

The following are answers to questions received via email and during the Information Session held for respondents on October 12, 2011. Responses to the RFI are due by **4:30 PM CDT on Friday, November 4, 2011**. Responses should be sent via email as an attachment to dhhsca@milwenty.com.

General

Q: The RFI seemed very directed to current services. Is there equal opportunity for new services and providers?

A: There are two main goals of the RFI. The first is to collect a comprehensive community inventory of existing mental health and co-occurring services, as one does not currently exist. The second goal is to gauge community providers' interest in expanding existing services and offering new services. BHD strongly encourages both existing and new providers to respond to the RFI.

Q: Are small businesses welcome to participate?

A: Yes, all businesses and agencies are encouraged to respond to the RFI.

Q: There is a service we aren't currently providing, but we know this is a service that our clients would benefit from. In suggesting this service, is this considered a current service or a new service?

A: A new service would be an expansion beyond current services. The new service should be listed on the Expansion tab of the data collection tool, and if that new service is not in the list of current services in the BHD services array, also include it on the Service Description tab. New ideas are most welcome.

Q: What is our understanding of recovery and how do we define recovery in the lives of people living with mental health issues?

A: BHD uses the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of recovery, but we are interested to see how other agencies will define their philosophy.

Q: Is BHD willing to meet and work with consumers and consumer-controlled organizations to create equal opportunities for funding?

A: Yes.

Q: What are the next steps and anticipated timeline for the RFI?

A: Responses to the RFI are due by **4:30 PM CDT on Friday, November 4, 2011**. BHD will then analyze the data and construct reports for the Milwaukee County Board of Supervisors and the Mental Health Redesign Task Force by January 2012. Upon review of the data and

recommendations from the Mental Health Redesign Task Force, BHD may issue Requests for Proposals in the future.

Q: In the Sites tab of the data collection tool, for the question on geographic area served, is it assumed that if we select “outside Milwaukee County” for a site, that the site would be available for services through Milwaukee County BHD?

A: Yes, our assumption is that “outside Milwaukee County” includes services to Milwaukee County residents. BHD is only interested in services to be provided to Milwaukee County residents, but these services can be delivered outside of Milwaukee County.

Q: Some services are typically considered portions of a larger service (e.g. Art Therapy) and are bundled into that larger service. How should those be handled in this RFI?

A: If your service is a unique service with a specific unit rate, it could be listed as a new service.

Q: How should an agency include information on private sources of funding in the RFI?

A: Respondents with private sources of funding should check the box on the Existing and Expansion tabs labeled “Foundations” under the “Other Purchasers” section.

Q: What should I do if I need to add additional rows to the data collection tool for existing services or expansion of services not listed in the current array for Milwaukee County?

A: Send your Excel data collection tool spreadsheet to Sumanish Kalia at sumanish.kalia@milwcnty.com with instructions on how many additional rows are needed.

Q: My agency is accredited by an international organization. How do I indicate this on the RFI?

A: The “Agency Licenses” boxes on the Agency tab of the data collection tool allow users to enter text. Any international licensures can be included in these boxes.

Crisis

Q: Could you expand on “Crisis Stabilizers”? Would this involve case management (short-term) in addition to TCM/CSP?

A: BHD is looking to see if there are community partners interested in providing Crisis Stabilization services to adults with mental illness. This is a service that is already provided for our child & adolescent population. Crisis Stabilizers are assigned to youth to provide supportive stabilizing services to the youth and his/her family. We would like a similar program of services for adults.

Q: Crisis Stabilization has proven to be very effective for youth. Is providing Crisis Stabilization for adults a priority for BHD and how soon will it be implemented?

A: Utilizing Crisis Stabilizers for adults is something BHD is very interested in. Our ability to plan, design and implement Crisis Stabilization services will be dependent upon the interest level of community agencies in providing these services.

Community Services

Q: What is the County's formal plan to assuring consumer run services and organizations are included in the service array? How are consumers involved in a meaningful way in service design, provision, and quality assurance?

A: The Mental Health Redesign Task Force is responsible for coordinating recommendations and creating an implementation plan for approval by the Milwaukee County Board of Supervisors on a redesigned mental health system. The Task Force has Action Teams that are all co-chaired by consumers. Further, BHD is very interested in incorporating and expanding the use of Peer Specialists in an array of services.

Q: In the continuum of care for AODA services, there are different levels of early prevention and intervention. If I were interested in providing some or all of these services, would this be considered an expansion of services?

A: For the purposes of the RFI, an expansion means adding to your existing capacity, allocating existing capacity to a new Target Group, or adding an entirely new service. Agencies should indicate their interest in providing any existing and expanded services that align with the philosophy and goals of the Mental Health Redesign on the RFI.

Q: Would BHD be interested in an organization providing grooming services for adults with special needs?

A: BHD is interested in receiving information on all existing services and services that providers are interested in expanding that align with the philosophy and goals of the Mental Health Redesign.

Q: With the impending change over to a fee-for-service model for mental health services and the inability to project financials for existing services, how can agencies be assured of financial solvency after contracting for additional services?

A: Moving from purchase of service contracts to a fee-for-service network does change the way that agencies do business. Transitioning to a fee-for-service network can be beneficial; particularly, it empowers consumers by providing choices and creates a competitive environment that should improve the quality of care. BHD is still in the process of converting the mental health system to a fee-for-service network and has not yet settled on a fee structure for services. As BHD moves ahead, we will consider agency's unit costs of providing services when developing the rates.

Q: Adult family homes through Family Care have been effective. With the wait list for Family Care, is BHD looking at funding and supporting adult family homes?

A: BHD is interested in receiving information on existing services and services that providers are interested in expanding that align with the philosophy and goals of the Mental Health Redesign.

Q: TCM is being considered for expansion. Will BHD add new agencies as providers? Will BHD RFP this expansion?

A: TCM services were not on the RFP schedule in 2012, but may be in 2013 or sooner based on need. Providers would be selected through the RFP process.

Q: We are a residential AODA provider. How do we become a mental health provider?

A: Mental health providers need to be licensed through the State of Wisconsin. For the purposes of the RFI, indicate your interest in becoming a mental health provider (as an expansion of services), and note your license status.

Q: Will there be a need for any type of independent (non-Milwaukee County Mental Health) assessment when clients are moved to a less restrictive setting?

A: It is uncertain at this time. BHD is interested in receiving information on what this potential service might involve.

Q: As a long-term TCM/CSP provider, our unit rate has not been raised in over a decade. Because of rising costs to provide services (staff costs, etc.), we have faced program deficits since 2007. What rate should we list on the RFI – what we currently get or what we actually need?

A: For existing services, include the unit rate you currently receive from purchasers. For expansion of services, include your proposed unit rate for the service.

Q: How will BHD interface with the emergency shelter for the homeless system?

A: That has not been defined at this time. BHD is willing to discuss with interested parties the nature and structure of this relationship. Respondents should include ideas such as this on the Ideas tab of the data collection tool.

Residential

Q: What types of housing garners the most concern for BHD (e.g. Adult family housing, group homes, etc.)?

A: BHD is interested in receiving information on all existing services and services that providers are interested in expanding that align with the philosophy and goals of the Mental Health Redesign. Currently, Milwaukee County provides housing services through the Housing Division and community-based residential facilities for individuals with mental health issues. As part of the RFI, BHD is looking to identify gaps in services.