

**MILWAUKEE COUNTY  
Department of Health and Human Services  
Behavioral Health Division**

**Mental Health System Redesign Project  
Request for Information**

**Issued: October 3, 2011  
Responses Due: November 4, 2011 at 4:30 PM CDT**

**Questions regarding this RFI should be directed to:**

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**LATE RESPONSES WILL BE REJECTED**

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## **I. Introduction**

The Milwaukee County Behavioral Health Division is seeking information from community providers and organizations on each entity's current capacity to provide mental health services, and interest and ability to participate in a redesigned mental health system. The overall goal of the redesigned mental health system is to decrease reliance on emergency and inpatient levels of care and increase community-based programming and support.

## **II. Background and Purpose of RFI**

The Milwaukee County Behavioral Health Division (hereinafter referred to as 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's vision is that the organization will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners. As such, 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.

Mental health service delivery in Milwaukee County has been the subject of considerable research and scrutiny in recent years. Numerous public and private entities have issued reports on how to modernize and improve the mental health system generally as well as BHD specifically, including (but not limited to):

- *Transforming the Adult Mental Health Care Delivery System in Milwaukee County* by Human Services Research Institute in partnership with the Public Policy Forum and the Technical Assistance Collaborative, Inc.
- Reports to the Milwaukee County Board of Supervisors from the Community Advisory Board for Mental Health
- *System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division* by the Milwaukee County Department of Audit
- *Follow-Up Report to BHD Administrator: Mixed-Gender Units* by the Gender Unit Work Group
- *Milwaukee County Executive's Mental Health Vision and Initiative* by Chairman Lee Holloway, Milwaukee County Board of Supervisors
- Reports to the Milwaukee County Board of Supervisors from the New Behavioral Health Facility Study Committee

In April 2011, the Milwaukee County Board of Supervisors passed a resolution supporting efforts to redesign the Milwaukee County mental health system. In doing so, a Mental Health Redesign Task Force (hereinafter referred to as Task Force) was established to coordinate recommendations from the various mental health proposals in order to create a data-driven mental health redesign implementation plan for review and approval by the County Board.

This Request for Information (RFI) seeks to create a community inventory of current services and develop a catalog of potential opportunities for expansion of services. It is anticipated that

the RFI will provide baseline data to help the Task Force with its task of implementing new mental health system design ideas and innovative strategies.

Responding to this RFI does not imply or ensure any future contract or relationship with Milwaukee County. However, BHD may use the results of the RFI to craft more specific Request for Proposals (RFP) as needed services are identified to support a redesigned mental health system and continuum of care. In addition, Milwaukee County may use some of the results to develop a network of providers within a fee-for-service approach to services.

### **III. Current BHD Mental Health Services Systems**

BHD currently provides mental health services in the following areas:

#### *Inpatient Services: Nursing Facility Services*

The Nursing Home Facilities are licensed Rehabilitation Centers under HFS132 and HFS134 that provide long-term, non-acute care to patients who have complex medical, rehabilitative, psychosocial needs and developmental disabilities. The Rehabilitation Center-Central is a 70-bed, Title XIX certified, skilled-care licensed nursing home. The facility consists of three units, which serve individuals with complex and interacting medical, rehabilitative and psychosocial needs that can be effectively treated in a licensed nursing facility. The Rehabilitation Center-Hilltop is a 72-bed Title XIX certified facility for the Persons with Developmental Disabilities. The facility provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions.

#### *Inpatient Services: Acute Adult/Child Services*

Hospital Inpatient Services are provided in five licensed psychiatric hospital units with four specialized programs for adults and one specialized unit for children and adolescents. In 2011, BHD will reconfigure existing units to that of: two 21-bed adult units called Acute Treatment Units (ATU), one 21-bed Women's Treatment Unit (WTU) and one 12-16 bed Intensive Treatment Unit (ITU). The Acute Adult units provide inpatient care to individuals over age 18 who require safe, secure, short-term or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community. Admissions to the acute hospital have decreased 4% from 2009 with a total of 2,254 admissions in 2010. Approximately 70 to 80 percent of the admissions are considered involuntary. Individuals with a diagnosis of Schizoaffective Disorder are most likely to have multiple hospital re-admissions. The median length of stay of the Acute Adult hospital is seven days with an average of 12-13 days. The Child and Adolescent unit provides inpatient care to individuals age 18 and under that require secure short-term or occasionally extended hospitalization. The Child and Adolescent unit continues to provide all emergency detention services for Milwaukee County as well as inpatient screening for Children's Court. In recent years, child and adolescent inpatient lengths of stay have declined with the emphasis on community-based care through the Wraparound Program. In 2010, there

were approximately 1,601 admissions to the child and adolescent unit with an average length of stay of 2.3 days.

### *Adult Community Services: Mental Health*

Adult Community Services is composed of community-based services for persons with serious and persistent mental illness and for persons with substance abuse problems or a substance dependency. The majority of services in the mental health program area are provided through contracts with community agencies. The mental health program area is composed of several major programs for the medical and non-medical care of consumers in the community. These programs include Community Support Programs, Community Residential, Targeted Case Management, Day Treatment, Outpatient Treatment and Prevention and Intervention Services. Services are designed to provide for a single mental health delivery system that reduces an individual's time institutionalized, promoting consumer independence and recovery. Community Services provides all services in the least restrictive and most therapeutically appropriate, cost-effective setting.

### *Child and Adolescent Community Services*

Child and Adolescent Community Services functions as a purchaser, provider and manager for the mental health services system for Milwaukee County youth and some young adults through the Wraparound Milwaukee Program, Family Intervention and Support Services (FISS) Program and New Healthy Transitions Initiative. Additionally, it provides mental health crisis intervention services to the Bureau of Milwaukee Child Welfare and to any Milwaukee County family experiencing a mental health crisis with their child. The Wraparound Milwaukee Program functions as a unique managed care entity under a contract with Medicaid for youth with serious emotional disturbance (SED) in Milwaukee County. Services are targeted to children and young adults up to age 24 with severe emotional and mental health needs, involved with two or more child or adult serving systems and who are at risk of residential treatment or other institutional settings.

Wraparound Milwaukee consists of four programs with different target groups of SED youth: Regular Wraparound – Child Welfare or Delinquency and Court services referred youth who are court ordered into Wraparound; REACH – mostly referred through the school systems, these are non-court involved SED youth; FOCUS – collaborative program with Delinquency and Court Services for SED youth at risk of juvenile correctional placement; and Healthy Transitions Program (Project O'YEAH) – for youth, age 16 to 24 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. The current total of available Wraparound slots per day is approximately 950. Child and Adolescent Community Services also operates the FISS Services Program for approximately 50 adolescents and their families who have a history of parent/child conflicts and runaway behaviors. FISS Services, which is funded by the Bureau of Milwaukee Child Welfare, provides mental health and supportive services to divert youth from formal court intervention.

## *Crisis Services*

Crisis Services is composed of multiple programs that assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkage. The Psychiatric Crisis Service/Admission Center (PCS) serves between 12,000 and 14,000 patients each year. Approximately 65 percent of the persons receiving services are brought in by police on an Emergency Detention. The remaining individuals admitted are Milwaukee County residents who walk in and receive services on a voluntary basis. In addition to PCS, Crisis Services runs a Mental Health Crisis Walk-In Clinic, an Observation Unit, the Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team and two eight-bed Crisis Respite houses. A multi-disciplinary team of mental health professionals provides these services. In 2010, there were nearly 53,000 clinical contacts in the various Crisis Services programs.

## **IV. Mental Health Redesign Philosophy and Objectives**

The Mental Health Redesign is a partnership between public and private stakeholders, sharing a goal of reducing reliance on emergency mental health services and inpatient care in Milwaukee County. Ultimately, a redesigned mental health system needs to provide for the effective and sustainable delivery of mental health services within Milwaukee County.

### *Guiding Principles*

The guiding principles of the Mental Health Redesign include:

- Adherence to SAMHSA recovery principles: Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility, and Hope
- Ensuring access to high quality services and supports in community-based settings
- Reducing reliance on emergency services and unnecessary inpatient care
- Commitment to full inclusion of consumers as well as family members and advocates
- Partnership between public and private stakeholders
- Compliance with the integration mandate of the ADA and *Olmstead v. L.C.*
- Diversity and cultural competency
- Moving beyond the medical model to a philosophy of independent living

### *Key Objectives*

Key objectives of the Mental Health Redesign include:

- Improve access to timely and appropriate mental health services
- Expand public and private community-based mental health services
- Reduce unnecessary and costly reliance on inpatient treatment
- Determine and achieve optimal capacities in public and private inpatient facilities and the Hilltop units at the BHD
- Minimize use of emergency detentions
- Improve consumer satisfaction and quality of care

- Achieve system-wide application of principles of recovery and trauma-informed care
- Increase independence, community integration, and quality of life for consumers
- Manage or reduce overall costs within the mental health system
- Achieve and maintain an efficient, well trained workforce through strong recruitment, retention, and continuing education efforts

*Additional Philosophy of Care and Approach to Services Information*

An important component of any redesigned mental health system will be addressing the needs of individuals with co-occurring disorders (COD). 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 COD, 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.

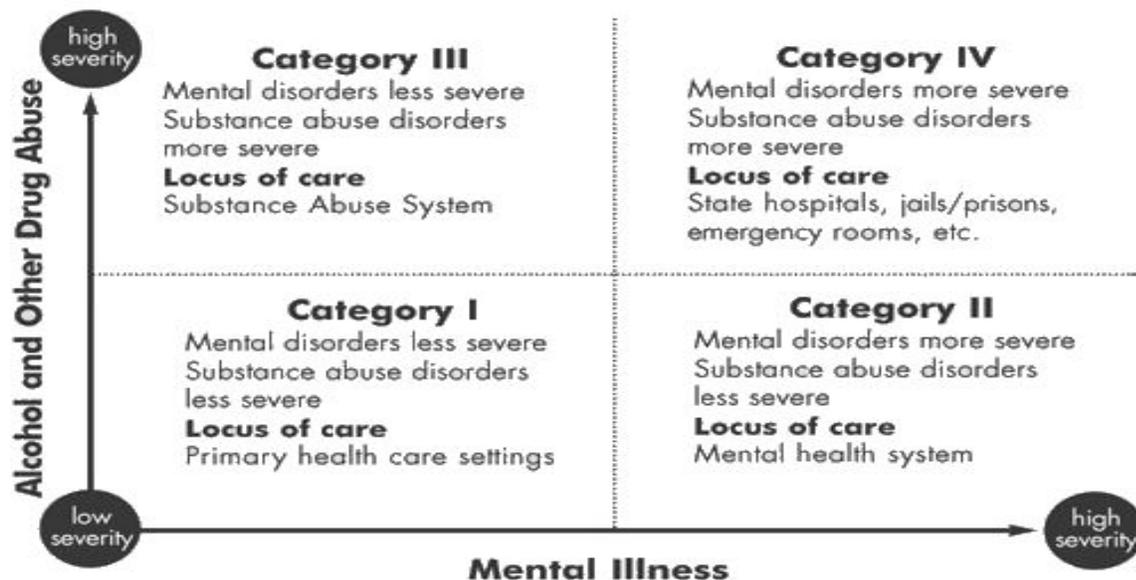
In addition to co-occurrence with substance abuse, Milwaukee County is especially interested in learning about services for two complex groups of individuals, first for elderly persons with mental illness and second, for individuals with identified as having a developmental disability and a co-occurring mental illness. Both of these client groups would benefit from specialized services at all points in the continuum of care.

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

The matrix below demonstrates the different categories of COD. Recognizing the varying and unique needs of each individual Milwaukee County serves, the mental health redesign endeavors to partner with providers across the continuum of diagnoses and levels of severity.



## V. Summary of Needs:

As the Mental Health Redesign Task Force works to define a new system of care for individuals with mental illness, it is essential that a full spectrum of services be available to develop robust individualized treatment plans for clients with a focus on community-based services.

## VI. Major Service Categories and Core Functions

The following is a list of the major service categories and core functions currently available through BHD or being considered for possible future inclusion that pertain to the Mental Health Redesign efforts. In part, this RFI is seeking to gather information on the community inventory of these service categories.

### *Crisis Diversion/Stabilization*

- Crisis Respite:** Provides services to persons having a serious and persistent mental illness with a living environment that: 1) provides the support necessary for an individual to live as independently as possible in a structured group residential setting; 2) continually promotes the acquisition of skills necessary for the consumer to transition to more independent living; and 3) actively pursues movement to a more independent living environment in conjunction with the consumer and other members of the consumer's support network. The Crisis Respite House is an alternative to psychiatric inpatient

hospitalization, which expands the continuum of services, intervention, and support for individuals in crisis. Crisis Respite provides a less restrictive and more normal environment in which to treat and support persons in crisis.

While residing at Crisis Respite, the consumer will actively participate in development of his/her service plan, goals and means to achieve them. It is also expected that the community-based residential facility (CBRF) staff and other members of the consumer's support network will offer the consumer the means to acquire or further develop the skills necessary to function more independently.

- *Crisis Stabilizers*: This service offers a short-term or ongoing mental health intervention provided in or outside of the individual's home, and is designed to evaluate, manage, monitor, stabilize and support the individual's wellbeing and appropriate behavior consistent with their individual Crisis/Safety Plan. The crisis stabilizer helps to ensure adherence to the Crisis/Safety Plan, including modeling and teaching effective interventions to deescalate the crisis, and identifying and assisting the individual with accessing community resources that will aid in the crisis intervention and/or stabilization. Adding crisis stabilizers for adults would be of interest for possible consideration in a redesigned mental health system.
- *Crisis Resource Center (CRC)*: The focus of the Crisis Resource Center is to make the behavioral health system accessible to more individuals in a less threatening more consumer-driven system of care. The major goal of the CRC is to reduce the number of individuals with mental illness or co-occurring disorders who, during a psychiatric crisis, end up in the criminal justice system, local hospital emergency rooms or subject to involuntary psychiatric hospitalization.

BHD is especially looking for information from organizations interested in creating Crisis Respite and Crisis Resource Center program models on the North side of Milwaukee County. These programs can be co-located or described separately.

In addition to the current Crisis Resource Center and Crisis Respite model, BHD is willing to receive information from organizations with different approaches and programs for diversion.

#### *Inpatient – Acute Adult and Child & Adolescent*

This is a short-term stabilization in a hospital environment where psychiatry, psychology, nursing, social service and rehabilitation services are provided to mentally ill adults, children and adolescents.

BHD is interested in learning about alternatives to hospitalization or hospitalization in other locations. This includes safety net services to address hospital recidivism and increase engagement and linkages to community-based services.

#### *Residential – Short and Long-Term*

- *Short-Term Treatment Residential:* These programs provide short-term (less than 30 days) support to individuals who need a secure and structured living and treatment environment. The goal of a stay in this service would be stabilization, and comprehensive community discharge planning.
- *Community Residential:* These programs include Community-Based Residential Facilities (CBRF) and Adult Foster Homes (AFH), and offer supported and staffed community living options.
- *Long-Term Residential (Nursing Home):* These programs provide long-term inpatient care in a nursing home setting to persons 1) who have a developmental disability and where the ultimate goal is to increase each resident's ability to independently perform activities of daily living with community living; or 2) with serious and persistent mental illness who need extended support and rehabilitation before they can live in the community.

### *Community Services*

The array of services currently offered in the Community Services Branch include the following:

- *Targeted Case Management:* Targeted case management is a modality of mental health practice which addresses the overall maintenance of a person with mental illness including his / her physical, psychological and social environment with the goal of facilitating physical survival, personal health, community participation and recovery from or adaptation to mental illness. Targeted case management puts primary emphasis on a therapeutic relationship and referral/monitoring of community-based care.
- *State-certified Community Support Programs:* This program represents the most comprehensive and intensive community treatment service model. A Community Support Program or "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 individualized participant centered treatment, rehabilitation and support service in the community where participants live, work, and socialize. Treatment and rehabilitation services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement with participants to achieve individual goals, to better manage symptoms, to maintain hope and optimism, and to live and work in community settings of their choice.
- *Day Treatment (Partial Hospitalization) Program:* Offers behavioral and psychiatric services to individuals with complex and co-occurring mental health disorders (including substance use/abuse/dependence) primarily on an outpatient basis and under the supervision of a physician. Services are provided on the basis of a collaboratively written Recovery Plan, approved and monitored by the participating provider, for 25 hours a week up to a year. Day Treatment services provide psychotherapy and skills groups, medication prescribing and monitoring, risk assessment and management, crisis

intervention, health and wellness, spiritual support, and linkages to community resources. Day Treatment services are intended to improve quality of life and reduce the use of inpatient and crisis services. Current multidisciplinary Day Treatment teams include Recovery and Stabilization, serving individuals with thought disorders and unstable affective disorders, and Dialectical Behavior Therapy, serving individuals with chronic suicidal ideation, self-injurious behavior, emotional dysregulation, and affective disorders.

- *Community Employment:* Milwaukee County is interested in information from organizations providing hands-on vocational education and support, including assistance in obtaining competitive employment in the community.
- *Outpatient Therapy:* Current outpatient treatment provides some therapeutic and group support to indigent individuals. Milwaukee County is interested in information about services that offer outpatient therapy and other outpatient supportive services.
- *Outpatient Medication Oversight:* Regular review of medication regime with physician or APNP. Medical staff also review efficacy side effects and implications, and write renewal prescriptions.
- *Representative payeeship programs:* Protective payee programs provide services to individuals who have a primary mental illness and require assistance with financial management in order to live independently in the community. They do not require residential or case management services but may need representative payeeships, financial counseling, budget teaching and referral for any additional entitlement.
- *Subsidized permanent housing for homeless mentally ill:* Milwaukee County currently has several subsidized permanent housing structures in partnership with various entities in the community. In addition to offering safe, affordable housing, these units typically also offer supportive services, including peer support, to help individuals maintain a sense of community.
- *Safe Haven housing for homeless persons:* Milwaukee County operates four HUD-funded Safe Haven facilities for homeless adults. Safe Haven programming is structured such that individuals are provided shelter and supportive services in a low-demand environment, while they work toward achieving sustainable income, independent living skills, and recovery from their psychiatric and/or substance abuse issues.
- *Benefit advocacy services:* These are services designed to assist individuals and their families obtain or maintain access to appropriate community resources.
- *Clubhouse models:* These are organizations that operate clubhouse structures for individuals. They offer assistance with lifestyle skills and coordinate vocational opportunities. The clubs have a membership model so that individuals must join and recognize the obligations and privileges of membership. Milwaukee County is interested

in information about organizations involved in this approach and interested in development of additional clubhouses in the Milwaukee area.

- *Psychosocial Clubs:* These serve as points of soft entry for individuals experiencing severe and persistent illness. They are based on the concept of involvement and acceptance as a requirement component in broader community membership. Members of the club participate in the planning and carrying out of club activities, including social groups, community outings and other activities.

## **VII. Recommended New Services**

The RFI is also looking to collect information on services not currently offered in the existing Milwaukee County mental health system, but that are consistent with the recovery-oriented, evidence-based services being recommended for inclusion in a redesigned system by the reports listed previously. The following are a few examples of the types of services that reports such as that issued by the Human Services Research Institute recommend. This is not an exhaustive list of all the types of services that Milwaukee County is interested in receiving information on. Respondents are encouraged to submit information on any services that align with the key principles and objectives of the Mental Health Redesign.

Copies of the reports containing recommendations referenced throughout the RFI are available here: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids).

### *Community Living Supportive Services (CLSS)*

This service covers activities necessary to allow individuals to live with maximum independence in community integrated housing. Activities are intended to assure successful community living through utilization of skills training, cueing and/or supervision as identified by the person-centered assessment. CLSS consist of meal planning/preparation, household cleaning, personal hygiene, reminders for medications and monitoring symptoms and side effects, teaching parenting skills, community resource access and utilization, emotional regulation skills, crisis coping skills, shopping, transportation, recovery management skills and education, financial management, social and recreational activities, and developing and enhancing interpersonal skills. CLSS tasks, such as meal planning, cleaning, etc. are not done for the individual, but rather they are delivered through training, cueing, and supervision to help the participant become more independent in doing these tasks.

These services could be made available in a variety of community locations that encompass residential, business, social and recreational settings. Residential settings are limited to an individual's own apartment or house, supported apartment programs, adult family homes (AFH), residential care apartment complexes (RCAC), and CBRF from 5 to 16 beds (inclusive). The type of residential setting needed would be as agreed upon in the person-centered assessment. Individuals needing services in a CBRF setting would be those whose health and safety are at risk without 24-hour supervision.

### *Supported Employment*

This service covers activities necessary to assist individuals to obtain and maintain competitive employment. This service may be provided by a supported employment program agency or individual employment specialist. The service will follow the Individual Placement and Support (IPS) model recognized by SAMHSA to be an evidence-based practice. This model has been shown to be effective in helping individuals obtain and maintain competitive employment. This promotes recovery through a community integrated socially valued role and increased financial independence. The core principles of this supported employment approach are:

- Participation is based on consumer choice. No one is excluded because of prior work history, hospitalization history, substance use, symptoms, or other characteristics. No one is excluded who wants to participate.
- Supported employment is closely integrated with mental health treatment. Employment specialists meet frequently with the mental health treatment team to coordinate plans.
- Competitive employment is the goal. The focus is community jobs anyone can apply for that pay at least minimum wage, including part-time and full-time jobs.
- Job search starts soon after a consumer expresses an interest in working. There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experiences (like pre-vocational work units, transitional employment, or sheltered workshops).
- Follow-along Supports are continuous. Individualized supports to maintain employment continue as long as the consumer wants assistance.
- Consumer preferences are important. Choices and decisions about work and support are individualized based on the person's preferences, strengths, and experiences.

The service covers supported employment intake, assessment, job development, job placement, work related symptom management, employment crisis support, and follow-along supports by an employment specialist. It also covers employment specialist time spent with the individual's mental health treatment team and Vocational Rehabilitation (VR) counselor.

### *Peer Supports*

Individuals trained and certified as Peer Specialists serve as advocates, provide information and peer support for consumers in outpatient and other community settings. Consumers receiving peer support services will reside in home and community settings. Certified Peer Specialists perform a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process. Peer Specialists function as role models demonstrating techniques in recovery and in ongoing coping skills through: (a) offering effective recovery-based services; (b) assisting consumers in finding self-help groups; (c) assisting consumers in obtaining services that suit that individual's recovery needs; (d) teaching problem solving techniques; (e) teaching consumers how to identify and combat negative self-talk and how to identify and overcome fears; (f) assisting consumers in building social skills in the community that will enhance integration opportunities; (g) lending their unique insight into mental illness and what makes recovery possible; (h) attending treatment team and crisis plan development meetings to promote consumer's use of self-directed recovery tools; (i) informing consumers about community and natural supports and how to utilize these in the recovery process; and (j)

assisting consumers in developing empowerment skills through self-advocacy and stigma-busting activities.

*Wellness checks:*

A Wellness check is not currently available in the Milwaukee County array of services but would be of interest for possible consideration in the future. A Wellness Center could function as a point of contact for individuals well along the road to recovery or individuals with new or emerging symptoms.

### **VIII. Method of Procuring Services**

As noted above, BHD anticipates that RFPs for more specific community-based mental health services may be issued as needed services are identified to support a redesigned mental health system and continuum of care. BHD is considering using one or more of the following three (3) models for purchasing community-based services. However, it is anticipated that BHD will continue to move toward procuring more services through a fee-for-service provider network (Model B). It is possible that a combination of purchasing methods will be used, as BHD will always need flexibility in purchasing services for special populations and/or to meet the special needs of clients.

*Model A – Purchase of Service Contracts*

In conjunction with its Service Access to Independent Living (SAIL) unit, BHD would continue to purchase services using purchase of service contracts. BHD would determine the community-based service needs of their client population and will purchase the needed services through a variety of contracts. A program may be very specific in nature and/or it may be very broad. As to each program purchased, a provider would be required to serve a set number of clients and to have a set program budget. Each contract would have a maximum obligation amount.

*Model B – Fee-for-Service Network*

BHD would authorize providers through a fee-for-service network application process that can provide all or some of the components of community-based services to all or a certain defined service area. BHD would describe the services that need to be provided in each component and the qualifications a provider would need to meet. All providers determined qualified to provide a component would be listed on a master service list for that component. Referrals would be made to providers based on clients' needs and choices. BHD may define a discrete unit of service for each service component category. Contracts under this model will not have maximum obligation amounts.

Currently, mental health purchase of service contracts for direct client services are in the process of being converted to fee-for-service agreements. Mental health residential treatment programs were the first to be converted from purchase of service contracts (contracts with maximum obligation amounts) to fee-for-service agreements. It is anticipated that BHD will continue this

process and that other outpatient community services will be converted to this model in the future.

A sample DHHS Fee-for-Service Agreement is available here: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids).

### *Model C – Hybrid*

BHD may seek providers that can offer the full array of community-based mental health services. A provider awarded a contract would provide all of the community-based services required for a defined number of BHD clients in a certain area in accordance with the individual needs, as identified in each client’s Individual Service Plans and/or Program Specific Treatment Plans. BHD may utilize one or more providers under this model, depending on the client population to be served. The client population referred to any one provider may consist of a full mix of clients with differing levels of need as they move toward the overall goal of recovery. It is also anticipated that throughout the duration of applicable contracts there will be changes in caseloads as clients enter and leave BHD care and/or the applicable service area. Based on BHD standards, providers will have the flexibility to determine their own staffing needs. Contracts under this model may or may not have maximum obligation amounts.

## **IX. Expectation of Outcomes**

As previously stated, the Mental Health Redesign has a goal of reducing reliance on emergency mental health services and inpatient care in Milwaukee County. BHD has begun a process of system transformation to more effectively and efficiently meet the mental health and co-occurring needs of consumers who are currently within its service system. Further, BHD has developed an outpatient quality framework, with core outcomes and measures, which is utilized in planning, monitoring and improving all BHD-funded services. This quality framework assists BHD, along with the involvement by providers, clients, family members and other advocates and stakeholders, in developing interventions and processes to improve the service delivery system, and ultimately the personal outcomes achieved by clients and their families.

Any future RFPs, contracts and/or agreements stemming from the data collected under this RFI may include provisions for performance-based referrals, and/or outcome-based payment methodologies.

## **X. Vendor Response and Timeline**

### *RFI Management*

The manager for this RFI is Mr. Dennis Buesing, DHHS Contract Administrator.

Dennis Buesing, Contract Administrator  
Milwaukee County Department of Health and Human Services  
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*Inquiries, Questions and RFI Addenda*

Respondents are expected to raise any questions they have concerning the RFI and appendices (if any) during this process. If a Respondent discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFI, the Respondent must immediately notify the RFI Manager of such error and request modification or clarification of the RFI.

**General questions, including those regarding programs, services, or service delivery models related to this RFI, should be directed to:**

David Johnson, Integrated Services Coordinator  
Behavioral Health Division  
Milwaukee County Department of Health and Human Services  
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Phone: (414) 257-5255  
Email: [david.johnson@milwcnty.com](mailto:david.johnson@milwcnty.com)

Respondents must submit their questions via email to [david.johnson@milwcnty.com](mailto:david.johnson@milwcnty.com) **on or before 4:30 PM on October 11, 2011**. All questions must cite the appropriate RFI section and page number. In addition, all questions should also be submitted via email to <mailto:dhhsca@milwcnty.com>.

It is the intent of DHHS that answers to questions received will be posted on: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids) **on or before October 17, 2011**.

No revisions to this RFI may be made unless in the form of an official addendum issued by Milwaukee County. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFI, addenda will be posted here: <http://county.milwaukee.gov/Corrections22671.htm>.

Respondents must check the website for posted addenda. They are encouraged to check daily.

*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 Respondent needs accommodations, please contact the RFP Manager.

*Estimated Timetable for RFI*

The key RFI dates are outlined in the table below titled **RFI 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 RFI, which will be posted at:

<http://county.milwaukee.gov/Corrections22671.htm>.

**Responses are due by 4:30 PM CDT on Friday, November 4, 2011.**

<b>RFI Schedule</b>	
<b>RFI Milestones</b>	<b>Completion Dates</b>
RFI issued	October 3, 2011
Written question submission deadline	October 11, 2011
Question & Answer Session Zoofari Conference Center, 10001 W Bluemound Rd.	October 12, 2011; 9:00 to 11:00 AM
Written Q&A posted to website	October 17, 2011
RFI Electronic Responses due	November 4, 2011; 4:30 PM CDT

**XI. Submitting a Response**

*Instructions*

All responses **must be received** by DHHS Contract Administration via email as an attachment to: [dhhsca@milwcnty.com](mailto:dhhsca@milwcnty.com). Responses must be received **no later than 4:30 PM CDT on Friday, November 4, 2011. Late responses will be rejected.**

All responses must be completed using the Microsoft Excel spreadsheet (Data Collection Tool) format and Excel forms posted on the DHHS Contract Administration web site.

The Excel Data Collection tool must be downloaded from:

[http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids), and saved to the Respondent's computer using Excel 97 to Excel 2003 format.

The Data Collection Tool (DCT) contains eight (8) tabs requesting information from the Respondent's organization:

- Agency demographic information;
- The organization's philosophy of care;
- Information on each site operated by the organization;
- An inventory of mental health services currently being provided by the organization along with current capacity;
- An inventory of possible expansion of services and capacity;
- Ideas for new programs, services or a service delivery models that should be considered for inclusion in the Mental Health Redesign; and
- Service Descriptions for new services.

The first tab of the DCT contains detailed instructions on completing information requested on each tab of the DCT, including further clarification on individual fields on the respective tabs.

If there are any questions regarding completion or submission of the DCT, contact Sumanish Kalia at: 414-289-6757 or by email at: [Sumanish.Kalia@milwcnty.com](mailto:Sumanish.Kalia@milwcnty.com).

#### *Incurring Costs*

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Respondent to develop and submit its response. The Respondent is entirely responsible for any costs incurred during the RFI process, including site visits for discussions, face-to-face interviews, presentations or negotiations for any subsequent contract.

#### *Submitted RFI Responses*

Responses submitted by an agency become the property of Milwaukee County at the point of submission. Responses will become public information, and will be subject to the Open Records Law.



## **Appendix A. RFI Response Spreadsheet**

See attached Excel document.

## Appendix B. BHD Organizational Chart

