consumers

- Milwaukee County Resident
- Age 18 or older
- Without current insurance benefits for mental health outpatient services (BHD is the payor of last resort)
- Meets financial payment obligations as determined by HFS 1
- Meets criteria for a DSM IV mental health diagnosis

Target Population

Within this list, the provider must have the capacity to prioritize access to individuals who have the greatest level of urgency**.**

- Individuals identified in the BHD Crisis Walk-In Center (CWIC) who are in crisis, are highly likely to have COD, in various stages of change for SA and MH, and are uninsured.
- Individuals, as above, in other BHD acute inpatient or crisis services, who meet similar characteristics.
- These are individuals who need varying levels of service. Individuals in need of adult mental health outpatient have an array of diagnoses including the majority of individuals experiencing affective disorders such as major depression, bipolar disorder, and some situational depressions. The remaining individuals are persons who experience major thought disorders such as schizophrenia. It is estimated that sixty to eighty percent of individuals served in MH outpatient have an accompanying substance use disorder.

- It has been the BHD's past experience that the utilization of adult mental health outpatient services is primarily as follows: medication management only, medication management along with individual and or group therapy and those receiving therapy only. Research demonstrates that therapy, in addition to medication prescription and management is an important adjunct in the treatment of many persons having a serious and persistent mental illness or co-occurring disorder, and is associated with improved outcomes.

Required Service Array

The goal is to develop a flexible array of MH services, designed for a cohort of clients who have a high prevalence of co-morbidity, and who are not necessarily motivated to change. Creative approaches to engaging peer support services for MH and/or SA are welcomed. The services involve:

1. Engagement in continuing care, with empathic, hopeful, integrated relationships, including some outreach capacity for consumers referred from BHD crisis or inpatient care.
2. Screening, assessment and diagnostic evaluation, with capacity to provide data for both mental health and substance use.
3. Access to a clinical TEAM that shares responsibility for a cohort of consumers.
4. Situational (office-based) case management model.
5. Individual and group counseling for MH and/or SA needs, including motivational interviewing, as indicated.
6. Ensure recovery-oriented principles are incorporated into all aspects care.
7. Psychological evaluation and assessment when indicated.
8. Psychopharmacologic assessment and treatment, including clozapine and injections, and provision of access to medications for uninsured clients. Flexible group and team strategies to provide medication services and to reduce no shows are strongly encouraged.
    a. Use of County-contracted or 501(b) pharmacy for all medications.
    b. Developing Patient Assistance Program capacity for meds.
9. Laboratory services, licensed and accessible, either provided or contracted.
10. Assistance with benefit/insurance acquisition in partnership with the County.
11. Appointments within 2 weeks for persons referred by BHD inpatient units, and within 30 days for persons referred by CWIC or for qualified persons seeking services directly from the community and authorized by BHD.
12. Scheduled "walk-in" times for enrolled service recipients who have missed their scheduled appointment(s).
13. Emergency "on-call" services 24/7/365 (note that on-call services are not defined as the BHD crisis line or 911).

Program Description Requirements

In the proposal, the first sentence of the program description must clearly state the agencies' static capacity (i.e. on any given day, the maximum number of people enrolled and receiving services through this contract). The following items also need to

be addressed in the proposal. Proposers are encouraged to use creativity in responding to this request.

1. Describe in detail how you will provide each of the required clinical services.
2. How will the program employ a team (i.e. multi-disciplinary) concept and collaborative approach to provide the required services using best practices and incorporating the core COD values in all aspects of treatment?
3. Identify the make-up of the team and functions of the team.
4. How will you collaborate with other providers, including primary health care and BHD?
5. How will the program integrate the principles of recovery into the provision of outpatient treatment and how will the provider partner with the consumer in the attainment of recovery?
6. Explain in detail your quality assurance plan, including clinical supervision.
7. How would you facilitate the idea that clients would be maintained in an integrated relationship once they are engaged in MH OP care, so that receiving the SA services at another separate parallel site are not encouraged.
8. Describe how you will transition clients who acquire benefits so that there is no gap in services.
9. Identify which Medicaid HMOs you are affiliated with and your ability to maintain a Medicaid caseload.

Proposers must include in their budget proposal the cost for all pharmacy services, including medications. Medications and pharmacy costs cannot exceed the BHD-contracted pharmacy rates.

Information Management and Payment
The contractor is required to input accurate and timely information on patient demographics, episode and service data. This information supports all state and county reporting requirements related to performance monitoring, service reporting, service payment. The program will be paid on the lesser of net expenses or net units earned, and this is determined by the number of units of service that have been calculated by the system based on the episode information.

Evaluation
Each Proposer must submit an Integrated Dual Disorders Treatment (IDDT) Fidelity Scale Score Sheet within the evaluation section of the proposal (located at: http://store.samhsa.gov/shin/content/SMA08-4367/EvaluatingYourProgram-ITC.pdf), and identify quality improvement project(s) that will be undertaken as a result of the IDDT Fidelity Score. The contractor will be required to report on their identified project(s) in their biannual reports.

Additionally, each Proposer is required to submit a quality improvement plan addressing how they will ensure appointments are available within 2 weeks for persons referred by BHD inpatient units, and within 30 days for persons referred by CWIC. Progress on their

quality improvement plan will be communicated during outpatient operations meetings held at BHD every other month.

Memorandum of Understanding

Due to the direct interrelationship between the contracted agency and the Behavioral Health Division, a Memorandum of Understanding (MOU) will be developed. The purpose of the MOU will be to clearly define roles and responsibilities for each party. Issues to be addressed in the MOU will include: clinical and treatment expectations, referrals from BHD to the contracted provider and contract monitoring.

Training (Mental Health and WIser Choice Provider networks)
Program #M017
Cycle II

The target audience will be comprised of staff from the Community Services Branch provider networks (mental health, WIser Choice), to include such service areas as clinical services, targeted case management, community support programs, community based residential providers, psychosocial organizations, peer support specialists, advocacy organizations, recovery support coordination and central intake unit staff.

Program Description
This program component fulfills various training needs for the Community Services Branch/Service Access for Independent Living (SAIL) and its respective provider networks.

1. Training may be a requirement of a funding source, such as the Division of Mental Health and Substance Abuse Services' (DMHSAS) funding for alcohol and other drug abuse (AODA) treatment, care coordination, and recovery services for Temporary Assistance for Needy Families (TANF) eligible families. The TANF grant specific training requirements include trauma identification and resolution, and screening for fetal alcohol spectrum disorders (FASD).

2. Training may be required of existing providers as well as those who enter into a Purchase of Service Contract/Agreement with BHD. The *'Basics of Community Treatment'* (BCT) is designed for case management providers in the Community Services Branch network, as well as groupings of WIser Choice providers. These training sessions may include, but are not limited to:

   • Overview of MCBHD Community Services Branch
   • Recovery Philosophy
   • Case Management and Recovery Support Coordination
   • Mental Health Disorders
   • Alcohol & Drug Addiction, and Co-Occurring Disorders
   • Psychopharmacology
   • Legal Issues
   • Crisis Intervention
   • Financial and Medical Entitlement Programs
   • Psychosocial and Community Supports
   • Housing Programs (MH/AODA)
   • Interface with Criminal Justice System

Proposer must describe what type of training/in-services will be provided to enhance the provider network, explain how those services will be delivered, describe the process of assessing training needs, describe how the concept of 'recovery,' as identified by the Governor's Blue Ribbon Commission on Mental Health and AODA 's cores values, is incorporated into the training plan. All training/in-services should reflect knowledge of appropriate state certification, licensing, and/or Behavioral Health Division practice standards as identified in this document

1. Trauma identification and resolution: "Risking Connection" curriculum

'*Risking Connection*' is a curriculum for training service providers at all levels for work with survivors of sexual and physical abuse trauma. It is not a manualized treatment approach, but it provides a framework that can be used in a range of settings and formats. This curriculum is based in a trauma theory: constructivist self-development theory, which shares many basic assumptions with other current theories and approaches to treating survivors. This trauma framework assumes that "just as people can harm each other deeply, so they can also help each other profoundly – relationships can be transforming and healing".

Recommended Trainers

DMHSAS (Department of Mental Health and Substance Abuse Services) sponsored a 5-day Risking Connection Master Trainer Training in 2002, conducted by Sidran Traumatic Stress Foundation. '*Risking Connection*' is the State's recommended training in trauma responsive treatment curriculum for the Milwaukee AODA TANF grant, the Statewide Urban/Rural Women's AODA Project. List of the Milwaukee County provider staff that attended and completed the Master Trainer Training, will made available to the contractor.

Rates

Rates suggested by the State to pay the trainers:

- Hourly rate $200.00, per trainer
- Each module: 2 trainers X 2 hours = $800.00
- Total training: 5 modules provided by a team of 2 trainers = $2, 000.00

2. Fetal Alcohol Spectrum Disorders: Understanding the Physical, Cognitive, and Behavioral Effects of Prenatal Alcohol Exposure

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe the range of effects that can occur in individuals who were prenatally exposed to alcohol. These effects may be physical, mental, behavioral and or learning disabilities. FASD represent a leading cause of mental retardation and learning disabilities in children seen in pediatric offices today. This training provides an overview of FASD and describes a model program, the Family Empowerment Network (FEN). FEN is an information, referral, and support network for children and families affected by Fetal Alcohol Spectrum Disorders (FASD) and the professionals who serve them. FEN's mission includes: (a) increasing awareness about FASD by providing education, training and resources to families, providers, and the general public; (b) providing support and

referrals to families affected; and (c) increasing opportunities for diagnosis and intervention.

Recommended Trainer

Dr. Georgiana Wilton is the State's recommended trainer in the area of FASD. Dr. Wilton has done previous training for our providers, and it has been very well received. Georgiana Wilton, PhD, is an Associate Scientist for Family Empowerment Network (UW School of Medicine and Public Health, Department of Family Medicine)

Rates

Rates suggested by the State to pay the trainer:

- All Day training = $400.00 – $500.00

Training Plan

Proposers must develop the training plan and submit it to BHD for approval. The training plan must identify which training curriculum will be used, who the trainer(s) will be, and provide an outline of all training/in-services that will be conducted.

Since providers which are recipients of funds allocated to BHD must be in compliance with all Federal, State and County rules (which include Americans with Disabilities Act, Civil Rights Act, Education Amendments, and Rehabilitation Act, and with Wisconsin State Statute 51.46, ensuring pregnant women first priority to treatment services), other training may needed to be developed for the network.

The contractor is required to keep training and attendance records, a training update, and to report on successes and challenges or general accomplishments on a quarterly basis. Other activities include: securing training site, sending invitations and reminders, planning and preparing materials/handouts, providing certificates of attendance and attending to all training logistics (such as parking information and directions, booking trainer(s), assisting with audiovisuals, etc).

Reporting Requirements

As a recipient of these funds, you are required to comply with reporting requirements on a quarterly basis. The contractor will be required to report on this project. The quarterly reports and a final year-end report are due:

- January 15 (end-of-year report)
- April 15
- July 15 (semi-annual report)
- October 15

Accessibility

The provider must ensure that all training sessions will be at a facility with access for physically disabled persons and will be accessible to non-English speaking individuals.

Billing
The contractor is required to submit accurate and timely billing information.

Target Population
The target population includes all SAIL providers (mental health and WIser Choice), and community partners (i.e. community agencies, social service agencies, DOC, Child Welfare, etc).

Evaluation
Proposers must include an evaluation plan that includes evaluation forms and feedback process for each training session.

WIserChoice Provider Resource Center Program
Program #A009
Cycle II

PROGRAM DESCRIPTION:
The resource center is devoted to the capacity-building needs of faith and grassroots community based organizations interested in joining the provider network and to support those providers who are already in the provider network. The WIser Choice Provider Resource Center will continue to support current and potentially new WIser Choice providers by providing TA on such topics as Payroll and Taxes, developing Business Plans, Marketing Your Business, board development, collaboration and partnership, etc. The focus is to not only improve the clinical/programmatic skills of the WIser Choice providers, but to develop their organizational capacity with regard to such areas as board governance, policies and procedures, diversifying funding streams, community collaboration and the marketing of their services to the community. The provider resource center is required to be centrally located and easily accessible to accommodate meetings, trainings, client engagement activities, resource fairs/networking opportunities, technical support, and operate a community-based resource center.

REQUIREMENTS/SERVICES OF THE WISER CHOICE PROVIDER RESOURCE CENTER PROVIDER:
1. Identify, secure (purchase or lease), furnish and equip the appropriate site keeping in mind that a central location is essential to meet the multi purpose needs and services provided on behalf of the Provider Resource Center.
2. The Resource Center should be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements.
3. Manage the day-to-day operations of the Provider Resource Center, to include the maintenance and upkeep of the site and all equipment.
4. Organize and facilitate the use of the Provider Resource Center, working closely with BHD staff to report over utilization, under utilization, etc.
5. Develop and maintain a resource library, which includes community-based agencies, and the services they provide in order to support providers and/or any clients that may enter the resource center off the street.
6. Conduct quarterly needs assessment surveys for training topics to support the training needs of providers and their staff. Work with BHD staff to identify participants, trainers and other resources that may be needed.
7. Work with BHD staff to develop and market planned activities/events for contract year.
8. Coordinate and implement BHD and CSAT sponsored TA and training activities.
9. Work with providers to help develop and produce marketing materials for their agency for the use of marketing their services to WIser Choice clients and other network providers (i.e. CIU staff and RSC staff).

10. Work collaboratively with BHD staff to report concerns and/or issues that are brought to the attention of resource center staff that relate to the operations of WIser Choice and work to create solutions.
11. The WIser Choice Provider Resource Center must have adequate TDD/TTY, phone system, fax capability and computer equipment sufficient to meet the IT requirements of CMHC, BHD's information management system.
12. The WIser Choice Provider Resource Center will be adequately staffed to ensure that all aspects of the application can be successfully fulfilled. Provisions must be made to communicate with Limited English Proficiency (LEP) clients. The resource center must also have means for communicating with vision impaired and with Deaf, Deaf/Blind and Hard of Hearing clients.
13. Staff responsible for the day-to-day operations must actively participate in WIser Choice providers meetings to get a sense of the needs and issues of providers in order to tailor services provided at the resource center and/or the identification of TA opportunities and topics. Facilitate the WIser Choice Recovery Support Service provider's operations meetings on a bi-monthly basis, in collaboration with BHD staff.
14. Develop program performance indicators, how they will be measured and a corresponding quality improvement plan. Submit these outcomes and quality improvement plan in 2 separate 6-month reports for the periods January 1 – June 30, 2013 and July 1 – December 31, 2013. Reports will be due 6 weeks later on August 14, 2013 and February 12, 2014 respectively.
15. Monthly reports must be submitted documenting training and in-services provided and identification of those in attendance, as well as other activities provided to providers and the use of the WIser Choice Resource Center. Monthly reports should also include outreach efforts that have been made on behalf of engaging providers in the WIser Choice treatment system.

Crisis Stabilization Homes
Program # M011A
Cycle III

Program Purpose

The Milwaukee County Behavioral Health Division (BHD) is soliciting proposals to provide Crisis Respite services to persons having serious and persistent mental illness. This may include serving adults with a co-occurring substance use disorder. The Crisis Respite will serve adults who reside in Milwaukee County who live with a mental illness or co-occurring disorder and are in need of further stabilization after an inpatient hospitalization. It is also warranted for individuals who are awaiting a residential placement and require the need for structure and support to ensure a smooth transition into the residential placement. Crisis Respite may also provide temporary supported accommodation for people with mental health needs during a crisis or when they need respite from living at home.

The Crisis Respite programs will provide a safe, welcoming, and recovery-oriented environment, and all services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and Desired Outcomes

The primary goals of the Crisis Respite programs are:

- The service aims to prevent people from going into hospital when they experience a crisis in their mental health or social circumstances, or need respite accommodation. ;
- Stabilize individuals in more home-like, less-restrictive environment, than a hospital setting;
- Provide brief, individualized crisis interventions and support to promote the acquisition of skills necessary to transition to a more permanent living situation; and,
- Assist with linkage to community resources, housing and movement to a more independent living environment in conjunction with the individual and the individual's support network.

Essential Components

All individuals will receive a crisis assessment and a comprehensive plan for stabilization that utilizes the individual's strengths, natural supports, and available

community resources. The components needed to operate a Crisis Respite Program include:

- Maintain licensure by the State of Wisconsin under Wisconsin Administrative Code DHS 83;
- Operate with the capacity to accept referrals from the Milwaukee County Behavioral Health Division's Mobile Crisis Team (414-257-7222);
- Offer intensive and/or short-term residential services;
- Ensure a recovery-oriented focus to service delivery; and,
- Demonstrate participation in the Milwaukee Co-occurring Competency Cadre (MC3) initiative.

Required Program Inputs, Processes, and Program Activities

1. **Agency or staff licensure, certification(s), and/or experience necessary to provide services. Ratio of staff to clients.**
   - Applicants must be adequately equipped to bill through Milwaukee County's certified DHS 34 Emergency Mental Health Service Program.
   - Applicants must hold DHS 83 Community-Based Residential Facility (CBRF) certification and shall adhere to the standards for the care, treatment or services, and health, safety, rights, welfare, and comfort of residents in CBRFs.
   - Facility staff must meet the minimum requirements for residential staff, based on the provisions expressed in DHS 83. Additional points will be allocated to facilities with staff that exceed DHS 83 minimum requirements.
   - Minimum staff to resident ratio is 1:8. The BHD's Director of Crisis Services or their designee, may indicate that additional staff is required. Applicant should provide a plan for potential additional staffing needs.
   - Applicant must allocate one position dedicated exclusively to the supervision and management of the CBRF and it's staff.
   - All CBRF staff are required to have completed free of communicable disease statements and criminal background checks. Verification of such must be made available to BHD within 2 hours of request.
   - Applicants must have the ability to apply the provisions of Wisconsin Administrative Code DHS 1, Uniform Fee System, to determine whether or not residents are able to pay for a portion of the cost of services based on their ability.

2. **Required service model, service emphasis, program philosophy, and/or program activities.**
   - Operate a 24 hours a day/7 days per week facility, with the provision of 24 hour supervision.

- DHS 83 CBRF license for a minimum of 8 but not more than 15 beds within the requirements of the certification.
- Conduct an assessment of psychiatric, substance abuse, physical health and psychosocial needs and develop an individualized service plan, which includes discharge criteria.
- All services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.
- Services include but are not limited to: daily individual counseling, medication administration and monitoring, crisis prevention assistance with linkage to community resources and housing, coordination of treatment needs, and collaboration with MDs, pharmacies, and other providers.
- Services will be provided by the CBRF staff in conjunction with other members of the resident's support network and the BHD's Mobile Crisis Team.
- Crisis Respite programs will work in a collaborative partnership with individuals, their families and other members of their support systems, including other service providers, to support the individual in the least restrictive manner possible always taking into account their unique cultural, ethnic, and personal characteristics.

3. Time Requirements

- Upon initial contact, the Crisis Respite staff will conduct an assessment to gather sufficient information to assess the individual's need for mental health services and to prepare and implement an appropriate discharge plan.
- Services will be delivered for as long as is clinically indicated.
- Linkages to other needed community support services may include:
    - Medical and Health Care Services
    - Substance Use Disorder Treatment
    - Shelter/housing
    - Medication
    - Legal Support
    - Financial
    - Job Center Services
    - Involvement of Natural Support

4. Constraints on program format

- Admission to the Crisis Respite program will be monitored and managed by the BHD's Mobile Crisis Team, who will assess the need for CBRF care and make referrals to contracted service providers as necessary. Program services will be provided by the CBRF staff in conjunction with the BHD's Mobile Crisis Team.

5. Units of Services

- Units of service are defined as a daily per diem rate and are billed in unit increments of one day.
- The requested funds are justified based on the anticipated number of individuals served, CBRF beds being proposed, and cost per unit of service provided.

- **The selected Crisis Respite vendor must exhaust other governmental and private resources (e.g., Medicaid, Badger Care, private health insurance, etc.) before using funds provided by this contract.**

Non-Billable Activities
The selected Crisis Respite vendor will be responsible for the recruitment, training, and retention of all CBRF staff.

Required Documentation
Documentation in client service records shall be done in accordance with DHS 83.35 and DHS 34.23 and 34.24. Upon admission to the facility, an assessment must be completed, which includes the development of an individualized service plan. This assessment and service plan must include discharge criteria, and must be reviewed and updated on a weekly basis. In addition, a Crisis Respite program that refers an individual to an outside community resource for additional ancillary or follow-up services shall document that referral in client service record. Each client record shall include daily attendance logs.

Per DHS 34.24(2) Client service records shall be kept in a central place that is not accessible to persons receiving care from the program, shall be held safe and secure, shall be managed in accordance with standard professional practices for the maintenance of client mental health records, and shall be arranged in a format which provides for consistent recordkeeping within the program and which facilitates accurate and efficient record retrieval.

The Crisis Respite program must maintain the confidentiality of client service records in accordance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, Wis. Stat. 51.30, and DHS 92.

A Semi-annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*

Expected Outputs
- Program volume will be dependent upon the number of CBRF beds licensed by the Crisis Respite facility.
- Crisis Respite beds will be occupied at a capacity rate of no less than 80% of the time overall.
- Individual therapeutic contact will be provided on a daily basis.
- Face to face interventions, including work on discharge planning, will be offered to all Crisis Respite clientele.
- Assistance with linkages to appropriate community resources will be offered to all Crisis Respite clients.
- The Crisis Respite staff will work closely with the BHD's Mobile Crisis Team.

Expected Outcomes

- Clients will gain access to a safe, nurturing, recovery-oriented environment that serves as an alternative to continued hospitalization.
- Clients will have the opportunity to meet with a multidisciplinary team to establish a recovery plan that assists with increased independence and appropriate discharge planning.
- Clients will increase knowledge and access to community resources that will help them live a safe and healthy life in the community.

Performance Indicators

- The number and percent of clients who have decreased their hospitalization stay as evidenced by documentation contained in the initial assessment and/or intake paperwork.
- The number and percent of clients who complete a recovery plan prior to discharge, as evidenced by a copy of the completed plan, with appropriate staff signatures, included in the client's record.
- The number and percent of clients who are successfully linked to community based resources, as evidenced by documentation of client self-report in post-discharge follow up protocol.

Expected Levels of Outcome Achievement

- 80% of all intake paperwork will indicate that admission to the Crisis Respite program resulted in an earlier discharge from the hospital.
- 80% of all Crisis Respite clients will complete a recovery plan and take a copy with them at the time of discharge.
- 90% of all Crisis Respite clients will be successfully linked to one or more community based resources prior to discharge.

Consumer Satisfaction

Each program shall have a process for collecting and recording indications of confidential client satisfaction with the services provided by the program. This process may include any of the following:

(a) Short in person interviews with persons who have received services.
(b) Evaluation forms to be completed and returned by clients after receiving services.
(c) Follow up phone conversations.

Crisis Resource Center
Program # M011B
Cycle III

Program Purpose

The Crisis Resource Center, herein referred to as CRC, will serve adults who reside in Milwaukee County who live with a mental illness and are in need of crisis intervention and/or short term stabilization rather than hospitalization. CRC will serve adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises. The CRC will be a safe, welcoming, and recovery-oriented environment for people in need of stabilization and peer support to prevent hospitalization. All services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and Desired Outcomes

The primary goals of CRC are:

- Provide early intervention and short-term, intensive, community based services to avoid the need for hospitalization.
- Stabilize individuals in the least restrictive environment.
- Assist in crisis resolution.
- Work with individuals to develop a comprehensive crisis plan.
- Connect individuals to peer support from a Certified Peer Specialist.
- Link individuals to appropriate community-based resources so that they may live successfully in the community.

Essential Components

All individuals will receive a crisis assessment and a comprehensive plan for stabilization that utilizes the individual's strengths, natural supports, and available community resources. The components needed to operate a CRC include:

- Operate with the capacity to accept intakes 24 hours a day, 7 days per week;
- Offer intensive and/or short-term residential services;
- Ensure a recovery-oriented focus to service delivery;
- Utilize a team approach that includes but is not limited to: a Certified Peer Specialist, a registered nurse, and a masters-level mental health professional; and,
- The selected CRC vendor will have demonstrated participation in the Milwaukee Co-occurring Competency Cadre (MC3) initiative.

Required Program Inputs, Processes, and Program Activities

1. **Agency or staff licensure, certification(s), and/or experience necessary to provide services. Ratio of staff to clients.**
   - Applicants must be adequately equipped to bill through Milwaukee County's certified DHS 34 Emergency Mental Health Service Program.
   - Applicants must hold DHS 83 Community-Based Residential Facility (CBRF) certification and shall adhere to the standards for the care, treatment or services, and health, safety, rights, welfare, and comfort of residents in CBRFs.
   - All peer specialists employed in the CRC will be required to have state certification within six months of employment and possess a minimum of a high school diploma or GED. It is the responsibility of the applicant to provide supervisory functions, recruitment, training, and retention strategies for peer specialists.

2. **Required service model, service emphasis, program philosophy, and/or program activities.**
   - Operate a 24 hours a day/7 days per week CRC.
   - DHS 83 CBRF license for a minimum of 8 but not more than 15 beds within the requirements of the certification.
   - Conduct an assessment of psychiatric, substance abuse, physical health and psychosocial needs and develop a crisis resolution plan for all individuals seeking services of the CRC.
   - All services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.
   - Services include but are not limited to: early intervention, stabilization, connecting all individuals with a Certified Peer Specialist, and provide community linkages for additional services in various domains for the individual's life, health, and well-being.
   - Provide needed follow-up after discharge to ensure that the community linkages are available and accessed by the individual.
   - CRC will work in a collaborative partnership with individuals, their families and other members of their support systems, including other service providers, to stabilize the crisis in the least restrictive manner possible always taking into account their unique cultural, ethnic, and personal characteristics.

3. **Time Requirements**
   - Upon initial contact the CRC staff will conduct an assessment to gather sufficient information, as appropriate and possible given the nature of the contact, to assess the individual's need for mental health services and to prepare and implement a crisis response plan.
   - Services will be delivered for as long as is clinically indicated.
   - Linkages will also include community support services to address:
     - Medical and Health Care Services
     - Substance Use Disorder Treatment

- Shelter/housing
- Medication
- Legal Support
- Financial
- Job Center Services
- Involvement of Natural Support

4. Constraints on program format

- None.

5. Units of Services

- Units of service are defined as a daily per diem rate and are billed in unit increments of one day.
- The requested funds are justified based on the anticipated number of individuals served, CBRF beds being proposed, and cost per unit of service provided.
- The selected CRC vendor must exhaust other governmental and private resources (e.g., Medicaid, Badger Care, private health insurance, etc.) before using funds provided by this contract.

Non-Billable Activities

The selected CRC vendor will be responsible for the recruitment, training, and retention of Certified Peer Specialists.

Required Documentation

Documentation in client service records shall be done in accordance with DHS 34.23 and 34.24. In addition, a CRC that refers an individual to an outside community resource for additional, ancillary or follow-up services shall document that referral in client service record.

Per DHS 34.24(2) Client service records shall be kept in a central place that is not accessible to persons receiving care from the program, shall be held safe and secure, shall be managed in accordance with standard professional practices for the maintenance of client mental health records, and shall be arranged in a format which provides for consistent recordkeeping within the program and which facilitates accurate and efficient record retrieval.

The CRC must maintain the confidentiality of client service records in accordance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, Wis. Stat. 51.30, and DHS 92.

A Semi-annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*

Expected Outputs

- Program volume will be dependent upon the number of CBRF beds licensed by the CRC facility.
- CRC beds will be occupied at a capacity rate of no less than 80% of the time overall.
- Therapeutic groups will be offered at least once per day.
- Face to face interventions, including work on crisis plan development, will be offered to all CRC clientele.
- Assistance with linkages to appropriate community resources will be offered to all CRC clients.
- During the acute crisis events, provide rapid and flexible response focused on restoring stability for the individual experiencing the crisis and for the members of their support system.

Expected Outcomes

- Clients will experience a reduction in emergency detentions and use of crisis services.
- Clients will have reduced utilization of public and private emergency rooms, including Psychiatric Crisis Service (PCS), and inpatient hospitalization services.
- Clients will increase knowledge and access to community resources that will help them live a safe and healthy life in the community.

Performance Indicators

- The number and percent of clients who complete a crisis plan prior to discharge, as evidenced by copy of completed plan included in client's CRC record.
- The number and percent of clients who self-report they have successfully avoided hospitalization by utilizing the CRC as an alternative, as evidenced by documentation of self-report in the client's initial CRC assessment and/or intake paperwork.
- The number and percent of clients who are successfully linked to community based resources, as evidenced by documentation of client self-report in post-discharge follow up protocol.

Expected Levels of Outcome Achievement

- 80% of all CRC clients will complete a crisis plan and take a copy with them at time of discharge.
- 80% of all CRC clients will indicate that admission to the CRC resulted in an avoidance of hospitalization.
- 90% of all CRC clients will be successfully linked to one or more community based resources prior to discharge.

Consumer Satisfaction

Each program shall have a process for collecting and recording indications of confidential client satisfaction with the services provided by the program. This process may include any of the following:

(a) Short in person interviews with persons who have received services.
(b) Evaluation forms to be completed and returned by clients after receiving services.
(c) Follow up phone conversations.

Community Linkages and Stabilization Program
Program # M019
Cycle III

Program Purpose:

Milwaukee County Behavioral Health Division's Community Linkages and Stabilization Program (CLASP) is an extended support and treatment program designed to support consumers' recovery, increase ability to function independently in the community and reduce incidents of emergency room contacts and re-hospitalizations through individual support from a state-certified Peer Specialist.. CLASP will provide a safe, welcoming, and recovery-oriented environment, and all services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and desired outcomes

The primary goals of CLASP are to:

1. Improve quality of life for consumers;
2. Promote consumers' recovery in the community;
3. Increase consumers' ability to effectively deal with problems and resolve crises;
4. Increase consumers' ability manage stressors outside an inpatient hospital setting; and
5. Help consumers navigate between various system access points and levels of care.

Essential Components

There are five essential components identified to accomplish these goals. Those components include identifying and connecting the client with:

- a primary care provider
- a psychiatric provider
- community support (psychosocial centers, clubhouses, etc.)
- eligible entitlements
- a Wellness Recovery Action Plan (WRAP) plan customized for the individual

The program will incorporate principles of person-centered, recovery-driven, and trauma informed care at all levels.

Required Program Inputs, Processes and Program Activities:

1. Agency or staff licensure, certification(s), and/or experience necessary to provide service. Ratio of staff to Clients.

BHD will provide one BHESC (Behavioral Health Emergency Service Clinician) position dedicated to the CLASP program. If needed, BHD will also provide the space and resources (such as office supplies, phones, etc.) to support the Peer Specialists. BHD will contract with a community agency to provide the pool of Peer Specialists and a Peer Specialist Coordinator position to support and supervise the program's staff. All Peer Specialists working on behalf of CLASP will be required to have state certification and possess a high school diploma or GED. The contract agency must provide supervisory functions, recruitment, training and retention strategies for Peer Specialists.

Full time Peer Specialist positions will be responsible for working with a static capacity of 20 consumers.

2. Required service model, service emphasis, program philosophy, and or program activities.

The BHD clinician will conduct a preliminary assessment of referred consumers. The consumer will be provided with an introduction to the CLASP program and information on contacting CLASP if he/she is interested in participating in the program. Upon admission, a CLASP Peer Specialist will make contact with the prospective consumer during hospitalization (either at BHD or a private hospital) whenever possible. Ideally CLASP services will commence prior to discharge from the hospital.

Post discharge, support and linkages between the Peer Specialist and the consumer will begin immediately. The CLASP Peer Specialist will serve as a conduit to secure the essential components noted above for the consumer. They will also have access to Mobile Team clinician support and consultation in order to effectively manage situations of higher acuity that may arise with the consumer.

3. Time requirements.

Upon receipt of referral, the program will initiate contact with the client within 24 working hours.

Contact with the Peer Specialist will be a minimum of four times per month and will occur via phone and in-person meetings. A minimum of two contacts per month must be made in person.

The CLASP/Peer Specialist linkage will last for as long as is clinically indicated, providing ample time to connect the consumer to the necessary services and help the consumer realize stabilization in the community. Each consumer will be staffed with the Peer Specialists and the BHESC- Clasp clinician monthly to determine if ongoing services are still indicated.

4. Constraints on program format.

Program location is to be determined based on RFP submissions. Program staff may be located at BHD or an off site location.

5. The definition of Unit of Service.

Units of services are defined as individual client contacts; duration of contact is documented and billed in 15-minute increments.

The selected CLASP vendor must exhaust other governmental and private resources (e.g., Medicaid, Badger Care, private health insurance, etc.) before using funds provided by this contract.

Component services under the CLASP Program include:

Linkage to primary care provider
Linkage to psychiatric provider
Linkage to community supports such as clubhouses and psycho-social centers
Assisting with Access to Entitlements
Development of Action Recovery Plan
Face to Face contacts (2 per month required)
General Contacts (2 per month required)

CLASP vendor must determine a unit of service cost on the Form 1 tab of the Linked Budget Forms Spreadsheet available at:

http://county.milwaukee.gov/DHHS_bids

Non- Billable Activities:

Selected vendor will be responsible for the recruitment, training and retention of Peer Specialists. An important component of the proposal will be strategies identified to ensure an adequate work force.

Required Documentation:

Peer Specialists and the Peer Specialist Supervisor must be able to document effectively in written form as well as in BHD's electronic medical record.

Documentation requirements will be consistent with regulatory requirements as indicated in DHS 34. Peer Specialists will also document a WRAP plan on each Patient.

Whenever possible, WRAP plans will include:

1. The address and phone number where the person currently lives and the names of other individuals with whom the person is living.
2. The usual work, school or activity schedule followed by the person.
3. A description of the person's strength and needs, and important people or things in the person's life which may help staff to develop a rapport with the person and to fashion an appropriate response.
4. The names and addresses of the person's medical and mental health service providers.
5. Regularly updated information about previous emergency mental health services provided to the person.
6. The diagnostic label which is being used to guide treatment for the person, any medications the person is receiving and the physician prescribing them.
7. Specific concerns that the person or the people providing support and care for the person may have about situations in which it is possible or likely that the person would experience a crisis.
8. A description of the strategies which should be considered by program staff in helping to relieve the person's distress, de-escalate inappropriate behaviors or respond to situations in which the person or others are placed at risk.
9. A list of individuals who may be able to assist the person in the event of a mental health crisis.

A person's WRAP plan shall be developed in cooperation with the client, his or her parents or guardian where their consent is required for treatment, and the people and agencies providing treatment and support for the person, and shall identify to the extent possible the services most likely to be effective in helping the person resolve or manage a crisis, given the client's unique strengths and needs and the supports available to him or her.

a. The WRAP plan shall be approved as medically necessary by a mental health professional qualified under s.DHS 34.21 (3) (b) 1. or 2.
b. Program staff shall use a method for storing active WRAP plans, which allows ready access in the event that a crisis arises, but which also protects the confidentiality of the person for whom a plan has been developed.
c. A WRAP plan shall be reviewed and modified as necessary, given the needs of the client, but at least once every 6 months.

SERVICE NOTES: As soon as possible following a client contact, program staff shall prepare service notes which identify the person seeking a referral for mental health services, identify or describe all of the following:

(a) The time, place and nature of the contact and the person initiating the contact.
(b) The staff person or persons involved and any non-staff persons present or involved
(c) The assessment of the person's need for mental health services and the response plan developed based on the assessment.
(d) The emergency mental health services provided to the person and the outcomes achieved.
(e) Any provider, agency or individual to whom a referral was made on behalf of the person experiencing the crisis.
(f) Follow-up and linkage services provided on behalf of the person.
(g) If there was a Crisis plan on file for the person, any proposed amendments to the plan in light of the results of the response to the request for services.

Client service records

1. MAINTENANCE AND SECURITY.

(a) The program shall maintain accurate records of services provided to clients, including service notes prepared under s. DHS 34.23 (8) and WRAP plans developed under s. DHS 34.23 (7).
(b) The program administrator is responsible for the maintenance and security of the client service records.
    1. LOCATION AND FORMAT – Client service records shall be kept in a central place that is not accessible to persons receiving care from the program, shall be held safe and secure, shall be managed in accordance with standard professional practices for the maintenance of client mental health records, and shall be arranged in a format which provides for consistent recordkeeping within the program and which facilitates accurate and efficient record retrieval.
    2. CONFIDENTIALITY – Maintenance, release, retention and disposition of client service records shall be kept confidential in accordance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, Wis. Stat. 51.30, and DHS 92.

Expected Outcomes:

Consumer satisfaction –
The program shall have a process for collecting and recording indications of consumer satisfaction with the services provided by the program. This process my include any of the following:

(a) Short in-person interviews with consumer who has received services.
(b) Evaluation forms to be completed and returned by consumer after receiving services.
(c) Follow-up phone conversation.

1. Information about consumer satisfaction shall be collected in a format which allows the collation and comparison of responses and which protects the confidentiality of those providing information.
2. The process for obtaining consumer satisfaction information shall make allowance for persons who chose not to respond or are unable to respond.

Service Utilization-
Service indicators contributing to expected outcomes will include;

1. Utilization of inpatient hospitalization;
2. Frequency of emergency detentions;
3. Utilization of medical emergency rooms;
4. Utilization of Psychiatric Crisis Service;
5. Frequency and type of linkages to community resources; and
6. Maintenance of stable housing.

Indicators:

Consumer Satisfaction:

Contractor in collaboration with BHD will develop a multi-faceted evaluation tool to measure if the program is achieving the desired outcomes. Evaluations of the program will be quarterly in the first year, semi-annually in the subsequent two years and annually thereafter.

Examples of measurement items will include:

1. Increased connection to the community;
2. Improved ability to cope with life stressors;
3. Improved self esteem;
4. Increased sense of hope;
5. Reduced use of alcohol and drugs;
6. Increased self reliance;
7. Decreased contacts with law enforcement; and
8. Increased ability to advocate for themselves.

Service Utilization:

Service indicators contributing to expected outcomes will include;

1. Decrease in utilization of inpatient bed days;
2. Decrease in frequency of emergency detentions;

3. Decrease in utilization of medical emergency rooms;
4. Decrease in utilization of the Psychiatric Crisis Service;
5. Increase in linkages to community resources; and
6. Increase in maintenance of stable housing.

Expected Levels of Outcome Achievement:

Consumer Satisfaction:

Specific achievement metrics as it relates to consumer satisfaction will be identified based on the evaluation tool developed. Indicators will be specific to measuring overall satisfaction and quality of life. A satisfaction rating of 50% or higher will be the target.

Service Utilization:

Service indicators contributing to expected outcomes will include:

1. 30% decrease in utilization of inpatient bed days
2. 30% decrease in frequency of emergency detentions
3. 30% decrease in utilization of medical emergency rooms
4. 30% decrease in utilization of Psychiatric Crisis Service
5. 30% increase in linkages to community resources

30% increase in maintenance of stable housing

Office of Consumer Affairs

Program #M020

Cycle III

Program Purpose

Peer recovery support services help people become and stay engaged in the recovery process, thereby reducing the likelihood of re-hospitalization. Because these services are designed and delivered by peers who have been successful in their own recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge.

The Milwaukee County Behavioral Health Division (BHD) is soliciting proposals to support the operation of the Office of Consumer Affairs. This includes a dedicated Certified Peer Specialist (CPS) in a supervisory capacity, as well as the hiring and supervision of twelve (12) CPS who are employed in the four adult acute inpatient units, the observation unit, Psychiatric Crisis Services, and/or the crisis stabilization homes of BHD. The Office of Consumer Affairs is housed at BHD. Since the CPS supervisor will be housed at BHD, BHD reserves the right to work in collaboration with the vendor on the final selection of the supervisor for the Office of Consumer Affairs.

A Certified Peer Specialist is a job title within the agency of employment where the role of a peer specialist is specific to the lived experience of that specialist and how that experience is utilized to help others move forward on their recovery journey. A CPS is an active participant on the consumer's treatment and recovery team. Certified Peer Specialists are not clinicians, but they serve in a supporting role to the therapeutic process and are required to work within their scope of practice.

The role of the Certified Peer Specialist is varied and can take on several forms of support and assistance. Although roles may vary in each program, it is generally recognized that CPS provide the following services to adult consumers with a mental health diagnosis:

- Use personal recovery experience as a tool
- Present recovery information
- Provide information about mental health resources
- Assist in identifying and supporting consumers in crisis
- Facilitate self-direction and goal setting
- Communicate effectively with other treatment providers

All CPS hired under this proposal will be paid a living wage in alignment with industry standards. BHD will require the utilization of the *Wisconsin Peer Specialist Initiative Employer Guide* for the selected vendor in the establishment of the hourly wage for the CPS. Additionally, the CPS supervisor or his/her designee may be asked to participate in some BHD sanctioned committees such as BHD Leadership Team, Infection Control, Patient Rights, Acute Executive, etc.

An additional essential function of the Office of Consumer Affairs is providing a mechanism for the reimbursement for consumer participation in accordance with the BHD Consumer Reimbursement Policy. This is solely for the reimbursement of BHD sponsored activities with prior authorization.

Required Program Inputs, Processes, and Program Activities

- Applicants must demonstrate a commitment to participating in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative.
- The staff working in the Office of Consumer Affairs are expected to be Certified Peer Specialists at the time of hire and throughout the duration of their employment. That being said, if certification has not yet been obtained by a new hire, such certification will be secured within one year of employment in the Office of Consumer Affairs.
- The Office of Consumer Affairs will employ one supervisor (1.0 FTE) and 12 part-time peer specialists to work in a variety of BHD programs.
- The CPS will attend and actively participate in morning report/planning conferences held within the therapeutic milieu.
- The CPS working in BHD programs will have initiate contact with consumers in their assigned programs within 48 hours of admission and will provide meaningful daily contact thereafter.
- The CPS will contribute to the treatment and discharge plans for consumers receiving services in their assigned programs.
- As the services provided by Certified Peer Specialists are billable in several Wisconsin Medicaid programs, the staff of the Office of Consumer Affairs will work with BHD personnel to meet the requirements so that revenues can be captured whenever possible.
- The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses of the 1/12 (one-twelfth) or the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Behavioral Health Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

Non-Billable Activities

Although Certified Peer Specialist services are billable to a number of Wisconsin Medicaid programs, there are also a number of programs in which the services are not billable. The Office of Consumer Affairs and its staff will fully participate and provide peer specialist services for BHD identified programs, regardless of its revenue-producing capacity.

Required Documentation

- Semi-annual evaluation reports must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements.*
- Monthly expense reporting is required.
- The annual CPA audit is to be shared with DHHS Contract Administration upon completion.
- All CPS must maintain the confidentiality of client service records in accordance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, Wis. Stat. 51.30, and DHS 92.

Expected Outcomes

The primary goal of the Office of Consumer Affairs is to ensure the operation and coordination of valuable peer-based services in BHD and with BHD consumers.

Specific outcomes should include:

- Consumers receiving peer specialist services will increase their access to peer-led educational groups and programming specific to development of his or her recovery plan.
- Consumers receiving peer specialist services will increase their access to important community-based services that will promote and enhance their recovery upon return to the community.
- Consumers participating in BHD-sanctioned activities (committees, presentations, etc.) will have increased access to timely payment for their participation in accordance with the BHD Consumer Reimbursement policy.

Performance Indicators

- The number and percent of consumers who participate in peer-led groups and/or programming specific to development of a recovery plan.
- The number and percent of clients who are successfully linked to community based resources, as evidenced by documentation of client self-report in post-discharge follow up protocol.
- The number of individuals who receive timely payment for their participation in BHD sanctioned activities as outlined in the BHD Consumer Reimbursement policy.

Expected Levels of Outcome Achievement

- 25% of consumers in BHD programs offering peer specialist services will participate in peer-led groups and/or programming specific to the development of a recovery plan.
- 75% of consumers in BHD programs offering peer specialist services will self-report successful linkage to a community-based resource, as evidenced by post-discharge follow-up.
- 100% of consumers participating in BHD sanctioned activities as outlined in the BHD Consumer Reimbursement policy will receive timely payment for their involvement in said activities.

Consumer Satisfaction

The Office of Consumer Affairs shall have a process for collecting and recording indications of confidential client satisfaction with the services provided by the program. This process may include any of the following:

(a) Short in person interviews with persons who have received services.

(b) Evaluation forms to be completed and returned by clients after receiving services.

(c) Follow up phone conversations.

Wraparound Milwaukee

THE FOLLOWING WRAPAROUND PROGRAMS ARE OPEN FOR COMPETITIVE PROPOSALS IN THE 2015 CYCLE

Care Coordination Services
#WM01

General Proposal Requirements

1. Definition

Wraparound Milwaukee is a unique type of Managed Care Organization that provides and arranges care for children with serious emotional and mental health needs and for their families. Central to the provision and coordination of services to children/families in this program are Care Coordinators. Working under "wraparound" philosophy of care and a unique set of values that emphasizes individualized, strength-based, family-focused, community-based and culturally intelligent care; Care Coordinators provide the following:

a. Provide case management type services for youth and their families.
b. Facilitate care planning teams called Child & Family Teams (CFT).
c. Help families and the teams develop the individualized Plan of Care (POC) based on the family strengths and needs.
d. Help identify and assist the family to obtain mental health, social and support services from the Wraparound Provider Network.
e. Help identify and access informal and natural supports and community resources for the youth and family.
f. Provide or secure emergency crisis services and help develop crisis/safety plans.
g. Prepare and submit Plans of Care (POC), Service Authorization Requests (SARs), and other required documentation utilizing the Internet-based IT System called Synthesis.
h. Monitor and document the provision and quality of services through the Child & Family Team, by holding and documenting at least monthly CFT meetings, reviewing and revising and submitting a new Plan of Care every 90 days, completing crisis and regular progress notes, etc.
i. Collaborate with system partners, ie: Child Welfare, Juvenile Justice, Education, etc.

j. Develop and provide reports to the court as required and in collaboration with Child Welfare and Juvenile Justice.
k. Testify and participate in court hearings as required.
l. Work with the family organization which supports Wraparound Milwaukee.
m. Participate in meetings, trainings, mandatory in-services that are planned and required by Wraparound Milwaukee.

2. Target Population

Eligible youth and young adults (Transitional Care, Project O'Yeah Program) are those who meet the State Medicaid criteria for having a serious emotional disturbance (SED) and their families. Specific criteria is the following:

a. DSM-IV Diagnosis
b. Involved in two or more service systems.
c. Have a mental health condition which has persisted for at least six months and is likely to persist for a year or longer.
d. Has some functional impairment due to their emotional/mental health needs at home, at school or in the community.
e. Is at risk of institutional placement in a residential treatment facility, correctional facility or psychiatric inpatient facility.

There are three (3) distinct populations of youth/young adults served within Wraparound Milwaukee. There are the 1) youth who are referred to the program by the Bureau of Milwaukee Child Welfare under a CHIPS order (Child in Need of Protection or Services) or those referred by the Delinquency and Court Services Division under a delinquency order and 2) youth in the REACH program who are enrolled on a voluntary basis without the involvement of child welfare or delinquency services and not under a court order 3) young adults 17-24 who meet SED eligibility and are transitioning to adulthood.

3. Other Program Requirements

Wraparound Milwaukee is currently contracting with eight agencies to provide care coordination services for regular wraparound families, three agencies to provide care coordination for the REACH families, and one agency for transitional services. Depending on the availability of state and federal funding and program needs, Wraparound Milwaukee will contract for six-eight agencies to provide wraparound for court-ordered, child welfare and juvenile justice youth and three agencies for the REACH program and one to two agencies for Project O'Yeah for young adults. However, Milwaukee County and Wraparound Milwaukee retain the right to determine the number of agencies in 2015 from which it will purchase care coordination services for Wraparound, REACH, and Project O'Yeah.

The anticipated number of regular, court involved Child Welfare or Delinquency Court Services referred youth needing care coordination services will average approximately 650-675 per day. The average number projected for REACH is 350-400 youth/families. The average number of care coordinators per family in regular wraparound is 1:8 and in REACH is 1:12 and in Project O'Yeah is 1:14.

All agencies are required to have a full-time, dedicated supervisor and lead worker in both Wraparound and REACH, and a supervisor in Project O'Yeah. The lead worker can carry a half caseload (depending on the number of care coordinators, additional supervisors or lead workers may be required) in addition to back-up and support for the supervisor. All agencies are also required to have a half-time clerical support staff in both regular Wraparound and REACH and they are required to have access to a Licensed Psychologist or Psychiatrist to review care plans. This individual can be on staff or the services obtained through a contractual agreement.

4. Experience and Qualifications of the Organization

For 2015 Wraparound Milwaukee will be requiring separate proposals for care coordination services for the court-ordered wraparound program, REACH program, and for Project O'Yeah.

Within each proposal, the applicant shall describe:

a. How the delivery of care coordination services relates to the goals and mission of the organization as well as it's commitment to providing comprehensive, community-based services to children with serious emotional needs and their families.
b. Describe the organization's experience, capacity and capabilities in providing care coordination with this population of children and/or young adults with serious emotional disturbance (SED). The applicant should emphasize it's knowledge and experience with Wraparound principles and philosophy, working with a family directed care management model, collaboration and experience with Child Welfare and Juvenile Justice agencies, and knowledge of juvenile court practices, policies, and programs.
c. Describe the organization's experience and knowledge working in a managed care model; working under a case rate reimbursement methodology; it's knowledge of requirements of Medicaid for documentation of services and billing.
d. For existing Care Coordination agencies, the applicant should document and describe the results of past performance on the semi-annual and annual Agency Performance Reports (APR). The applicant's ability to implement corrective action plans when needed to improve performance should also be described, with supporting examples.
e. For applicants without prior Care Coordination contracts, information about past performance may be gathered based on other contracts or

fee-for-service experience. Information taken into consideration would also include performance reviews and/or evaluations of applicant organizations conducted by State or Federal accreditation entities, Child Welfare Programs or Delinquency and Court Services review. Note: Documented non-performance or non-compliance under previous contracts or under fee-for-service will be taken into consideration in the review of applicants proposals.

5. Program Content

The applicant shall demonstrate in their narrative a thorough understanding of Wraparound philosophy, values and approaches and how those values, philosophy and approaches are used to serve the target population. The applicant must also demonstrate their knowledge of how the service delivery system for SED youth is structured and how it functions in Milwaukee County's Wraparound Program.

Specifically, the applicant organization must address their understanding, knowledge and ability to provide Care Coordination services that:

a. Build on child and family strengths to meet needs.
b. Identify how effective child and family teams are developed, implemented and maintained (Person centered teams for young adults).
c. Describe how an individualized care plan is developed.
d. How care plans that are developed demonstrate best fit for the culture and preferences of the family or young adult.
e. How they will ensure there is parent/client choice in the development of the care plan.
f. Identify the process for moving the family or young adult toward independence and self-sufficiency.
g. Define how children will be cared for in the context of their families.
h. How the agency will demonstrate unconditional care for families and young adults.
i. How services will be coordinated with other systems including Child Welfare, Juvenile Justice, the adult Justice system, adult community services and the education system.
j. How the care coordination organization will effectively work with the court system i.e. judiciary, district attorneys, public defenders, etc.
k. How the organization will support youth involvement so that care plans are youth-guided and that youth are involved with other peers who share similar issues i.e. peer support groups, recreational activities, outings, etc.
l. Describe how the organization will support and advocate for families; how they collaborate with the parent advocacy organization; how families are brought together for activities, training caregivers, peer support, etc.

m. Describe the agency's knowledge, skill, experience, and ability to work with special populations, particularly adolescent girls, youth transitioning to adulthood, and those re-entering the community from the state corrections system.
n. The agency should describe it's experience and capability working with high risk youth, such as juvenile sex offenders and child victims of sexual exploitation and human trafficking.
o. The applicant should describe the knowledge, skills, experience, and training of staff in trauma-informed care.

6. Outcomes and Performance Improvement

Within each proposal, the applicant organization will describe their understanding, knowledge and commitment to quality assurance/quality improvement to include:

a. Describe the agency's performance improvement plan and processes it has in place and system for implementing Wraparound Milwaukee's QA/QI plan, process, and requirements. This should include:
    - Measurement of outcomes
    - Analysis and improvement of the service delivery process
    - Employee evaluation process and implementing corrective action measures
    - Consumer/community evaluation and feed back
b. The applicant agency must demonstrate how they use performance outcome information to improve service delivery and program management. This should include actual examples.
c. Agency Performance Standards for this RFP and outcomes measured will include:
    - Level of family satisfaction
    - Percentage of school days attended by youth
    - Level of disenrollment success
    - Percentage of informal vs. formal supports
    - Percentage of youth in community setting vs. out-of-home settings
    - Percentage of face to face contacts
    - Recidivism rates of delinquent youth
    - Other

Applicant will describe experience, expertise, and approaches to achieve above outcomes.

7. Staff Development and Retention

The agency must demonstrate ability or a plan to provide necessary staff, lead workers and supervisors. The applicant must describe how their salary and fringe

benefit structure is competitive with other care coordination agencies and with other systems doing comparable work. The applicant must describe any training and staff development activities beyond that provided as part of the Wraparound Milwaukee Certification Training. The agency must write to:

a. Demonstrate a clear understanding of commitment to staff retention with a plan for how that will be achieved.

8. Budget Justification and Unit of Service

Care Coordination agencies are reimbursed on a daily case rate basis. That anticipated rate for 2015 is $32.00 per day per family in Wraparound, $22.00 per day per family in REACH, and $18.50 per day per young adult in Project O'Yeah. Average caseload size is to be 8 families per Care Coordinator in Wraparound, up to 12 families in REACH, and up to 14 young adults in Project O'Yeah. Wraparound Milwaukee does not guarantee any specific volume of referrals. The applicant must submit all required Milwaukee County budget documents, anticipated revenues and expenditures including anticipated employee costs i.e. salary and fringe benefits by position. The specific Milwaukee County requirements for contract agencies submitting applications to provide services can be found in "Year 2015 Purchase of Service Guidelines Technical Requirements Audit and Reporting"

a. Applicant must clearly demonstrate through past experience their ability to provide these care coordination services within a case rate method of reimbursement. This includes having adequate financial reserves to assume financial risk since the volume of referrals cannot be guaranteed. There is no expense based reimbursement.

Family and Educational Advocacy Services
#WM02

General Proposal Requirements

1. Definition

Family advocacy services are provided to support families enrolled in the Wraparound Milwaukee and REACH Programs who have a child (children) with a serious emotional or mental health need (SED). The family advocate is usually a parent or other caregiver who has cared for a child with a serious emotional problem. They are also persons with additional training in the Wraparound philosophy and approach and possess knowledge and expertise in understanding how the needs of these children may affect the caregiver and how they can offer effective support to the families of children who are considered SED.

Through 1 to 1 advocacy and other activities, the family advocacy organization helps families to also understand and exercise their rights to secure specialized mental health and other services for their child with complex behavioral health needs. The family advocacy organization ensures the provision of family-directed, youth-guided services for families enrolled in Wraparound Milwaukee. They are responsible in assisting in accessing families to community resources as well as making sure families become the primary decision makers regarding their family's future.

Educational advocacy services are designed to help families secure appropriate educational services for youth with serious emotional or mental health needs. This includes developing, reviewing and modifying Individual Education Plans (IEP), working with special and regular education staff at MPS and other schools in finding appropriate school placements, advocating for and supporting youth who have been suspended or expelled and are in need of alternative educational placements or advocacy to return them to their public school placement, and teaching families about their educational rights and protections under federal and state law so they can advocate for themselves.

2. Target Population

Youth with serious emotional and mental health needs and their families enrolled in the Wraparound Milwaukee, REACH, FOCUS, Youth in Transition Grant (Project O'Yeah), Re-Entry and FISS program. It also includes some foster care youth in the Bureau of Milwaukee Child Welfare in need of educational advocacy.

3. Program Requirements

Agencies applying must be organized as a 501(c)(3) organization with a Federal Tax ID on file with the Internal Revenue Service. Other Not-For-Profit or For-Profit agencies may apply but agencies providing other services under contract to the Behavioral Health

Division – Wraparound Milwaukee Program must create the advocacy component as a separate entity to avoid conflict of interest issues in the delivery of advocacy services versus other network services.

Additionally, the family advocacy organization must have an affiliation agreement or sign an affiliation agreement within 60 days of receiving the contract for these services with the National Federation of Families Organization.

The family advocacy organization must be minimally staffed with a (1.0) full-time director and may be staffed by other paid employees and/or utilize family advocates on a stipend and/or voluntary basis. The staffing plan should be described under the program content and methodology section of this proposal. The Family Advocacy Organization must provide a full-time (1.0) educational advocate coordinator and two (2) additional part-time advocates for a total of 40 hours.

Additionally, another (1.0) full-time educational advocate is required to work with the Bureau of Milwaukee Child Welfare case managers and families to provide similar educational advocacy services to those provided for Wraparound Milwaukee under a contract Wraparound Milwaukee has with the Bureau of Milwaukee Child Welfare.

4. Experience and Qualifications of the Organization

Within each proposal, relative to experience and qualifications of the organization;

a. Describe the applicant's experience in providing family and educational advocacy services and how the delivery of these services relates to the mission of the organization and commitment to the principles of Wraparound.
b. Describe the organization's experience in recruiting, training and utilizing parents and caregivers as advocates, organizing parent support groups, designing, distributing and collecting information for surveys, serving on committees, developing newsletters, organizing family activities, providing educational advocacy and other activities related to providing services under this service area.
c. Organization must identify an existing office site in the community for their advocacy program with locations and physical layout that is easily accessible to families.

5. Program Content and Methodology

The applicant organization must describe how they plan to develop, organize, implement and sustain each of the following activities:

Under Family Advocacy

a. Recruit, hire and train parents as 1:1 advocates for families with youth who have a serious emotional, behavioral or emotional need and enrolled in Wraparound Milwaukee.
b. Develop and implement parent support or other groups, including types of groups, skill building goals and objectives, frequency of the groups, how parents will be recruited, use of paid stipend or other compensation paid to promote attendance.
c. Plan for training and orientating families in Wraparound process.
d. Describe how parents will be recruited to participate on committees, work groups, etc.
e. How and what type of family activities will be planned and implemented and how other community organizations will be involved in helping to sponsor these activities.
f. Describe how the applicant agency will provide crisis support services to families in collaboration with the Mobile Urgent Treatment Team and Care Coordinators.
g. Describe how applicant will work with youth transitioning to adulthood and Wraparound Milwaukee's transitional program (Project O'Yeah).
h. Applicant should describe their plan to collaborate with other community agencies and organizations to support families, sponsor activities and advocate for families. They should describe the type of collaborative efforts that have been or will be planned and developed.
i. Agencies should describe their plan for designing, planning and implementing satisfaction surveys, needs assessment/attainment scales, conducting focus groups or other activities to involve parents in evaluating the delivery of Wraparound services.
j. Describe how applicant may develop new sources of funding through grants, foundations, etc. to help sustain the organization and diversify their funding sources.

Under Educational Advocacy

a. Describe applicant agency's experience and knowledge providing educational advocacy and how they will provide educational advocacy services to youth who are SED and their families.
b. Describe how educational advocates will advocate and support parents to obtain Individual Educational Plans for qualifying youth. They should describe how they will collaborate and engage special education staff in Milwaukee Public Schools and other school systems to meet needs of youth in Wraparound.
c. Describe how applicant's educational advocates will engage parents and care coordinators in identifying, assisting and meeting the educational needs of designated youth. Describe the type of education services that

will be provided to support and engage students who have been suspended or expelled from school.

d. Describe what type of training and orientation programs will be designed, developed and provided to parents and care coordinators to help them effectively understand special education laws and regulations and to better advocate for children to obtain appropriate educational placement and services.
e. Describe how education advocates will design and develop educational alternatives to minimize use of day treatment programs and support programming within regular or special education programs.

6. Unit of Service

This is an expense based contract based up to the total available funds allocated in the 2015 Wraparound budget for this program. Current 2014 funding available for this program is $525,000 and it is estimated that a 5% increase in that funding may be available for 2015. The applicant must provide a budget that is accurate and detailed. The budget must describe all full and part time staff, contract positions and amount to be spent for stipends to reimburse participating parents.

The Following WrapAround Programs ARE NOT OPEN FOR COMPETITIVE PROPOSALS IN THE 2015 CYCLE

Crisis/Respite Group Home for Adolescent Boys 12-17
#WM03

General Proposal Requirements

1. Definition

The Wraparound Milwaukee Program is a unique type of managed care program serving children with serious emotional disturbance (SED) and providing an array of community-based mental health and supportive services. The Mobile Urgent Treatment Team is a component of the program that was created to help children and adolescents in crisis. A crisis is any situation in which a child's behavior escalates beyond the usual coping and problem solving ability of the parent or caregiver and threatens the stability of the child and community.

Crisis services are mainly funded through Medicaid under HFS34. One component of the crisis services under HFS34.22(4) are optional stabilization services. One type of stabilization service is short-term placement in a group home setting to achieve stabilization of a child in crisis, reduce the threat of more restrictive psychiatric hospital or residential treatment, initiate treatment and link the child to follow-up services in the community.

Wraparound Milwaukee and the Mobile Urgent Treatment Team currently operate one eight group home for adolescent boys ages 12-17 and seeks to re-bid those services for 2012.

2. Target Population

Youth placed in the crisis/respite group home must be adolescent boys 12-17 years of age who are experiencing a mental health crisis placing them at risk of permanent removal from their current living situation and placement in a more restrictive level of care including a psychiatric hospital or residential treatment placement. Crisis/respite homes may also be used as a transitional step for adolescents out of those more restrictive placements until placement at home or in a more permanent setting can be arranged. Average stays in a crisis group home are 1-14 days. Youth placed in the crisis/respite group home must be under a court order (or voluntary placement agreement for crisis care for non-court involved youth up to five days) and be either an adjudicated delinquent youth or a child under a CHIPS order (Child in Need of Protection and Services). All children admitted to a crisis bed in this group home must be referred to the home and placed under the authorization of the Mobile Urgent Treatment Team (MUTT).

3. Program Requirements

a. The applicant must show evidence of having a current home licensed under HFS57 with a capacity to serve 8 boys. Preference is for homes that have single bedrooms (one occupant per room) or who have the capacity to separate boys who cannot share a room with another child due to behavioral reasons.
b. The group home and staff must be knowledgeable with and meet all the requirements of HFS34 related to the training/orientation of staff, clinical supervision, writing, updating and reviewing crisis plans documentation requirements such as progress notes and other HFS34 requirements to be eligible for Medicaid crisis reimbursement.
c. The group home must be willing to agree to a no reject or eject policy related to placements.

4. Qualification and Experience of Applicant

a. The applicant organization must demonstrate experience in working with highly complex need youth with very serious emotional, mental health and behavioral issues who are experiencing a crisis. Previous operation of a crisis group home resource is desirable.
b. The applicant organization must have a current licensed group facility available at the time of panel review.
c. The applicant must demonstrate how providing the crisis/respite group home is consistent with the mission of their agency and what special expertise, resources and training they possess to successfully operate a facility for high risk, high needs SED youth.
d. The applicant agency must describe their experience in working under HFS34 and their history in performing or capturing Medicaid reimbursement for Wraparound Milwaukee.

5. Program Content

The applicant should clearly describe the content and operation of the crisis/respite program including all of the following:

a. Describe applicant's plan for adequate 24 hour staffing and supervision of residents. Distinguish the difference between staffing and operating a crisis/respite resource from a regular group home.
b. Describe applicant's plan for a structured unit management system of care that is fair, reasonable, consistent and related to behavior.
c. How applicant plans to incorporate individualized strength-based approach in the home consistent with Wraparound principles and values. How will applicant ensure the preparation, regular review and updating of crisis safety plans.

d. Describe clinical services and consultation available to staff in the home. Will individual or group counseling services be available.
e. How will applicant coordinate with the MUTT team, care coordinators, Bureau of Milwaukee Child Welfare workers and probation staff.
f. Describe the content, frequency etc. of the training/orientation program for staff.
g. Describe plan for children to attend their regular public school or otherwise receive education services.
h. The applicant agency must have plans to ensure regular and emergency medical care including the ability and written plan for distribution of medication.
i. The agency applying must describe how they will transport or arrange the transportation of residents to go to school, medical appointments, court or other purposes.
j. The applicant must describe how they will manage difficult or aggressive behaviors and how they will achieve a no eject, no reject policy.
k. Describe what type of recreational activities will be available to youth.
l. The applicant shall describe how they will maintain records, document for Medicaid crisis reimbursement purposes and provide reports or information to MUTT or Wraparound care coordinators.
m. Applicant must have and share their written policies and procedures for their program.

6. Quality Assurance/Quality Improvement

The applicant must cooperate with Wraparound Milwaukee and MUTT related to performing regular audits of crisis services that MUTT bills to Medicaid. Applicant must agree to provide all documentation related to staff qualifications, training, crisis plans and progress notes for review.

Complaints/grievances related to the care of any youth are subject to review and audit by the Wraparound Quality Assurance Office.

7. Unit Rate

The reimbursement method for the group home will be expense based on the total funds allocated for this program. The projected 2013 allocated funds are $456,000.

Mobile Urgent Treatment Team – Crisis Support Services and Short-Term Case Management #WM04

General Proposal Requirements

1. Definition

The Behavioral Health Division – Wraparound Milwaukee Program operates a child/adolescent crisis intervention service for Milwaukee County families called the Mobile Urgent Treatment Team. That team provides crisis intervention services to families with a child experiencing a mental health or emotional crisis. Crisis means a situation caused by a mental health disorder that results in a high level of stress or anxiety for the child, parents or caregiver, which cannot be resolved by the available coping mechanisms of the child or those persons who provide ordinary care or support for the child and threaten the removal of the child from his or her home.

The purpose of the MUTT team is to:

a. Stabilize children/adolescents in the community in their natural environment through provision of mental health crisis intervention services.
b. Divert children/adolescents from potential inpatient psychiatric admission to area hospitals by providing community-based crisis intervention, stabilization services, short-term case management services.
c. Provide consultation to Wraparound Care Coordinators on effective strategies to deal with and or prevent a crisis, including developing crisis safety plans.
d. Linking youth to appropriate mental health services in the community for on-going mental health care.
e. Provide overview and monitoring of the utilization of crisis stabilization services

2. Target Population

The target population includes all Milwaukee County residents with a child experiencing a mental health crisis. A dedicated mobile crisis service team also serves the Bureau of Milwaukee Child Welfare Foster Care System under a contract Wraparound Milwaukee maintains with the Wisconsin Department of Children and Family Services and the Bureau of Milwaukee Child Welfare. Additionally, all enrolled Wraparound Milwaukee youth are automatically eligible for Mobile Urgent Treatment Team services.

The expected volume of service would be 1500-2000 face-to-face contacts annually and about 3000-3500 annual phone contacts and triage.

Additional contacts/responsibility for the MUTT Team are the oversight of the 8 bed crisis group home, gate keeping responsibility to review and authorize all requests for Wraparound Milwaukee enrolled youth at risk of inpatient psychiatric care, the provision and oversight of 1:1 crisis in-home stabilizers and auditing of any treatment foster home or group home providing crisis stabilization services for Wraparound and reimburse by Medicaid.

3. Program Requirements

The Mobile Urgent Treatment Team consists of a Director, two Milwaukee County clinical psychologists, consulting psychiatrist, one nurse and five MSW social workers. As a component of the crisis services, there are additional crisis counselors and social workers that are needed for crisis response, assessment, treatment, stabilization, referral to on-going mental health agencies, short-term case management and monitoring/assessment of crisis resources such as the crisis group home and crisis 1:1 stabilizer.

For 2012 Milwaukee County Wraparound is again seeking one (1) qualified agency to provide these crisis intervention and support services.

The applicant agency must furnish up to eight master's level, licensed social workers or other clinicians with a minimum of two years experience in working with youth with mental health needs, preferably in a setting where they work with youth experiencing mental health crisis.

These crisis and case management services are provided under the supervision and direction of the Director of the Mobile Urgent Treatment Team or under the Assistant Director of the MUTT Team in the absence of the Director.

Additionally, all crisis staff provided by the applicant organization must conform to the requirements of HFS34 Emergency Mental Health Services Program as it relates to qualifications, training, and supervision of the staff providing mobile crisis services for the contractor. HFS34 governs the certification and operation of emergency crisis services for adults and children.

Specific to the duties of the mobile crisis staff provided by the applicant agency for the MUTT Team are:

a. On site answering of phone calls to determine nature and severity of crisis and whether a home visit is required.
b. Accompanying county crisis workers or other contract staff on calls in the community and providing assistance in the assessment and immediate stabilization and care of children/adolescents in crisis and their families.
c. Participating in the development of crisis/safety plans.

d. Identifying community agencies and services to refer families for on-going mental health treatment.
e. Providing transportation to take child to a temporary crisis/respite group home, or to or from the inpatient hospital or other placement setting.
f. Provide short-term case management services to stabilize family and prevent future crisis situations.
g. Participate in multi-agency staffing and serve on child and family teams.
h. Audit treatment foster care and group home agencies providing crisis stabilization services for Milwaukee County youth.
i. Prepare and maintain records, prepare, review and update progress notes and crisis/safety plans and provide statistics and other data as required by Wraparound.
j. Work with Child Welfare, case managers and foster families and with regular and special education teachers, counselors, social workers, etc.

4. Qualifications and Experience

The applicant agency must demonstrate at least two years of experience in providing crisis intervention services to children and adolescents with serious emotional and mental health needs. Applicant must be able to furnish at least eight M.S. or MSW, licensed social workers within 30 days of receiving the contract award. The applicant has experience in providing mental health and supportive services on a 24 hour per day, seven days per week basis.

The applicant organization must describe how the provision of crisis services is consistent with the mission of the organization.

Applicant must be able to demonstrate the staff providing crisis services have knowledge, skills, and experience in the following areas:

a. Assessment and treatment of youth in a mental health crisis.
b. Effective phone answering and triage skills under crisis condition.
c. Knowledge and experience in use of community resources.
d. Knowledge of Wraparound philosophy and approach.
e. Experience performing case management services for the target population.
f. Ability to transport children and families in agency vehicles or personal cars.
g. Experience working with other child serving systems, particularly Child Welfare, Juvenile Justice and education.

5. Program Content

The applicant agency must demonstrate a thorough understanding of the mental health needs of children with serious emotional and mental health needs and the techniques, strategies and approaches to effectively assessing, treating and stabilizing children/adolescents and their families experiencing a mental health crisis. The applicant must describe how they will provide all of the following services for the MUTT program:

a. Crisis assessment, response plans and development of crisis/safety plans for youth and their families.
b. How they utilize the Wraparound approach, individualized care, strength-based, needs focused, etc. in developing crisis plans and providing crisis services.
c. How community resources, both formal and informal are identified, accessed and delivered for families in crisis.
d. What is the applicant's plan for delivery short-term case management services (under 30 days) to families.
e. How will families be involved in the development of crisis plans and delivery of services to families.
f. How will the applicant utilize optional crisis stabilization services for families such as 1:1 crisis stabilization or crisis/respite group home.
g. Describe how the applicant organization will participate in and support child and family teams related to crisis services.
h. Describe how applicant organization will coordinate and collaborate with Child Welfare, Juvenile Justice and Education. (Note: specific focus should be on stabilizing youth in foster homes and school classrooms.)
i. How the applicant organization will ensure compliance with all aspects of HFS34 related to staff qualifications, training, supervision, and documentation of services.

6. Unit of Payment

Unit of reimbursement is this agreement will be expenses based on the total 2013 budget allocation for this program.

Family Intervention and Support Services Program (FISS)
#WM05

General Proposal Requirements

I. Definition and Target Population

The FISS program is operated by BHD-Wraparound Milwaukee through a contract with the Wisconsin Department of Children and Families for the Bureau of Milwaukee Child Welfare and designed as a diversion alternative to formal court referral and intervention for families with a child or adolescent with emotional, behavioral or mental health needs where the family is experiencing parent/child conflict issues related to chronic AWOL behaviors, truancy issues, issues of uncontrollability, etc. The issues identified are those that threaten family stability and includes situations where the family has initiated contact/referral to Milwaukee County Children's Court requesting Court Intervention through a CHIPS petition (Child in Need of Protection and Services)

The target population includes families with adolescents over the age of 12. Total referrals (child and parents) to the FISS program for assessments/services is projected at 500 or more for 2013. Unlike regular Wraparound Milwaukee or REACH programs, FISS is designed as an early intervention program.

Program Requirements

The contractors for the FISS program in 2013 will be expected to provide both components of the service delivery model. This includes FISS Assessment/Service Referral and FISS services provision.

FISS Assessment

The FISS provider working for BHD-Wraparound Milwaukee **i**s responsible to provide the necessary staff to conduct thorough, comprehensive interviews with parents and or legal guardians, their adolescent and any other children living in the home. The assessment is designed to:

- Identify the primary concerns faced by the parents/legal guardians, other caretaker(s) siblings or other children in the home, and their child;
- To make efforts and document the efforts that were made to engage the family and adolescent participation in the assessment process; and
- Direct the parents/legal guardians and their child to appropriate service contractors, i.e. Bureau of Milwaukee Child Welfare, Milwaukee County Delinquency and Court Services Division, school system or other community-based resources, consistent with their unique needs and level of concerns.

Parent(s) or legal guardians(s) and their adolescent will participate in the following steps to complete the responsibilities presented above:

- Phone/Walk-in referral is received from parent(s) or legal guardian(s) and a thorough intake is completed.
- FISS staff will conduct in-office assessments with parent(s) or legal guardian(s), and adolescent. Other children living in the home should be included whenever appropriate. Upon request and special family circumstances, home assessments will be conducted in home.
- Based on the results of the assessment, referral for services is made based on the identified concerns.
- Parent Resource and Advocacy Guide is issued to all parent(s) or legal guardian(s) participating in the program.

This referral will be based on the information received from the assessment tool provided by the BMCW with input from the MCDCSD.

Receipt of Referrals

The FISS contractor must ensure the provision of a single referral point is available by phone and/or to persons arriving at the office location. The FISS staff must be available to accept referrals from parents or legal guardians between the hour of **8:00 a.m., Monday through Friday, excluding weekends and holidays.**

During the referral, the FISS staff must ensure that the following responsibilities are performed:

- Parents or legal guardians are informed of the FISS Access and Assessment process;
- Preliminary family data is gathered, i.e. name, address, phone, contact numbers, members of the family unit, current service involvement;
- BMCW and MCDCSD service history and status is checked and verified, and;
- FISS Assessment interviews are scheduled with the parents or legal guardians, any other adult caretaker(s), and the adolescent **within one (1) working day of the referral. The referral source must be contacted in order to arrange the first assessment interview(s).**

In cases where the family and/or child is currently receiving services with BMCW or with MCDCSD, the FISS staff must ensure that the families are referred back to their assigned BMCW or MCDCSD case manager or the supervisor of the assigned case manager of the respective service agency within the same working day of their referral to the FISS Unit. The FISS contractor must also ensure that the assigned case manager is informed of the parents' or legal guardian's referral to the FISS program within **one (1) working day of their referral** to the FISS Program.

Assessment and Service Referral

The FISS assessment is a structured process to identify and analyze individual and family dynamics and environmental conditions contributing to concerns regarding an adolescent's behavior and/or family functioning. This information includes, but is not limited to, the following areas:

- Identification of the parents' or legal guardians' and the adolescent's primary concern(s);
- Description of the adolescent's current behavior (e.g., frequency, duration, severity, family relationships and stability, and conflict resolution at home, school and in the community,) and the status of the family's functioning including the functioning of siblings and/or other children in the home;
- Description of the parental role in responding and/or addressing the concerns regarding their adolescent, including approaches to discipline;
- Identification of specific interventions/services attempted to resolve the primary concern and the results of these attempt(s), and;
- Identification and review of service history including adult criminal history, CPS involvement, historical and/or current Juvenile Probation involvement, and Children's Court history, Educational Assessment(s), and Mental Health and AODA services.

The FISS Unit must be available to assess families between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday, and between 9:00 a.m. and 12:00 p.m. on a minimum of two Saturdays per month, excluding holidays. The office will be closed for all legal State holidays.

The FISS Unit must have staff available to answer in-coming phone calls between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

It is estimated that it will take an average of **up to four hours** to complete and document all interviews, analyze the results of the interviews, determine the servicing agency, provide referrals to the identified servicing agency with families, and documents the results. Supervisory consultation and approval is estimated to require an average of 30 minutes per assessment.

Assessment Interview Protocol

FISS assessment interviews will be carried out in the following sequence with the following family members:

- Adolescent
- Parent(s) or Legal Guardian(s)
- Other Adult Caretaker(s), i.e. relative
- Joint interview-Parent(s) or Legal Guardian(s), Caretakers and Adolescent

Service Transfer

FISS staff is responsible for providing services or transferring the family to appropriate service agencies based on the results of the assessment.

If the family has been identified to have concerns which negatively affect child safety or present the risk of or new instances of child maltreatment, an immediate referral is to be made to the BMCW Access unit at 220-SAFE consistent with the established criteria Wis. Chapter 48.13.

If the results of the assessment indicate that the concerns are primarily focused on the child and his or her behavior, consistent with established criteria Wis. Chapter 938.13, the child and his/her family are to be referred to the MCDCSD.

If the results of the assessment indicate that the concerns are primarily focused on family dynamics, parent-child conflict, and communication issues, the family will receive FISS services.

If the results indicate that the primary concern faced by the family and their adolescent related to the adolescent's failure to attend school, the family is to be referred to their school district for appropriate intervention.

If the family and their adolescent are not appropriate for any of the above agencies, the FISS staff must identify and present to families specific resources and services within the community which will address the types and level of concerns presented by the family member.

For all types of referrals to any of the above agencies, transfer responsibilities include the following actions:

- Providing the parent(s) or legal guardian(s) with the contact person, number, and address of the designated service contractor/agency;
- Providing the designated service contractor (BMCW, MCDCSD, or community agency) with all case record information within **one (1) working day** of the service referral, and;
- Participating in service transfer meetings as appropriate and necessary to assist the family and the service agency.

Supervisory Approval

Contractor must employ a full-time supervisor. The FISS supervisor must ensure the quality and timeliness of all Assessment and Service Determination responsibilities.

Methods by which supervisory support and approval of services must include, but are not limited to:

- Supervisory review of all documentation to assess quality and timeliness of information-gathering, analysis and decision-making;
- Supervisory approval of all case decision-making and documentation as indicated by supervisor signature and date;
- Facilitation of weekly individual staff consultation to review case status, to address performance concerns, and to discuss and identify staff development needs, and;
- Facilitation of weekly case staffing meetings to examine common case scenarios, to review program status/procedural changes, to address staff development needs, and to support familiarity with local services and resources.

Documentation

The FISS Access and Assessment Unit must ensure that all documentation is completed in a timely manner, reflecting current case status, using the state eWISACWIS system and Synthesis system used by Wraparound Milwaukee and any additional written documentation required by DCF.

Case records, containing copies of all written documentation for families served by the FISS program must be retained in a secure but accessible central location. The FISS program staff must ensure that any BMCW, MCCC or MCDCSD requests for case documentation or any automated date are provided by the FISS Access and Assessment Unit to the requesting party within **two working days of the request.**

FISS staff must ensure that all documentation and client information gathered and/or created remains confidential as required by law and applicable policy. Any of the above documentation or information, recorded in any required format, will be used solely for the purposes of intervening appropriately and effectively with parent(s) or legal guardian(s) and their children or for program administration or as otherwise allowed by law.

Parent Resource and Advocacy Guide

The FISS program is responsible for the development and maintenance of a resource, referral, and advocacy guide for parent(s) or legal guardian(s) and their adolescents. Services must include community-based formal and informal resources, agencies, contractors, etc. Contents of the guide, referred to as the Parent Resource and Advocacy Guide must include, but are not limited to, the following information.

- Badger Care Plus Eligibility Requirements and Application Requirements
- Kinship Care Information and Eligibility Requirements
- Brochure presenting court expectations, process and sequence of events required in pro se cases
- Neighborhood Association and Community Centers within Milwaukee County

- Local youth social and peer resources
- Youth and family recreational activities
- Adolescent and family focused mental health assessment and counseling services
- Adolescent and family focused alcohol and other drug abuse assessment and counseling services
- Crisis intervention and crisis counseling programs
- Parental support and education services
- Adolescent recreational/social support programs
- Independent living skills programming
- Bureau of Milwaukee Child Welfare-central intake number
- Milwaukee County Delinquency and Court Services Division- Central Intake Number

II. FISS Services Component

The contractor must also provide FISS case management services to families determined to be appropriate for on-going services through the initial assessment. The services identified in a FISS service plan are designed to address the needs of the adolescent and caregiver while preventing court involvement. The caregivers must be capable and available to address the needs identified in the FISS Intake Assessment. The FISS service program includes a comprehensive combination of clinical and supportive services designed to fit the particular needs of the adolescent. FISS services are interventions designed to address the emotional, behavioral and mental health needs of the adolescent while promoting family strength and stability and access to necessary long term supports.

Service delivery is usually short-term, 3-4 months on average but may be longer depending on family needs.

Services will occur primarily in the home. Emphasis will be placed on building on the family's strengths while seeking to control or stabilize those conditions, which threaten the family stability. Intervention strategies will always include establishing or increasing the family's linkage to other formal or informal support services in preparation for service termination.

Service provision will be individualized to address the adolescent's unique needs and to best assist the family.

The original services, which will be provided to any family, will be determined by the assessment, and will be identified by the FISS assessment worker. The case manager will modify subsequent and regular re-assessments of the family progress and the established services.
Following is a list of the full range of core services which must be available to all families.

- Conflict resolution - mediation

- Parenting assistance - parental support
- Social/emotional support
- Basic home management
- Routine/emergency alcohol/drug abuse services
- Family crisis counseling
- Routine/emergency mental health care
- Transportation
- Food/clothing/basic needs
- Routine/emergency medical care
- Child oriented activities, such as youth recreation programs, etc.
- Independent living skills

Provider Network Services for FISS will be developed, implemented and maintained through the BHD-Wraparound Milwaukee Network. It is not the FISS assessment/services contractors' responsibility to develop the network. However, it is their responsibility to help identify formal service providers for inclusion in the Network or for identification and accessing informal resources and services.

FISS Case Management

A key FISS service is the FISS case managers. Case Managers help facilitate development of the case plan, help identify additional service needs not included in the FISS assessment and making sure those services are provided to families. The service plan must consider information provided by the adolescent, the care giver and other family members during the assessment and any other case history on the family obtained by the Bureau.

The caseload levels for FISS case managers are usually kept at 1:10 families. With an average caseload of 40-45 families per month, but sometimes as high as 60 families, the contractor must meet minimum staffing requirements but have flexibility to meet fluctuations in caseload to still be in close compliance with State's caseload standards.

Staffing

Staffing for FISS assessment and FISS services provided by contractor shall be culturally diverse and dedicated to the provision of culturally competent services.

They shall retain staff that demonstrate the following skills:

- Ability to engage and establish rapport with clients
- Have sound and effective interviewing and information skills
- Good decision making skills
- Have basic computer skills
- Ability to attend and observe individual and familial interactions, dynamics and concerns to promote the family's ability to constructively resolve immediate crisis.

- Knowledge of statutes, regulations and policies related to child welfare and juvenile justice
- Knowledge of community resources/services
- Knowledge of local service delivery systems

The goal of FISS program intervention is that through the provision of specific services:

1. Negative adolescent behavior will be addressed
2. The family will be stabilized
3. Causes of concerns and negative behavior are understood and
4. The contractors case managers will assist the family in developing linkages with formal, informal and natural resources and
5. These services and supports will be provided and managed and help the family gain the confidence and ability to manage the adolescent behavior without further FISS service intervention.

FISS intervention is short-term, time limited and will usually be limited to 3-4 months.

Reassessment of the Service/Care Plan for FISS Services

The primary functions of FISS assessment/services include continuous and rigorous monitoring of designated services for the adolescent and family, and regular re-assessment of the services to identify any changes in the conditions of the family which may negatively affect the family functioning and behavior of the adolescent.

The purposes of the service re-assessment and plan modification are to:

- Determine the degree to which the adolescent and family's efforts indicate actual control an understanding of the family dynamics and functioning, meaningful recognition of concerns, and productive use of the services provided by the Contractor;
- Comprehensively evaluate the family situation to begin to develop an understanding of why individual, familial and/or environmental concerns are present in order to determine what supports and resources would promote ongoing family stability and change allowing the family to manage following Contractor intervention;
- Involve the family in identifying its capacity for and role in addressing the adolescent's needs;
- Establish a projected date for closure with the services program, and;

The contractor must ensure that the case manager performs the following responsibilities associated with the implementation of the original Services plan within the timeframe indicated:

- Within **one (1) week** (seven days) of the date of the finalization of the original services plan, the case manager, all service contractors, and the family will meet to assess and discuss the implementation of the plan
- Services re-assessments will be coordinated, conducted, and documented by the case manager.
- The case manager will maintain a minimum of at least every two weeks (14 days) face-to-face contacts with the adolescent and family and will coordinate and direct the completion of reassessments monthly with the family and all services contractors to review the presence of any new concerns and assess the adequacy of the service plan;
- The case manager will immediately coordinate, direct and document, as required by the BMCW, the completion of a re-assessment **at any time** the adolescent and family situation changes to suggest a concern (e.g., negative behavior in the home by adolescent, significant increase of stress in the home), and;
- Based on the re-assessment, **immediately** determine what modifications, if any, must be made to the plan, including the types of services used, frequency of service provision, location of service provision, etc., to address adolescent behavior, stabilize family functioning, and develop linkages long-term to formal and informal resources and natural supports.

Closure of FISS Services

The contractor must ensure the development and implementation of a closure process, which is initiated in a consistent and responsible manner by the case managers. The closure process must include a final re-assessment and documentation of actual linkages of ongoing supports and resources, the date of closure, and the reasons for closure. The contractor must provide final approval to all closures advanced by the case managers.

There may be families who participate in the entire FISS program in which service intervention may not provide the necessary and/or needed relief to the problems experienced by the adolescent. These families may require the involvement of the Milwaukee Children's Court System. Families requesting to file a pro se petition will be referred back to the Assessment unit for a re-assessment of the current issues. If court intervention is determined to be the most appropriate course for the family, the Bureau staff will file a petition with the District Attorney's office at the Milwaukee Children's Court Center.

Documentation Responsibilities For FISS Services

The contractor must ensure the timely and regular documentation of all contacts with the family, services reassessments, service plan modifications, and service provision, by the case manager. The Contractor must ensure that all case managers and service contractors document all contacts with a family, including the parties involved in the contact, the purpose of the contact, and the nature, content, and results of that contact. The Contractor must ensure that the case manager collects this documentation from

each services contractor in a timely manner, and maintains all documentation related to the family in a single case file.

The Contractor must ensure that all documentation is completed in a timely manner, as required by the DCF and by law, using the eWiSACWIS system and any additional written documentation formats and requirements.

Space Needs

The contractor bidding on these services must provide a detailed description of where the FISS assessment/services will be provided. It must be a single site and accessible to families and convenient to Wraparound Milwaukee for coordination with BHD Wraparound and REACH programs, mobile urgent treatment team and other services. Space must be available on weekends (Saturdays) and have sufficient waiting room space, phones, multiple offices for interviewing and for staff, access to computers, linkage with Synthesis and eWiSACWIS. It must be disabled accessible and meet standards of American with Disability Standards.

Experience and Qualifications

The applicant agency must ideally demonstrate at least four years experience in providing family intervention and support services or safety services/intensive treatment services for the Bureau of Milwaukee Child Welfare/juvenile justice system or must have equivalent experience providing care coordination or case management services to children/adolescents with serious emotional, behavioral or mental health needs.

Applicant must be able to furnish at least seven to eight BA/BS degree or MS or MSW staffs with at least two years experience working with the target population of youth. Preferably at least one staff will be bilingual.

Applicant must be able to demonstrate the staff providing FISS services have the following knowledge and experience:

a. Assessment and treatment skills working with youth with emotional and mental health needs
b. Knowledge of solution focused, short-term treatment approaches to working with youth with emotional and behavioral challenges and their families
c. Knowledge of wraparound philosophy and approaches including individualized, strength-based, family focused care
d. Knowledge and experience in use of community resources
e. Experience working with other child serving systems, i.e., child welfare, juvenile justice and education
f. Knowledge of children's court systems, child welfare statutes and policies
g. Knowledge of case management and crisis intervention

Unit of Payment – Unit of reimbursement will be daily rate for open FISS cases anticipated for 2013 to be $23.00 per day per enrolled family case plus an estimated $180.00 per FISS assessment based on maximum of 850 assessments per year.

Outcome Measures and/or Indicators that the Selected Contract Vendor will be evaluated on:

1. Results of Family Satisfaction Surveys – provider will be evaluated on 5 point scale using Wraparound Milwaukee and satisfaction survey tool and maintain at least a 4.2 rating on that tool.

2. 95% of FISS Assessments will be scheduled within one day of receiving the referral

3. For 95% of FISS families who have been assessed, FISS staff will identify and present to the families specific resources and services within the community which will address the types and level of concerns presented by the family member.

4. 95% of Community Service Providers, Bureau of Milwaukee Child Welfare or Delinquency and Court Services will be provided with all case record information within one day of referral.

5. The FISS contractor must develop a Parents Resource and Advocacy Guide and that guide of services and resources must be approved by the Bureau of Milwaukee Child Welfare and BHD Wraparound as Purchaser and kept updated and revised as needed.

6. For 95% of cases assigned to FISS services unit, within one week (seven days) of the date of the finalization of the original FISS services plan, the case manager, all service contractors and the family will meet to assess and discuss the implementation of the plan.

7. For 90% of all FISS service cases, the case manager will maintain a minimum of at least two face-to-face contacts per month with the adolescent and family.

8. 80% of all families referred to FISS will not be re-referred to the Bureau of Milwaukee Child Welfare or Children's Court for services within six months of closure of a FISS services case.

BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
WRAPAROUND MILWAUKEE

SECTION 6:

FORMS

6. FORMS

- Rate Sheet (if applicable)

- All other required forms have been included in the respective RFP sections, except linked budget forms, which are available for download from the Contract Administration website at: http://county.milwaukee.gov/DHHS_bids

RATE SHEET

Service: _____

Proposer must submit a rate for Billable Services (ONLY if required in the Program Section of the RFP document)

Service	Unit of Service (per Hour, Per 15 min, Per Client etc)	Cost per Unit	Comments (if any)

Authorized Signature:

Printed Name: Title:

Company: Date:

BEHAVIORAL HEALTH DIVISION
COMMUNITY ACCESS TO RECOVERY SERVICES
WRAPAROUND MILWAUKEE

SECTION 7:

APPENDICES

7. APPENDICES

- Milwaukee County Audit Services Division Fraud Hotline
- Designation of Confidential and Proprietary Information
- Statement of Deviations and Exceptions

MILWAUKEE COUNTY GOVERNMENT

H O T L I N E

Ph: (414) 93-FRAUD – Fax: (414) 223-1895 (933-7283)

Write: Audit Hotline- 2711 W. Wells St., 9th Floor, Milwaukee, WI 53208
Website: my.execpc.com/~milcoaud

A service of the Milwaukee County Comptroller's Office

For Reporting:

- **Incidents of fraud or waste in County government**
- **Concerns over inefficient Milwaukee County government operations**

CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES

-------- Other Numbers --------

Milwaukee County:	
Aging - Elder Abuse Helpline	**414-289-6874**
Child Support - TIPS Hotline (Turn in Parents for Support)	**414-278-5222**
District Attorney –	
Consumer Fraud Unit	**414-278-4646**
Public Integrity Unit	**414-278-4645**
Mental Health	
Crisis Hotline	**414-257-7222**
Crisis Hotline (TTY/TDD)	**414-257-6300**

City of Milwaukee:	
Fraud Hotline	**414-286-3440**

Sheriff's Department –	
Community Against Pushers (Anonymous Drug Reporting)	**414-273-2020**
Guns Hotline	**414-278-4867**

State of Wisconsin:	
Child Abuse or Neglect Referrals	**414-220-7233**
DOJ Consumer Protection Unit	**1-800-998-0700**
Wisconsin W-2 Fraud Hotline	**1-877-865-3432**
Wisconsin Child Care Fraud	**1-877-302-3728**
Legislative Audit Bureau Hotline	**1-877-372-8317**

Federal:	
Medicare Fraud	**1-800-447-8477**
Social Security Fraud	**1-800-269-0271**
Federal Funds Fraud (FraudNet)	**1-800-424-5454**

(7/2/12)

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

Please insert this form after the cover letter in your submission

The attached material submitted in response to the 2012 RFP includes proprietary and confidential information, which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats. or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when proposals are open, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released:

Section	Page #	Topic

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Company Name _____

Authorized Representative _____
Signature

Authorized Representative _____
Type or Print

Date _____

STATEMENT OF DEVIATIONS AND EXCEPTIONS

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations:

(Please list your exceptions and deviations by indicating the section or paragraph number, and page number, as applicable. Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required. Please insert this form after the cover letter in your submission.)

_____	_____
Name of Authorized Representative	Title
_____	_____
Signature of Authorized Representative	Date