

**2014 Behavioral Health Division &
Community Access to Recovery Services Division**

Questions & Answers submitted via email or
discussed during the Q&A session on March 21, 2014

With regards to the Peer Run Drop in Center

Q1: Do individuals have to be referred to come to the Peer Run Drop in Center?

A1: No, they will not get “referred” by Milwaukee County through the Community Services Branch. It will be up to the provider to establish an admission process and this admission process must include verification that the clients being served at the center are those who have been diagnosed with a mental health disorder, or a co-occurring disorder. This should be addressed in the RFP submission.

Q2: Is there a set criteria in place to determine if someone is appropriate to come to the center or does the agency determine that?

A2: There is no established criteria and the agency will be able to determine that. However, there should be a way to authenticate the individual’s mental health or co-occurring diagnosis, such as through the individual’s psychiatrist, case manager or therapist.

Q3: Are the CRC, Homeless shelters, PCS and CIT officers on board to support the center during the PM hours if individuals need somewhere to go or are having issues?

A3: These entities have not been formally approached, but the agency will be able to reach out to them and formalize those partnerships.

Q4: Is it up to the agency to determine the hours of the Peer Run Drop in Center:

A4: Yes, but the expectation is to provide evening and weekend coverage.

With regards to Access Clinic – South

Q5: For the Access Clinic-South, is it expected to have a prescriber/psychiatrist on site or add clarity to "capacity for emergent medication assessment and evaluation when clinically necessary (i.e., timely access to a prescriber)."?

A5: The agency needs to identify, and have in place, a method to assist a client who is in the process of having a psychiatric crisis, and they need to be able to access a psychiatrist. At a minimum, the agency must have access to a psychiatrist in an emergency on an "on-call" basis, and must be able to meet client emergent psychiatric needs.

Q6: Is it preferred that the Access Clinic South is state certified?

A6: Yes, preference will be given to those with DHS35 and DHS 75 certification.

Q7: With regards to AODA screens, the option to agencies is to either have the capacity to complete these, or refer out to the CIU, correct?

A7: Yes. However agencies who are certified to provide AODA and mental health services, and are able to complete both mental health assessments and AODA assessments, are preferred.

Q8: Are there preferred hours of operation?

A8: No. At this point, there does not seem to be any pattern to when clients come in to the current Access Clinic. While Mondays seems to have a slightly higher rate of clients, there are no days or times that are higher for client intakes.

Q9: With regards to therapy/MHOP services, how would referrals work?

A9: The agency will refer individuals directly to MHOP providers for therapy services. The individual client will make their selection and the agency clinician will complete the referral. BHD will train.

Q10: Are there any preferred locations on the Southside for this clinic?

A10: South of I94 and East of Miller Park Way. It is preferable that the clinic be located in the City of Milwaukee.

Q11: What are the current Access Clinic hours?

A11: Monday through Friday from 8am to 4:30pm, however the clinic stops accepting new referrals for intakes at 2pm.

With regards to Crisis Mobile Team Expansion

Q12: What is the intended location for the Crisis Mobile Team Expansion? Are the staff located at BHD? Will the staff have access to the BHD medical records? Is there an on-call BHD psychiatrist for the midnight to 7am shift? Are they on-call?

A12: The majority of calls for assessments will be required to be conducted at emergency rooms in town and/or with police either on scene or in their districts in an attempt to have more clinical assessments in the community. These are on-call positions in which the staff will be called in from home to do assessments. Staff would have access to the psychiatrist in PCS and will consult with that person, who must be informed and in agreement with the assessment. Once complete, that information will need to be entered into the medical records, and this process may change as the hospital institutes electronic medical records. For at least the initial months of this program, staff will need to complete documentation in house at BHD. The room currently available is located next to the current Mobile Crisis Team in Unit 32B. Staff will have access to PCS, the attending psychiatrist, and the medical records for those clients they are seeing. The transfer coordinator will relay as much information as is available on the client via telephone. It is anticipated that electronic medical records will be available at some point in the future, although there is no specified date for such.

Q13: How do the DHS 34 certification requirements affect the proposed contractor?

A13: Milwaukee County is the only entity that can be certified under DHS 34, and therefore the agency will need to meet the standards of these regulations, such as training requirements and supervision requirements. Contact with the attending PCS psychiatrists would count towards supervision hours.

General Questions

Q14: Is there any sense of volume of clients, age of clients, client characteristics, client demographics, etc with any of the three programs listed in the RFP? And if not, what information should be filled in the Client Characteristics Chart, Item #36?

A14: There is no way to know at this point the volume, age, characteristics or demographics of the clients who will attend any one of these three programs, as they are all new. While there are some programs that are similar in nature, no programs currently in operation are similar enough to estimate the amount or type of clients who will need these services. For example, with regards to the Access Clinic South, it is unknown at this point if clients admitted will be those who have not previously sought treatment, or if it will be those who currently go to BHD.

With regards to the Client Characteristics Chart, Item #36, the form states, "**For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.**" All applicants submitting proposals under this RFP are considered "new" because these programs are new. Based on that, proposers should

follow the written instructions and provide information for a program that is currently in operation at the agency, which is the most similar to the program that is applied for.

Q15: Please clarify the funding for all three RFPs. Are the contract amounts reflective of 6 months funding or annual amounts which will be prorated based on a start-up of 7/1/14? What is the planned 2015 funding amounts for each program?

A15: The amounts reflected in the RFP for the Peer Run Drop in Center and the Crisis Mobile Team Expansion are representative of a full years' worth of funding, and therefore any contracts awarded in 2014 would be pro-rated depending on the start date. There is some flexibility for consideration of start-up costs. The amount reflected in the RFP for the Access Clinic South is representative of six (6) months' worth of funding, and therefore any contracts awarded in 2014 would receive the full amount assuming a program start date of July 1, 2014. The 2015 budget has not yet been completed, and contracts are always contingent upon available funding. It is anticipated however, that administration will pursue a continuation to fund these services at the identified level in 2015. It is also anticipated that these services will fold into a 3-year RFP cycle, however the County always reserves the right to discontinue programs and/or RFP out of cycle.

Q16: What is the anticipated start date of the programs?

A16: July 1, 2014 dependent upon administrative and required legislative approval.