MILWAUKEE COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Behavioral Health Division
Wraparound Milwaukee
Delinquency and Court Services Division
Disabilities Services Division
Management Services Division
Housing Division

YEAR 2014
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES

Issued July 15, 2013
Proposal due 4:00 PM CDT, September 3, 2013

Ver. 7/12/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July, 2013

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 human services programs to be purchased in the year 2014. 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 15, 2013** 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@milwcnty.com no later than August 2, 2013.

Tuesday, August 6, 2013	**3:00 – 4.30 p.m.** **Washington Park Senior Center** 4420 W. Vliet Street Milwaukee, WI 53208
Thursday, August 8, 2013	**4:00 – 5.30 p.m.** **Bay View Library** 2566 South Kinnickinnic Avenue Milwaukee, WI 53207
Technical Assistance Session **Tuesday, August 13, 2013**	**9:00a.m. – 11:00 a.m.** **CATC Auditorium** 9501 W. Watertown Plank Rd. Milwaukee, WI 53226

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 3rd, 2013**. 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:

Marietta Luster, Disabilities Services Division, (414) 289-6758
Laurice Lincoln (Birth to Three Services Only), (414) 289-6285
Michelle Naples, Delinquency and Court Services Division, (414) 257-5725
Stacey Bielski, Housing Division, (414) 257-7512
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):

Jane Alexopoulos, Disabilities Services, (414) 289-5896
Peter Madaus, Delinquency and Court Services, 257-7284
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

TABLE OF CONTENTS

SECTION		PAGE
1.	**Introduction**	1-2
2.	**RFP Information**	2-2
3.	**Proposal Selection and Award Process**	3-2
4.	**Technical Requirements**	4-2
	Part 1 – Agency Proposal Instructions and Forms	4-4
	Part 2- Budget and Other Financial Information	4-39
	Part 3- Program Proposal	4-41
	Part 4 – Overview of Proposal review process, review and scoring criteria	4-62
5.	**Program Requirements**	
	Program Index	5-i
	Recommended Programs and Budget Allocations	5-v - 5-xii
	Behavioral Health Division Programs	5-BHD-1
	Wraparound Milwaukee	5-WRP-1
	Delinquency and Court Services Division Programs	5-DCSD-1
	Disability Services Division Programs	5-DSD-1
	Housing Division Programs	5-HD-1
	Management Service Division Programs	5-MSD-1
6.	**Audit and Reporting**	6-1
7.	**Forms**	7-1
8.	**Appendices**	8-1

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

SECTION 1:

INTRODUCTION

1. INTRODUCTION

Welcome to the Year 2014 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, Delinquency and Court Services, Disabilities Services, Housing, and Management Services Divisions. The programs for purchase are described in the *Year 2014 Purchase of Service Guidelines: Program Requirements.*

The DHHS RFP process begins with the emailing of an ”Interested Parties” letter to all current contractors and interested parties on the DHHS 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 2014 Purchase of Service Guidelines: Program Requirements*, Section 5. The RFP information is organized into SEVEN (7) 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 will 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.

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

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@milwcnty.com

INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers must submit their questions via email to dhhsca@milwcnty.com on or before **August 2 2013. All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to dennis.buesing@milwcnty.com.

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 16, 2013**.

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 2, 2013, to:

Dennis Buesing, Contract Administrator, DHHS
E-mail: Dennis.buesing@milwcnty.com

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@milwcnty.com no later than August 2, 2013. If no questions are received, DHHS reserves the right to cancel the conferences.

Tuesday, August 6, 2013	**3:00 – 4.30 p.m.** **Washington Park Senior Center** 4420 W. Vliet Street Milwaukee, WI 53208
Thursday, August 8, 2013	**4:00 – 5.30 p.m.** **Bay View Library** 2566 South Kinnickinnic Avenue Milwaukee, WI 53207
Technical Assistance Session **Tuesday, August 13, 2013**	**9:00a.m. – 11:00 a.m.** **CATC Auditorium** 9501 W. Watertown Plank Rd. Milwaukee, WI 53226

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 3, 2013.**

RFP Schedule

RFP Milestones	Completion Dates
RFP issue date	July 15, 2013
Last day for submitting written questions	August 2, 2013
1st Question and Answer Session (Pre-Proposal Conference)	August 6, 2013; 3 PM
2nd Question and Answer Session (Pre-Proposal Conference)	August 8, 2013; 4 PM
Technical Assistance Session	August 13, 2013; 9 to 11 AM
Written Q&A posted to website	August 16, 2013
Written Proposals due	September 3, 2013; 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, 2014 – December 31, 2014). 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 3, 2013.** 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 within each division (Behavioral Health, Wraparound [a program of Behavioral Health], Delinquency and Court Services, Disabilities Services, Housing, and Management Services) 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 within each division (Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Management Services) 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, 2014, subject to conclusion of successful contract negotiation and terminate December 31, 2014, 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.

Living Wage: Milwaukee County has a goal that all Purchase of Service contractors pay a Living Wage of no less than $8.58 per hour to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract. While not a requirement, payment of a living wage will be one of the criteria upon which Proposers shall be evaluated in the review and scoring of proposals.

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.

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

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 Milwaukee County Board of Supervisors, if Board approval is required by state statute,

Any contract with a value of at least $100,000, but not more than $300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if the County Board's Finance, Personnel and Audit Committee does not vote to approve or reject the contract within 14 days after the contract is signed or countersigned by the Milwaukee County Executive.

If the Board's Finance Committee votes to reject a contract described above, the contract may take effect only if the contract is approved by a vote of the County Board within 30 days after the Board's Finance Committee votes to reject the contract.

Any single contract, or group of contracts between the same parties which generally relate to the same transaction, with a value or aggregate value of more than $300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if it is approved by a vote of the County Board.

The Milwaukee County Board of Supervisors may reject the department's recommendations and ask for an additional review and scoring of proposal(s), or require a reissuance of the RFP for the program(s) being recommended. The County Executive may veto, in part or in whole, the County Board's action.

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. A proposer may challenge the decision of the Director, per the process in Section 110 of the Milwaukee County Code of General Ordinances. DHHS may proceed to contract with the Proposer(s) selected even if an appeal is still pending if it is in the best interest of DHHS to do so.

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

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

2014 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		

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 15, 2013, 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 in 2014 (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 3, 2013**

IV. DEPARTMENT OF HEALTH AND HUMAN SERVICES QUALITY ASSURANCE

Quality assurance activities help to ensure the appropriate expenditures of public funds and the provision of quality services. Quality assurance activities may include, but are not limited to:

- Review of evaluation reports submitted by the agency.
- Sampling of clients/participants served through participant interviews, client interviews, surveys/questionnaires, case file reviews, and/or service verification.
- On-site verification of compliance with the posting of the following documents: (a) participant/client rights, (b) non-discrimination policies.
- On-site monitoring of compliance with governmental and contractual requirements related to the provision of services.
- On-site monitoring of a contractor's organization and management structure, fiscal accountability and/or verification of services provided.

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 2014 Purchase of Service Guidelines: Program and Technical Requirements"* 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 2014 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 2014 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: BHD____ DCSD___ DSD___ MSD___ Housing___ Wraparound___

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

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

2013 Funding: _____ 2014 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 2014 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 2014 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 2014 Purchase of Service Contract(s).

Name: _____ (Signature of the Secretary of

the Board of Directors) Date: _____

Printed Name: _____

YEAR 2014 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: _____

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

ITEM # 5

YEAR 2014 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	Handicapped
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "handicapped 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 2014 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' 2014 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 2014 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	% Owner-ship	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 2014 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 2014 INDEMNITY, DATA & INFORMATION SYSTEMS COMPLIANCE, HIPAA

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	$1,000,000 - Per Occurrence
Contractual & Products/Completed Operations)	$1,000,000 - General Aggregate
Automobile Liability	
Bodily Injury & Property Damage	$1,000,000 Per Accident
All Autos - Owned, Non-Owned and/or Hired	
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	$1,000,000 Per Occurrence $3,000,000 Annual Aggregate
and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	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 2014 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 2011, 2012, and 2013 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2011 Wages	2012 Wages	2013 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 2014 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 2014 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 2014 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, sex, age or handicap 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 handicapped 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 2014 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 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 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.

Department of Audit Hotline

Milwaukee County has set up the Department of Audit 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 Department of Audit 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 Department of Audit 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 websites:

http://dhs.wi.gov/rl_dsl/Providers/SamplEmergPlans.htm

http://dhfs.wisconsin.gov/rl_DSL/Providers/EvacSheltTemplate.pdf

http://dhs.wisconsin.gov/rl_DSL/EmergencyPreparedness/EmPrepIndex.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.

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@milwcnty.com In the subject line indicate agency name, contract division (DSD, MSD, BHD, WRAP, DCSD, or Housing) and “2014 budget forms” *e.g. XYZAgency-DSD-2014 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*

example

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**
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*		

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 2014 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 30a, Program Logic Model.

Refer to the *Year 2014 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 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

For new agencies, or for agencies without a contracting history of any kind, 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 under contract to the DHHS** 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.

2014 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 2014 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_____ 2014 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 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: http://county.milwaukee.gov/DHHS_bids

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

PROGRAM EVALUATION *(No Submission Required with Proposal)* *ITEM # 35*

Annual evaluation reports for the twelve-month period ending June 30, 2014 are due by Friday, August 1, 2014 for contractors that are continuing from 2013. For new contractors, evaluation reports are for the 6 months ending June 30, 2014, due August 1, 2014.

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, 2014 are due August 1, 2014.

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@milwcnty.com 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
Behavioral Health Division
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:
Peter Madaus
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.

HANDICAPPED DEFINITIONS

A handicapped 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.

2014 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name _____

Disability/Target Group _____

Program Name _____ **2014 Program #** [ ]

Facility Name & Address _____

CY 2014 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. Handicapped 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. <u>Proposal Review and Scoring Criteria for ALL contract divisions</u>

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 – 13 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 – 28 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 2014 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
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

SECTION 5:

PROGRAM REQUIREMENTS

5. PROGRAM REQUIREMENTS

Table of Contents

Recommended Programs and Tentative Allocations

	Page
Behavioral Health Division	**5-v**
Wraparound Milwaukee	**5-vii**
Delinquency & Court Services Division	**5-viii**
Disabilities Services Division	**5-ix**
Housing Division	**5-xi**
Management Services Division	**5-xii**

Program Name	Division-Page#
BEHAVIORAL HEALTH DIVISION	**5-BHD-1**

Program Name	Section/Page
M012 Community Support Programs (CSP)	5-BHD-5
A002 Intake & Assessment - Central Intake Unit	5-BHD-9
M001 Service Access & Prevention (MH & AODA)	5-BHD-16

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

M009 Pyschosocial Drop-In Center	5-BHD-19
M010 Psychosocial Clubhouse	5-BHD-22
A001 Access &Prevention – Primary AODA	5-BHD-25
Targeted Case Management	5-BHD-34
M013 TCM Level 1	
M014 TCM Level II	
A004 Intake & Assessment – Intoxicated Driver	5-BHD-38
M002 Outpatient Treatment Program	5-BHD-39
M017 Training (MH & WC Networks)	5-BHD-44
A009 Wiser Choice Resource Center	5-BHD-46
A007 Secure Emergency Detoxification	5-BHD-50

M011A Crisis Stabilization Home 5-BHD-56
M011B Crisis Resource Center 5-BHD-61
M019 Community Linkage & Stabilization Program 5-BHD-66
M020 Office of Consumer Affairs – Peer Support 5-BHD-73

WRAPAROUND MILWAUKEE 5-WRP-1

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

WM01 Care Coordination 5-WRP-1
WM02 Family Advocacy 5-WRP-6
WM03 Crisis/Respite Group Home for Adolescent Boys 12-17 5-WRP-10
WM04 Crisis Support Services and Short-Term Case Management 5-WRP-13
WM05 Family Intervention and Support Services Program (FISS) 5-WRP-17

DELINQUENCY & COURT SERVICES DIVISION 5-DCSD-1

Program Name **Section/Page**

DCSD 008 – Level 2 In-Home Monitoring Program 5-DCSD-4
DCSD 011 – Shelter Care 5-DCSD-12
DCSD 014 – Targeted Monitoring Program 5-DCSD-20
(Firearm and Serious Chronic Offender Supervision)

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

DCSD 001 – Day Treatment Program 5-DCSD-34
DCSD 004 – First Time Juvenile Offender Tracking Program 5-DCSD-39
DCSD 006 – Group Care 5-DCSD-45
DCSD 007 – Re-Entry Coordination Services 5-DCSD-51
DCSD 016 – Alternative Sanction Program 5-DCSD-55

DISABILITIES SERVICES DIVISION 5-DSD-1

Program Name	Section/Page
DSD 005i - Advocacy/Consumer Education (>$100,000)	5-DSD-4
DSD 012 – CLS - Respite-Adult & Children	5-DSD-6

The following services are <u>not</u> open for competitive proposals (continuing contractors only):

DSD 005 - Advocacy/Consumer Education	5-DSD-8
DSD 006 - Work Programs	5-DSD-10
DSD 009 - Early Intervention Birth – 3	5-DSD-13
DSD 010 – Employment	5-DSD-21
DSD 011 – CLS – Recreation	5-DSD-25
DSD 012R – Stabilization - Crisis Home	5-DSD-27
DSD 014 - Assertive Case Intervention	5-DSD-34
DSD 015 - Supportive Living Options	5-DSD-38
DSD 016 - Supported Parenting	5-DSD-40
DSD 017 – WATTS Reviews	5-DSD-43
DSD 021 - Fiscal Agent Services	5-DSD-47

HOUSING DIVISION 5-HD-1

Program Name	Section/Page
H 003 - Coordinated Community Housing	5-HD-1
H 004 – Domestic Violence Counseling	5-HD-3
H 005 - Homeless/Emergency Shelter Care	5-HD-5

The following services are <u>not</u> open for competitive proposals (continuing contractors only):

H 002 - Supported Apartment Program	5-HD-7
H 008 – Housing Supportive Services – United House	5-HD-10
H 010 – Supported Apartment Program – Fardale	5-HD-14
H 011 - Housing Supportive Services - Farwell Studio Apartments	5-HD-17
H 012 - Pathways to Permanent Housing	5-HD-20
H 013 - Shelter + Care Management	5-HD-23
H 014 – Housing Supportive Services – Highland Commons	5-HD-27
H 015/ – Housing Supportive Services – Empowerment Village	5-HD-30
H 016	

MANAGEMENT SERVICES DIVISION 5-MSD-1

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

Program Name	**Section/Page**
MSD004 - Community Information Line (211)	5-MSD-1

2014 TENTATIVE CONTRACT ALLOCATIONS

BEHAVIORAL HEALTH DIVISION

Recommended Programs	2014 * Tentative Allocations
Community Support Program (CSP)	TBD
Intake & Assessment - Central Intake Unit	TBD
Service Access & Prevention (MH & AODA)	TBD

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

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
Secure Emergency Detoxification	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 2014 program allocations are contingent on the 2014 Behavioral Health Division adopted budget.

The Behavioral Health Division Community Services Branch has a three year contract cycle. All current organizations providing services to this Branch 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, applications are not reviewed by a full panel.

In 2014, the CIU, Service Access & Prevention and Community Support Programs listed above are the only programs subject to a full application and full panel review.

Final 2014 program allocations are contingent on the 2014 Behavioral Health Division adopted budget.

2014 TENTATIVE CONTRACT ALLOCATIONS

WRAPAROUND MILWAUKEE

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

Recommended Programs	Tentative Allocations

There are no Wraparound Purchase of Service programs open to new providers in 2014

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

Care Coordination **Contract amount may vary based on service volume** – **method of payment is case rate**	**$TBD**
Family and Educational Advocacy Services	**$TBD**
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 Child & Adolescent Community Services Branch and the Wraparound Milwaukee Program have a three year contract cycle. All current organizations providing services to this Branch and Wraparound Milwaukee 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, applications are not reviewed by a full panel.

TBD - Final 2014 program allocations are contingent on the 2014 Behavioral Health Division adopted budget.

2014 TENTATIVE CONTRACT ALLOCATIONS

DELINQUENCY AND COURT SERVICES DIVISION
Purchase of Service RFP

Recommended Programs

Program Number	Program/ Service Name	2014* Tentative Allocation
DCSD 001	Day Treatment Program	$1,222,666
DCSD 004	First Time Juvenile Offender Tracking Program	$430,000
DCSD 006	Group Care	$1,011,096
DCSD 007	Re-Entry Coordination Services	$120,000
DCSD 008	Level II In-Home Monitoring Services	$1,252,436
DCSD 011	Shelter Care	$2,238,483
DCSD 014	Targeted Monitoring Program	$1,625,944
DCSD 016	Alternative Sanction Program	$ TBD

***Final 2014 allocations are contingent upon the 2014 adopted budget.**

2014 TENTATIVE CONTRACT ALLOCATIONS

DISABILITIES SERVICES DIVISION (DSD)

IMPORTANT NOTE: **DSD began implementation of Family Care expansion for persons with disabilities age 18 through 59 in CY 2009. Continued funding for existing purchase of service contracts has not been determined given the Family Care expansion project and ongoing County budget challenges.**

The following programs and tentative funding allocations are subject to continuing review by Milwaukee County. Under Family Care implementation, it is the policy of DSD that any person receiving services provided under a DSD purchase of service contract, who is eligible for Family Care or the Medicaid Waivers, to be offered the option to enroll in one of these programs to obtain needed services. Any individual eligible for one of these programs, who elects not to enroll in that program or another Long Term Care option, will no longer have services available under purchase of service contract funding. In addition, all DSD purchase of service providers should be aware that after implementation of Family Care expansion, funding formerly provided to support individuals who are determined eligible for the Family Care or Medicaid Waivers, will not be allocated for the same services, and contracts will be reduced correspondingly to support only those individuals determined ineligible for Family Care or Medicaid Waivers. Therefore, providers should begin to plan appropriately for budget adjustments. The process for identifying who is Family Care or Medicaid Waiver eligible and who is not continues. The Division will be working closely with each provider affected by this transition. It should also be noted that it has not been determined to what extent DSD will be able to continue funding for existing purchase of service contracts after full implementation of the Family Care expansion project.

Programs Open For Competitive Proposals:	**2014 * Tentative**
Recommended Programs	**Allocations**
DSD 005i – Advocacy/Community Education	$136,043
DSD 012 – Community Living Support (Respite)	$311,095

***Final 2014 allocations are contingent on the 2014 adopted budget.**

Disabilities Services Division has three-year program contract cycles in several program areas. **Only the above programs are open for competitive bid in the 2014 contract process**. New proposals will be accepted for these programs only.

Agencies that are currently in a multi-year contract cycle (do not require a competitive panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3) as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirement.*

*The following are **continuing programs** in a multi-year cycle and are **not open** to competitive proposals:*

Continuing Programs	2014 * Tentative Allocations
DSD 005 – Advocacy	$165,000
DSD 006 - Work Services	$202,000
DSD 009 - Early Intervention - Birth to Three	$4,367,600
DSD 010 - Employment Options	$67,235
DSD 011 – Community Living Support (Recreation)	$85,250
DSD 012CR – Stabilization - Crisis Home	$500,000
DSD 014 - Assertive Case Intervention	$46,338
DSD 015 - Supportive Living Options	$344,009
DSD 016 - Supported Parenting	$76,000
DSD 017 – WATTS Reviews	$100,000
DSD 021 - Fiscal Agent Services	N/A

N/A – Payment per check issued, total dependent on check volume.

***Final 2014 allocations are contingent on the 2014 adopted budget.**

2014 TENTATIVE CONTRACT ALLOCATIONS

HOUSING DIVISION

Recommended Programs		2014 * Tentative Allocations
H 003	Coordinated Community Housing	$ 45,000
H 004	Domestic Violence Counseling	$ 30,353
H 005	Homeless/Emergency Shelter Care	$418,881

*The following are **continuing programs** in a multi-year cycle and are **not** open to competitive proposals:*

Recommended Programs		2014 * Tentative Allocations
H 002	Supported Apartment Program	$264,345
H 008	Housing Supportive Services - United House	$110,000
H 010	Housing Supportive Services - Fardale	$ 97,154
H 011	Housing Supportive Services – Farwell Studio Apartments	$ 90,000
H 012	Pathways to Permanent Housing	$500,000
H 013	Shelter + Care/Tenant-Based Rent Assistance	$297,309
H014	Housing Supportive Services – Highland Commons	$140,000
H015-H016	Housing Supportive Services – Empowerment Village H015 Empowerment Village Lincoln H016 Empowerment Village National	$176,529

***Final 2014 allocations are contingent on the 2014 adopted budget.**

2014 TENTATIVE CONTRACT ALLOCATIONS

MANAGEMENT SERVICES DIVISION

The following are continuing programs in a multi-year cycle and are **not open** to competitive proposals:

Recommended Programs	2014 * Tentative Allocations
Community Information Line (211 Line)	**$480,000**

***Final 2014 allocations are contingent on the 2014 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 is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

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

The BHD has been undergoing a system redesign with the help of numerous community stakeholders. There have already been a number of accomplishments of the redesign process, including the redesign of the acute inpatient hospital units, an added Crisis Stabilization home, and the addition of a post-hospitalization peer follow-along program (CLASP). There are additional recommendations that are still to be implemented, many of which are well underway. At the core of the recommendations, it is consistently believed that there needs to be a continued movement toward and expansion of community services.

Furthermore, the Community Services Branch (CSB) is in the process of undergoing its own internal reorganization. Between 65% to 80% of all clients served in the Milwaukee

County Behavioral Health Division CSB present with both a mental health and substance use disorder. In an effort to deliver services using an integrated care model, CSB will ensure that programs and services are delivered under the systems framework established in Milwaukee Co-occurring Competency Cadre (MC3) to create a co-occurring capable system. Emphasis will be placed on assessing an individual for both a mental health and substance use disorder upon intake. 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.

PROGRAM DESCRIPTIONS

PROPOSAL SUBMISSION REQUIREMENTS (Applies to all BHD 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 Programs are open for competitive proposals for 2014

BHD is issuing a Request for Proposals for contract year 2014 for the following programs. These programs are open for competitive application; detailed program descriptions follow this introduction.

Cycle II

Community Support Programs (M012)
Intake and Assessment
Central Intake Unit (A002)
Service Access & Prevention – Mental Health
Benefit Advocacy (M001-A)
Consumer Advocacy (M001-A)
Information and Referral (M001-IR)

Agencies seeking to contract for the provision of these programs are required to submit a complete application package that includes all of the documents and formats as defined in this document, the *Year 2014 Request for Proposal – Purchase of Service Guidelines.*

Applicants not currently providing the proposed program should include a separate and distinct action plan and time frame for program start-up as part of the Program section of the application. While consideration may be given for documented and justified additional transition costs, applicants are strongly encouraged to remain within the tentative funding levels.

The following Purchase of Service programs currently fall within a multi-year contracting cycle and are not open to new provider agencies. It should be noted that the programs in Cycle II listed below that are currently not open for bid are being excluded from the current competitive RFP process because of potential impending major funding changes. Depending upon the outcome of these funding changes, these programs may or may not be put out for bid in a future year. 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 2014 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 2014 RFP. Please refer to the *Technical Requirements* section of this document.

Cycle I

Community Living Support Programs
- Psychosocial Drop In Center (M009)
- Psychosocial Clubhouse (M010)

Service Access & Prevention - AODA
- Substance Abuse Prevention (A001)

Targeted Case Management Level I (M013) and Level II (M014)

Cycle II

Intake and Assessment
- Intoxicated Driver Program (A004)

Outpatient Treatment Program (M002)

Training – MH and WC Provider Networks (M017)

WIser Choice Resource Center (M016)

Cycle III

Crisis Programs
- Community Linkages and Stabilization Program (M019)
- Crisis Resource Center (M011B)
- Crisis Stabilization Homes (M011A)

Secure Emergency Detoxification (A011)

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 2014 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 OPEN FOR COMPETITIVE PROPOSAL

Community Support Program (CSP)
Program #M012

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

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.

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

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"

THE FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE PROPOSALS IN THE 2014 CYCLE

CYCLE I
Community Living Support Services

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.

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 & PREVENTION –
PRIMARY ALCOHOL AND OTHER DRUG ABUSE (AODA) #A001

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.

<u>Required Program Inputs, Processes, and Program Activities</u>

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

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.

THE FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE BID IN THE 2013 CYCLE

Cycle II

Intake and Assessment: Intoxicated Driver Program
Program #A004

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.

CYCLE II

Outpatient Treatment Program
#M002

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

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 handicapped 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.

CYCLE II

WIserChoice Provider Resource Center Program
Program #A009

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.

THE FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE BID IN THE 2013 CYCLE

CYCLE III

Secure Emergency Detoxification
Program # A011

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. Detoxification seeks to minimize the physical harm caused by the abuse of substances. Supervised detoxification may prevent potentially life-threatening complications that might appear if the patient were left untreated. At the same time, detoxification is a form of palliative care for those who want to become abstinent. For some patients, it represents a point of first contact with the treatment system and the first step to recovery. Detoxification alone is not defined as substance abuse treatment and rehabilitation per se, but it is a basic component of the substance abuse treatment system. Treatment and rehabilitation involves a constellation of ongoing therapeutic services ultimately intended to promote recovery for substance abuse patients. Therefore, a critical component of the detoxification service, in addition to evaluation and stabilization, is preparing the patient for entry into substance abuse treatment by stressing the importance of following through with the complete continuum of care.

Milwaukee County will fund two components of the detoxification program, social detoxification and medical detoxification. NOTE: *Applicant agencies are required to submit a separate logic model, program description, evaluation plan, client characteristic data, and program volume data for each component. Applicant agencies are also required to identify the daily maximum capacity for each component, and this must be clearly stated in the first sentence of the respective component/program description.*

Accessibility
The detoxification program shall be included in the telephone directory and have an information number listed in order to describe the scope of services available to the public. Brochures describing the detoxification program shall be distributed to general hospitals, social service agencies and to other potential referral agents (i.e. criminal justice system). The program must facilitate access for physically handicapped persons and be accessible to non-English speaking individuals.

Detoxification Advisory Council
A Detoxification Advisory Council shall be established to ensure the needs of residents are being sufficiently met, and resources are coordinated and being efficiently utilized. Members of the council must include representation from the general hospital system, MCBHD Crisis Services Branch, MCBHD Community Services Branch, MCBHD Legal Unit, the police district in which the facility is located, former consumer(s) of

detoxification services, a substance abuse treatment provider not affiliated with the applicant agency, a mental health treatment provider not affiliated with the applicant agency, and a homeless shelter provider. Other representation may be added, including the criminal justice system, other municipal police districts, and other social service agencies. The council is required to meet quarterly. The detoxification program is expected to incorporate quality improvement projects identified by the council into future evaluation plans. The applicant agency is required to include current or proposed membership within the medical detoxification program description of their application, as well as tentative meeting dates for the term of the contract.

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. The contractor is required to report complete information for both components of the program

Training
The contractor must provide SAMHSA published in-service training on either TIP 35 (Enhancing Motivation for Change) or TIP 42 (Substance Abuse Treatment for Persons with Co-occurring Disorders) to all medical, clinical and paraprofessional staff. Applicant agencies must identify in their application which TIP training curriculum they will use, and provide a schedule of all training that will be conducted in 2009 (including training mandated by HFS 75, HFS 83, etc.). The contractor is required to include a training update in their biannual report.

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, referral and transportation mechanisms between BHD and the contracted provider, contract monitoring, and legal responsibilities of BHD and the contracted agency with regard to civil detention and commitment proceedings.

Licensing
The program is required to obtain two licenses in order to operate the secure emergency detoxification program: HFS 75.07 medically monitored residential detoxification service and HFS 75.09 residential intoxication monitoring service. Both licenses must be obtained before a contract with Milwaukee County can be executed. However, applicant agencies may submit a copy of their pending application to the Wisconsin Division of Quality Assurance (DQA) for the required licenses in lieu of the actual licenses to receive consideration from Milwaukee County. Either copies of current valid licenses or a copy of the application for licensure submitted to DQA must be

contained in Section 1, Item #10 “Agency Licenses and Certifications” of the Milwaukee County application.

Social Detoxification

Program Description
This program component is required to be licensed under HFS 75.09, and adheres to the criteria of an ASAM Level III.2-D. Social detoxification is an organized service that is delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal from alcohol and/or sedative-hypnotics, and who are not in need of emergency medical or psychiatric care. It does not involve the administration of pharmacologic interventions to manage the detoxification protocol. It is characterized by its emphasis on social and emotional support, including availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems. If at any time during the course of the patient’s stay in this component complications arise requiring admission to a hospital, that transfer shall be coordinated by staff, including transportation.

Target Population
The target population includes Milwaukee County residents’ age 18 or older that meets the ASAM diagnostic admission criteria for a Level III.2-D service. Referrals include municipal police departments, homeless individuals referred by community agencies, social service agencies, family and self-referrals.

ASAM Dimensional Criteria
The patient is evaluated as having a Risk Rating of 2 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient is experiencing some difficulty in tolerating and coping with withdrawal discomfort. Alternatively, the patient’s level of intoxication or withdrawal may be severe, but responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others. Note that the patient’s service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function. If the patient’s symptoms intensify to a Risk Rating of 3 after admission to social detoxification, then the patient shall be transferred to the medical detoxification component.

Clinical Programming
A range of cognitive, behavioral, medical, mental health and other therapies based on the patient’s assessed needs in ASAM Dimensions 2 through 6 and documented in the individualized treatment plan are administered to the patient on an individual or group basis. These are designed to enhance the patient’s understanding of addiction, the completion of the detoxification process and appropriate referral for continuing treatment. This should include motivational enhancement therapy, health education services, and services to families and significant others. Applicant agencies need to identify the therapeutic modalities of the proposed social detoxification component that foster engagement in continued treatment and recovery.

Evaluation
In addition to the service evaluation elements required under HFS 75.03, applicant agencies must include treatment recidivism and retention in treatment in their evaluation plan.

Medical Detoxification

Program Description
This program component is required to be licensed under HFS 75.07, and adheres to the criteria of an ASAM Level III.7-D. Medical detoxification is an organized service delivered by a multi-disciplinary team of medical, nursing and clinical professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a secure (locked) facility. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. Psychiatric services are available through consultation within 8 hours by telephone or 24 hours in person. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration. The intensity of nursing care and observation is sufficient to meet patient needs. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques.

The applicant agency is required to employ or contract with one of the following to provide clinical supervision to medical detoxification staff: a board-certified or eligible psychiatrist, a licensed psychologist, psychology or psychiatric resident with 1500 hours of supervised clinical experience, certified independent social worker, master's prepared psychiatric nurse with 3000 hours of supervised clinical experience, licensed professional counselor, master's level clinician with 3000 hours of supervised clinical experience, or post-master's level clinician intern with 1500 hours of supervised clinical experience.

The medical detoxification provider is required to admit patients detained through an Emergency Detention, Treatment Director's Supplement, Re-Detention, Three Party Petition, and Protective Custody in accordance with Wisconsin Statute Chapter 51. A thorough knowledge of Chapter 51 detention and commitment procedures as they are enacted in Milwaukee County is required. Applicant agencies must include in their budget the provision of 24-hour transportation between the applicant agency and Milwaukee County Behavioral Health Division – Psychiatric Crisis Service (PCS) for around the clock admissions and transfers, as well as transportation and escort services to Milwaukee County Behavioral Health Division for commitment proceedings. Applicant agencies must also include in their budget for the provision of pharmacologic interventions to manage withdrawal from a variety of substances, as well as commonly prescribed psychotropic medications and medications to manage medical complications. The program is required to continue administration of medications

initiated in PCS, and provide a two-business day supply of medications upon discharge to facilitate transfer to another treatment provider.

Target Population

The target population includes Milwaukee County residents' age 18 or older that meets the ASAM diagnostic admission criteria for a Level III.7-D service. Referrals include municipal police departments, homeless individuals referred by community agencies, social service agencies, family or self-referrals, hospitals, and PCS. Included is the provision of an examination in accordance with s. 51.45 (11) (c), Stats.

Persons who exhibit homicidal or suicidal ideation due to substance abuse or substance abuse with mental illness are brought to PCS for assessment, evaluation, and treatment. This may include a history of recent homicidal or suicidal attempts, but does not require a one-on-one suicide watch. It is clear that for many persons the use of substances is a causal factor in the homicidal or suicidal ideation, and they do not have a mental illness that requires inpatient mental health treatment. Most often patients are brought in by law enforcement, either as an Emergency Detention or other police hold. Those patients who present a danger to themselves or others due to substance abuse or substance abuse with mental illness will be considered appropriate for medical detoxification.

ASAM Dimensional Criteria

The patient is evaluated as having a Risk Rating of 3 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the patient may pose an imminent danger to self or others. There are severe signs and symptoms, or risk of severe but manageable withdrawal. Additionally, many patients may have prolonged withdrawal signs and symptoms, or "protracted abstinence syndrome" that is exacerbating conditions in other Dimensions, particularly Dimensions 2 and 3. For example, the patient may have moderate to severe psychiatric decompensation (involving paranoia, compulsive behaviors, severe depression, and moderate psychotic symptoms such as hallucinations and delusions) upon discontinuation of drugs of abuse. Note that the patient's service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function.

In Dimension 2, the patient may have moderate to severe active and potentially destabilizing medical problems (e.g. either acute such as nausea and intermittent vomiting from gastritis, or chronic such as severe hypertension). The patient demonstrates poor ability to tolerate and cope with physical problems, and/or his or her general health condition is poor. Severe medical problems (such as severe pain requiring medication or brittle diabetes) are present but stable.

In Dimension 3, symptoms of a co-occurring psychiatric disorder are moderate to severe. The patient demonstrates frequent impulses to harm self or others that are potentially destabilizing, but the patient is not imminently dangerous in a 24-hour setting. The patient may also demonstrate uncontrolled behavior, confusion, or

disorientation, which limit the patient's capacity for self-care. Recovery efforts are negatively affected by the patient's emotional, behavioral or cognitive problems in significant and distracting ways, up to and including inability to focus on recovery efforts. Acute course of illness dominates the clinical presentation so that symptoms may involve impaired reality testing, communication, thought processes, judgment, or attention to personal hygiene. The patient has limited ability to follow through with treatment recommendations, thus demonstrating risk of and vulnerability to dangerous consequences.

If the patient's symptoms intensify to a Risk Rating of 4 after admission to medical detoxification, then the patient shall be transferred to an emergency room of a general hospital for medical treatment or to PCS for psychiatric treatment.

Clinical Programming

A range of cognitive, behavioral, medical, mental health and other therapies based on the patient's assessed needs in ASAM Dimensions 2 through 6 and documented in the individualized treatment plan are administered to the patient on an individual and group basis. These are designed to enhance the patient's understanding of addiction, the completion of the detoxification process and appropriate referral for continuing treatment. This should include clinical and didactic motivational enhancement strategies, health education services, and services to families and significant others. The application must demonstrate a person-centered planning process incorporating staged interventions consistent with the trans-theoretical model of change, and contain a schedule of individual and group sessions seven days a week.

Evaluation

In addition to the service evaluation elements required under HFS 75.03, applicant agencies must include treatment recidivism and retention in treatment in their evaluation plan. Also, each applicant agency must submit a completed Comorbidity Program Audit and Self-Survey (COMPASS™), and identify quality improvement project(s) that will be undertaken as a result of the audit tool. The contractor will be required to report on their identified project(s) in their biannual reports.

CYCLE III

Crisis Stabilization Homes
Program # M011A

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

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

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.

<u>Component services under the CLASP Program include:</u>

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 there after.

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

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 <u>NOT OPEN</u> FOR COMPETITIVE PROPOSALS IN THE 2014 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 unique set of values that emphasizes individualized, strength-based, family-focused, community-based and culturally competent 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.
c. Help families and the teams develop the individualized Plan of Care (POC) based on the child/family strengths and needs.
d. Help identify and assist family to obtain mental health, social and support services from the Wraparound Provider Network.
e. Help identify and access informal 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) and Service Authorization Requests (SARs) 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 at least monthly CFT meetings, revising and submitting a new Plan of Care every 90 days, completing crisis and regular progress notes, etc.
i. Collaborate with system partners, 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 family organization who supports Wraparound Milwaukee.
m. Participate in meetings, trainings, mandatory in-services, planned and required by Wraparound Milwaukee.

2. Target Population

Eligible youth are those who meet the State Medicaid criteria for having a serious emotional disturbance (SED) and their families. Specific criteria are 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 two distinct populations of youth served within Wraparound Milwaukee. There are the 1) regular Wraparound 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) the youth in the REACH program that are enrolled on a voluntary basis without the involvement of child welfare or delinquency services and not under a court order.

3. Other Program Requirements

Wraparound Milwaukee is currently contracting with eight agencies to provide care coordination services for regular wraparound families and three agencies to provide care coordination for the REACH families. Depending on the availability of state and federal funding and program needs, it is likely that Wraparound Milwaukee will again consider contracting with eight agencies for regular wraparound for court-ordered, child welfare and juvenile justice youth and three agencies for the REACH program. However, Milwaukee County and Wraparound Milwaukee retain the right to determine the number of agencies in 2012 from which it will purchase care coordination services for regular Wraparound and REACH.

The anticipated number of regular, court involved child welfare or Delinquency referred youth needing care coordination services will average approximately 650-675 per day. The average number projected for REACH is 240 youth/families. The average number of care coordinators per families in regular wraparound is 1:10 and in REACH is 1:14.

All agencies are required to have a full-time, dedicated supervisor and lead worker in both regular Wraparound and REACH. The lead worker can carry one-half caseload 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 to review care plans who is either on staff or the services obtained contractually.

4. Experience and Qualifications of the Organization

For 2012 Wraparound Milwaukee will be requiring a separate proposal for both the regular wraparound program for care coordination services and for the REACH program for care coordination services.

Within each proposal, the applicant shall describe:

a. How the delivery of care coordination services relates to the mission of the organization and commitment to providing comprehensive, community-based services to children with serious emotional needs and their families.
b. Describe the organization experience and capabilities in providing care coordination or case management with this population of children and adolescents with serious emotional disturbance (SED). Emphasize knowledge and experience with Wraparound principles and approaches, working in a family directed care management model, working with Child Welfare and Juvenile Justice agencies, and understanding of juvenile court practices.
c. Describe the organization experience and knowledge in working in a managed care model; working with case rate reimbursement and 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 performance reviews. The applicant's ability to implement corrective action plans when needed to improve performance should also be described.
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. 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.
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.
e. How they will ensure there is parent choice in the development of the care plan.
f. Identify the process for moving the family toward independence.
g. Define how children will be cared for in the context of their families.
h. How they will demonstrate unconditional care for children and families.
i. How services will be coordinated with other systems including Child Welfare, Juvenile Justice, education, etc.
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.

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 performance improvement process in place and/or a system for implementing Wraparound Milwaukee's QA/QI findings and requirements. This should include:
    - Measurement of outcomes
    - Analysis and improvement of the service delivery process
    - Employer evaluation and corrective action measures

- Consumer/community evaluation and feed back

b. The applicant agency must demonstrate how they use performance improvement information to improve service delivery and program management. This should include actual examples.

7. Staff Development and Retention

The agency must demonstrate an ability 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.

a. The applicant demonstrates 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 2012 is $26.00 per day per family. Average caseload size is to be 9-10 families per care coordinator in regular Wraparound and up to 14 families in REACH. 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 2013 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.

Family and Educational Advocacy Services
#WM02

General Proposal Requirements

1. Definition

Family advocacy services are provided to support families enrolled in the Wraparound Milwaukee Program who have a child (children) with a serious emotional or mental health need. 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.

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 quality services for families enrolled in Wraparound Milwaukee. They are also 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, Re-Entry and FISS program. It also includes foster care youth in the Bureau of Milwaukee Child Welfare.

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 additional advocates as determined by the Director, Educational Coordinator and Wraparound Administration.

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 for their advocacy program with locations and physical layout that is easily accessible to families.

5. Program Content and Methodology

The applicant organization should 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 are SED enrolled in Wraparound Milwaukee.
b. Develop and implement parent support 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 Healthy Transitions grant.
h. Applicant should describe how they plan to collaborate with other community agencies and organizations to support families, sponsor activities and advocate for families. Describe the type of collaborative efforts that have been or will be planned and developed.
i. Describe agencies 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 will develop new sources of funding through grants, foundations to help sustain the organization and to diversify funding sources.

Under Educational Advocacy

a. Describe how applicant agency will provide educational advocacy services to youth who are SED and their families.
b. Describe how educational advocates will review, modify and develop Individual Educational Plans for qualifying youth and 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. What type of education services will be provided to support and engage students who have been suspended or expelled.
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 2013 Wraparound budget for this program. 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.

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 handicapped 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.

Delinquency and Court Services Division

INTRODUCTION AND INSTRUCTIONS

The mission of the Delinquency and Court Services Division (DCSD) is as follows:

To partner with the community to promote public safety by reducing juvenile crime, holding youth accountable, and improving competencies through individualized interventions and supportive services for the children and families under our supervision.

The Delinquency and Court Services Division (DCSD) provides statutorily required screening, assessment, and supervision of youth referred for delinquency and juveniles in need of protection and services (JIPS). The Division administers a variety of services and programs to enhance public safety through policies and practices that support fair and respectful treatment of stakeholders; clients and staff; and, in cooperation with the courts, community, and system partners, reduce the risk of re-offense.

Administration and Support functions provide policy direction, programmatic and fiscal management, research and analysis of data, budget development, procurement of services, and development of collaborative alliances with outside agencies.

The **Secure Detention Center** provides secure custodial care of detained youth including education and short-term mental health and physical health services.

Intake and Probation Services provide statutorily required screening, assessment, and supervision of youth referred for delinquency and juveniles in need of protection and service matters. These functions coordinate the provision of direct services, monitor and respond to court compliance, and provide other services for the court as directed.

Purchased Services oversees and contracts for a variety of direct and support services through various contracts and agreements. Target areas include prevention, diversion, support services, alternative education settings, out of home placement, targeted supervision, correctional alternative programs, and re-entry support.

DCSD purchases services to match the priorities of our service area and to manage with efficiency and efficacy the available resources. Substantial effort has gone into applying for grants that supplement state and county funding. In 2012, as a result of a competitive grant process, DCSD was selected as one of three jurisdictions nationwide to serve as a demonstration program for the Juvenile Justice Reform and Reinvestment Initiative (JJRRI) funded by the federal Office of Juvenile Justice and Delinquency Prevention. This initiative is designed to implement a set of evidence-based and cost-measurement tools for assessing juvenile justice programs and to use the results to improve services and inform

decision-making and resource allocation with the ultimate goal of achieving better outcomes for youth.

DCSD attempts to utilize its funds to provide a broad continuum of services for juveniles. DCSD continues to strive to develop and support service models that are evidence-based, culturally competent, culturally diverse, and will meet the needs of our youth, families and community. DCSD is investing in expanding community alternatives to safely reduce reliance on secure confinement and out of home placements. This initiative is consistent with system reform efforts being undertaken as part of Milwaukee County's participation as one of three Wisconsin demonstration sites in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). JDAI is a national juvenile detention reform effort that has been implemented in nearly 200 jurisdictions in 39 states and is specifically aimed at safely reducing reliance on confinement of youth by employing eight core strategies.

For calendar year 2014, three programs have been placed within the Request for Proposal (RFP) for Delinquency and Court Services. The remaining programs fall within multi-year contracting cycles and, based upon service needs and priorities, will be included in the RFP for a subsequent contract year.

PROGRAM DESCRIPTIONS

Please note: Applicants should routinely check the Milwaukee County DHHS website for updates to the RFP throughout the application and prior to submitting a proposal.

Programs Open for Competitive Proposals for Contract Year 2014

DCSD is issuing a Request for Proposals for contract year 2014 for the following programs. These programs are open for competitive application (detailed program descriptions follow this introduction).

DCSD 008 – Level 2 In-Home Monitoring Program
DCSD 011 – Shelter Care
DCSD 014 – Targeted Monitoring Program

Agencies seeking to contract for the provision of these programs are required to submit a **complete application** package that includes all of the documents and formats as defined in this document, the *Year 2014 Request For Proposal - Purchase of Service Guidelines.*

Applicants not currently providing the proposed program should include a separate and distinct action plan and time frame for program start-up as part of the Program section of the application. While consideration may be given for documented and justified additional transition costs, applicants are strongly encouraged to remain within the tentative funding levels.

Programs Not Open for Competitive Proposals for Contract Year 2014 (Multi-Year Contracting Cycle)

The following 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 these programs must file a **partial application for each program** that includes all the items listed under FINAL SUBMISSION plus the Authorization To File for 2014 and any other items that have changed from the previous year. Please refer to the *Technical Requirements* section of this document.

DCSD 001 – Day Treatment Program
DCSD 004 – First Time Juvenile Offender Tracking Program
DCSD 006 – Group Care
DCSD 007 – Re-Entry Coordination Services
DCSD 016 – Alternative Sanction Program

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 2014 RFP.

Please note: Tentative funding levels are based upon Departmental level budget requests and thus subject to change based upon the final adopted 2014 County Budget. As a result, significant changes may occur in the structure and or funding of our programs by the time the applications are due for submission in September. Applicants should routinely check the Milwaukee County DHHS website for updates to the RFP throughout the application and prior to submitting a proposal.

LEVEL II IN-HOME MONITORING SERVICES DCSD 008

PROGRAM PURPOSE

The Level II In-Home Monitoring Program is a pre-dispositional monitoring program that is designed to serve both male and female youth as an alternative to secure detention. The program will primarily serve youth pending court for alleged delinquency.

The program provides intensive in-home monitoring services to youth and their families in an effort to support parental home supervision, to avoid additional offenses and to appear for their court hearings. Youth are court ordered into this program and remain until the time of disposition or discontinuation of services is deemed appropriate by the court or the Delinquency and Court Services Division (DCSD). The program is based on the belief that juveniles who remain connected with their families, schools, peers, employers, and with other community resources, will decrease the likelihood of further contact with the juvenile justice system. This is accomplished through a structured supervision plan, program support and counseling, advocacy and the availability of 24-hour crisis intervention.

In 2014, the program is designed to serve 118 youth at any one time. Historically the program has been divided between two vendors serving the North and South side (boundaries determined by DCSD). Funding awards are allocated based upon the percentage of slots designated to each service area. Based on service needs (and subject to change), the projected allocations for 2014 are 52 slots on the North side and 66 slots on the South side.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND REQUIRED OUTPUTS

When addressing this section of the Request for Proposal (RFP), refer to Item #30a, “Program Logic Model and Annual Evaluation Report” and Item #30b, “Program Narrative”, both found in the *Technical Requirements* section of this RFP.

PROGRAM COMPONENTS

A brief description of minimum required components is described below. The scope of services is not limited to these specific descriptions.

Supervision/Tracking

The supervision component of the program provides the foundation from which all other services are delivered. Two face-to-face contacts per day are expected unless otherwise described or approved.

- The provider must perform at least one school contact per day (employment contact if not attending school) on weekdays and at least one home contact during the day on weekends.

- The provider must know the whereabouts of youth at all times making necessary the development of a reporting/call-in plan to ensure the adequate tracking of youth under supervision.

Responding to Violations

The provider shall investigate and document all violations of the program requirements and any conditions placed on the Temporary Physical Custody Order. The provider must submit a report to DCSD within 24 hours in the following circumstances:

- Any violations of special conditions placed on the Temporary Physical Custody Order (e.g. one violation order)
- Three or more failures of face-to-face contacts with the Level II monitor
- Four or more failures of phone contacts verification with the Level II monitor
- If there is reasonable belief that the youth is in violation of a 24/7 curfew order or has been in prohibited locations
- If the youth is awol from home/placement

Global Positioning Systems (GPS)

DCSD may approve or the Court may order the use of GPS technology as an enhancement to Level II Monitoring in select circumstances. Level II Monitoring agencies are expected to follow the "Use of Global Positioning Systems (GPS) as an Enhancement to Level II Monitoring" Policy and Procedure. Responsibilities of the Level II Monitoring agency in relation to GPS are detailed in that document and include but are not limited to:

- Requesting the use of GPS from DCSD
- Reviewing the GPS contract with the youth and family and obtaining signatures
- Installing the GPS tracking device
- Setting up the youth in the web-based GPS tracking system
- Providing ongoing monitoring of youth on GPS
- Investigating violations and submitting reports detailing the violations for a capias/apprehension request
- Terminating the use of GPS and removing the GPS tracking device

Counseling

Level II Monitoring agencies shall provide counseling services, including individual, group and family counseling, or the combination thereof, should be based on the youth's needs. Counseling services should be a **minimum** of three (3) hours per week.

- Individual counseling should be available to all youth. It may be in the form of structured counseling sessions or integrated into any of the other program components. Counseling can include anger management, communication skills, appropriate decision-making and self-esteem.

- Family counseling should be available to all families. The need for family counseling can be addressed in several ways, including scheduled private family sessions with the Clinician, referral to a community resource, or spontaneous sessions with the Caseworker as the result of a particular problem or issue.

- Group counseling should be available to all youth. Youth should participate in a minimum of two (2) hours of group counseling sessions per week. The Clinician and Caseworkers must facilitate the groups. Group sessions should deal with a variety of issues such as anger management, adolescent sexuality, problem solving, appropriate decision-making and self-esteem. The primary goal of group counseling should be to develop positive behavioral changes.

Crisis Intervention

Crisis intervention services must be provided 24 hours a day on a daily basis. Clinicians or Caseworkers may provide the crisis intervention services, with oversight and guidance provided by the Clinician. The agency under contract should maintain a relationship with local law enforcement and the Mobile Urgent Treatment Team to properly respond to any crisis that creates a risk of harm or safety.

Family Dynamics

The entire family should have some involvement with the program in order to make the youth's experience more successful. The goal is to help families meet their own needs by improving interpersonal relationships and the parenting skills of the parents.

Educational Services

For youth enrolled in an educational program, the Caseworker will be responsible for meeting with the appropriate school representatives in order to build a positive working relationship and to better serve the academic needs of the youth. The Caseworker must visit the assigned school daily as part of the required face-to-face contact. If the youth is not enrolled in school when placed in the program, the agency under contract must work closely with the school system to transition the youth back into an educational program.

The agency under contract should also provide one-on-one tutoring services to youth who require these services.

Pre-Vocational Services

Pre-vocational services should be available for youth who would benefit from them. Life skills and job readiness training should be offered to increase participants' chances of finding employment.

Recreational Programming

All youth in the program should be encouraged to participate in structured therapeutic recreational activity at least once per week. Youth should be exposed to various activities to learn alternative ways to spend their free time and promote engagement with the program. The agency must provide a group recreational opportunity at least one time per month.

Transportation

The agency under contract must provide transportation as necessary for youth to ensure participation in counseling sessions, court, educational and medical appointments and recreational activities.

Admission and Discharge Procedures

Milwaukee County staff determines program referrals and discharges.

Upon receipt of the Program Admission form and current Temporary Physical Custody Order from DCSD, the program staff is to contact the youth and family within 24 hours of a referral to complete a program intake. An individual assessment and service plan document is to be developed on each youth and family as part of the intake process. The initial assessment should be conducted in person and when possible in the home. A copy of the intake shall be sent to the youth's assigned worker.

Client Characteristics

The client characteristics chart below represents youth served in the Level II Monitoring program from 6/1/2012 to 6/1/2013. Please note that that clients may be duplicated in the counts below if they had multiple admissions to the program. The below data should be used to complete submission Item #36 Client Characteristics.

Age	Males		Females	
	#	%	#	%
10	6	100%	0	0%
11	12	92%	1	8%
12	33	89%	4	11%
13	80	85%	14	15%
14	130	79%	34	21%
15	215	81%	52	19%
16	240	81%	58	19%
17	41	91%	4	9%
TOTAL	757	82%	167	18%

Ethnicity	Males		Females	
	#	%	#	%
a. Asian or Pacific Islander	1	100%	0	0%
b. Black	669	83%	139	17%
c. Hispanic	46	79%	12	21%
d. American Indian or Alaskan Native	0	0%	0	0%
e. White	40	71%	16	29%

Staffing Pattern

The Caseworker staff shall have a minimum of a Bachelor's Degree in social work or an allied field such as psychology, criminal justice or counseling. Certification by the State of Wisconsin as an Intake Worker or Social Worker is desirable along with at least one year of experience either in a public or private youth agency setting.
The Clinician needs to meet one of the following criteria:

(1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic.
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor
- Licensed Psychologist
- Psychiatrist

(2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License

(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic

- Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).

A written description of the agency's initial orientation plan and ongoing staff development activities should be included with the application in Item #32.

PROPOSAL SUBMISSIONS REQUIREMENTS

When addressing this section of the Request for Proposals (RFP), refer to Item #30a, "Program Logic Model and Annual Evaluation Report" and Item #30b, "Program Narrative", both found in the *Technical Requirements* section of this RFP, unless otherwise specified.

The program narrative should provide a comprehensive service delivery plan that is responsive to the program requirements. The following elements should be addressed in the program narrative:

- Implementation plan and time frame for program start up (if new proposer).
- Description of how referrals will be managed from point of receipt through program discharge.
- Client engagement strategies and matching of individual needs to services.
- Description of each of the program activities and how they will be provided and by whom.
- If applicable, indicate the phases of service, the length of time in each phase, and the criteria used to move youth from one phase to the next.
- Sample participant weekly schedule of activities (for each phase, if applicable).
- For each group activity, describe the anticipated size, length, duration, dosage, format, schedule, and identified facilitators and relevant credentials. Identify any established curricula to be used. Please note that full fidelity to established evidence-based curricula is preferred. However, if a modified curriculum is proposed, please describe the modifications to be made and the justifications for such.
- Parent participation in the service delivery plan.
- Consideration of age, gender, culture, ethnicity, language, and capabilities of participants in the service delivery plan.
- Incorporation of relevant juvenile justice research, best practices, or evidence-based practices, into the service delivery model, such as:
  - Research evidence about what works in reducing offending through addressing criminogenic needs
  - Research on adolescent development
  - Use of rewards and consequences
- Agreements and working collaborations with other community agencies that will provide services to the target population. Include any letters of agreement.
- Description of specific quality assurance activities to ensure adherence to the service delivery model and administrative protocols. Identify persons responsible for quality assurance activities.

- Description of information management system, databases, and/or other methods for collecting and recording data on client contacts, services provided, and client outcomes. Describe data elements collected.
- Program incumbents should provide a summary description of their most recent program evaluation. Include any changes made in the program as a result of the evaluation.

REQUIRED DOCUMENTATION

Documentation requirements will be determined by Milwaukee County.

The agency shall maintain an accurate daily census of all active youth and discharges as requested by Division staff.

The agency shall submit written and timely reports detailing the violations that have occurred in consideration of whether DCSD should authorize GPS or an apprehension request.

A progress report on each youth placed in the program must be submitted to the Children's Court Center on a weekly basis. In addition, a detailed report to the court detailing the youth's activities and any violations must be completed for each youth and submitted in advance of the scheduled court hearing. The formats for progress reports and for reports to the court will be determined by Milwaukee County.

The agency shall maintain individual case files. Individual case files must include:

- Referral forms.
- Initial client and family intake forms.
- Initial client and family assessments and service plans.
- Service plan reviews.
- Case Notes/Service Documentation (to include logs and/or sign-in sheets, progress notes, monthly reports, summary notes and/or any other written or electronic documentation completed by the Direct Service Provider to support that the Covered Service was provided to the Service Recipient). Case Notes must include the following minimum elements: service code or name; name(s) of the Direct Service Provider(s); client and Service Recipient name; the date, actual start time, actual end time, duration, location of the service; intervention; summary of the activity engaged in; Service Recipient's response to the Covered Service; Direct Service Providers signature and signature date and any other elements as required by Purchaser Policy or Procedure.
- Consent forms (including Release of Information, Consent for Services, Transportation Consent).
- Incident reports.
- Discharge summaries.

The provider must have a Policy and Procedure Manual covering how the service delivery model and administrative protocols will be implemented for each program component.

Please include copies of proposed forms and document formats with your application.

Data on Operations and Services

The vendor is required to cooperate with the Delinquency and Court Services Division in all matters concerning program evaluation. The vendor must have in place mechanisms to compile and maintain statistical data information as specified by the Division regarding the quality of programmatic and administrative operations, and the dosage of each individual service provided to youth (including duration and amount of service). The vendor shall complete and submit to the Division specified data for all services when requested.

EXPECTED OUTCOMES AND INDICATORS

The annual Program Evaluation Report shall include the format and content specified in the *Technical Requirements* section of this document.
The goal of the Level II In-Home Monitoring Program is to maintain youth within their parental or relative home, ensure court appearances, and reduce the likelihood of re-offense.
Outcome 1: 85 percent of youth will attend scheduled court hearings.
Indicator: Number and percent of active youth that attend scheduled court hearings.

Outcome 2: Less than 15 percent of youth will be discharged as a result of the issuance of a capias/apprehension request.
Indicator: Number and percent of youth discharged as a result of the issuance of a capias/apprehension request.

Outcome 3: 90 percent of youth will not have a re-offense while on Level II Monitoring.
Indicator: Number and percent of youth discharged as a result of a new offense.

REIMBURSEMENT

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

Separate reimbursement will be made to the agency in the event that the need for service capacity exceeds the expense-based capacity. While these periods tend to be episodic, the program's purpose requires timely access to services. The rate for youth served in excess of the allotted slots on any given day is $31.50 per overflow youth on that day.

PROGRAM PURPOSE

The purpose of Shelter Care is to provide short-term (typically 30 days) non-secure, supervised residential programming to youth. The program will primarily serve youth pending court for alleged delinquency. Other youth involved in Juvenile Justice Center matters may be placed in Shelter Care at the discretion of either the DCSD or the Children's Court. Shelter Care is designed to be an alternative to secure detention placements for all youth referred.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS

When addressing this section of the Request for Proposals (RFP), refer to Item #30a, "Program Logic Model and Annual Evaluation Report" and Item #30b, "Program Narrative", both found in the *Technical Requirements* section of this RFP.

PROGRAM ATTRIBUTES

The program attributes are separated into the various categories listed below. Each category of attributes is further separated into the *desired* attributes and the *required* attributes. Proposals that do not clearly meet all required attributes will receive lower scores, and may be considered unresponsive. Proposals containing both the required and the desired attributes will receive higher scores.

Capacity

Desired:
The DCSD desires a program model that provides the required capacity, while allowing for cost efficiencies to be achieved during times of lower program utilization. The desired model would allow for more program resources to be redirected from funding idle capacity towards increasing the quality of services to youth.

Required:
The DCSD plans to enter into one or more contracts to maintain the capacity to provide Shelter Care to 44 males and 20 females on any given day. Males and females must reside in separate facilities, receive separate programming, and each youth must have his or her own room. Providers may propose to provide either the entire desired capacity, or any portion thereof. Shelter Care is 24 hour, supervised care.

Licensure

Desired:
The DCSD desires proposals for Shelter Care facilities and operations with an excellent record of licensure compliance.

Required:
Prior to January 1, 2014, the Department of Children and Families must have issued to the provider a Shelter Care Facility License per the pertinent provisions of Section 48.60 through 48.77 of Wisconsin Statutes and Chapter DCF 59 of Wisconsin administrative code. The license must pertain to each proposed location and corresponding capacity for the location(s). If all necessary licenses have not been issued by the proposal due date, then proposers may submit their plans and documentation of their progress towards obtaining the necessary licensure in lieu of the license itself. In these cases, the license must be submitted no later than the final submission date listed in *Technical Requirements* section of this RFP. Proposal responsiveness and applicable scores will be assessed according to the feasibility of the plan and progress-to-date with regard to meeting the above requirements within the given timeframe.

More information on obtaining a Shelter Care license can be obtained at the following website:http://dcf.wisconsin.gov/childrenresidential/obtaining.HTM

Facilities

Desired:
The DCSD desires Shelter Care facilities that are as non-institutional and home-like as possible.

Required:
The DCSD requires that Shelter Care be provided in accordance with the options below:

Providers have the option of proposing to provide either all, or a portion of the Shelter Care program capacity by leasing the facility space located at 9501 West Watertown Plank Road, Buildings D-South (20 Beds), E-East (22 Beds), and E-West (22 Beds), which are part of the Milwaukee County Behavioral Health Division (BHD) complex, formerly known as CATC. These facilities are currently licensed for Shelter Care services at the capacities listed above. Leasing agent for the Milwaukee County Behavioral Health Division (BHD) complex is Milwaukee County Facilities Management.

Providers also have the option of proposing to provide either all, or a portion of the Shelter Care program at alternative facilities. This option is contingent on the providers' ability to utilize the alternative facilities while also complying with all other required program attributes.

Any proposed facilities shall also have a plan to be clean and well-maintained.

School

Desired:
The DCSD desires a plan to maintain an excellent working relationship between the Shelter Care provider and each youth's assigned school.

Required:
Providers must ensure that all youth attending shelter (unless otherwise ordered), receive an education while receiving Shelter Care. For proposals to deliver Shelter Care services in any of the facilities located at 9501 West Watertown Plank Road the education will be provided by the Plank Road School (Wauwatosa School District) located at 9501 West Watertown Plank Road, Wauwatosa, WI 53226, or another school as ordered by the courts. For Shelter Care facilities located elsewhere, proposals must include a plan for the youth to attend the appropriate school(s) for the location.

For youth whose parents are not engaged with their education, provision of Shelter Care services includes interacting with the school as an advocate for the youth (e.g. attending conferences, following-up on homework and discipline issues, etc.). Shelter Care providers are required to have a plan to maintain a collaborative relationship with the school. The plan must include seamless and reliable processes (e.g. communication of critical incidents, transfer of children between Shelter Care and School, etc.). The provider will be responsible for supervision of the youth during any time periods when school is not in session. Plans must also include a process to assure that youth are provided lunch during each school day. Proposals must include a plan to coordinate with each youth's assigned school.

Transportation

Desired:
The transportation plan meets the requirements, while providing evidence of being well-integrated with all applicable processes. The transportation plan is governed by detailed policies that specify how the drivers shall respond to different situations that may require deviation from normal operations.

Required:
Providers are responsible for the safe transfer of youth between the Shelter Care facility and the Vel R. Phillips Juvenile Justice Center located at 10201 West Watertown Plank Road, Wauwatosa, WI 53226, their schools, or medical facilities as needed. The Shelter may also be required to transport youth to and from other destinations according to the reasonable needs of youth at shelter that directly relate to their education, juvenile justice system obligations, or are necessary to preserve the youth's health, safety and welfare. All transportation shall be documented and kept on record by the provider. When applicable, all transportation shall deliver youth to their destinations in a timely manner as governed by the purpose of the transport (e.g. school start times, Court hearing times, etc.) All drivers transporting youth shall be approved by the DHHS prior to transporting youth. Each youth shall be picked up within one hour of request for transport.

Safety

Desired:
Program plans include innovative measures to maintain a safe and healthy environment for all residents and staff.

Required:
It is the provider's responsibility to maintain a safe and healthy environment for the wide variety of youth referred to Shelter Care. Providers should be prepared to serve youth presenting with a variety of behaviors and backgrounds, including but not limited to: AODA problems, mental health issues, gang affiliation, family instability, violent tendencies, impulsivity and histories of abuse or neglect. Proposals shall include a detailed plan to maintain a safe and healthy environment for all youth at all times. Providers shall have a plan to maintain a shelter environment that is free of bullying for residents and staff.

Programming

Desired:
The proposal includes a rich and diverse array of programming designed to positively engage youth in their development while at the Shelter. Staff members are trained to administer programming in a trauma-informed manner.

Required:
The proposal includes programming designed to positively engage youth in their development while at the Shelter. The overall proposal places a strong focus on keeping youth engaged in activities and programming that are appropriate to youths' age, maturity, and developmental expectations. Programming and activities shall also be delivered in a manner that is sensitive to the needs of LGBT youth. Programming shall be delivered in a culturally competent manner. Programming shall include behavior incentives.

Quality Assurance

Desired:
The proposal includes a plan to periodically report internal quality assurance findings to DCSD staff and other important stakeholders. The quality assurance plan is both comprehensive and adaptable to new findings and needs that may arise.

Required:
The proposal includes a quality management plan to ensure that the shelter is in compliance with all applicable policies and procedures. The plan includes activities to prevent errors and non-compliances from occurring, identify errors and non-compliances after they have occurred, and includes measures to continually improve quality of services based on the findings. The quality system also has a mechanism in place to collect, analyze, and act on feedback from residents and/or their families. The proposal includes the capability of measuring and reporting quality or other program data on an as needed basis per DCSD's request.

Working Capital

Desired:
As of the expected contract begin date (January 1, 2014), the proposer is projected to have access to enough working capital to fund shelter operations for at least the first 3 months of the contract.

Required:
As of the expected contract begin date (January 1, 2014), the proposer is projected to have access to enough working capital to fund shelter operations for at least the first 2 months of the contract.

Please note: Interest or other financing costs associated with working capital loans or lines of credit are not allowable expenses for reimbursement under the contract.

Please also note: The DCSD may approve requests for interest free advance payments that equal up to 1/6 of the total 2014 contract allocation. However, there are a variety of factors outside of the DCSD and the DHHS's control which may cause advance payment requests to be disbursed after (approximately 2-3 months) the contract begin date.

Client Characteristics

The client characteristics below represent Shelter Care placements from 6/1/2012 to 6/1/2013. Please note that that clients may be duplicated in the counts below if they had multiple admissions to the program. The below data shall be used to complete submission *Item #36 Client Characteristics Chart for Shelter Care.*

Age	**Males**		**Females**	
	#	**%**	**#**	**%**
10	0	0.0%	0	0.0%
11	6	0.9%	0	0.0%
12	24	3.5%	4	2.0%
13	83	12.0%	19	9.5%
14	116	16.8%	41	20.5%
15	215	31.2%	63	31.5%
16	206	29.9%	58	29.0%
17	39	5.7%	15	7.5%
TOTAL	689		200	

Ethnicity	**Males**		**Females**	
	#	**%**	**#**	**%**
a. Asian or Pacific Islander	2	0.3%	0	0.0%
b. Black	613	89.0%	171	85.5%
c. Hispanic	29	4.2%	14	7.0%
d. American Indian or Alaskan Native	0	0.0%	0	0.0%
e. White	45	6.5%	15	7.5%
TOTAL	689		200	

ADDITIONAL PROGRAM REQUIREMENTS

The Delinquency and Court Services Division may recommend either a single vendor or multiple vendors for a contract to provide Shelter Care.

Placement Criteria

Youth can only be placed in the program if they are referred and approved for placement by DCSD and if one of the following criteria is met:

1. There is a court order for custody under s. 938.19(1)(c), s. 938.21(4)(b), s. 48.19(1)(c), or s. 48.21(4)(b) Wis. Statutes.

2. A staff performing intake duties has made a placement decision pursuant to s. 938.205 or s. 48.205 Wis. Statutes (with DCSD approval).

3. There is an emergency change of placement under s. 938.357(2) Wis. Statutes, subject to further court action for placement elsewhere.

4. There is an emergency change of placement under s. 48.357(2) Wis. Statutes, subject to further court action for placement elsewhere.

Program Operations

- The provider must fully comply with all current provisions and subsequent revisions of "Shelter Care Operations Policy and Procedure" published by Milwaukee County DHHS that is available from DCSD.

- The provider must have staff members awake and alert throughout the night.

- The provider shall have responsibility to directly notify the Bureau of Milwaukee Child Welfare if any abuse is suspected either within the Shelter, or upon return of a youth from the outside and shall be responsible for reporting missing/runaway youth to appropriate law enforcement.

- The provider shall maintain an accurate daily census of all active youth and discharges as requested by Division staff.

- The provider must report on a monthly basis any changes in staff providing direct care.

- The provider must communicate any threats to its ability to provide Shelter Care services as planned to DCSD promptly and per contract requirements.

Staffing Pattern

Direct service staff must possess a high school diploma, or equivalency, and have at least three years of experience working with juveniles. Successful completion of at least 24 credits of collegiate coursework with an emphasis in a field directly related to providing shelter care services may be substituted for the three years of experience. The provider must be able to document staff experience at the request of the Division.

The application should include a written description of the provider's orientation plan for new staff and ongoing staff development programs. The staffing pattern shall facilitate ongoing staff development. Such development shall include, but not be limited to, an ongoing staff training plan and pairing staff with lesser skills and/or experience with higher skilled and/or experienced staff. The staffing must also comply with applicable client-to-staff ratios and other requirements in Chapter DCF 59 of Wisconsin administrative code.

REQUIRED DOCUMENTATION

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

Documentation requirements will be determined by Milwaukee County and will include any requirements of the State of Wisconsin's regulatory guidelines.

The provider's plan must fully comply with all current provisions and revisions of "The Temporary Shelter Care Policy and Procedures" published by Milwaukee County DHHS that is available from Division staff with respect to maintaining and disseminating documentation.

Additionally, the plan shall include the capability to respond to a variety of DCSD requests for data, including but not limited to those that arise as a result of DCSD's ongoing efforts to evaluate its programming.

EXPECTED OUTCOMES AND INDICATORS

Outcome 1: 90 percent of youth will successfully complete the program
Indicator: Number and percent of youth that complete the program

Outcome 2: Critical incidents will occur in less than 5 percent of youth days of care
Indicator: Number and percent of critical incidents filed (Number of critical incidents / Total days of youth days of care).

Outcome 3: 98 percent of active youth will attend scheduled court hearings
Indicator: Number and percent of active youth that attend scheduled court hearings

Outcome 4: Less than 10 percent of youth will be discharged as a result of an AWOL
Indicator: Number and percent of youth with AWOL as the discharge reason

Outcome 5: 95 percent of youth will not have a re-offense while in Shelter Care
Indicator: Number and percent of youth discharged as a result of a new offense

Outcome 6: Youth will attend at least 90 percent of assigned school days
Indicator: Assigned school days actually attended by active youth / Number of school days assigned

Outcome 7: Youth will participate in at least 90 percent of assigned activities
Indicator: Activities actually attended per active youth / Number and percent of activities assigned

Outcome 8: The average satisfaction rating among youth and families will be at least 80 percent
Indicator: Average of clients' responses on a 5-point likert scale to survey questions. DCSD administers or approves a survey for a sampling of shelter residents and their families

REIMBURSEMENT

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

TARGETED MONITORING PROGRAM DCSD 014

PROGRAM PURPOSE

The Targeted Monitoring Program provides supervision, structure, support, and skill-building opportunities for different target groups of youth involved in the juvenile justice system. The overall goals of the program are as follows:

1. Hold youth accountable to the courts, themselves, and their communities.
2. Serve as an alternative to juvenile corrections (certain components).
3. Minimize a youth's risk for re-offense.
4. Ensure community safety.
5. Provide youth with opportunities to change their thinking and behaviors.
6. Maximize the likelihood of positive and enduring change through engaging siblings and program graduates.

PROGRAM OVERVIEW

The Targeted Monitoring Program (TMP) is an intensive supervision program that targets youth that are either found to be in possession of a firearm, determined to be a serious chronic offender, referred for a burglary offense or were identified for the Milwaukee County Accountability Program (MCAP). Additionally, the Prevention and Aftercare program component targets the TMP graduates and their family members. The TMP evolved from the combination of Firearm Supervision Program (FA) and the Serious Chronic Offender Program (SCOP) that occurred in 2009. The Burglary Monitoring Program (BMP) and Milwaukee County Accountability Program (MCAP) were added in 2012. All of these programs fall under the umbrella of the Targeted Monitoring Program but have different target populations with differing needs. DCSD will only recommend a single vendor to provide the entire Targeted Monitoring Program. Therefore, only proposals to provide the full breadth of TMP services will be considered responsive.

The Targeted Monitoring Program will provide 121 slots and 20 slots for Burglary Monitoring Program (at any given time during the contract). Also, at any given time throughout the contract, 40 additional slots may be served by the Prevention and Aftercare Program. The slot allocations and tentative budget allocations are listed in the table below:

Target Group	Slots	Tentative Allocation
Serious Chronic Offenders Program	*	
Firearm Program	*	
Burglary Monitoring Program	20	
Milwaukee County Accountability Program	*	
	121	$1,485,944
Prevention and Aftercare Program	40	$140,000
Total	181	$1,625,944

*Part of 121 slots.

Proposers' service delivery plans shall include fungibility between all program components, with the exception of the Burglary Monitoring Program and the Prevention and After Care Program components.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS

Program Components

Each of the programs comprising the Targeted Monitoring Program will be described separately below. The activities identified represent the minimum program requirements for each component.

A. Serious Chronic Offender Program (SCOP) and Firearm Program

Overview

The two Serious Chronic Offender Program and Firearm Program components provide intensive monitoring, structured programming and accountability in community-based settings targeting youth involved with serious or multiple offending behaviors (SCOP) or targeting youth involved with firearms (Firearm). Participating youth have been adjudicated delinquent and placed on probation and assigned to a Human Service Worker. The majority of youth, either by the severity of their behavior or the reoccurrence of behaviors, have been determined to be a high enough risk to warrant placement within a juvenile correctional facility. Many youth may be on stayed orders of commitment to the Division of Juvenile Corrections. Youth participate in this program for typically one year, but may be shorter or longer based on the court order and their needs.

Monitoring Activities

Monitoring is key as this program is intended to provide substantial intervention in the youth's life, occupy a significant amount of otherwise unsupervised time, and provide enough supervision to protect the community so that the youth does not commit subsequent offenses. Monitors also serve mentoring and coaching functions in that they encourage positive changes by example and help youth integrate skills learned in programming in their everyday lives. Monitors will be responsible to engage and build a trusting relationship with the youth and their family in the process. Monitors provide youth's parents with support and crisis intervention to assist them with meeting family and program goals.

Minimum Monitoring Contact Standards

Through the first phase of the program, the Monitors are expected to have face-to-face contact with the youth seven days a week, preferably in the home during the evening. In addition, the monitor must visit the assigned school daily while in session. Curfew checks are required to be completed daily. A minimum of at least one weekly contact with the

parent/guardian is required. Based on the youth's performance and completion of milestones, a graduated reduction in the level of monitoring may be provided for the remainder of the youth's probationary period. Monitoring plans must be approved by DCSD.

Given the intensity of monitoring responsibilities, Monitors for this program component are limited to working with seven (7) youth at one time unless approved otherwise by DCSD.

Basic Monitoring Duties

In addition to the required monitoring contacts described above, Monitors perform many additional duties.

The Monitors will develop a schedule with the youth and their parents and are responsible for updating the schedule as needed. This schedule should include, but is not limited to the following:

- Educational responsibilities
- Mandatory meetings required by the program
- Ancillary services as needed
- Community service obligations
- Employment schedule preparation
- Court and probation appointments
- Individual sessions with their monitors
- Social activities
- Programming during school vacations

Additional monitoring activities will include (but are not limited to):

- Enrolling the youth in school as needed and monitoring school attendance and progress through regular updates from the youth's teachers and school records.
- Working with school staff to identify barriers and assist in removing barriers that may keep the youth from achieving in school.
- Maintaining continued knowledge of the youth's whereabouts (youth are responsible for calling when leaving home, school, work, etc.).
- Providing transportation or ensuring youth transportation needs are met so that the youth may participate in counseling sessions, court, educational and medical appointments and recreational activities
- Engaging the youth in program and alternative activities.
- Reinforcing lessons and skills learned by youth during program activities.
- Assisting the youth with the development of job-seeking skills and in obtaining employment.
- Providing supportive services to families and engaging them in activities.
- Attending all court hearings involving the youth.
- Assisting the youth to complete any required community service.
- Participating in the detention sanction or sanction alternative process as deemed necessary.

- Documenting all contacts with the youth.
- Submitting weekly reports to the Human Service Worker.

In addition, in certain circumstances DCSD may approve the use of Global Positioning Systems (GPS) monitoring for participating youth. In such cases, Monitors will be responsible for monitoring the use of GPS and reporting violations to the Human Service Worker and court.

Crisis Intervention

The contract agency staff must be available 24 hours, 7 days a week for crisis intervention and to support the parent/guardian.

Structured Group Activities

The program should provide a variety of group activities designed to meet the needs of the program participants. Attendance at these sessions is mandatory on the part of the youth. Group sessions for youth in the program are intended to provide knowledge, personal assistance, recreation and insight, as well as opportunities for youth to interact with agency staff and to meet others in the program. Group activities addressing the following types of topics are encouraged: AODA education, anger management, thinking/decision-making processes, health issues, job readiness, life skills, addressing risky behavior, computer skills training, and restorative justice.

All youth in the program should be required to participate in structured therapeutic recreational activity at least once per week. Youth should be exposed to various activities to learn alternative ways to spend their free time and promote engagement with the program.

The program should provide one-on-one or group tutoring and academic support to participants to improve their basic skills and assist with homework assignments. In addition, the program should provide assistance with completion of job applications and other employment-related activities.

Cognitive Intervention Programming

A required group is cognitive intervention programming for a minimum of 13 weeks using an evidence-based curriculum. Cognitive intervention programs are designed to help individuals evaluate the effects of their thoughts on their behaviors and work to avoid problem behavior (e.g. offending) through changing the thinking that encourages those behaviors.

Court Orientation (Firearms Program only)

Court orientation is required for all youth enrolled in the Firearms program and monitors are required to attend the orientation sessions with the youth assigned to them. The orientation

hearing provides the youth with the expectations of the program and the interest that the court have in the youth's performance and success.

Family Support and Stabilization

The program will provide supplemental services or staff to directly support the youth and their families in their successful completion of the program. These services can include, but are not limited to:

- Family assistance funds to stabilize basic needs.
- Group activities for youth and their families.
- Transportation fund for parents of program participants.
- Parenting assistance to develop parenting skills and knowledge.
- Job preparation and employment skills building.
- Child care to support engagement in therapeutic services or activities.

Please note that family support and stabilization services may also support families of youth participating in the Milwaukee County Accountability Program and the Burglary Monitoring Program.

B. Milwaukee County Accountability Program (MCAP)

Overview

Male youth that are at risk of being sent to the Department of Juvenile Corrections can be court ordered to the Milwaukee County Accountability Program (MCAP) as a post-dispositional placement. This program consists of two phases that cover a one-year span, including initial placement in the secure detention center, followed by a period aftercare in the community. Participating youth have been adjudicated delinquent and placed on probation and assigned to a Human Service Worker.

Monitoring Activities

Youth will be assigned to the Targeted Monitoring Program and assigned a Monitor upon enrollment in MCAP while the youth is in secure detention. Monitors must work with the partners involved with this program, to include but not limited to: Wauwatosa Public Schools, Milwaukee Public Schools, DCSD secure detention staff, Human Service Workers, and community-based partners providing services to MCAP youth.

Minimum Monitoring Contact Standards

During the secure detention phase of the program, the Monitors are expected to have face-to-face contact with the youth a minimum of three days a week. In addition, while the youth is on a pass from detention, Monitors must complete a daily home visit and curfew check, and know the youth's whereabouts at all times.

During the initial phase of community aftercare following release from detention, Monitors are expected to have face-to-face contact with the youth seven days a week, preferably in the home during the evening. In addition, the monitor must visit the assigned school daily while in session. Curfew checks are required to be completed daily. A minimum of at least one weekly contact with the parent/guardian is required. Based on the youth's performance and completion of milestones, a graduated reduction in the level of monitoring may be provided for the remainder of the youth's probationary period. Monitoring plans must be approved by DCSD.

Basic Monitoring Duties

See description of basic monitoring duties provided under A. Serious Chronic Offender Program (SCOP) and Firearm Program.

Additional Monitoring Duties

A unique feature of MCAP is the use of Global Positioning Systems (GPS) for all participants during home/community passes and upon initial release from secure detention. The agency will be responsible for tracking the electronic monitoring activities of the youth during this time through monitoring the web-based GPS tracking system and reporting back to the Human Service Worker.

Structured Group Activities

Cognitive Intervention Programming

The vendor shall provide cognitive intervention programming using an evidence-based curriculum for MCAP youth during their detention stay and in the community during aftercare. Cognitive intervention programs are designed to help individuals evaluate the effects of their thoughts on their behaviors and work to avoid problem behavior (e.g. offending) through changing the thinking that encourages those behaviors. The preferred curriculum to be used for this component is Juvenile Cognitive Intervention Program (JCIP) – with Phases I and II provided during the secure detention placement and Phase III provided in the community during aftercare. Given the amount of time that is available to work with MCAP youth, it is expected that the cognitive intervention curriculum will be implemented in its entirety with full fidelity.

Other Groups

Other types of activities, such as recreation, community service, employment, or educational groups, may be provided in addition.

C. Burglary Monitoring Program

Overview

This program provides monitoring for up to 20 youth at a time who were involved in burglaries. The dosage of monitoring for the Burglary Monitoring Program is less intensive than for the Targeted Monitoring Program for youth in the SCOP and Firearms components. The target population for the Burglary Monitoring Program is higher-risk, generally first time offenders referred on a burglary. Youth may be referred to the program prior to disposition as a means of early intervention and can continue through the youth being placed on probation. Youth in this program do not have to be court ordered but as deemed appropriate by DCSD.

Youth are typically involved with the program for 4-6 months, but may be shorter or longer based on the court order and the youth's needs. The goal of the program is to provide youth with monitoring, supports, and skills needed to successfully complete court conditions and avoid future burglary and other offenses.

Monitoring Activities

Minimum Monitoring Contact Standards

The in home monitoring will consist of a minimum of one home visit per week and two random curfew checks per week.

The Monitor will also make weekly school visits to consult with teachers and other staff about classroom behavior and participation, homework completion, grades and daily attendance.

Basic Monitoring Duties

See description of basic monitoring duties provided under A. Serious Chronic Offender Program (SCOP) and Firearm Program.

Structured Group Activities

Cognitive Intervention Programming

A required group is cognitive intervention programming for a minimum of 13 weeks using an evidence-based curriculum. Cognitive intervention programs are designed to help individuals evaluate the effects of their thoughts on their behaviors and work to avoid problem behavior (e.g. offending) through changing the thinking that encourages those behaviors.

Other Groups

Other types of activities, such as recreation, community service, employment, or educational groups, may be provided in addition.

D. Prevention and Aftercare Program

Overview

The agency that is selected to provide the Targeted Monitoring Program may receive supplemental funding as approved to provide prevention and aftercare services for youth and families enrolled in this program. This program serves at any one time up to 40 graduates of the Targeted Monitoring Program and/or their siblings between the ages of 6-19. The goals are to prevent siblings from participating in delinquent activities and for youth to gain skills needed for successful transition into adulthood.

Structured Activities

The program provides pro-social services and activities to help youth achieve their personal goals. Activities can be provided one-on-one or in group settings. Activities may include, but are not limited to the following activities: positive recreational activities, employment skill building, educational support, college preparation, independent living skill building, etc.

The program should invest in engaging the families in structured group activities and providing linkages to community resources as needed.

ADDITIONAL CRITERIA PERTAINING TO ALL PROGRAM COMPONENTS

Program Evaluation

The vendor is required to cooperate with the Delinquency and Court Services Division in all matters concerning program evaluation. The vendor must have in place mechanisms to compile and maintain statistical data information as specified by the Division regarding the quality of programmatic and administrative operations, and the dosage of each individual service provided to youth (including duration and amount of service). The vendor shall complete and submit to the Division specified data for all services when requested.

Communication

The Targeted Monitoring Program is a collaboration that includes the courts, Delinquency and Court Services staff, provider agency and other community-based organizations. It is essential that all components work together to ensure that youth comply with the program.

Routine communication between the Human Service Worker and Monitor is critical to the success of the program. The Monitor must work closely with the assigned Human Service Worker to coordinate their efforts and to share information on the youth's progress. Monitors are expected to collect data on each youth and prepare weekly written progress reports to be shared with the Human Service Worker.

Admission and Discharge Procedures

Milwaukee County staff determines program referrals and discharges. All referrals (with the exception of the Prevention and Aftercare Program) will originate with the assigned Human Service Worker subject to an appropriate court order. Copies of appropriate assessment materials, court reports and other documents will be provided to the contract agency by the assigned DCSD Administrative Coordinator.

The program staff is to contact the youth and family within 48 hours of a referral to complete a program intake. An individual assessment and service plan document is to be developed on each youth and family as part of the intake process. The initial assessment should be conducted in person and when possible, within 48 hours of the receipt of the referral. This should include information about the youth's abilities and strengths, an assessment of personal needs and problems, the identification of academic standing and potential learning disabilities and evaluation of employment suitability based on age and skills. Service plan reviews should occur at a minimum of every 90 days by the Program Supervisor at a scheduled in-home or office conference with appropriate agency staff in attendance.

Youth who do not comply with the program or conditions of probation established by the court may be returned to court at the discretion of the Human Service Worker. Depending on the circumstances, DCSD staff may file a petition that requests a revision of the order, change of placement, 72 hour hold, sanctions, or a lift of the stayed order for correctional placement. Program staff will provide written documentation and maintain ongoing communications with DCSD staff.

PROPOSAL SUBMISSION REQUIREMENTS

When addressing this section of the Request for Proposals (RFP), refer to Item #30a, "Program Logic Model and Annual Evaluation Report" and Item #30b, "Program Narrative", both found in the *Technical Requirements* section of this RFP, unless otherwise specified.

The program narrative should provide a separate service delivery plan for each of the program components (A. Serious Chronic Offender Program and Firearm Program; B. Milwaukee County Accountability Program; C. Burglary Monitoring Program; D. Prevention and Aftercare Program). If a particular section or statement applies to all programs, the narrative must explicitly state this. The following elements should be addressed in the program narrative:

- Implementation plan and time frame for program start up (if new proposer).
- Description of how referrals will be managed from point of receipt through program discharge.
- Client engagement strategies and matching of individual needs to services.
- Description of each of the program activities and how they will be provided and by whom.

- If applicable, indicate the phases of service, the length of time in each phase, and the criteria used to move youth from one phase to the next.
- Sample participant weekly schedule of activities (for each phase, if applicable).
- For each group activity, describe the anticipated size, length, duration, dosage, format, schedule, and identified facilitators and relevant credentials. Identify any established curricula to be used. Please note that full fidelity to established evidence-based curricula is preferred. However, if a modified curriculum is proposed, please describe the modifications to be made and the justifications for such.
- Parent participation in the service delivery plan.
- Consideration of age, gender, culture, ethnicity, language, and capabilities of participants in the service delivery plan.
- Incorporation of relevant juvenile justice research, best practices, or evidence-based practices, into the service delivery model, such as:
  - Research evidence about what works in reducing offending through addressing criminogenic needs
  - Research on adolescent development
  - Use of rewards and consequences
- Agreements and working collaborations with other community agencies that will provide services to the target population. Include any letters of agreement.
- Description of specific quality assurance activities to ensure adherence to the service delivery model and administrative protocols. Identify persons responsible for quality assurance activities.
- Description of information management system, databases, and/or other methods for collecting and recording data on client contacts, services provided, and client outcomes. Describe data elements collected.
- Program incumbents should provide a summary description of their most recent program evaluation. Include any changes made in the program as a result of the evaluation.

Agency Experience

Agencies must have a minimum of five years of experience in providing intensive monitoring services to youth involved in the juvenile justice system. Preference will be given to agencies with demonstrated experience in providing evidence-based practices for juvenile justice populations, including facilitation of cognitive intervention programming.

Discuss your agency's experience in providing intensive monitoring and in providing the described services to the target populations. Include any documentation that demonstrates the effectiveness of the delivery model.

Staffing Plan

Monitoring staff should be experienced in the delivery of social services to youth and their families. Individual Monitors may reflect various specialized skills. Monitors are required to have a high school degree or equivalent and have additional training or certification in youth care or social work. Strong record-keeping and documentation skills are required.

Monitors and other program staff should also be trained in and able to provide cognitive intervention programming. Certificates for staff trained in cognitive intervention programming should be submitted with the proposal.

Staff should receive training prior to taking case assignments, to include an orientation on the Targeted Monitoring Program and shadowing of current staff. Staff should also receive ongoing structured training on an annual basis. Every effort should be made to match staff with youth of the same ethnic/racial background and close zip code proximity.

A written description of the agency's initial orientation plan and ongoing staff development activities should be included with the application in Item #32.

Supervisory staff should have a minimum of two years of experience supervising monitoring staff in programs for youthful offenders. In addition, the supervisor(s) should have a minimum of five years of experience working in programs that serve youth who are adjudicated delinquent. A college degree is preferred.

The supervisor(s) will be responsible for the daily operation of the program including reviewing the number of contacts between Monitors and each youth and ensuring that Monitors are responsive to the needs of participants. Supervisor(s) will provide coordination with the Delinquency and Court Services Division Administrative Coordinator assigned to the program. In addition, supervisor(s) will respond to data requests from the Delinquency and Court Services Division Administrative Coordinator or Grant Coordinator.

Client Characteristics

The client characteristics chart below represents youth served in the Targeted Monitoring program components from 6/1/2012 to 6/1/2013. The below data should be used to complete submission Item #36 Client Characteristics. Please note that that clients may be duplicated in the counts below if they had multiple admissions to any of the program components.

Ethnicity	Males		Females	
	#	%	#	%
a. Asian or Pacific Islander	0	0.0%	0	0.0%
b. Black	309	93.1%	24	100.0%
c. Hispanic	7	2.1%	0	0.0%
d. American Indian or Alaskan Native	0	0.0%	0	0.0%
e. White	16	4.8%	0	0.0%

Age Group	#	%
a. 0 - 2	0	0.0%
b. 3 – 11*	11	3.1%
c. 12 - 17	324	91.0%
d. 18 – 20*	21	5.9%

*Note that younger and older youth reflect the Prevention and Aftercare component.

REQUIRED DOCUMENTATION

Documentation and data recording requirements will be determined by Milwaukee County. The provider shall maintain an accurate daily census of all active youth and discharges as requested by Division staff.

Individual case files must include:

- Referral forms.
- Initial client and family intake forms.
- Initial client and family assessments and service plans.
- Service plan reviews.
- Case Notes/Service Documentation (to include logs and/or sign-in sheets, progress notes, monthly reports, summary notes and/or any other written or electronic documentation completed by the Direct Service Provider to support that the Covered Service was provided to the Service Recipient). Case Notes must include the following minimum elements: service code or name; name(s) of the Direct Service Provider(s); client and Service Recipient name; the date, actual start time, actual

end time, duration, location of the service; intervention; summary of the activity engaged in; Service Recipient's response to the Covered Service; Direct Service Providers signature and signature date and any other elements as required by Purchaser Policy or Procedure.

- Consent forms (including Release of Information, Consent for Services, Transportation Consent).
- Incident reports.
- Discharge summaries.

The provider must have a Policy and Procedure Manual covering how the service delivery model and administrative protocols will be implemented for each program component.

Weekly reports must be submitted to the DCSD Administrative Coordinator for all youth enrolled in the Targeted Monitoring Program, which include client contact and school contact reports. Updates regarding any changes for those youth enrolled in the program are also required to be sent to the Administrative Coordinator.

Please include copies of proposed forms and document formats with your application.

EXPECTED OUTCOMES AND INDICATORS

The annual Program Evaluation Report shall include the format and content specified in the *Technical Requirements* section of this document.

Outcome 1: 75 percent of youth will complete the Targeted Monitoring Program.
Indicator: Number and percent of youth that complete the program.
Indicator: Number and percent of youth that complete service plan goals.

Outcome 2: 75 percent of youth will improve school attendance and performance.
Indicator: Number and percent of youth that demonstrate an improvement in school attendance.
Indicator: Number and percent of youth that demonstrate an improvement in school performance.

Outcome 3: 75 percent of youth will demonstrate improvement in identifying thinking patterns and high-risk situations that lead to problem behaviors.
Indicator: Number and percent of youth who demonstrate improvement on a pre- and post-test assessing thinking patterns and identification of high-risk situations.

Outcome 4: 70 percent of youth will not have a subsequent referral or adult criminal justice charge during program participation.
Indicator: Number and percent of youth that do not have a subsequent referral to the Juvenile Justice Center during program participation.
Indicator: Number and percent of youth that do not have an adult criminal justice charge during program participation.

Outcome 5: 85 percent of youth will not be committed to the Department of Corrections.
Indicator: Number and percent of youth that do not have a request filed to lift a stay of the Department of Corrections.
Indicator: Number and percent of youth who are not court-ordered to the Department of Corrections.

REIMBURSEMENT

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

THE FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE PROPOSAL

DAY TREATMENT PROGRAM DCSD 001

PROGRAM PURPOSE

Day Treatment is designed to enhance community safety, to ensure youth accountability, and to develop youth competencies reducing the likelihood of re-offense.

The Delinquency and Court Services Division's Day Treatment Program is a non-clinical program that involves the Milwaukee County Children's Court, the Day Treatment provider, the Milwaukee Public Schools (MPS), and other community agency/ resources. Day Treatment provides on-site education (provided in collaboration with Milwaukee Public Schools) and other services to meet the multiple needs of youth and their families. **Each program site will be funded in multiples of 15 slots.**

Milwaukee County is requesting innovative proposals that target criminogenic needs associated with increased probability of re-offense. Describe how your program will individualize services within a structured setting to meet the needs of youth. When describing your program, please reference specific evidence-based components of your program including supporting research.

Target Population

Day Treatment serves as a community-based alternative to out-of-home placement by providing a daily structured report center within the school setting. Client families may present various functional problems such as drug and alcohol use, mental health, or other etiologies. The program typically serves youth ages 12-17. Programs must be able to accept the following youth:

- Adjudicated Delinquent or JIPS youth under Department supervision.
- Wraparound Milwaukee Clients under Department supervision.
- Aftercare youth under Division of Juvenile Corrections supervision.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS

Provide a schedule of the program's **hours of operation** for both MPS school days and non-school days (including the summer months).

In addition please provide a **daily schedule** for counseling and other program-related activities.

Describe the location and facility where the program will take place including program-related use of space. Identify which staff positions will facilitate or monitor program activities. The program model must develop and integrate these specific components:

Service Related Requirements

1. Bi-Lingual capability as needed to meet Limited English Proficiency.

2. Initial assessment, service plans, progress reports, discharge summaries.
   - Written assessments and service plans incorporating and addressing criminogenic needs completed with copies forwarded to Children's Court Probation and/or Wraparound staff within 45 days of intake. Include a sample copy of your assessment and service plan template along with your application.
   - Staffing Reviews with copies forwarded to Probation and/or Wraparound staff.
   - Discharge Summaries completed with copies forwarded to Probation and/or Wraparound staff within 10 days of the discharge.

3. Availability of direct (face-to-face) counseling including Youth, Family, and Group work. Youth enrolled to Day Treatment should have, at a minimum, one scheduled, individual meeting per week with a counselor, mentor, or other qualified program staff member.

   Recommended topics for counseling include Empathy Building, Relationship Violence, Errors in Thinking, Anger Management, Conflict Resolution, AODA education, etc. Describe the space that is available for private counseling.

   Note: Social workers and counselors must be available to accommodate the schedules of working parents.

4. Job Preparedness training.

5. AODA identification, including drug and alcohol screening (urine analysis) that supports service plan goals.

6. Programming during summer vacation, winter, and spring breaks, and other days when MPS is not in session.

7. Program representation at court hearings and Wraparound team meetings as requested.

8. Structured response to client absenteeism. Please list the staff and process comprising your program's response.

9. Public transportation to and from the program.

10. Allowance and level system for students.

11. City of Milwaukee code compliance for all Day Treatment facilities. In addition please describe any training that is provided to program staff in the area of crisis intervention or violence prevention. Submit copies of agency guidelines regarding student suspensions, and physical restraints.

Education Related Requirements

School is provided through collaboration with MPS and must include the following elements:

1. Class size that are no larger than 15 students.

2. A core academic curriculum plus Health and Human Sexuality, Physical Education, and Art. Summer school is to be included.

3. Certification to accept students with Special Education Needs.

4. The ability for students to complete a full semester of academic credits each semester.

   Arrangements for MPS support staff to provide:
   - Diagnostic assessments of Special Education and At Risk students.
   - Development and monitoring of the Individual Education Plan (IEP).
   - Monitoring of program compliance with federal and state guidelines for Special Education and At Risk students.
   - Monitoring of the overall education program including lesson planning.
   - Consultation and technical assistance regarding the transition of students returning to regular MPS and alternative MPS programs.

   Note: Describe the process by which your staff will work with MPS to ensure the successful transition of students who are returning to regular MPS or alternative MPS programs.

Staffing Related

- An agency social worker, counselor, or case manager will be assigned to each enrollee.
- The program coordinator or the social work supervisor must have a graduate level degree in a human services related major.
- Staff using the title "Social Worker" must be certified to practice Social Work by the State of Wisconsin, Department of Regulation and Licensing.

REQUIRED DOCUMENTATION

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

Individual case files must include at a minimum:

- Initial family and child assessments and service plans incorporating and addressing criminogenic needs.
- Staffing reports and service plan updates.
- Counseling notes and contact sheets that include the date and time of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral), and the signature or initials of the worker providing the contact.
- Incident reports

EXPECTED OUTCOMES AND INDICATORS

The actual program goals for Day Treatment Program may be mutually developed and agreed upon by Milwaukee County and your agency. Milwaukee County has established the following outcomes-based quality measures:

Outcome 1: Average daily attendance plus excused absences will equal 75% of total Day Treatment days of service.
Indicator: Attendance and excused absence totals as reported on Day Treatment monthly invoices.

Outcome 2: 60% of the youth who are enrolled in Day Treatment will complete the program.
Indicator: Number and percent of youth who complete the program.

Outcome 3: 95% of the youth who complete the Day Treatment program will be enrolled in a school or a job training program upon discharge.
Indicator: Number and percent of youth enrolled in school or job training program upon discharge.

Outcome 4: 75% of the youth who complete the Day Treatment program will be enrolled or transitioned back into their school district following the completion of one full semester.
Indicator: Number and percent of youth enrolled in school or job training program upon completion of one full semester.

Note: Academic performance will be assessed by MPS.

REIMBURSEMENT

Milwaukee Public Schools (MPS) provides for the education related services and costs of students enrolled in Day Treatment by separate agreement through MPS Diversified Community Schools.

Providers will be reimbursed on a fee-for-service basis based upon a daily unit rate. The current daily attendance rate subject to change, is $72.78.

Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific (Rate X Unit) Rate Statement must be submitted following the end of each calendar month according to DHHS policy.

FIRST TIME JUVENILE OFFENDER TRACKING PROGRAM DCSD 004

PROGRAM PURPOSE

The First Time Juvenile Offender Program (FTJOP) is a diversion program for youth who would otherwise be subject to a delinquency petition and subsequent court proceedings.

This program serves youth ages 10 through 16, who are identified by the Delinquency and Court Services Division, the District Attorney's Office and/or the Courts, as candidates for the program. Youth are offered the option of taking part in this program, usually under a Deferred Prosecution Agreement (DPA). A DPA, under Wis. Statutes, is an agreement between the District Attorney's office, DHHS, a youth and his/her family or legal custodian regarding services and/or conditions. Youth are typically placed in the First Time Juvenile Offender Program for a period of six months from their completed intake. If there are concerns about the compliance of the youth, DHHS can re-refer the case to the District Attorney's office, which may petition the court on the pending offense(s). During 2010, tracking services were provided to 276 youth and their families.

This Tracking component of the FTJOP program will operate under a Fee-For-Service agreement and will be awarded to a maximum of two vendors. At least one program (staff and services) must be located north of I-94 and at least one program (staff and services) must be located south of I-94. Geographic presence promotes community visibility, operational efficiency and improved service access. Because the program continues to develop its reliance on the electronic transmission of information, all Tracking agencies must have computers and e-mail access available to each of its Trackers.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS

The FTJOP is designed to serve youth under the general responsibility of a Tracker. Each youth will be enrolled in the program for a minimum of six months, which can be extended if necessary. Each Tracker will be assigned a maximum of 27 youth to monitor at any one time, unless an increase is pre-approved by DCSD.

The program design for Tracker agencies has several specific requirements that must be addressed by agencies submitting an application:

1. Tracking agencies must emphasize “empowering families”. This concept is defined as assisting families to select their own service providers and to empower families to be responsible for decision-making in regards to their child.

2. Tracking agencies will be meeting with youth and families in a variety of settings, including homes that may be located in high crime areas. Agencies must include a safety plan that describes how the safety of their employees will be ensured.

3. Cultural competence is a critical to this program. Recruiting, hiring and retaining minority and bilingual staff is key to achieving cultural competence. Each Tracking agency should include in their application the strategies used to enhance the development of culturally competent Trackers.

4. Trackers' work hours should meet the needs of youth and working families with an emphasis on maximizing face-to-face contacts.

5. Program evaluation is essential to measure the effectiveness of this model for first time juvenile offenders. Tracking agencies must indicate that they will agree to collect and provide the FTJOP with the required data and reports including defined outcome measures.

Tracking agencies will provide the following services or activities:

1. Provide appropriate staff to attend a weekly staffing where cases will be assigned to the agency. Tracking agencies must agree to accept all referrals. Agencies must agree not to close or terminate an assigned case from services without the approval of the FTJOP Supervisor.

2. Utilize information provided by a DCSD Intake Specialist and interact with the family to help assess the youth and family's service needs.

3. Complete the Service Plan Authorization Form to authorize services provided by Children's Court Services Network (CCSN) approved agencies. Trackers will involve the family in the selection of the CCSN agencies that will provide services, emphasizing choice.

4. Assist the youth with scheduling service provider appointments and assist with transportation arrangements. Monitor the youth and family's program-related attendance and participation.

5. Submit a monthly Tracking Report that identifies the actual services that the youth and family received and summarizes the tracking contacts for the month.

6. Recommend service plan changes to CCSN Administration. This includes monitoring service expiration dates and requesting extensions to avoid interruptions in services.

7. Serve as a liaison between the youth/family and the CCSN service providers.

8. Provide once a month half-day Community Education workshops (see below).

9. Work with the youth who are referred to the program (and their families) to ensure that these program requirements are completed:

    - Community Education (to be completed within the first two months following staffing)
    - Letter of Apology (to be completed within the first two months following staffing)
    - Community Service Hours (to be initiated within first month following staffing)

10. Maintain face-to-face and telephone contact with youth/family at home, school, and in the community to monitor program compliance and communication with service providers, in accordance with FTJOP standards.

11. Monitor the youth's school attendance and performance. Submit school attendance and grade reports monthly and document this information on the monthly report. If problems are identified, the tracking agency should recommend modifications to the service plan. The annual evaluation reports must summarize changes in school attendance and performance for youth served during the year.

NEW in 2012: Provision of Community Education Workshops

Beginning in January 2012, Tracking agencies will be responsible for providing half-day (four hours) Community Education workshops once a month on Saturdays (specific dates to be determined in coordination with FTJOP Administration) for approximately 12-18 FTJOP participants per session. Tracking agencies will also agree to serve non-FTJOP youth not to exceed a total of 20 youth per workshop unless both the County and tracking agency agree. The completion of Community Education workshops is a requirement for FTJOP. These workshops should be educational and interactive in nature, and incorporate the use of small groups, role plays and other activities to engage youth and build youth competency in the area of focus. The topics to be covered at a minimum should include Alcohol and Other Drug Abuse (AODA) education, Anger Management/Conflict Resolution, and an Overview of Community Resources and Gang Prevention. Additional topics may be included as appropriate. The workshop should be provided by a mix of trainers who have extensive experience in presenting on their respective topics and working with youth. Agencies must provide light snacks and refreshments for workshop participants. The proposed training agenda and trainers must be approved by CCSN.

Proposals must provide an agenda for the workshops, along with a detailed description of the workshop content, trainers, and workshop location. In addition, the proposal should detail who and how these workshops will be coordinated to ensure availability and youth participation.

Applicants should submit a per session rate (12 sessions in total) with their proposal. Applicants should provide supporting documentation that details the expenses for the workshops and the rate calculation methodology.

Staffing Related

Trackers hired after 1/1/2009 must possess a BA/BS in Social Work or related field (with approval of CCSN Administration). The Tracker Supervisor must possess a BA/BS in Social Work or related field (with approval of CCSN Administration) and have a minimum of two years experience with programs that serve juvenile delinquents. The Tracker Supervisor (or designee) will be required to be available for weekly staffing meetings.

REQUIRED DOCUMENTATION

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

Documentation for the program includes (but is not limited to) the following:

- FTJOP Service Plan/Program Referral Form
- CCSN Service Plan Authorization Form (SPAF)
- CCSN Service Plan Amendment
- Attendance sheets for Community Education workshop sessions

The FTJOP Service Plan/Program Referral Form is a document that is developed by Division staff and includes the initial set of approved services. Following their initial meeting with the youth and family, Tracking agencies must completely fill in the SPAF (including added services).

The SPAF will be reviewed and approved by CCSN staff prior to the start of services with CCSN staff having final approval over all services. The SPAF must be submitted to CCSN within three weeks of the Tracking agency receiving the referral. All CCSN Service Plan Amendments must be reviewed and approved by CCSN Staff. Ongoing reviews of the Service Plan should be completed by the Tracking agency.

Individual FTJOP case files must be kept in a locked cabinet and must include:

- Case referral documents from Children's Court.
- FTJOP agency intake forms (including signed consents).
  - FTJOP Service Plan/Program Referral Form
  - CCSN Service Plan Authorization Form (SPAF)
  - CCSN Service Plan Amendment
- Monthly CCSN Tracking reports and monthly Network Provider reports.

- Case contact sheets that include the date of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral, etc.), and the signatures of the worker providing the contact and the worker's supervisor.
- Court related documents.
- Incident reports.

EXPECTED OUTCOMES AND INDICATORS

The program has two primary goals: (1) to reduce the rate of recidivism of youth enrolled, and (2) to maintain or increase school attendance and academic achievement. This is accomplished by providing an individualized and coordinated set of services to address the specific needs of each youth.

Outcome 1: 75% of all youth enrolled in FTJOP will successfully complete the program.
Indicator: Number and percent of youth who complete the program.
Indicator: Number and percent of youth who complete service plans goals.

Outcome 2: 75% of all youth enrolled in the FTJOP will not re-offend during their 6-months in the program.
Indicator: Number and percent of youth who do not re-offend while enrolled in the program.

Outcome 3: 75% of all youth enrolled in the FTJOP will maintain, and preferably improve, their school attendance and grade point average.
Indicator: Number and percent of youth who demonstrate an improvement in school attendance.
Indicator: Number and percent of youth who demonstrate an improvement in school performance.

REIMBURSEMENT

Tracker Agencies will be reimbursed for documented tracking services on a fee-for-service basis. The unit rate is $3.20 per 1/10 hour (6 min.) of service provided to an individual case (youth/family). Tracker agencies will be reimbursed for a maximum of forty-two (42) hours for each youth during a six-month period unless approved otherwise by CCSN.

The Community Education workshops will also be reimbursed on a fee-for-service basis at a unit rate to be determined.

SPECIAL BUDGET REQUIREMENT

For this program, the following budget forms are required with the Initial Submission and with the Final Submission:

- Form 1

- Forms 2, 2A and 2B

In addition, applicants should submit a per session rate (12 sessions in total) for the Community Education workshops with their proposal. Applicants should provide supporting documentation that details the expenses for the workshops and the rate calculation methodology.

The complete budget package, as identified in the Application Contents of this RFP, is not required.

PROGRAM PURPOSE

Group Homes provide 24 hour a day community based living for youth who are experiencing problems with their family living environment. These youth have been determined by the court to be in temporary need of an alternative living arrangement until reunification is deemed appropriate.

The Delinquency and Court Services Division will be accepting proposals in anticipation of awarding contracts for 24 beds (three 8-bed awards) of Group Care for male youth. The programs must have the ability to identify and case manage youth who present mental health issues, emotional disturbances and/or AODA problems.

Milwaukee County encourages Group Care providers to continue to develop their vision, mission, values, beliefs and principles. Providers are encouraged to:

- Assist the youth to develop competencies and skills to live in the community.
- Help to integrate the youth into the community's social and economic life.
- Surround the youth with adults that are energized and passionate about their future.
- Promote family involvement in all aspects of services and the child's life.

Milwaukee County is requesting innovative proposals that target criminogenic needs associated with increased probability of re-offense. Describe how your program will individualize services within a structured setting to meet the needs of youth. When describing your program, please reference specific evidence-based components of your program including supporting research.

The proposer must be able to accept the following youth:

- Adjudicated youth under Department supervision.
- Multi-system youth (Delinquency and ChIPS) in transition.
- Wraparound Milwaukee youth.
- Aftercare youth under Division of Juvenile Corrections Supervision.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES AND EXPECTED OUTPUTS

The Group Care program seeks to:

- Maintain a safe, caring, and stable living environment while maintaining accountability with court expectations.
- Achieve reunification with the natural family or other identified care give.

- Assist and develop an appropriate long-term permanency plan for youth for whom family reunification is not possible.

The program has ultimate responsibility for overseeing and providing supervision of their residents on a 24-hour/day basis. The resident is to be supervised directly by group home staff or by appropriate school or parental figures at all times.

The program description should include methods to address the specific needs of individual group home residents. The description should also address the family involvement necessary to meet defined program outcomes.

1. Provide counseling by the group home social worker:
   - Individual: One hour per week
   - Group (involving all residents): One hour per week
   - Family: At least 50 minutes every two weeks

2. Complete primary casework responsibilities including all court activities (reviews, extensions, etc.), assessments and referral needs of the residents and their families.

3. Provide individualized Service Planning and Crisis Planning, in accordance with Chapter DHS 34 and Wisconsin Medicaid crisis stabilization requirements.

   - Develop and maintain an initial assessment and crisis safety plan for each youth. The crisis safety plans must be completed within seven (7) days of placement for non-Wraparound youth. Youth enrolled in Wraparound will have a plan that is developed by the care coordinator. Group home staff members are expected to participate in this development.

   - Provide the required crisis plan reviews and service updates to the crisis plan at least once every six months or more often as necessary given the needs of the client, unless the youth is enrolled in Wraparound.

   - Maintain a daily log and progress notes for each youth that documents daily contacts.

4. Provide staff development, training, and supervision, in accordance with Chapter DHS 34 and Wisconsin Medicaid crisis stabilization requirements.

   - Provide a written and comprehensive staff orientation and training plan.

   - Provide on-going orientation, staff development training, and training logs for each staff member. While not all inclusive, staff orientation and training can include approaches to empathy building, relationship violence, errors in thinking, anger management, conflict resolution, etc.

- Provide documented weekly clinical supervision of staff by an agency employee or contracted provider who is a licensed treatment professional.

5. Develop and maintain an Interagency Agreement with Wraparound Milwaukee.

6. Compute non-room and board costs from total facility costs.

7. Maintain a signed consent for release of information for MUTT Team.

8. Establish and maintain a working relationship with the MUTT Team.

9. Provide an independent living program (for residents 16 and over).

10. Provide menu planning and meal preparations that will occur within the group home and will include the participation of the residents. Weekly menus shall be posted. Cost-effective meal alternatives and snacks should be available to residents. For those residents excluded from school, meals are to be provided for both breakfast and lunch, not to exceed 6 hours between meals.

11. Arrange for or provide vocational education, job readiness training, and tutorial services.

12. Provide for scheduled, age appropriate recreational activities.

13. Provide programming to increase awareness of victim rights.

14. Ensure that annual medical and dental exams are completed for all residents.

15. Enable participation in extra-curricular school activities.

16. Develop written group home rules and written disciplinary protocols.

17. Provide structured, goal-oriented educational programming for residents who are not enrolled in school.

18. Provide documented psychological or psychiatric review or consultation for clients who require such services.

19. Establish a working community advisory committee prior to initial licensure.

Note: In accordance with Wisconsin Statutes, Chapter 72, Laws of 1981, representatives of the proposed group home's neighborhood and local governmental units must be included. The committee is to continue functioning after licensure.

20. Monitor youth leaving the group home on a pass. Youth leaving the group home on a pass shall have a specific destination and reason for the event. Any deviation from that must be pre-approved by the DCSD Group Home Liaison.

21. Report incidents involving residents, staff, or police to the proper authorities, including the DCSD group home liaison, by the next business day. A written report needs to be received by the DCSD group home liaison within 36 hours of the incident. State and County workers investigating an incident are to be admitted to the group home upon request.

22. Complete a monthly case staffing and progress report for each resident. Reports shall include service goals, case contacts, and intervention strategies for each identified service issue.

Staffing Related

1. The vendor must ensure that at least one staff person per shift is awake and on the premises at all times.

2. Direct service staff must have at least one-year of experience working with juveniles. New employees must receive appropriate training within their first year of service.

3. The social worker must meet the requirements Milwaukee County has established for its Human Service Workers and be experienced in group and individual counseling of adolescents.

4. If the social worker is not an MSW, then the direct supervisor of the social worker must be. Waivers of this requirement will be considered by DCSD on an individual basis for advanced degrees in other human service related disciplines. This does not replace the certification requirements for clinical staff as determined by the Mobile Urgent Treatment Team (MUTT).

Unit of Service

One unit of service is one bed space for one overnight stay with physical presence in the group home at midnight.

REQUIRED DOCUMENTATION

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

The following information must be completed in the designated web-based Information System (Synthesis) for each youth:

- Crisis Plans
- Out-of-Home Care Monthly Progress Reports
- Monthly Attendance Reporting

Individual case files must include:

- Initial family and child assessments and service plans.
- Crisis safety plans and updates.
- Resident daily logs.
- Resident staffing reports, and service plan updates.
- Counseling notes and contact sheets that include the date and time of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral, etc.), and the signature of the worker providing the contact.
- Court documents.
- Incident reports.
- Discharge summaries.

Agency files are to include:

- State regulations and requirements
- Incident reports
- Written procedures for (1) maintenance of client confidentiality, (2) storage of client files, (3) client access to records, and (4) procedures for transfer of records to other treatment providers.

EXPECTED OUTCOMES AND INDICATORS

Outcome 1: 80% of group home residents will improve their school attendance.
Indicator: Number and percent of youth who demonstrate the defined improvement in school attendance.

Outcome 2: 80% of group home residents will raise their grade point average (GPA) from previous semesters.
Indicator: Number and percent of youth who demonstrate an improvement in their GPA.

Outcome 3: 75% of residents age 16 and older will complete an independent living program prior to successful discharge from Group Care.
Indicator: Number and percent of residents who complete an independent living program prior to successful discharge from Group Care.

REIMBURSEMENT

Reimbursement is based on actual program expenses and is paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

RE-ENTRY COORDINATION SERVICES DCSD 007

PROGRAM PURPOSE

Re-entry coordination services involve participation in case planning and support of Milwaukee County youth who have been committed to the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Re-entry coordination services are provided to youth and families during youths' placement in secure institutions and following release to the community to facilitate reintegration and safely maintain youth in the community.

Background

There are over two hundred Milwaukee County youth under the custody of the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC) at any point in time. As part of the 2011-2013 State Budget, DOC closed both Ethan Allen School and Southern Oaks juvenile correctional facilities, effective July, 2011. Due to the closures, the closed and only juvenile correctional facilities are located in Irma, Wisconsin, which is 220 miles from Milwaukee.

Committed youth typically are sent to State juvenile corrections on a one-year order. The total length of stay in the custody of DJC may be increased by a petition to the court to extend the dispositional order. The majority of youth are released with time remaining on their dispositional order to allow for aftercare supervision and services. Programming and release decisions are determined by the DJC Office of Juvenile Offender Review (OJOR), through the Joint Planning and Review Committee process, taking into consideration progress in treatment according the youth's case plan and individual goals. For youth with standard correctional orders, the Joint Planning and Review Committee meets within 21 days of admission and every 90 days thereafter while the youth is in the juvenile correctional facility to review progress.

Milwaukee County purchases community supervision services from the State. As such, DJC is responsible for community supervision and monitoring of Milwaukee County youth committed to DJC.

Re-entry coordination services provided under this contract and any other community-based services made available to participating youth through DCSD will supplement existing services provided by DJC to Milwaukee County youth committed to DJC.

This contract will be awarded to a single vendor to provide re-entry coordination services up to 55 youth.

REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS

Services include but are not limited to the following:

- Participate in all formal Office of Juvenile Offender Review - Joint Planning and Review Committee meetings as a representative of Milwaukee County to assist in developing the youth's case plan and identifying program and placement options.

- Conduct monthly visits to juvenile correctional institutions to maintain face-to-face contact with youth.

- Facilitate contact between youth and their families while in out-of-home placements and keep the family informed and engaged with the youth.

- Facilitate families' participation in Joint Planning and Review Committee meetings. This may be achieved through use of video-conferencing equipment as may be provided by the county. The vendor will also serve as a resource for facilitating other non-referred youths' families' participation in Joint Planning and Review Committee meetings via video-conferencing as the need arises.

- Support families and help them prepare for the youth's return to the community.

- Maintain contact with DCSD and participate in staffings requested by DCSD. Provide frequent and timely written feedback to DCSD and the court as requested.

- Record any required information on participating youth in web-based Synthesis Information Management System.

- Maintain contact with institution social worker and other staff involved with the youth to review youth's progress and ensure that treatment needs are being addressed according to the youth's case plan.

- Participate in Transition Team meetings and request participation in re-entry coordination services as part of the transition plan.

- Provide community advocacy and serve as liaison between DCSD, institution or alternate care facility, community service providers, and DJC agent.

- Identify formal and informal services and supports to assist in youths' transition to the community in coordination with DJC. Recommend referral to community-based services available through DCSD if appropriate and complete any necessary paperwork for approval by DCSD. For any services provided through DCSD, facilitate connection to community-based providers and assist in the coordination of services with DJC agent. Authorize continuing units of services on a monthly basis as needed.

- Provide support during youth's participation in treatment programs, educational/vocational training, employment, and other activities identified in the youth's care plan. Maintain regular communication with providers and DJC agent regarding youth's participation in services.

Placement Criteria

DCSD will identify youth for referral to re-entry coordination services. Referrals may be made at any point after the youth is committed to DJC. Consultation with the selected vendor will occur as necessary. Select file material will be provided to the vendor.

Staffing Pattern

Staff working with youth and families must possess a bachelor's degree in a human services field and two years experience with programs serving juveniles. The provider must be able to document staff experience at the request of the Division. Staff must have access to clinical expertise for guidance on working with youth with a high incidence of mental health and AODA problems. Agencies with certification as a Wisconsin outpatient mental health clinic are preferred.

The application should include a written description of the provider's orientation plan for new staff and ongoing staff development programs as well as a description of how staff will be supervised.

REQUIRED DOCUMENTATION

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

DCSD will determine additional documentation and data collection requirements. The vendor must record any required information on participating youth in the web-based Synthesis Information Management System.

Individual case files must include:

- Client and family intake forms
- Client and family assessments and service plans
- Contact sheets to include the date of contact, name of person contacted, services provided, and the type and substance of the contact (may be accomplished within Synthesis)
- Consent forms
- Incident reports
- Service authorization forms

EXPECTED OUTPUTS / OUTCOMES AND INDICATORS

The overall goal of the program is for participating youth to be successfully integrated back into the community to the least restrictive placement consistent with community safety as soon as appropriate and remain free of referrals to the juvenile justice system.

The following are expected outputs, outcomes, and indicators for youth participating in re-entry coordination services:

Outcome 1: The vendor will participate on behalf of Milwaukee County in 95% of Joint Planning and Review Committee meetings for participating youth.
Indicator: Number and percent of Joint Planning and Review Committee meetings in which the vendor participates (via phone, video conference, or in person).

Outcome 2: 65% of Joint Planning and Review Committee meetings will have participation from a family member of the youth.
Indicator: Number and percent of Joint Planning and Review Committee meetings that have participation (via phone, video conference, or in person) by a family member of the youth.

Outcome 3: 90% of youth in juvenile correctional institutions will be returned home or to a less restrictive setting during the commitment period.
Indicator: Number and percent of youth in juvenile correctional institutions returned home or to a less restrictive setting during the commitment period.

Outcome 4: 55% of youth in juvenile correctional institutions will be returned home or to a less restrictive setting within 9 months of placement.
Indicator: Number and percent of youth in juvenile correctional institutions who are returned home or to a less restrictive setting within 9 months of placement.

Outcome 5: 65% of reintegrated youth will remain home or in the least restrictive placement during program involvement.
Indicator: Number and percent of reintegrated youth returned to the juvenile correctional institution as a result of termination of aftercare/community supervision.

Outcome 6: 80% of youth will not have additional juvenile justice referrals or adult criminal charges during program involvement following release from the secure institution.
Indicator: Number and percent of youth who do not have additional juvenile justice referrals or adult criminal charges during program involvement following release from the secure institution.

REIMBURSEMENT

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

ALTERNATIVE SANCTION PROGRAM DCSD 016

PROGRAM PURPOSE

This pilot program will provide a community-based alternative to detention for sanctions placement for youth who violate the conditions of their probation. The Alternative Sanction Program will provide a timely response that holds youth accountable relative to their violations and engages them in positive and constructive programming.

Background

Youth who are adjudicated delinquent and placed on probation are ordered by the court to follow standard rules (e.g. obey all laws, keep all appointments with the Probation Officer, daily school attendance) and any special conditions (e.g. avoid contact with victims, restitution). Youth who violate the rules of their probation are subject to the possibility of sanctions. Currently, the primary formal response to violations that are brought before the court in Milwaukee County is ordering that the youth serve sanction days in detention (up to ten days per violation). Judges may order sanction days in detention forthwith and/or stay sanctions to be imposed at a later date upon the motion of the probation officer to impose stayed sanctions as a result of continued violation of the order conditions.

In 2012, over 300 youth on probation were admitted to secure detention to serve sanctions, resulting in about 550 separate admissions. These admissions represent about 19% of all admissions to detention. These figures do not include all admissions for sanctions in which the youth was ordered directly from court.

The Delinquency and Court Services Division (DCSD) is seeking proposals to operate an Alternative Sanction Program in the community. This program will consist of a weekend (Saturday) report center that features structured activities. The target population for the Alternative Sanction Program is youth who are referred by their probation officer or ordered by a judge to participate in the program as a response to violating the conditions of their dispositional (probation) order.

Developing a viable community-based sanction alternative to detention is consistent with the notion that sanctions should be “graduated”. A continuum of sanction options affords probation staff and the courts some flexibility in matching the response for non-compliance with youth’s needs, reserving detention for high-risk youth. This effort is part of Milwaukee County’s involvement in the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI) to implement system reform strategies aimed at safely reducing reliance on secure confinement.

The goals of this program include the following:

- Provide a timely community-based alternative to sanctions in detention

- Hold youth accountable for violations of the conditions of their dispositional order
- Assist youth in restoring and maintaining compliance with the conditions of their dispositional order
- Target interventions to address the nature of youth's violations and build skills and competencies for improved decision-making relative to behavior leading to violations
- Expose youth to community-based services and positive programming with the potential to lead to continuing involvement beyond their sanction and/or probation involvement

This contract will be awarded to operate the Alternative Sanction Program on a pilot basis from a target start date of July 1, 2013 through December 31, 2013. It is DCSD's intent that this will become a standard program beginning on January 1, 2014. Therefore, DCSD will have the option of renewing the contract without an additional competitive RFP process for up to two additional years, and adjusting funding to meet the expanded service needs. This contract will be awarded to a single Proposer.

REQUIRED PROGRAM INPUTS, PROCESSES, AND PROGRAM ACTIVITIES

Program Capacity, Hours of Operation, and Length

The Alternative Sanction Program involves the operation of a community-based weekend report center that features structured activities. The capacity of the report center on a given day is up to 16 youth. Youth will be required to report to the program for a minimum of four (4) hours on each Saturday for a specified number of weeks. The number of weeks of participation will vary by youth, but the typical program length is expected to be six to eight weeks. The first day of operation of the report center will be on a mutually agreed upon date no later than three (3) weeks after contract award target start date of July 1, 2013.

Program Components

A brief description of **minimum required components** of the Alternative Sanction Program (referred to as "the program") is described below.

- Initial Assessment and Service Plan: The program will review the referral and conduct an initial assessment to understand the nature of the violations and the youth's circumstances, identify any barriers, and develop a service plan outlining the youth's involvement in the Alternative Sanction Program. The program will distribute a program handbook to youth and families as part of an orientation to the program. The program will make contact with youth and their family within 48 hours of the initial referral to schedule the initial appointment.

- Tailored Programming to Address Violations: The program will engage youth in programming that addresses the specific nature of the behavior resulting in

probation violations and is geared towards the development of skills and competencies to improve decision-making relative to the behaviors contributing to violations. Proposers should specify interventions aimed at addressing the most common types of violations of the conditions of the dispositional order, which include the following:

- School-related: truancy and rule violations
- AWOL behavior from home or placement
- Continuing substance use
- Violation of a civil or criminal law or an ordinance (including tickets/citations)
- Non-adherence to rules of the home or placement
- Failure to comply with required programming or probation contacts
- Aggressive physical and/or verbal behavior

- Community Service: The program will coordinate supervised community service projects. Hours of community service provided will count towards any court-ordered community service requirements.

- Meals/Snacks: The program will provide healthy snacks and/or meals to youth at the report center.

- Connections to Community Resources and Recreational Activities: The program will provide or link participating youth to community resources and recreational activities designed to engage the youth in positive activities and promote social and life skills. These activities should be in addition to structured report center activities and would ideally serve as an outlet for youth beyond their program and/or probation involvement.

- Transportation: The program will be responsible for providing or ensuring transportation of participants to the Alternative Sanction Program from their residences and transportation from the program to the participants' residences at the end of the each session. Under no circumstances is lack of transportation an acceptable reason for a youth not to attend. The program shall obtain Transportation Consent for each youth who will be transported.

- Progress Reporting and Court Appearances: Routine communication between the Probation Officer and the program is critical. The program must work closely with the assigned Probation Officer to coordinate their efforts and to share information on the youth's progress. The program must provide weekly written progress reports, summary reports for court, and a discharge/outcomes report. In addition, the program may be asked to attend court hearings to report on youth's participation and progress.

The scope of services is not limited to these specific descriptions. Additional elective program components may be incorporated. The final set of program components will be determined during final negotiations of the contract terms.

Service Delivery Plan

Special Instructions: When addressing this section of the Request for Proposal (RFP), refer to Item #30a, "Program Logic Model and Annual Evaluation Report" and Item #30b, "Program Narrative", both found in the *Technical Requirements* section of this RFP.

The narrative should describe the service delivery plan for the program. This should include a detailed description of the following:

- Implementation plan and time frame for program start-up
- Program's hours of operation
- Weekly schedule of activities that includes all listed required program components and any additional elective components
- The content, structure, staffing, and plan for operationalization of each of the required program components and any additional elective components
- Description of any proposed groups, including established curricula to be used, length, duration, and format of groups, and identified facilitators and relevant credentials
- Agreements and/or working collaborations with other community agencies that may provide services to the target population
- Parent participation in service delivery plan
- Individualization of services within a structured setting to be responsive to the nature of the behaviors leading to the violations
- Consideration of age, gender, culture, ethnicity, language, and capabilities of participants in the service delivery plan
- Incorporation of relevant juvenile justice research, best practices, or evidence-based practices, into the service delivery model, such as:
  - Research evidence about what works in reducing reoffending through addressing criminogenic needs
  - Research on adolescent development
  - Use of rewards and consequences

Facility

Proposers must identify a facility (owned or leased) that would house the program. The successful proposal will offer a clean, healthy and safe facility. At a minimum, it is expected that the Alternative Sanction Program facility will have the following resources:

- Compliance with building and regulatory codes
- Snack area
- Adequate washroom facilities
- A recreation area
- Program resources (e.g. tables, chairs, supplies, equipment, etc.)
- Well-lit and ventilated classroom/multi-purpose space

For the pilot phase, priority will be given to facilities that are located in a geographic area within the city of Milwaukee with a high concentration of juvenile justice youth and are easily accessible. Priority will also be given to Proposers who demonstrate the future capacity to expand to additional locations to accommodate the geographic distribution of youth in the community. It is DCSD's intent to expand the project in subsequent funding cycles to include both a north side and a south side location.

Agency Qualifications

Respondents to this RFP must have at least five years' experience in providing direct services to at-risk or court-involved youth; demonstrated experience with implementing evidence-based practices in juvenile justice system; demonstrated history of financial stability and sound fiscal and management experience; and, the ability to recruit qualified social service professionals and to document that all the proposed staff will be available for engagement on the effective date of the contract award.

Staffing Pattern

The vendor must have sufficient and qualified staff with relevant training and experience which is representative of the population to be served and meets program requirements. A minimum of two staff must be present on-site during the hours of operation of the report center.

It is expected that the Alternative Sanction Program maintains at least one employee designated as the program manager. The program manager assumes primary responsibilities as the liaison with the Delinquency and Court Services Division. The program manager is also responsible for the daily operation and supervision of the Alternative Sanction Program. The program manager is required to have a Bachelor's Degree in a human services or criminal justice-related field and a minimum of five years' experience working in programs that serve youth in the juvenile justice field.

Other program staff are required to have a minimum of high school degree or equivalent and have additional training or certification in youth care or social work. Strong record-keeping and documentation skills are required. Any relevant credentials or training certificates for staff who will facilitate specialized groups should be submitted with the application.

A written description of the agency's initial orientation plan and ongoing staff development activities should be included with the application.

REQUIRED DOCUMENTATION

Documentation requirements will be determined by Milwaukee County.

A progress report on each youth placed in the program must be submitted to DCSD on a weekly basis. In addition, a detailed report to the court must be completed for each youth and submitted in advance of the scheduled court hearing. The formats for progress reports and for reports to the court will be determined by Milwaukee County.

The agency will maintain individual case files. Individual case files must include:

- Referral forms
- Consent forms, including transportation consent
- Initial client and family intake forms, assessments, and service plans
- Attendance/participation logs for each individual activity (including date, time, duration, summary of participation and progress, signatures)
- Progress reports
- Court reports
- Incident reports
- Discharge summaries

The vendor must also develop the following documents to be approved by DCSD:

- Brochure
- Program Handbook
- Policies and Procedures

Data on Operation and Services

The annual Program Evaluation Report must include the format and content specified in the *Technical Requirements* section of this document.

The vendor shall be responsible for compiling and maintaining statistical data required for evaluation of the operation and services. This data will be used for monitoring and evaluating the Alternative Sanction Program functions. Proposals shall present a viable plan for the collection and maintenance of that data.

The vendor is required to cooperate with the Delinquency and Court Services Division in all matters concerning program evaluation. The vendor must have in place mechanisms to compile information as specified by the Division regarding the quality of programmatic and administrative operations. The vendor shall complete and submit to the Division specified data for all appropriate activities.

EXPECTED OUTPUTS/OUTCOMES AND INDICATORS

The following are expected outputs, outcomes, and indicators for Alternative Sanction Program. The Proposer must describe how they will measure and collect data regarding these outcomes. Proposers are encouraged to develop other relevant outputs/outcomes.

Expected Outputs/Outcomes	Indicator(s)
70% of youth referred will successfully complete the program	Number and percent of youth who complete the program (provide definition)
80% of participating youth will demonstrate improved accountability, awareness, and decision-making regarding behavior leading to violations	Number and percent of youth who demonstrate improved accountability, awareness and decision-making regarding behavior leading to violations (as measured by pre/post test and/or staff or parent assessment)
85% will not have a re-offense within six months of being referred to the program	Number and percent of youth who have a re-offense within six months (to be tracked by DCSD)

REIMBURSEMENT

Reimbursement will be paid on an expense reimbursement basis for expenses actually accrued for work under the contract. Reimbursement for any given month will not exceed 1/6 of the $32,000.00 maximum contract amount. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

Disabilities Services Division

VISION, MISSION & GUIDING PRINCIPLES

Vision for the Milwaukee County Disabilities Services Division

All persons with disabilities and their support networks will have maximum individual choice and access to resources leading to full participation in all aspects of community life.

Mission of the Milwaukee County Disabilities Services Division

Our mission is to enhance the quality of life for all individuals with physical, sensory and developmental disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

Guiding Principles

Independence: Everyone has a right to do what they want and need to do to function in society.
Achievement of the highest level of independence
Continuum: Need to provide a continuum of services
Real Choice: Self Determination
Nurturing Relationships/Friendships
Strengths Based vs. Needs Based
Respectful and Fully Accessible
Equality and Rights for All
Participation in the Mainstream
High Quality staff, providers, services, options
Maximum flexibility
Individualized, Person-Centered, Culturally Competent
Collaboration and Partnership
Values cultural and ethnic diversity
Emphasizes Home and Community Based programs and services
People have the ability to live where they want to live, and have opportunities to work and recreate
Total acceptance in the community, no stigma
Involvement of consumers in the planning process
Comprehensive grievance system, systemic method to resolve issues
Continuing grievance system, systemic method to resolve issues
Continuing community education and advocacy
All stakeholders as advocates
Allocation of sufficient resources
Successful outcomes for each individual

The premise of this approach rests on flexible supports for individuals with disabilities changing through life stages, starting at birth through childhood, adult living and senior years. Services and supports at these critical stages require unique consideration, assessment, planning and intervention to offer appropriate supports to the individuals and families. Providing flexible supports and allowing for changes through life's stages promotes a continued presence in the community, encourages higher achievement levels and successful outcomes for each individual served.

Developmental Disabilities staff expects all providers of services to be familiar with and, aware of, the following in regards to service delivery:

Selected Providers:

- must be familiar with developmental disabilities condition and have a basic understanding of the cognitive issues and current service philosophy;
- should be knowledgeable in the person-centered and/or person-directed service planning model;
- must strive for cultural and social competencies, i.e., ethnic, religious or gender factors;
- should be open and seek to address stated preferences of consumer/guardian family;
- should have knowledge of the inclusion philosophy;
- should have knowledge of program design and service implementation in natural environments;
- must be interested in and willing to support or provide reasonable flexibility in service to meet the different consumer needs of the population;
- must be interested in seeking utilization of generic resources for community awareness and participation on behalf of the consumer;
- must be able to plan, coordinate and/or provide transportation services to meet transportation needs (to include the use of family, friends, public transportation, specialized service, or leasing of a vehicle;)
- must be able to plan and collaborate services with other providers and exhibit a cooperative spirit.

All providers must communicate with designated county staff and other providers within confidentiality laws about any incidents or situations regarded as Critical Incidents as defined in the Medicaid Waivers Manual, Chapter IX.

PROGRAM DESCRIPTIONS

PROPOSAL SUBMISSION REQUIREMENTS (Applies to all DSD 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.

(7) 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.

(8) Describe how and when individualized client treatment plans, goals, and objectives are developed, monitored, and reviewed. Identify by position categories, staff that is involved in this process.

Describe formal relationships and informal arrangements used to leverage resources with other community agencies or programs providing services to the target population. Describe the qualifications of agencies and other professionals. Include copies of letters of agreements, as applicable.

If applying as an incumbent, summarize the process and results of the previous year's evaluation report submitted to DSD. Include any changes made in the program as a result of the evaluation.

The Following Programs are open for competitive proposals for 2014

ADVOCACY

ADVOCACY/CONSUMER EDUCATION DSD005i

This advocacy program provides up to $136,043 for advocacy and consumer education services.

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

Advocacy Service Requirements:

Advocacy

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Eight (8) times per year the agency will provide or coordinate system advocacy training/inservice for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

Twice yearly the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2014 Purchase of Service application submittal, if applicable.

Consumer Education

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination. This includes four (4) public information and educational presentations in order to increase the community's knowledge and awareness of developmental disabilities, services and/or consumer needs associated with the disability. These sessions must focus on self-expression, choice, person-centered services and self-determination.

The agency will provide two (2) training sessions on community resources and service options in conjunction with community resources in order to facilitate the development of consumer choice in service planning.

The agency will provide early outreach to families that have a child with a developmental disability that is entering the school system, and provide the information and technical assistance necessary to assist the family in building a network of support that can be accessed as their child progresses through the school system.

The agency will increase multicultural outreach and participation in its Advocacy and Education programs by traditionally-underserved consumers, professionals and family members. Two (2) educational sessions yearly will be held in locations within diverse neighborhoods to increase participation by underserved populations.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.

COMMUNITY LIVING SUPPORT

RESPITE CARE - ADULT & CHILDREN DSD012

Respite care is designed to provide for a substitute caregiver when a interval of support or rest is needed by the primary caregiver. Respite may be provided in the family's home, temporary caregiver's home or an alternate setting mutually agreed upon by County staff, participant and family.

Agency Administrative Requirement-Respite Care

Annual program evaluation/summary to be submitted with the Purchase of Service Guidelines, which includes the following elements:

A summary on un-met family/individual needs including feedback on service recommendations and implementation.

Service utilization and program participants' satisfaction.

Outcomes may include reduced parent/caregiver stress, increased opportunities for social activities, and increased caregiver knowledge of community trainings, family support, and advocacy issues, among others.

Unit of Service

A unit of service is one hour of direct service time.

Direct service time is staff time spent in providing service to the program participants which includes; face-to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffings and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in service training, vacation, etc.)

Collateral contacts are face-to-face or telephone contacts with persons, other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Documentation

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact was with, (d) the content of the contact, and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

FOLLOWING PROGRAMS <u>NOT OPEN</u> FOR COMPETITIVE PROPOSAL

Disabilities Services Division has three-year program contract cycles. **All agencies that are in the second or third year of a multi-year contract cycle in 2014 are not open for competitive proposals**. Agencies that are currently in a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, the Authorization To File (Item 3), **plus the semiannual evaluation report** as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirement.* **The following programs are currently in a multi-year contract cycle:**

DSD 005 – Advocacy
DSD 006 – Work Programs
DSD 009 – Birth to Three
DSD 010 – Employment Programs
DSD 011 – CLS Recreation
DSD-012CR – Stabilization-Crisis Home
DSD 014 – Assertive Case Intervention
DSD 015 – Supportive Living Options
DSD 016 – Supportive Parenting
DSD 017 – WATTS Reviews
DSD 021 – Fiscal Agent/Financial Management Services

All Initial Submissions, regardless of contract cycle year, must be received by the DHHS **no later than 4:00 p.m. on Tuesday, *September 3, 2013*. Final Submissions are due Friday, November 15, 2013.**

The program description(s) for the above multi-year cycle program(s) follows for the benefit of continuing contractors.

ADVOCACY

ADVOCACY/CONSUMER EDUCATION DSD005

Services are designed to assist individuals and their families to speak for their interest and need, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Advocacy agencies are expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety with the goal of enabling the consumer to engage in a self-directed support model.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of consumer education to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

This area also seeks to provide training/in-service to participants, families, agency partners (i.e. school personnel, health care system), and community at-large on system access and challenges in disabilities i.e. adult long term support system, waitlist, funding programs, budget cycle, transitioning from school services for awareness of needs, funding and how to impact the supports system.

Advocacy Service Requirements:

Advocacy

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities and coordinate parent/guardian or siblings and significant other advocacy training on behalf of consumer with disabilities.

Two (2) times per year the agency will provide or coordinate system advocacy training/inservice for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training for self-advocates, and their families.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions.

Annual program evaluation or program service summary should be included in the Year 2013 Purchase of Service application submittal, if applicable.

Consumer Education

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination.

The agency will issue a participant survey to identify topics for training directed to consumers or families.

The agency will develop a tool to measure the progress or benefit of the training sessions.

Adult work service programs provide opportunities for paid work to consumers with a wide range of developmental disabilities conditions and support needs. This range includes individuals with minimal, moderate and severe cognitive challenges, in addition to consumers with very specialized needs, i.e., challenging behaviors, medically fragile or limited mobility. Critical for participation in this area is the consumer's interest in the program, their ability to learn and attend to tasks, behavioral concerns and personal attitude towards work.

Work service programming offers a variety of paid work projects from various community businesses that present commensurate wages to participants. Variations in work group sizes and work environments are utilized to offer flexibility and change in work format. Several work locations exist to address the needs of consumers throughout the county.

A component of work programs is a focus on work related behaviors. These activities include; assisting the program participant in understanding the value and demands of a work environment, modifying or developing positive work attitudes and appropriate work behaviors. Emphasis is on developing work skills and increasing the person's productivity to maximize earnings and become more independent.

All programs provide:
* Monitoring of participant's progress
* Training in performing work tasks
* Training in work or appropriate social behaviors
* Serve as an informational resource for the participant, families and/or significant others.

Agency Administrative Requirements

Agencies are expected to review individual referrals for applicant appropriateness for services within 30 days of receipt. Written disposition should be submitted to Disabilities Services (designated personnel) and to the applicant; which should include recommending other vendors or services.

Notify Disabilities Services, verbally and in writing, of significant program problems impacting the ability to deliver the services.

The agency must issue a Consumer Satisfaction Survey and provide a written summary of the results to DSD staff and DHS Contract-QA personnel.

Produce an annual program summary/evaluation to be submitted with upcoming year application Purchase of Service Guidelines for 2012, if applicable.

Work Program Requirements

1. Each program participant should have a service plan (SP) and progress component. The plan should include program goals/objectives, work task performed and progress.

2. Provide ongoing monitoring of progress toward attaining SP goals, institute changes as needed.

3. Review the participant's progress at least every six months(or semi- annual) and maintain written documentation of participant's progress in the case file.
   The review should include the program participant's potential for community employment. Placement or referral for employment support shall be made when indicated.

4. Provide transportation or coordinate transportation for persons unable to use public transportation.

5. Occupational skill training programs shall have written curricula with timelines and deemed appropriate per each participant.

6. Refer participants to needed community services as appropriate. Encourage and support the individual's integration into community life through self-help, advocacy and recreational opportunities.

7. Provide case/applicant support and informal counseling for individuals as needed. Refer to psychological, alcohol and drug abuse, or other specialized counseling as appropriate to assist with interpersonal and community living problems.

8. Provide or facilitate training/in-service on;
   * once annually on the elements of self-determination to participants.
   * periodically provide information on specialized and integrated recreational and educational activities to facilitate social/functional development.

Expected Outcomes

Disability Service Division is seeking the following service outcomes:

- Clients maintain or increase general (not job specific) work skills as identified in client's service plan.

- Clients maintain or increase work appropriate social interaction as identified in client's service plan or agency work standard.

- Clients maintain or increase productivity.

- Clients meet the standards for participation in Supported Employment.

Key supporting indicators for these outcomes include:

1. Number of consumers referred or targeted for Employment Programs

2. Number of consumers placed on the Wait List for Employment

3. Hours worked vs. program time

4. Total wages paid to consumers/year

5. Number of consumers maintained in jobs from the previous year

6. Number of participants who participated in integrated community work during the calendar year

The Provider should submit an annual program summary/evaluation of 2012/prior year service to be submitted with Purchase of Service application for 2013 if applicable.

EARLY INTERVENTION BIRTH TO THREE SERVICES FOR CHILDREN #DSD009

The Birth to 3 Early Intervention Program is designed to enhance parents'[1] ability to meet the unique developmental needs of their children and to enhance the overall development of the child within the context of the child's family and community. The Birth to 3 Early Intervention Program is provided in accordance with the requirements of the Individuals with Disabilities Act (IDEA) and the WI Administrative Code, DHS 90[2].

The principles that guide this program were established by the Wisconsin Interagency Coordinating Council[3] (ICC) and adopted by State Department of Health and Human Services to reflect the values and guide the implementation of the Birth to 3 Program.

The principles that guide the Birth to 3 Program are:

1. **Children's optimal development depends on their being viewed first as children and second as children with a problem or disability.**
2. **Children's greatest resource is their family. Children are best served within the context of family.**
3. **Parents are partners in any activity that serves their children.**
4. **Just as children are best supported within the context of family, the family is best supported within the context of the community.**
5. **Professionals are most effective when they can work as a team member with parents and others**
6. **Collaboration is the best way to provide comprehensive services.**
7. **Early intervention enhances the development of children.**

[1] Throughout this program description for Birth to 3 early intervention services the term Parent shall refer to that person who at the point in time of early intervention service is responsible for the health and welfare of the child, has placement of the child, and/or with whom the child resides.

[2] Information The Individuals with Disabilities Act (IDEA) can be found on the web at: http://idea.ed.gov/ and a copy of the Administrative Code DHS 90 can be found at: http://legis.wisconsin.gov/rsb/code/dhs/dhs090.pdf.

[3] Wisconsin Interagency Coordinating Council (ICC) was established by the Governor of Wisconsin to advise and assist the Department of Health Services (DHS) in the performance of the responsibilities established under Part C of the Individuals with Disabilities Education Act (IDEA). The mission of the ICC is to advise, review, analyze, and monitor the implementation of the State's early intervention system, maintain a forum for communication relative to early intervention, and make recommendations to DHS regarding the effective implementation of the early intervention system.

Birth to 3 Program Overview

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) shall act as lead agency in all matters regarding implementation of the Birth to 3 Program in Milwaukee County. Administration of the Birth to 3 Program is housed in the Children's Unit of DSD.

- Milwaukee County DSD is the central intake of referrals and information regarding the Birth to 3 Program
- DSD shall monitor agency implementation of the program and monitor agencies to ensure procedural safeguards for children and families are implemented throughout the program.

All families participating in the Birth to 3 Program will have an assigned service coordinator. The service coordinator will serve as the primary contact for the family from the time of referral to the time of transition from the Birth to 3 Program. The service coordinator schedules and arranges the evaluation(s), assessment, and development of the Individualized Family Services Plan (IFSP). The service coordinator is responsible for ensuring that families receive a copy of and understand their rights as the family moves through the Birth to 3 Program.

At the time of evaluation for a child referred to the Birth to 3 Program, the evaluation team must include a service coordinator and at least two qualified professionals (per DHS 90.08 (3) (a)). The parent is included as a member of the evaluation team.

The evaluation team will review existing screens, evaluations, and reports; perform additional evaluations necessary; observe the child in their home or community environment; and complete individual written reports. The evaluation should be constructed to provide information regarding the child's current developmental functioning and supportive information to determine the child's eligibility for services. If the child is found eligible for Birth to 3, the family and the team develop an Individualized Family Services Plan (IFSP) based on the family's identified concerns and priorities regarding the child's development.

The development of the IFSP and implementation of the IFSP plan shall comply with the guidelines and compliance standards of the Federal Indicators used to measure the effectiveness and compliance of provides of the Birth to 3 Program. The IFSP must be created within 45 days of the date of the referral. The IFSP will include outcomes with specific activities related to the family's identified priorities regarding their child's development. Services listed in the Early Intervention Plan shall be implemented within 30 days of the development of the IFSP or sooner. A Child Outcomes Summary Form will be competed and entered into the Program Participation System (PPS) within 60 days of the evaluation date. The service coordinator will facilitate the scheduling and coordination of the Early Intervention Plan. The services coordinator will ensure that the IFSP is reviewed with the family every six months and that all revisions and updates to the IFSP are documented and recorded appropriately. The service coordinator is responsible for ensuring that updates and changes made to the IFSP between the six-month review and the annual review are recorded and documented appropriately.

The Early Intervention Plan activities/therapies provided to children and families are based on the concerns and priorities identified in the IFSP. The activities/therapies are provided in natural environments and should promote community integration for children with developmental disabilities, delays and/or diagnosed conditions. The activities should be provided within the context of the family's and child's daily routine. Activities/therapies may include education, occupational therapy, physical therapy, speech therapy, psychology, assistive technology, nutrition, social work, family training, counseling and home visits, transportation and vision services. Services can include individual service, group activities, consultation activities with family and providers (do not confuse your service coordination role with Birth to 3 with that of a Care Coordinator for family medical needs), and parent education activities.

Activities/therapies should be designed to meet the family's needs, schedule, and their priorities regarding their child's development. All agencies must describe in their application how their program design will provide activities/therapies within the context of the child's and family's daily routine and natural environments. For agencies applying to provide early intervention services and using the Primary Service Provider (PSP) method, you must describe the procedures your agency has or will have in place to monitor the delivery, to support your staff, and to guide your staff in the implementation of activities/therapies for the family and child.

If the IFSP team provides activities/therapies in places other than the child's natural environment, the team must have sufficient documentation to support the team's decision that the family and child outcomes could not be met by providing activities/therapies in the natural environment. The documentation shall include an explanation of how the IFSP team made this determination, how the goals and strategies will be generalized to that other environment, and what supports are needed to provide the activities/therapies within the home and community environment.

Early Intervention Birth to 3 Program Requirements

1. Comply with all MCDHHS Disabilities Services Division Birth to 3 Program and DHS 90 Early Intervention requirements related to evaluation(s), eligibility determination, development and implementation of the IFSP, service coordination, obtaining and maintaining information, providing written prior notice to parents, and ensuring parental safeguards are maintained.
2. Make available appropriate qualified staff for evaluations of children assigned by DSD Birth to 3. Staff must meet the personnel and training requirements of DHS 90.
3. Make available appropriate and qualified staff for the provision of activities/therapies to families and children within the context of the family's daily routines and the child's natural environments.
4. Make available appropriate qualified staff to provide service coordination, to document, monitor and maintain the IFSP with the family, and to link the family with appropriate services and resources (per DHS 90). Service Coordinators are required to participate in at least 5 hours of training each year related to early intervention. Service Coordinators should also be knowledgeable and have access to information about community resources for children and families.

   a. Service Coordinators will participate in at least one training provided by the county in a contract year.
5. Make documented efforts to ensure diversity in staff that is reflective of the community and populations participating in early intervention programs.
6. Comply with DSD and DHS guidelines for family participation in evaluations, IFSP development, and provision of activities/therapy delivery in the natural environment.
7. Review the IFSP with the family every six months and ensure that the information in the IFSP is accurate, properly documented, current, and complete.
8. Comply with the guidelines and requirements for transition of children out of the Birth to 3 program:
   a. The child is no longer in need of early intervention,
   b. The child is leaving the program because of age,
   c. The child is transferring or moving out of state, or
   d. Other transition.
9. Comply with the referral process and requirements written in the DSD inter-agency agreement with local education agencies and out of county agencies.
10. Provide a representative to receive referrals for the agency at the DSD Birth to 3 weekly intake meeting.
11. Provide billing procedures to ensure that third-party revenues are maximized and that the Birth to 3 Parental Cost Share System is implemented and reported as required.
12. Have adequate written information available for non-English speaking families, e.g., program descriptions, primary policies, and guidelines for participants.
13. Enter all child data timely into the State of Wisconsin Program Participation System (PPS). Utilize the reports and functions in PPS and supplied by DSD from the state data mart to monitor compliance with Federal Indicators.
14. Enter OSEP Child Outcomes entry and exit data timely into the PPS system.
15. Participate in Milwaukee County quarterly review and monitoring meetings.
16. Participate in State Regional meetings and trainings.
17. Maintain complete records of children participating in the Birth to 3 Program. Follow all record maintenance requirements and provided copies of documents in the file as requested when written proper release is obtained. Complete records of a child's participation in Birth to 3 must be maintained and provided upon request by DSD or DHS.
18. Participate in file review process as required and site visits from Milwaukee County and DHS as requested.
19. Participate in Program Improvement Plan development yearly or as needed.
20. Notify Milwaukee County Birth to 3 Coordinator, immediately of unresolved concerns or complaints regarding the delivery of Birth to 3 services with parents or partner agencies.
21. Participate in other quality improvement activities as required.

Program Performance Data and Monitoring

The Office of Special Education Programs (OSEP) in the U.S. Department of Education has taken strong action to enforce the Individuals with Disability Education Act (IDEA)

by issuing state-level determinations for Part C, Birth to 3 Programs. The determinations are based on fourteen federally defined indicators required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities.

Individuals with Disabilities Education Act (IDEA) 2004 revisions require states to provide Child Outcome data and Family Outcome data demonstrating the impact of early intervention. The primary focus of Federal and State monitoring activities is on improving education results and functional outcomes for all children with disabilities.

OSEP has required states to enforce IDEA by making determinations annually for each county on the performance of their early intervention program under Part C. States are required to consider a county's performance based on compliance with Federal Indicators, compliance with DHS 90 and, in part, procedural guidelines and the quality of IFSP development.

Each agency's performance is considered using the same standards considered for county performance. Determination of compliance with Federal Indicators is provided annually for each agency.

The 100% compliance indicators considered are:

- Indicator 1 percent of Infants and toddlers with Individualized Family Service Plans (IFSPs) who receive early intervention services *listed* on their IFSP in a timely manner (within 30 days). 100% compliance indicator.

- Indicator 7 percent of eligible infants and toddlers with IFSPs for whom evaluation was completed within 45 days. 100% compliance
- Indicators 8a, 8b, and 8c percent of children exiting Part C who receive timely transition planning. 100% compliance.
- Indicator 14 agency reported data into PPS system is timely and accurate. Agency reported information in PPS is supported by timely and accurately completed IFSP, case notes and therapy notes. Case cotes and therapy notes timely and accurately reflect evidence of IFSP being implemented as written.

The results indicators considered are:

- Indicator 2 percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children (natural environments). Target: 95%-100%
- Indicator 3 percent of infants and toddlers with IFSPs who demonstrate positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior. Target: State Targets
    - All agencies will be required to identify and enter ongoing exit data for each eligible child receiving services into the State Program Participation System (PPS). The data will reflect achievement/progress towards Child Outcomes.
    - Child Outcomes will be collected for each child by the evaluation team and documented on a Child Outcomes Summary Form prior to entry in PPS.

        - Children have positive social-emotional skills (including positive relationships).
        - Children acquire and use knowledge and skills (including early language/communication).
        - Children will take appropriate actions to meet their needs.
- Indicator 4 percent of families participating in Part C who report that early intervention services have helped the family. Target: State Targets
    - Family Outcome information will be collected and submitted to the State on an annual basis in the form of a family survey. The survey responses will reflect achievement/progress toward the family outcomes. The survey format and family participant sample is provided by the State. Agencies are required to participate in meeting the survey requirements of the county as identified by the state.
    - Family Outcome information collected:
        - Families understand their child's strengths, abilities, and special needs.
        - Families know their rights and advocate effectively for their children.
        - Families help their child develop and learn.
        - Families have support systems.
        - Families' access to desired services, programs, and activities in their community.
- Indicator 5 percentage of infants and toddlers from birth to age 1 with IFSPs compared to birthrate. State target: 1.1% of birthrate.
- Indicator 6 percent of infants and toddlers from birth to age 3 with IFSPs. State target: 2.84%

Determinations of agency compliance will be provided annually; it is essential to ensure that agencies meet all compliance indicators in order to achieve the highest overall compliance possible. If a determination is indicated of "needs assistance" for a second-year, Milwaukee County will apply enforcement actions after an agency's overall determination is identified.

The State and County have jointly developed individual agency Performance Improvement Plans (PIPs). These PIPs are mandatory to identify strategies around how individual agencies will ensure compliance with federal indicator performance. The PIP will identify areas where agencies have slippages in compliance with Federal Indicators and document strategies the agency will implement in order to achieve compliance. Each agency will complete or revise their PIP with DSD yearly. In addition, agencies will participate in quarterly monitoring and review meetings with the county to review overall county and individual agency performance, identify slippages in indicator compliance, and develop strategies as Part C team members on how to address compliance issues.

Future contract allocations are based on the agency's ability to comply with Federal and State indicators as well as compliance with DHS 90, their quality of service, their quality of IFSP development and their collaboration and cooperation with Milwaukee County the Administrative lead agency and DHS.

Agency Reporting

On a semi-annual basis, each agency must provide a narrative report to the county Part C Coordinator. Review each quarter report requirements; the information requested is different for each report.

1. The semi-annual report is due by the last business day of July and must include.
   a. List of training activities provided for service coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
      i. Note challenges in providing the training if they exist.
      ii. List training you believe would benefit your staff that the county or state could provide.
   b. Include a spreadsheet that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
   c. Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
   d. Describe efforts to comply with "natural environment" and describe perceived barriers to meeting compliance.
   e. Describe your staff shortages and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
   f. Complete the self-assessment reports and individual staff surveys for the annual state review as well as the outcomes assessment report.
   g. Provide a spreadsheet that documents Parental Cost Share calculated by family for the first 6 month of the year. The total amount collected or reason(s) the parental cost share was not collected or refunded.
2. Annual report is due to the county Part C coordinator on or before the 14th business day of January for the previous year and must include the following:
   a. Describe the challenges faced by your agency in meeting the requirements of DHS 90, quality of IFSP development requirements, and documentation file maintenance requirements.
   b. List of training activities provided for Service Coordinators. Attach an agenda sheet that records information covered and a signature sheet documenting the list of participants.
      i. Note challenges in providing the training if they exist.
      ii. List training you believe would benefit your staff that the county or state could provide.
   c. Include a spreadsheet with that identifies those children with whom your agency failed to meet compliance indicator 1, 7, and 8. Ensure that a reason is given for each case and explain efforts your agency will make or has made to correct this in the future.
   d. Describe your agency's outreach efforts in the community. This may include individual efforts or collaborations with other agencies or the county.
   e. Describe efforts to comply with "natural environment" and describe perceived barriers to meeting compliance.

f. Describe your staff shortages and challenges, if they exist, and efforts your agency has made to retain staff as well as to recruit a diverse work force.
g. Describe and highlight at least one success in providing services to a family within the context of the community. How did the experience enhance the performance of your overall staff? What barriers to providing services did you and the family face, and how did your staff overcome those barriers?
h. List any parent education activities your agency provided for the year. Give the date of the event/training/activity, topic, location, and number of parent participants.
i. Provide a spreadsheet that documents Parental Cost Share calculated by family for the full year. The total amount collected or reason(s) the parental cost share was not collected or refunded.

Reporting Program Units of Service

Direct service time is staff time spent in providing services to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffing, and time spent in documentation of service provisions. Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing services to those participants, and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

For all agencies, a unit of service is one-quarter hour (.25) of direct service time.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided among the group participant and recorded in case records of each participant.

Documentation

Direct service time must be documented through an entry in the case notes or narrative for units billed. The case narrative must be contained in the case record maintained by the agency. The narrative entry must include:

1. The date of the contact,
2. The type of contact (fact-to-face, phone, email, etc.),
3. Who the contact was with,
4. The content of the contact, and
5. The number of units (the length of contact).

EMPLOYMENT PROGRAMS #DSD010

Employment options are designed to assist individuals who need more support and supervision to secure employment than is traditionally available through the Division of Vocational Rehabilitation or other employment programs.

Employment includes a range of work options and support levels, formerly known as Supported Employment and Community Employment. This service provides assistance to individuals in identifying, obtaining, and maintaining community-based employment. Individuals receive competitive wages for the work they perform. Services may include preparation of the person for employment, job development, job restructuring and/or carving, job placement, job coaching, and follow up services. Employment consultation services are made available to employers to facilitate the successful employment of the individual within their company.
Employment programs are characterized by three key factors:

- Non-subsidized pay for work.
- Opportunities for integration with persons who are not disabled and are not paid care givers.
- Long and/or short term (time-limited) support services to the individual and to the employer to assist in job retention contingent on the individual's needs.

Referral to the Division of Vocational Rehabilitation is an integral part of the employment program process. This process will be centralized with the Disabilities Services Division, (DSD) as part of the standardized, service delivery system, directed by the contract agency. Authorization for employment services must be obtained from DSD prior to admission into DSD's contracted services.

Agency Administrative Requirements

Contract agencies will provide DSD with a Job Development/ Placement Plan on each client served and notify DSD when the transition from DVR to DSD occurs.

Employment services agencies will meet with Disabilities Services and/or DHS contract staff 2x yearly to discuss services delivery i.e. with client status, service utilization, transition to DVR, and opportunities to communicate service issues as they relate to the provision of employment services.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to DSD/DHS staff.

Employment Program Requirements

1. Maintain written documentation of participant's progress in an individual case file. Monitor progress and document participant's activity. Maintain communication and coordinate planning efforts with the participant and other members of the participant's support system.

2. Provide training or consultative services to the employer of the program participant to insure job retention and understanding of disability. Services may include but are not limited to job re-training, vocational counseling, co-worker training, technical assistance on job accommodations and support groups.

3. Provide discharge planning, including information on how to return to the service system or other employment services.

4. Refer, encourage, and support the individual's involvement in needed community services including educational, functional skill development, leisure/recreation, clinical, and/or advocacy programs as appropriate.

5. Place individuals in community based employment within an average of nine(9) months of enrollment into the program. For non-placement, include a listing of strategies being implemented and developed for placement to occur.

6. Provide follow-up services/contact after job placement to insure job retention has occurred, at 3 and 6 months-check-ups.

7. Identify the feasibility of utilizing work incentives under the Social Security Program, such as, the Impairment Related Work Expense (IRWE) and Plan for Achieving Self Support (PASS) for all participants

Expected Outcomes

Disability Service Division is seeking the following service outcomes:

Increase integrative opportunities for work and/or for social interaction.

Decrease subsidized paid work and enhance traditional work opportunities.

Increase opportunities to earn income.

60% of the Total numbers of the participants in the program will be working in community employment, 30% must be newly placed individuals in the contract year.

Key supporting indicators for these outcomes include:

1. Number placed into the community, and
   a. employed at minimum wage or higher
   b. employed at sub minimum wage

2. Percentage placed with 90-day retention

3. Average hourly wage at placement

4. Average hours employed at placement

5. Average length of time to placement

6. Number of individuals maintained during the current year who were placed the previous year.

The agency must prepare and submit a report annually indicating client outcomes on areas listed above as a result of service activity also including information on # of clients who had increase wages during the year, # of clients who acquire new job skill/jobs, and # of clients who reached/achieved their individual goals.

Unit of Service

For non-facility based work programs, (e.g.: Employment Programs, Integrative Community Day Services) a unit of service is one-quarter hour of direct service time.

Direct service time is staff time spent in providing service to the program participants, which includes face-to-face contacts (office or field), collateral contracts, telephone contacts, client staffings, and time spent in documentation of service provision. (Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contracts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Documentation

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact; (b) the type of contact (face-to-face, collateral, phone, etc.); (c) who the contact was with; (d) the content of the contact; and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

COMMUNITY LIVING SUPPORT

Community living supports is a broad term that represents an array of supports or services to individuals with disabilities who are in the community. Participants or applicants reside independently, with family, significant others or in group-living settings. Participants are typically in need of supports, intervention or services that enable their success, full participation in/or advance in skills for community living.

The service range entails programs for children and adults.

RECREATION DSD011

Recreation programming for developmentally disabled children and adults provides integrated or specialized opportunities for social interaction, self-expression and entertainment. Programs should be designed to maintain motor skills, leisure skill development and develop recreational interest of consumers. Consumers are offered opportunities to socialize with peers and others while increasing recreational and social skills experiences. Participants engage in activities of interest and are assisted based on their abilities and need for support. Activities are selected based on personal choice or skill.

The goal of recreational resources is to introduce the consumers to a variety of activities and cultural experiences with the intent of enhancing their awareness and involvement in social programming and to incorporate these experiences in their general living and quality of life.

Recreation Service Requirements:

Two (2) times yearly, the Provider will host an forum/resource fair for system personnel, community providers and participant/families on recreational opportunities in the Milwaukee area.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions, and develop an annual program summary to be submitted with the Year 2013 Purchase of Service application.

Unit of Service

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 or 1/12 (one-twelfth) of 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 Disabilities Services 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.

Documentation

Financial records/CPA audit.

STABILIZATION - CRISIS HOME **#DSD012CR**

FOR ADULTS WITH A DEVELOPMENTAL AND/OR PHYSCIAL DISABILITIES AND A SECONDARY CONDITION OF MENTAL HEALTH OR SIGNIFICANT BEHAVIORAL CHALLENGES

INTRODUCTION

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) is seeking proposals to create Stabilization-Crisis Home (SCRH) sites that will provide a short-term stay to address adults with disabilities in behavioral crisis and, be fully accessible to support individuals with physical challenges. The goal for this resource development is to expand the community service system with a resource model that serves as a residential treatment location that offers social service supports to aid adults who are developmentally and/or physically disabled and have a significant mental health crisis or exhibit chronic behavioral challenges as a secondary condition.

DSD vision of the SCRH is to develop and utilize a community-based setting deterring the adults from institutional care. The Stabilization-Crisis Home will link to personnel and support services to de-escalate the individual's situation and implement a structure and system of professional crisis supports to facilitate continued community living.

BACKGROUND

Disabilities Services Division initiated a Stabilization-Crisis Home service in 2007. Since the onset, the SCR home has assisted several adults residing in the community with stabilization challenges that required a short-term stay, away from the individual daily living arrangement/home. The intent of the service was achieved as adults with disabilities were diverted from in-patient stays at BHD's mental health facility and a new community intervention service was established. Many individuals were also able to continue in community living, returning to their homes and, the respite home resulted in a cost benefit to Milwaukee County.

In 2010 Milwaukee County DHHS personnel at Disabilities Services and Behavioral Health Divisions along with other local stakeholders established a workgroup to participate in a series of discussions on the community service system addressing crises. The needs of adults with developmental disabilities in crisis utilizing BHD services and inpatient stays, was a primary topic. The workgroup reviewed the needs these adults in the community waitlisted for services, those who transitioned from Hilltop and other ICF-MRs' and, discuss current Hilltop residents in planning for future

transition to the community. Service recommendations were identified with this expansion service addressing one of the need areas. As a result, the 2012 adopted budget highlighted this initiative as needing continued support, and approved the planned investment to enhance community resources targeting individuals with developmental disabilities and mental health issues. The proposed home/sites, stabilization-crisis house, is a result of the workgroup's effort that received fiscal support from the County Board for expansion.

Funding has been allocated to address additional stabilization-crisis beds and, program enhancements for physical accessible modifications to support accommodations necessary for individuals' with developmental and physical disabilities in mental health crisis to sustain successful living in the community.

SERVICE DESIGN

The Stabilization-Crisis Home model, by design, is planned to operate a residential resource with capacity for 8 bed arrangements, (2 sites – 4 beds each). The sites are to be community-based facilities created as a stabilization service that facilitates basic residential service with safety as a primary focus, and professional supports of staff trained in interventions for individuals who are developmentally and physically disabled in a mental health-behavioral crisis period. The goal of the "new" stabilization initiative is to:

1. provide additional crisis beds in the community, from four beds previously, to eight beds with an emphasis on intervention and stabilization.
2. make further improvements to the respite home and its application for adults with physical challenges, by creating a fully physical accessible site, as well as a behavioral intervention service, and
3. enhance community support system that will be needed to aid the reorganization of services for individuals with cognitive disabilities at BHD- Hilltop, who will be part of the downsizing efforts at the ICF-nursing home facility.

This new SCRH resource expansion effort will not only assist adults who are waitlisted in the community, in addition, it will serve as an option for individuals placed in the community from Hilltop who experience a set-back, and/or divert potential new admissions to Hilltop or other BHD services.

The SCRH service plan remains, to utilize a community-based licensed home setting that provides an alternate residence for a short-term stabilization period, deterring an adult from institutional care, and maintaining the social or work services the person is engaged in, where feasible.

Services are focused to address inappropriate, dysfunctional and high-risk behaviors presented by an individual with a disability, facilitating community living stability while developing strategies to address behavioral difficulties. The ultimate objective is to

return the individual to their home or primary residence as soon as possible and resume the regular activities of daily living with a behavioral strategy.

The SCRH is an intervention/prevention service model of delivery, where the support team develops a behavioral support plan focused on maintaining the participant's residence and supporting caregivers through a difficult episode with strategies to alter challenging behaviors. The SCRH will link the residential-treatment provider staff, a DSD representative, and where appropriate a publicly funded- LTC system staff, with professional clinical support to seek a plan of prevention and/or intervention on behalf of the individual in crisis and the primary caregiver. The team approach will enable professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes.

The selected provider will be able to maximize resources through utilizing Medicaid billing for crisis services. The provider will need to address all required documentation and collaborate with Milwaukee County DSD administration and data personnel on the required process and forms to complete for billing. Revenues earned from the special Medicaid billing will offset professional staff and program costs.

The Stabilization-Crisis Home must be available in 2012. DSD anticipates the home and service will be open for business in the late fall of 2012.

Important elements for this Stabilization-Crisis Home service are:

- A close collaborative, professional relationship with all parties on behalf of the person and primary home site.
- Accurate data gathering on persons served and review for fine tuning service delivery as well as tracking program outcomes.
- Participation by the involved parties in a review of the crises and future planning with the caregiver, family or significant others.
- Periodic follow-up to assist with maintaining client stability in the home and community.
- Be a fully physical accessible home site.

The primary objectives of the community-based SCRH service are threefold:

1. Develop a support model that provides a community residential option paired with experience professionals in crisis management to provide guidance and address crises.
2. Develop a residential service model for the homes designed to offer a consultative support model after discharge of a resident that diverts individuals from frequent returns to the home or inpatient treatment care, and

3. Create a service that offers a short-term stay for adults with cognitive disabilities and physical conditions requiring a physical accessible site, who are in crisis.

DSD is seeking a provider to:

- Develop and integrate a team approach with DSD and active parties involved in the home service model, or the primary caregiver for an individual.
- Accept only referrals made through DSD. Individuals admitted to the SCRH will be reviewed by DSD and screened by the residential treatment provider.
- Formal authorization for admission must be acquired from DSD.
- Provide 24-hour supervision when an individual/resident(s) is present in the home.
- Provide flexible staff pattern (home manager) to meet at various locations to aid with follow-up monitoring and support of a resident or to assess an individual for admission.
- Develop staff capacity to visit the primary home/dwelling of a SCRH participant.
- Provide hours of operation for the home resource -staffing from 8 a.m. to 6 p.m., Monday through Friday, an on-call/as needed status.
- Install a phone system with availability to staff on weekdays 8 a.m. to 6 p.m., weekdays. And, for weekends 9 a.m. to noon via cell phone for DSD designated staff contact.
- Demonstrate the ability to develop professional Medicaid Crisis Intervention and Stabilization services provided by agency staff and bill for Medicaid revenue under HFS 34.
- To develop budgets that reflect projected revenues and costs associated with the provision of crisis and stabilization services.

TARGET GROUP

Individuals to be considered for the SCRH by design are developmentally and physically disabled with secondary conditions of a mental health diagnosis or current patterns of behavioral instability. The conditions/characteristics typically seen are:

- Impulsive behavioral outburst patterns.
- Physical aggression.
- Self-abusive behavior.
- Property destruction.
- Threatening behavior toward others.
- Running away from home setting.
- Striking others.
- Refusal to go to appointments.
- Withdrawal from participating in socializing with others.

Individuals to be served in the home are typically wait-listed for services and may reside with family, significant others or in semi-independent settings or, the candidate may be relocated from a nursing home or ICF setting. However, all candidates must meet and pass the State of Wisconsin Long-Term Care Functional Screen to receive on-going support.

Service Outcomes to be achieved by the SCRH:

1. Reduce the number of admissions of adults with developmental disabilities in PCS, Acute inpatient or Observation services.

2. Reduce the length of stay of adults who are inpatient at mental health/psychiatric hospitals.

3. Establish a specialized residential setting by providing a facility offering short-term stays for stabilization.

4. Provide linkage and follow-up services for adults admitted to the home and their respective home/family or caregivers.

WORK PLAN

Agency/Provider responding to this RFP will need to include a Work Plan that outlines the critical functions and timeline or schedules of activities to address the expeditious opening of the Stabilization-Crisis Home.

The work plan should include at minimum, the "key" activities/tasks and timeline to address the following areas:
- acquire residential setting(s) or modify an existing homes
- acquisition of staff -direct support and supervisory
- create and complete a home staffing coverage plan and the chain of administrative oversight. Including staff/process to provide or link to consultative service.
- clarify or develop a plan that addresses the agency's capacity to meet criteria identified for billing under HFS 34 for crisis intervention service.

PROVIDER EXPERIENCE

Provider qualifications and experience must meet the basic criteria for DSD consideration.

A Provider must be:

- Familiar with dual conditions (developmental disabilities and mental health) in addition to having an understanding of current service philosophy and provide reasonable flexibility in service to meet the different needs of the population.

- Accommodating and strive for cultural and social competencies, i.e., ethnic, religious or gender factors.

- Identify and demonstrate linkage to “critical” services (clinical supports) typically needed for crisis stabilization.

- Develop capacity needed to meet compliance with HFS 34 that includes professional staff necessary to implement and deliver in-home crisis services and follow-up services.

Specialized Background of the Provider:

- 5 years of experience with the provision of residential services.
- 5 years of experience in service provision for adults with developmental disabilities and with mental health or chronic behavioral challenges.
- 5 years of experience working with adults in crisis intervention and stabilization.
- 5 years of experience working with families through informal and formal counseling and guidance services.

Agency Administrative Requirement, Stabilization-Crisis Home

The Provider shall submit an annual program evaluation/summary that includes the following elements:

*Information on service utilization and number of repeat admissions to the home.

*Number of repeat inpatient psychiatric admissions of 2 days or more for medication adjustment or psychiatric episode.

*Number of consumers receiving assertive case intervention (ASI) services.

*Number of consumers maintained in or those assisted to move into stable housing.

*Number of families, guardians and/or significant others (primary residence of the consumer) receiving education and support from staff at the Stabilization Crisis Home(s)/sites or from other treating professionals.

*Number of families, consumer/participant or significant others who received education and support post discharge of SCRH service.

AVAILABLE FUNDS

Disabilities Services has funding available for the Stabilization-Crisis Homes up to $500,000 for residential sites to support up to 8 people. These funds are available on a calendar year basis to support the residential sites and services. Funds can be used for the home operations, staffing, training, and ancillary supportive services necessary for home implementation.

The 2012 allocation will be prorated contingent on the scheduled opening of the site.

GENERAL REQUIREMENTS

A cover letter should accompany each proposal, which indicates the name of the individual who should be contacted if clarification of the proposal's content is necessary and specifies the agency representatives of the firm to meet with the County for a formal interview, if requested.

An in-person presentation of the proposal to the County may be required. All expenses incurred by the firm for the completion of this proposal including, but not limited to interviewing, in–person presentations and clerical expenses are to be paid by the firm. The County reserves the right to reject any and all proposals and to accept the proposals most advantageous to Milwaukee County or re-advertise.

Interested vendors must be able to enter into a standard purchase of service agreement with the Department of Health and Human Services after approval by the Milwaukee County Board of Supervisors and the County Executive.

ASSERTIVE CASE INTERVENTION SERVICES DSD014

Assertive Case Intervention Services for adults with developmental and physical disabilities provide short and long term intervention services.

Individuals are brought to the attention of DSD through BHD personnel, DSD intake line, protective services referral, hospital staff, police department or through a variety of community service providers. The individual (potential consumer) is typically in some form of high-risk behavior or instability. Support services are designed to address a wide range of behavioral, emotional challenges and/or non-emergency basic support needs requiring professional intervention to stabilize home and community living.

Through a process of intervention and pro-active case involvement, this service is planned to guide consumers on daily basis while collaborating with other professionals and services through the high-risk periods to reduce the loss of residential and /or day activity due to instability in social behavior. The goal is to foster manageability by the person and/or with family in typical daily living experiences to reduce high-risk periods of emotional instability. Family members and significant others involved with the person at-risk may also be assisted with education and support on a periodical or ongoing basis, especially in times of turmoil or crisis.

Adult/consumers in this service are typically dual diagnosed with a developmental disability and a mental health diagnosis or have problematic mental health or behavioral patterns with other physical or developmental conditions. These characteristics present significant barriers to their successful community living status. Many of these individuals have a high range of support needs with health care monitoring, unstable housing or family refusal to assist with their care, may have periodical involvement with mental health facility(ies), justice system or court system.

Assertive Case Intervention services provides the following interventions;

- Linkage/support for critical or essential services (utilities, food, shelter, clothing).
- Intake/needs assessment (essential domains, but may include areas listed in the supported living assessment component- see supportive living options).
- Assistance with linkage to securing paratransit service.
- Assist with linkage to benefits personnel or, to a representative payee.
- Link to health care assistance.
- Accompany or facilitate appointment to treating professionals or service professionals.
- Aid with assessing for guardianship, personal safety or protective services.

Provider staff is the monitoring link with the home environment. The provider and County staff, with family members if appropriate, form a team to support the individual.

The consumer must have choice and flexibility in the services and supports they receive. All parties, the consumer, DSD and the provider staff work as partners in shaping the delivery of services and supports. Communication among the intervention team members and with the client is paramount. County staff hold case review meetings with the provider to monitor progress and provide technical/service assistance.

DSD staff serves as the fixed point of referral for all identified consumers. Referrals to the provider are directed by DSD program or protective services staff.

Assertive Case Intervention services offer four major service components;

1. Intervention/Functional Daily Living Component
2. Health and Wellness Monitoring
3. Guidance and Counseling
4. Social Supports

Through these service components the provider staff will:

1. Implement a service plan designed to address the consumers needs in daily living tasks. This would include stable and safe housing, a daily activity, training program or job and free time structure. The plan should compare closely to the life values and culture of each individual. The focus is to assist the consumer to live in, learn, and cope with the community through functional tasks and social relationships.

2. Monitor health and safety in the living environment. The consumer's preferred health and personal habits should be accepted or their development guided. Interventions may be necessary to assist consumers with the maintenance of regular health care provider visits for physical health and mental/behavioral health visits, or money management.

3. Offer an informal counseling and support service through individual contacts or in a group setting. The service should be offered according to the guidelines of the licensing and professional standards of the field. This service may be extended to family or other living environments to foster their ability to address crises. In accordance with the consumer's needs and wishes, referrals may be made to outside providers. Coverage from benefits should be taken into consideration.

4. Utilize a system of social supports to guide opportunities for meaningful and trusting relationships that is core to the measure of a functional life. Additionally, the provider will offer service that will feature a consumer run set of services. The provider functions as the facilitator of space, equipment, the structure of services and the variety of programs. This should include activities facilitating personal growth and opportunities that permit attendance at events and public resources.

Agency Requirements - Assertive Case Intervention Services

1. Assess and submit an initial plan within ten working days on all referrals. The final plan must be submitted within 30 days and include objectives. In this process each consumer should be given respect, their dignity a priority and their opinion included in the planning. The elements of self-determination must be implemented. This would include helping the person choose their own goals, choose what kind of help is needed to achieve them, and how to get that help.

2. Produce written reports every month and submit to DSD. The report should include a statement of progress and challenges toward the goals and any recommendations for changes in the service plan.

3. Attend regular meetings with DSD staff for the purpose of joint case review and to provide a time for administrative review and case processing.

4. A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to the Contract Supervisor.

Expected Outcomes

Developmental Disabilities expect the following outcomes:

Decrease in the number of repeat inpatient psychiatric admissions of 3 or more days per calendar year.
Indicator: Number of inpatient psychiatric admissions of 3 or more days during the year preceding the program evaluation.

Increase attendance of adults who are in structured day services or work options. **Indicator:** Number and percent of adults who are in structured day services or work options at the time of the program evaluation.

Decrease the number of adults with DD in crisis hospitalization during contract year. **Indicator:** Number of adults with DD who required crisis hospitalization during the year preceding the program evaluation.

Key supporting process and output measures include:

Number of repeat inpatient psychiatric admissions of 1 or 2 days for medication adjustment per calendar quarter for the consumers served that quarter.

Number of consumers receiving assertive case intervention (ASI) services who participate in other community services.

Number of consumers maintained in or those assisted to move into stable housing.

Number of consumers participating in the development and implementation of their own service plans.

Number of consumers referred and participating in a new service/program as a result of ASI involvement.

Number of Families, Guardians and/or Significant others receiving education and support.

Annual program evaluation to include information as described above.

Unit of Service

A unit of service is one-quarter hour of direct service time.

Direct service time is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, vacation, etc.

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Documentation

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact is with, (d) the content of the contact, (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

SUPPORTIVE LIVING OPTIONS DSD015

The Supportive Living Options Program (SLO) provides individually tailored training, support and supervision to individual adults to promote, maintain, and maximize independence in community living. The premise of the program is that adults with disabilities can live independently or semi-independent in settings provided the appropriate support arrangements and home can be identified and acquired on behalf of the participant. Program participants are assessed for their abilities, needs, and family or significant other assistance in order to clarify the appropriate service components needed in the supportive living service structure. The goal of the program is to enable the participant to experience a safe, supported, and positive living experience while enhancing their understanding, access and utilization of community. Participants receive guidance with interpersonal relationships and supervision from various agency staff that fosters personal growth. The program model includes four service components: Case Management, Daily Living Skills Training, Daily Living – Maintenance Service, and Supportive Home Care Services.

Agencies interested in applying for these services in this program area must be able to provide the full array of services.

Annual program evaluation/summary to be submitted with Year 2013 Purchase of Service application, if applicable.

Case Management Services: Assessing, planning, monitoring, locating and linking an individual to supports and/or services. Supports needed generally reflect health care services, social services, benefits, or fundamental supports (e.g. housing). Case manager may assist with setting appointments, providing intervention with problems, documenting supports received and aiding through informal counseling or guidance with interpersonal problems or people relationships.

Daily Living Skills Training: Training or teaching an individual a skill to develop greater independence. Skill training is task-oriented and time-limited with pre- and post assessment. Areas of focus typically include: personal care, grooming, dressing, food preparation, money transactions, budgeting, home upkeep, use of community resources, community-travel and training on safety issues.

Daily Living Skills Maintenance: Assisting/accompanying an individual with typical day-to-day functions that enable community living. This service typically includes functional training, general guidance and supervision of instrumental ADLs, informal intermittent, monitoring critical appointments to lessen vulnerability and increase or maintain success in community living. DL-Maintenance fosters the individual retaining

their functional level and generally learning new tasks over time. It is likely that the individual in this category may always require the same level of support to maintain community living.

Supported Home Care: Instrumental ADL tasks performed by care workers, or care workers accompany an individual in functions related to personal care, grooming, shopping, medication set-up, mobility in the home and in community, home care and household chores, social activities, health care appointments and other daily living tasks. These tasks are actually hands-on activities performed by personal care workers.

SUPPORTED PARENTING DSD016

Supported Parenting is a sub category of the supportive living program service or case monitoring service. This service provides training, counseling and intervention to adults with Developmental Disabilities who are also parents. The focus of this service is to offer guidance in community living and parenting. Participants are encouraged to identify their needs, routines, challenges, as well as family needs. Training and supports in personal skills and parenting skills vary. Guidance on how to support the family unit is provided on an individual and/or a group basis.

Persons receiving this service generally lack a natural support network or the extended family and friends are unable to assist at the level needed for successful family community living. Subsequently, staff seeks mentors and uses the mentoring approaches to foster learning. Staff provides practical and functional training in daily living skills, decision-making, social and community training, in addition to informal child rearing counseling, parenting skills and service coordination. The goal is to teach adult community living skills and promote stability in the family unit through guiding the parent to learn about and understand the parental role. Staff also functions as advocates for the parent on educational, medical and social service issues where the child is involved.

Agency Service Requirements - Supported Living: Supported Living and Parenting Programs

For Supported Parenting providers must produce a quarterly summary report including information on persons served, needs identified-addressed, progress made and unmet needs, and submit it to DD management staff.

Agency must submit a semi-annual update on the services provided frequency and identify the general goals of the participants and progress made.

Agency must provide training in self-advocacy on elements of self-determination.

Agency must issue a Participant satisfaction survey.

Annual program summary/evaluation to be submitted with 2013 Purchase of Service application. The summary should include the outcome data and service information or findings of the participant satisfaction survey.

Supportive Living Programs Service Requirements

All agencies seeking to provide Supportive Living Programs must comply with the following requirements:

1. Develop a supportive living plan(SLP) for each participant based on an assessment that addresses his/her needs and specifies responsibilities, methods to be used, and time frames for completion. Provide ongoing monitoring of progress towards attaining goals and recommend changes, including discharge planning as needed. Visit the program participant with frequency sufficient to ensure progress in the SLP. Coordinate semiannual staffing with appropriate parties to review status. The SLP should provide or arrange for training or support in the following areas as determined by the initial assessment and progress:

    a. housekeeping and home maintenance skills
    b. mobility and community transportation skills
    c. interpersonal skills and relationships
    d. health maintenance
    e. safety practices
    f. financial management
    g. problem solving and decision-making
    h. self-advocacy and assertiveness training
    i. utilization of community resources and services
    j. recreational and leisure skills
    k. basic self-care skills
    l. menu planning and meal preparation
    m. communication skills
    n. time management
    o. coping with crises
    p. forming natural support systems

2. Maintain written documentation in case files of contacts visits, telephone conversations with program participant, service providers and significant others.

3. Provide case management and informal counseling for individuals as needed. Case management services include but are not limited to:

    a. Ensure referral and follow-through to needed community services including vocational, educational, medical, psychological, alcohol and drug abuse and other specialized services, as appropriate. Maintain communication and coordination with other service providers.

    b. Provide prompt intervention to resolve interpersonal and community living problems.

    c. Encourage and support the individual's involvement in community activities, self-help and advocacy programs in order to facilitate the development of consumer choice in service planning.

    d. Assist individuals in applying for benefits as appropriate and securing needed documentation to resolve problems concerning those benefits.

e. Assist the individual in screening, hiring and training attendant and respite workers as required. Help the individual participant understand their responsibilities as employers.

f. Aid in the development of (or maintaining) a support network for the participant(s).

4. Maintain a 24-hour coverage plan to respond to residents when ill or in case of emergency. The agency must maintain a log of the emergency calls and the response time to an emergency call.

5. Develop and review a "Safeguard Program Checklist" that identifies items/services or procedures critical for the care, stability or safety of the participant in the event of an emergency. And, review the list with participant/guardian, where appropriate.

Unit of Service

A unit of service is one-quarter hour of direct service time.

Direct service time is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, and vacation.

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

SERVICES TO BE PROVIDED TO ELIGIBLE INDIVIDUALS

A. Program Description

The WATTS Review includes assessing an individual's functional abilities and disabilities as well as the adequacy of supervision and services being received when an individual has a protective placement order.

A WATTS Review shall include:

- A visit to the individual.
- A written evaluation of the physical, mental and social condition of the individual and the service needs of the individual.
- Any submitted comments solicited (invited from) the Guardian.

This review is to be made part of the permanent record of the individual.
A report of the review is to be filed with the court that ordered the protective placement. The Report filed with the court should include the:

- Functional abilities and disabilities of the individual including the needs of the individual for health, social and rehabilitative services and the level of supervision needed.
- Ability of community services to provide adequate support for the individual's needs.
- Ability of the individual to live in a less restrictive setting.
- Analysis of whether sufficient services are available in the community and an estimate of the cost of those services including county funds.
- Analysis of whether the protective placement order should be terminated or whether the individual should be placed in another facility with adequate support services that places fewer restrictions on the individual's personal freedom.
- Comments of the individual and guardian and the county's response.

Wisconsin Statutes and Administrative Codes regulate WATTS Reviews. State of Wisconsin Statutes Chapter 55.18, (attached as Exhibit Two and as amended) addresses guidelines for WATTS Reviews.

Disability Services Division (DSD) staff are the fixed point of referral for WATTS Reviews.

B. Rights Reserved by Purchaser

The Purchaser reserves the following rights:

a. To determine for the purposes of the Agreement the Provider's compliance with all applicable statutes and regulations.

b. To authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the requirements of WATTS Reviews have been fulfilled.

c. To review all records and documentation relating to the provision and reimbursement of services.

d. To undertake such quality assurance efforts relating to the services provided to clients, as Purchaser deems appropriate.

e. Purchaser reserves the right to withdraw any consumer from the program at any time if Purchaser deems this is in the best interest of the consumer.

Client Rights and Satisfaction

a. Provider agrees to comply with all applicable statutes and regulations defining client rights.

b. Provider will develop and implement a method to annually evaluate the satisfaction of clients in accordance with the requirements of Purchaser standards. Provider shall make copies of the evaluations provided by clients and any summary of the evaluations of all residents available to the Purchaser.

C. Emergency Planning

In order for Provider and clients to be prepared for a natural or man-made emergency, Provider shall develop a written plan addressing:

1. The steps Provider has taken or will take 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 clients to individually prepare for an emergency.

A copy of the written plan should be kept at each of the Provider's offices.

D. Designated Program Contact

Marietta Luster, 414-289-6758, (marietta.luster@milwcnty.com) will be the Designated Program Contact with the Provider for program related/service issues, and Contract Administration (414-289-5853) will be the primary contact for administrative requirements and contract monitoring.

E. Compensation

Invoices should be mailed on a monthly basis to DSD. There must be a separate invoice and cost for each client. Direct all invoices to Priscilla Beadle, Court-Related Services Supervisor. The invoice should be sent to, 1220 W. Vliet Street, Suite 300, Milwaukee, WI 53205. This includes all contract invoices.

Each invoice must contain: name of the client; name of the (case manager) or name of contract agency; DSD case number; dates of service; brief explanation of service provided; and total cost for the month. All case notes should accompany the invoice.

In addition, the standard DHHS Revenue and Expense Financial Report spreadsheet is to be submitted monthly to DHHS_Accounting@milwcnty.com

Allowable Expenses for WATTS Reviews include:

Direct Service Time: Time spent meeting with the client, collateral contacts or at a staffing, travel time, etc., and time spent in documentation of service provision. Direct service time does not include indirect time spent at staff meetings, in-service trainings, etc.

Collateral Contacts: Face-to-face or telephone contacts with persons other than the client, who are directly related to providing services to the client and who need to be involved by virtue of their relationship to the client. Collateral contacts could include contact with physicians, family members, other service providers, attorneys, school personnel, clergy, etc.

The following are examples of what **cannot be billed** as WATTS Reviews activity: indirect time spent at staff meetings, translation, in-service trainings, marketing, case management, and outreach.

Payment for WATTS Reviews will be based on a flat unit rate of $125.00 per completed WATTS Reviews. The provider will forward all WATTS Reviews to

DSD for signature after the Provider's supervisor reviews them. The provider should send all WATTS Reviews once per week on Tuesdays, or as necessary to DSD. The completed original WATTS Review plus two (2) copies should be forwarded to DSD. All documents related to individual wards should be forwarded to DSD.

1. The Purchaser shall pay Provider for covered services rendered to clients in accordance with the procedures outlined in this agreement and any applicable policies, procedures, Provider Bulletins, memos, etc. issued by Purchaser.

2. The Purchaser expects that the WATTS Reviews will be completed within the timeframes identified by DSD. If the Provider feels that for some reason the payment is not sufficient to cover costs due to some extraordinary or exceptional circumstances, the Purchaser agrees to consider costs and additional costs may be granted on a case-by-case basis.

3. The Purchaser expects individualized reports tailored to the specific needs of the ward and their needs. All completed WATTS Reviews should be sent to: DSD via e-mail (priscillia.beadle@milwcnty.com).

4. Purchaser and Provider agree the rate shall include only items and amounts permitted by the Wisconsin Department of Health Services (DHS) *Allowable Cost Policy Manual*.

Provider recognizes the total service needs of the community may not be met under this agreement. The parties agree section 66.0135, Wisconsin Statutes, Interest on Late Payments, shall not apply to payment for services provided hereunder.

FISCAL AGENT AND FINANCIAL MANAGEMENT SERVICES #DSD021

The Milwaukee County Department of Health and Human Services (DHHS) Disabilities Services Division (DSD) administers a federal and state client-specific long-term support funding program - Children's Long Term Support (CLTS) Program. This Medicaid Waiver/community-based state program provides services to children with chronic disabilities to assist them with living in their family homes and in the community. Many of the children and families need supportive services i.e., respite, daily living skills or supportive home care. The child/parent directs their own care and is responsible for hiring, supervising and training the provider of these services. Through this service design, the child/parent is the employer of the provider. Because of federal law that prohibits the direct payment of Medicaid Waiver dollars to Waiver recipients and/or parents of minors, the services are paid for through a fiscal agent entity,

Given Milwaukee County Disabilities Services Division's role of administering Waiver programs, which have these specific requirements, the Division has chosen to contract for Fiscal Agent and Financial Management (FA) services to comply with the Medicaid provisions. The primary purpose of the FA is to provide payroll processing and claims submission services for clients who employ providers of in-home supportive services. DSD will authorize funding for the FA to meet payroll requirements of supportive home care providers. Reimbursement for provider wages, payroll taxes and FA fees will be paid by the **Wisconsin Department of Health Service (DHS) through a Third Party Administrator (TPA).** Prior experience successfully working with written prior authorizations for client services and claims submission experience with a TPA is preferred.

In addition, DSD also administers a non-Medicaid program for a small number of disabled adults in need of in-home supportive services.

The functions of the FA include processing payroll and cutting paychecks, creating federal and state accounts for unemployment compensation premiums and payroll taxes, depositing federal and state payroll taxes and withholding, and preparing various reports and payroll tax returns. In addition, the FA will be responsible for submitting claims to the TPA on behalf of clients for providing these payroll services. The FA will be compensated by the TPA at a rate agreed upon by DSD. Fiscal Agent/Financial Management is a Medicaid Waiver service and will, therefore, be included as a service cost to each client as part of their case plan. By using the FA, the County accomplishes two objectives:

1. The County is not the employer of this group of in-home service providers.
2. It allows clients to choose, hire, and train their own attendants within the framework of Medicaid Waiver and State guidelines.

CLTS Program Requirements for Children Receiving In-home Supportive Services

The FA entity must comply with the State of Wisconsin Department of Health Service (DHS) Third Party Payment System requirements.

FA services will be provided under a Fee-for-Services Agreement with the Disability Services Division. The Agreement will include an agreed upon rate for reimbursement of FA services. The Agreement will be for a term of one year, renewable annually upon the mutual acceptance of both parties.

1. The number of clients/children receiving FA services will vary from approximately 275 to 325 over the term of the Agreement. An individual client may have one or more care providers during the course of a payroll period. The semi-monthly payroll can range from approximately $50,000 to $90,000 per pay period.

2. **The cost for the Fiscal Agent/Financial Management service will be added to each individual client's service plan. Therefore, the proposer agency should calculate its cost based on all services for each individual client, including activities of check writing, postage and mailings, processing of payroll, filing of and federal and state payroll tax returns, issuing required employer payroll forms, claims submission for Waiver services on behalf of client to the TPA, etc.**

3. Proposer agency will preferably quote a flat rate for FA services based on a per client per month basis, or alternately, may quote a rate per check issued. If applicable, agency should also provide a quote for costs of "Stop Payment" orders and for providing manual or out of sequence special checks if charging separately for this service.

   Budget Forms are not required for this Service instead use the Rate Sheet form provided in Section 7 Forms

4. Disability Services will not provide any advance or early payment to FA to cover payroll liabilities. At a minimum, payroll must be paid twice a month and within three (3) weeks of the end of a pay period. Claims submitted to TPA are usually paid within 7 days of submission. Failure to receive reimbursement for claims from TPA due to errors, omissions or delays by FA are the responsibility of the FA, to rectify. FA shall be liable to pay client's employee within the required 3 weeks from end of pay period. For this reason, it is imperative that FA have sufficient working capital on hand, or line of credit available to cover unfunded payroll liabilities due to fault of FA. Interest for working capital loans is not an allowable cost and FA may not build cost of interest into Fiscal Agent's contracted rate.

5. Failure of FA to receive reimbursement for claims from TPA due to errors, omissions or delays by Milwaukee County DSD are the responsibility of DSD to rectify. FA shall not be liable to pay client's employee within the required 3 weeks from end of pay period because of failure to receive timely reimbursement

from TPA due to delays caused by Milwaukee County DSD.

6. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid without a written Prior Authorization for services from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid in excess of the monthly written Prior Authorization from DSD. Neither Milwaukee County DSD nor TPA shall reimburse FA for client services performed or paid based on verbal or written authorization from client's case manager/care coordinator.

Program Requirements for Adults Receiving In-home Supportive Services.

The provider agency will be under a Fee-for-Service Agreement with the Disability Services Division. The Agreement will include an agreed upon rate for reimbursement of FA services.

1. The number of adult clients will vary from approximately 6 to 12 over the term of the Agreement.

2. **The cost for the Fiscal Agent service will be added to each individual client's service plan. Therefore, the FA agency should calculate its cost based on all services for each individual client, including activities of check writing, postage and mailings, processing of payroll, filing of and federal and state payroll tax returns, issuing required employer payroll forms, submission of reporting statements/invoices to DSD, etc.**

3. Proposer agency will preferably quote a flat rate for FA services based on a per client per month basis, or alternately, may quote a rate per check issued. If applicable, agency should also provide a quote for costs of "Stop Payment" orders and for providing manual or out of sequence special checks if charging separately for this service.
   Budget Forms are not required for this Service instead use the Rate Sheet form provided in Section 7 Forms.

4. Disabilities Services shall provide a monthly early payment to the FA to avoid disrupting of the agency's processing of the client payroll. The early payment to the FA shall at least be equal to the actual reporting statement from the FA for the most recent month of available data. Upon the discretion of Disabilities Services, the early payment can be increased to meet changing workload.

Audit Requirements

The FA shall submit to County, on or before June 30, 2013 or such later date that is mutually agreed to by Contractor and County, two (2) original copies of a certified program-specific audit/agreed upon procedure report of the Fiscal Agent/Financial

Management Program. The audit shall be performed by an independent Certified Public Accounting (CPA) firm licensed to practice by the State of Wisconsin.

The audit shall be conducted in accordance with the State of Wisconsin Department of Health Service Audit Guide (DHSAG), most recent revision, issued by Wisconsin Department of Health Services (on line at: www.DHS.state.wi.us/grants); the provisions of *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and, Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

The CPA report shall contain the following Financial Statements and Auditors' Reports:

1. Financial Statements for the Fiscal Agent Program prepared on a <u>Modified Cash Basis</u> as defined in the Fiscal Agent Program Purchase Contract.

a. FA Program Comparative Statements of Financial Position – Modified Cash Basis.

b. Fiscal Agent Program Comparative Statements of Activities – Modified Cash Basis.

c. Cash basis revenue and expenditures must be reported on **<u>Comparative Statements of Cash Flows</u>** for the calendar years under audit regardless of the fiscal agent program years to which they are related. (Note, comparative statements of cash flows are required because fiscal agent program financial statements are not prepared on the pure cash basis of accounting.)

d. *Notes to financial statements,* ***including total units of service provided*** **under contract** (if not disclosed on the face of the financial statements).

e. Schedule of expenditures of federal and state awards broken down by contract year. The schedule shall identify the contract number and the program number from the Exhibit I of the contract, and contain the information required by the *Department of Health Services Audit Guide*, most recent revision.

2. Auditors Reports for the Fiscal Agent Program

a. Opinion on FA Program Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.

b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of FA Program Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *DHS Audit Guide*, most recent revision, testing and reporting on items of

compliance based on samples and directions contained in Exhibit X.

c. A copy of any management letter issued in conjunction with the audit shall be provided to County. If no management letter was issued, the Schedule of Findings and Questioned Costs shall state that no management letter was issued.

d. Schedule of Findings and Questioned Costs including a summary of auditor's results.

e. A report on the status of action(s) taken on prior audit findings.

f. Corrective action plan for all current year audit findings.

g. Management's response to each audit comment and item identified in the auditor's management letter.

Regardless of status or format, all CPA reports and financial statements referenced above shall be prepared on a modified cash basis of accounting. **For purposes of this contract modified cash basis is defined as follows:**

1. Expenses are recognized when paid, with the exception of payroll taxes, which are accrued for wages and salaries, earned and paid.

2. Revenue is recognized when earned, which is upon issuance of paychecks for the related pay period; therefore, there will be a matching of revenue and related modified cash basis expenses for the same fiscal agent program calendar year. Audited revenue reported should correspond to DSD and DHS TPA payments made for the contracted calendar year under review, including the final year-end adjusting payment, if any, made after the calendar year end for the prior contract year.

Fiscal Agent Service Provision Responsibilities and Requirements

1. The fiscal agent shall develop and implement a fiscal agent system for providers of supportive home care services funded with long-term support funds. Duties of a fiscal agent include:
   * Creating federal and state employer accounts for Unemployment Compensation premiums and payroll taxes;
   * Wage payments to client's care providers;
   * Withholding of employee Social Security and Medicare, federal and state income taxes and other employee designated payroll deductions;
   * Timely deposit of employee withholding and employer's payroll tax liabilities;
   * Timely payment of federal and state Unemployment Compensation premiums, and Worker Comp premiums if employer elects to participate

in state pool;
* Timely filing of payroll tax returns and other required reports;
* Issuance of W-2 forms and other required federal or state forms;
* Recipient cost share statements, if any;
* Timely submission of claims to TPA, if applicable, on behalf of client/employer.

2. The Fiscal Agent/Financial Management (FA) agency shall function as the federal and IRS fiscal agent, handling care provider wage payments and deductions, and reporting, and tax withholding responsibilities for the client, who is the employer.

3. The FA issues semi-monthly payroll checks/direct deposit made out to the care provider (supportive home care worker). The checks are mailed to the client, who forwards them to the provider, or with proper documentation sets, up a system of direct deposit. The FA makes deductions for Social Security, Medicare and income tax withholding, and other deductions as necessary, and makes required payments and deposits.

4. For non-Medicaid adult clients, the FA shall submits on or before the tenth (10th) working day of the month following the month in which service payments were made, a report of all payments made on behalf of adult clients served for the month. The reports will be in the format designated by DSD, and at a minimum contain the following: client name, client no. address, provider SS no., funding source of payment, payroll deductions, service coding, maximum authorized cost per case, payments to each provider, and total provider cost per client.

5. The fiscal agent will receive, review, complete and submit all forms, reports, and other documents required by Wisconsin Department of Revenue, Department of Workforce Development or the Internal Revenue Service for Unemployment Compensation premiums due on behalf of the client. The fiscal agent will also serve as the representative of the client in any investigation, hearing, meeting, or appeal involving an Unemployment Compensation tax question or benefits claim in which the client is a party.

6. The fiscal agent shall comply with all Disability Services fiscal and program reporting requirements. This includes the submittal of monthly expense and revenue forms for adult clients.

7. The fiscal agent shall work with County staff and be responsible to develop reports that meet federal and state reporting requirements.

8. The fiscal agent shall represent Milwaukee County DSD interest in resolving any reporting issues or requirements of the IRS and/or Wisconsin DOR or DWD Unemployment Insurance Division.

9. The fiscal agent shall be liable to pay any underpayment of payroll tax deposits, interest or penalties to governmental entities due to errors, omission or commissions of fiscal agent including late payment or deposit of payroll related obligations, or late filing penalties and interest.

10. The fiscal agent must be an entity, which offers similar services as part of its normal business, and may not be a relative or friend of the service provider acting on behalf of a single individual. Examples include:

Independent Living Centers	Consumer Organizations
Banks	Hospitals
Accounting Firms	Nursing Homes
Law Firms	Home Health Agencies
Payroll Service Organization	

11. Disabilities Services will require that the fiscal agent be bonded.

12. The fiscal agent shall assist clients in understanding payroll processing, filling out timecards, and submitting time cards to FA in a timely fashion.

13. The fiscal agent shall provide for an emergency payroll processing service that can handle emergency payroll processing needs outside of the normal procedure.

14. The fiscal agent is responsible to provide all supplies, forms, etc., necessary to provide their services.

EVALUATION OF PROPOSALS

Proposals submitted to provide Fiscal Agent/Financial Management services will initially be ranked based on the following criteria:

1. REQUIRED INFORMATION

A proposal lacking criteria, information or assurances required by this RFP may be rejected or removed from the evaluation process or returned to the applicant at the discretion of the Department.

2. DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION (10 percent)

The proposal should include DBE participation as required by Chapter 42 of the Milwaukee County Ordinances and detailed in Section VI of this RFP. The proposal shall also address the issues of diversity and cultural competence as demonstrated through the applicant's policies, actions, employees, Board/Owner(s)/LLC Member demographics, and minority business certifications from other certifying bodies.

3. QUALIFICATIONS - (20 Percent)

In the Qualifications section of the proposal, the applicant/individual has the opportunity to furnish credentials of the principal personnel providing the services. The applicant should provide the name, credentials and resume of the principal person(s) providing the services as well as information addressing his/her professional experience as an accountant, fiscal agent, or provider of financial management service. In addition, knowledge of general accounting principles, financial management principles and procedures, financial analysis as well as proficiency in use of data processing methods and software applications could be included in this section. Full points will be given to applicants meeting minimum requirements for this criterion. Advanced certifications, CPA license and/or up-to-date maintenance of AICPA CPE requirements will be considered a plus. In the event of a tied score for this criterion, the applicant with "preferred" or "desired" qualifications, or qualifications considered "a plus" will be awarded two (2) additional bonus points for this criterion.

4. EXPERIENCE - (30 Percent)

In the Experience section of the proposal, the applicant/individual has the opportunity to describe in greater detail (than the Qualifications section) the principal service provider(s') professional experience as an accountant, fiscal agent and/or provider of financial management services, as well as experience in the application of data processing methods of accounting and proficiency in use of other software applications. As part of Experience, the proposal may also include information that supports the applicant's ability to compile and objectively analyze very large volumes of data, and large databases; to perform accounting functions, to prepare written reports; and, to effectively and cooperatively assist and direct others. In the event of a tied score for this criterion, the applicant with "preferred" or "desired" experience, or experience considered "a plus" will be awarded four (4) additional bonus points for this criterion. Prior experience successfully working with written Prior Authorizations for client services and claims submission experience with a TPA is preferred.

The proposal could include the following drafted or prepared by the FA agency or principal service provider(s):

a. a written plan for maintaining a client and care provider database including authorization and acceptance of new CLTS clients, set up of client accounts with governmental agencies and receipt, maintenance and monitoring of client care provider's time reported compared to units or amount authorized in Prior Authorizations from Milwaukee County DSD;

b. correspondence/reports prepared by the service provider which includes an analysis, compilation of findings, calculations and recommendations;

c. copies of previously prepared data/statistical, fiscal and/or budget analysis reports or other special assignments or projects.

d. letters of support relative to work experience;

e. references, certifications, memberships, etc.

5. TIME SCHEDULE AND FEE FOR SERVICES - (40 Percent)

The Time and Fee for Services information should indicate the timeline or schedule in which the FA will perform all required duties of financial management services. The applicant should indicate the fee or rate for FA services, preferably on a per client per month basis, or alternately, a fee or rate per check issued. Applicants should fully comply with the above request. The applicant proposing the lowest projected aggregate cost to DSD per month will be awarded full points for this criterion. The applicant proposing the highest projected aggregate cost to DSD per month will be awarded zero points for this criterion. All other applicants will be scored on a prorata basis based on the difference between the low and high bid. In the event of a tied score for this criterion, the applicant that most fully complies with the above request will be awarded three (3) additional bonus points. The Department makes no guarantee or representation that the firm or individual under contract to perform this work will receive the entire allocation for this program.

TOTAL POSSIBLE SCORE 100 PERCENT

EXHIBIT X

REQUIRED AUDIT PROCEDURES FOR FISCAL AGENT AUDIT REQUIREMENTS

The auditor will, at a minimum, examine and report on the following internal control and compliance matters.

1. Recalculation of at least one month payroll, payroll taxes, reimbursable expenses and processing fees, and reconciliation to the monthly billing submitted to DHHS. *Any discrepancy, regardless of materiality, shall be reported as a finding.*

2. Reconcile annual payroll and payroll taxes to relevant payroll tax returns filed with Internal Revenue Service, Social Security Administration, and Wisconsin Department of Workforce Development. *Any discrepancy, regardless of materiality, shall be reported as a finding.*

3. Examine insurance coverage. *Any discrepancy from the insurance requirements shall be reported as a finding.*

4. Test internal controls over reporting, to include at a minimum,
    a. Testing of at least 100 payroll checks, recalculating gross payroll and calculation of employee and employer payroll taxes;
    b. Testing the calculation of processing and stop payment fees charged, including examination of the underling supporting documentation for the fees; and
    c. Testing reimbursable expenses charged, including examination of the underlying supporting documentation for the expenses.

Housing Division

The following programs are open for competitive proposals for the 2014 contract period

COORDINATED COMMUNITY HOUSING

Program H-003

Program Purpose

Coordinated Community Housing provides services to enable persons to obtain safe, healthful, and affordable housing.

Required Program Inputs, Processes, and Program Activities

Services include, but are not limited to, advocacy, assessment/diagnosis, and referral to both emergency and long-term housing, working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referrals to existing resources for home repairs, coordination of emergency housing resources, and advocacy related to housing issues. It may also include active intervention with persons who are experiencing condemnation of their current residential setting and are being forced to relocate.

Non-Billable Activities

Other advocacy duties not related to the direct clients under the Coordinated Community Housing Program.

Required Documentation

Agencies will maintain client files and their progress will be documented and charted.

Expected Outputs

- Reduction of homelessness
- Improvement of community housing stock

- Identify additional housing resources
- Coordinate housing programs and systems within the community

Expected Outcomes

1. Clients are able to access and maintain safe and affordable housing.

Indicators

1. Housing is retained for at least six months
2. Landlord/tenant disputes are resolved satisfactorily
3. Housing violations will be remedied
4. Clients will identify and utilize tenant skills
5. Consumers will express satisfaction with services they receive

Expected Levels of Outcome Achievement

1. 75% of clients will retain housing
2. 75% of clients will resolve landlord/tenant disputes
3. 70% of clients will report that housing violations are resolved
4. 90% of clients will effectively utilize new tenant skills
5. 80% of clients will report satisfaction with services

DOMESTIC VIOLENCE COUNSELING

Program H-004

Program Purpose

Domestic Violence Counseling provides services to persons who have been victims of abuse in their relationships and who may be perpetrators of abuse. This service will look at the needs of each individual and assist that person in meeting the goals they set for themselves.

Required Program Inputs, Processes, and Program Activities

Services also include, but are not limited to, advocacy, provision of a crisis line and information and referral, support and training for volunteers, counseling related to domestic violence, referral to appropriate emergency shelter care, and support counseling for abusers.

Non-Billable Activities

The emergency shelter component of this service is not reimbursable by DHHS.

Required Documentation

Agencies will maintain client files and their progress will be documented and charted.

Expected Outputs

- Referrals for counseling will result from screening and assessment
- Women will enroll in individual counseling
- Women will enroll in group counseling
- Effective monitoring of case management

Expected Outcomes

1. Participants will increase the safety factors in their lives
2. Participants will identify and attain personal goals
3. Participants will receive the resources and legal support they need

Indicators

1. Percent of participants who improve on pre and post testing of recognition and use of personal safety behaviors
2. Percent of participants who develop and achieve personal goals
3. Percent of participants receiving resources and necessary legal support

Expected Levels of Outcome Achievement

1. 70% of participants will identify and reach their self-defined goals and establish a personal safety plan
2. 70% of participants will complete an individual counseling treatment plan and 60% of participants will complete the group counseling plan
3. 80% or participants will report they know more about available community resources after completing the program and will also report better knowledge of their legal rights

HOMELESS/EMERGENCY SHELTER CARE PROGRAM H-005

Program Purpose

Homeless/Emergency Shelter Care services provide short term services, often under emergency conditions, in an alternate setting, to adults, families, and victims of domestic violence, who need a temporary place to stay pending resolution of problems in their home or life, or until an appropriate living setting can be secured.

Required Program Inputs, Processes, and Program Activities

Services must include, but are not limited to, relocation to permanent or transitional housing (may include support services), linkage to income/employment/entitlements, access to food, supervision at the shelter site, and short-term case management.

Every possible effort must be made to provide readily available access to persons who are not able to communicate fluently in English.

Non-Billable Activities

Emergency Shelter Care does not include services related to the management of transitional or permanent housing, to AODA treatment programming, or to mental health programming (although those services may be goals and referral sources and may be integral to the shelter stay component). Emergency Shelter Care is limited to the actual bed nights provided in the agency shelter facility as calculated in a per diem.

Required Documentation

All emergency shelter agencies under contract to Milwaukee County Housing Division will be required to participate in the Homeless Management Information System, the most common of which is Service Point. Agencies must meet quality of data standards set by HUD.

Expected Outputs

- Each resident of the individual shelter will receive training in homeless prevention techniques, financial management, and personal/family skills.
- Each agency is expected to develop an action plan for each client, which will focus on employment or benefit acquisition.

Expected Outcomes

1. Clients receive dignified shelter and related programming, utilizing all available shelter beds.
2. Clients are able to identify additional community resources and set forth individualized goals.
3. Clients are able to prevent future homeless episodes

Indicators

1. The number of people that applied for shelter compared to the number of people accepted into shelter.
2. Exit interviews will be conducted to ensure clients have met the goals set forth in their individualized plan.
3. The number of clients leaving the shelter that has secured appropriate transitional or permanent housing.

Expected Levels of Outcome Achievement

1. Each shelter will operate at a minimum of 90% capacity.
2. 70% of residents will obtain either transitional or permanent housing upon discharge.
3. 50% or residents will establish income upon discharge.

FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL

The following Housing Division programs are currently in a multi-year contract cycle. These program descriptions are being provided for the information of the current contractors:

SUPPORTED APARTMENT PROGRAM

Program H-002

Program Purpose

The Supported Apartment Program is a transitional housing program that provides services to persons having a serious and persistent mental illness with a living environment that provides the support necessary for an individual to live as independently as possible with a roommate in an apartment setting. The Supported Apartments are fully furnished including appliances.

Required Program Inputs, Processes, and Program Activities

Services provided by the Supported Apartment Program will include collaborating with the Case Manager to encourage the consumer to work towards their treatment goals, provide prompts to complete activities of daily living including cooking, attendance at day programs, social support including recreational activities and community meals, and medication education and symptom management. The Supported Apartment Program facility staff in conjunction will provide these services with other members of the consumer's support network. Consumers living at the Supported Apartment Program are expected to pay a monthly rent.

Enrollment into a Supported Apartment Program is implemented through a referral from the Special Needs Housing Division. The Special Needs Housing Division will assess the need for a supported apartment and make referrals to contract service providers. When a consumer is in an acute care setting, the supported apartment provider agency will do a face-to-face-assessment within 72 hours after receipt of the referral packet from SAIL.

ADMISSION POLICY

It is the policy of the Milwaukee County Housing Division that individuals referred for Supported Apartment Placement by the Housing Division will have an evaluation

completed and a decision regarding admission will be reported to the Housing Division through a SAIL Prior Authorization form within fourteen business days of receipt of that referral.

PROGRAM INPATIENT CONTACT POLICY

It is the policy of BHD that when a Supported Apartment Program resident is admitted to a psychiatric inpatient unit, the Supported Apartment Program Manager responsible for that client must contact the appropriate inpatient team within one business day of the admission in order to assist in the development of a plan of discharge.

Non-Billable Activities

Participation on various mental health and housing related committees and membership on community groups

Required Documentation

Resident case records maintained by the agency shall include daily attendance logs. Client files must demonstrate coordination with the assigned case manager.

Expected Outputs

- Symptom management and mentoring of daily living for optimal effectiveness and low levels of relapse
- Each consumer will have a completed financial profile to include a monthly budget and identification of money management skills
- Consumers medical needs will be identified
- Assist and support consumers in keeping safe housing
- Consumers will have a community living plan that addresses future housing needs
- Consumers participate in their own treatment planning process

Expected Outcomes

1. Consumers will attain an optimal level of living skills to reduce and manage symptoms
2. Consumers will have a financial profile indicating income and benefits along with a monthly budget
3. Medical issues will be incorporated in every treatment plan
4. Consumers will move into permanent housing upon completion of the program
5. Consumers will retain permanent housing

6. Consumers will achieve a level of recovery that allows for a decrease in crisis services.

Indicators

1. Percentage of consumers will demonstrate reduced symptoms and side effects
2. Percentage of consumers will have a financial profile and budget
3. Percentage of treatment plans with medical issues incorporated
4. Percentage of consumers moving into independent permanent housing
5. Percentage of consumers who retain permanent housing
6. Percentage of consumers seen at PCS with decreasing frequency

Expected Levels of Outcome Achievement

1. 80% of consumers will demonstrate reduced symptoms and side effects
2. 100% of consumers will have a financial profile and budget
3. 100% of consumers will have treatment plans that include medical issues
4. 70% of consumers will move into independent permanent housing upon discharge from the program
5. 70% of consumers will successfully retain permanent housing one year after completion of the program
6. 70% of consumers will have decreased contact with PCS during the program period

Housing Supportive Services – United House

Program H-008

Program Purpose

Contractor will provide on-site services at the United House permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, ***Certified*** Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following ongoing groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. . Groups, focusing on medication information, common side effects,

interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Certified Peer Support Specialists will predominantly conduct these groups under the supervision of professional staff.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Individuals will also be assisted in maintaining their wellness with staff supervising an exercise and health education program offered in United House's Wellness Center. Computer skills will be taught in the United House Business Center.

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Non-Billable Activities

Completion of annual leases and documentation for tax credits.

Required Documentation

Tenant files must be maintained according to all HUD and WHEDA standards.

Expected Outputs

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete a year lease at United House.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete a year lease at United House.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Housing Supportive Services – Fardale

Program H-010

Program Purpose

Contractor will provide on-site services at the Fardale permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Certified Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following ongoing groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. . Groups, focusing on medication information, common side effects,

interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Certified Peer Support Specialists will predominantly conduct these groups under the supervision of professional staff.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Expected Outputs

- Consumers will maintain their housing placement
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete the program or be discharged into their own apartment.
2. 70% of consumers will show an improvement in ADLs.
3. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing program
2. Percentage of consumers improvement with ADLs
3. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete the program or be discharged into their own apartment
2. 70% of consumers will show an improvement in ADLs.
3. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Housing Supportive Services – Farwell Studio Apartments

Program H-011

Program Purpose

Contractor will provide on-site services at the Farwell Studio Apartments permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Certified Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following ongoing groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer

support. Groups, focusing on medication information, common side effects, interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Non-Billable Activities

Completion of annual leases and documentation for tax credits.

Required Documentation

Tenant files must be maintained according to all HUD and WHEDA standards.

Expected Outputs

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete a year lease at Farwell Studio Apartments.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete a year lease at Farwell Studio Apartments.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Pathways to Permanent Housing (Transitional Housing)

Program H-012

Background

The Milwaukee County Housing Division is seeking competitive applications for entities interested in the management of the newly created Transitional Housing program, Pathways to Permanent Housing. Applicants would need to have all components required in place and ready for full operation of this Program by March 1, 2013.

The Milwaukee County Housing Division was created in 2008 with its main purpose being to expand housing options for disabled individuals, specifically those who are suffering from mental illness. Since that time, the Housing Division has partnered to create approximately 450 permanent supported housing units in Milwaukee County.

The mission of the Housing Division is to empower Milwaukee County residents in need by providing a safety net, decent affordable housing, and a connection to opportunities while using available funding sources in the most equitable, dignified, and efficient manner.

The Division is made up for four areas, Special Needs Housing, Housing Choice voucher Program (Section 8), HOME/Home Repair, and Community Development Block Grant.

Program Purpose

This Transitional Housing Program will serve a variety of community needs. The program will target individuals who are either ready to be discharged from an institution or are coming out of a setting such as Crisis Respite or the Community Resource Center. In addition, THP will be an alternative for individuals transitioning from a Community Based Residential Facility (CBRF) and give consumers an additional housing option for those on CBRF waiting lists.

A portion of these units may also be used for individuals who are at risk of being homeless. This model would be a resource for the Community Intervention Specialist in the Housing Division as more individuals are identified that need a housing placement upon discharge and need to be assessed for services. There is a tremendous need for housing options for consumers who are found not eligible for long-term support services in Milwaukee County.

This model would be focused on moving consumers through the housing continuum from day one. On-site staff will begin discussing permanent housing goals upon admission and that will become part of the individual's treatment plan. This model is not meant to be permanent housing. Staff will work with consumers on activities of daily living with the focus on preparing individuals to move into their own apartment or permanent supportive housing. Part of this model will include cooking classes and vocational training on-site. This has traditionally been a barrier for consumers to move into a more independent housing setting.

This RFP focuses on the on-site supportive services for a 27 bed transitional living facility. The approximate annual budget will be $500,000 for services provided, administration, and supplies and equipment. Budgeted amount will be prorated in 2013 depending on the date the contract actually begins.

Required Program Inputs, Processes, and Program Activities

Applicants are required to demonstrate the capability to admit newly referred clients within seven days of referral.

Applicants must demonstrate the ability to provide service 7 days a week, including holidays, to meet the individual needs of each client. Staff to client ratio should be approximately 9:1 with a total of 27 clients served at full capacity.

Applicants must demonstrate their ability to provide comprehensive, individualized, person center services.

Applicants must include Certified Peer Specialist services as an essential part of the housing team and outline a plan on how they will be incorporated.

Applicants will attend weekly meetings with Housing Division staff to discuss current residents and new referrals.

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.

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

Expected Outputs

- Number of referrals
- Number of residents in housing
- Number of activities offered to residents weekly
- Number of residents connected with community services
- Number of times staff is meeting with resident weekly
- Number of residents finding permanent housing

Expected Outcomes

1. Residents will have safe temporary housing
2. Residents obtain and/or remain connected with their BHD Case Manager
3. Residents will participate in evaluations of daily living skills
4. Residents will participate in activities that are available
5. Residents will experience increased levels of independence
6. Residents will work with staff to find appropriate housing

Indicators

1. Percent of residents having safe temporary housing
2. Percent of residents obtaining and/or remaining connected with their BHD Case Manager throughout stay at Pathways to Permanent Housing
3. Percent of residents participating in activities that are available to indicate their level of independence as it relates to finding appropriate housing
4. Percent of residents working with staff who are able to successfully discharge into the least restrictive setting

Expected Levels of Outcome Achievement

1. 100% of residents have safe temporary housing
2. 100% of residents are connected to their BHD Case Manager
3. 40% of residents will be actively engaged in offered services and activities
4. 80% or residents will successfully discharge to permanent housing

Shelter + Care / Tenant-based Rent Assistance

Program H-013

Program Purpose

Milwaukee County's Shelter + Care/TRA Program (My Home Housing Program) is a tenant-based rent assistance program. This program is a large collaboration with over 20 community agencies (partner agencies) and has historically served the target populations of homeless people living with severe mental illness, chronic substance abuse and/or HIV/AIDS. Individuals and families referred must meet the criteria for Category 1–Literally Homeless (public or private place not meant for habitation, emergency shelter or transitional housing for homeless) or Category 4-Fleeing Attempting to Flee Domestic Violence.

When a partner agency identifies an individual or family that meets HUD's definition of homelessness, an assessment is done, a service plan is established, and the partner agency does a referral for My Home Housing benefits. Once the case is initially approved for My Home benefits, the client, with the case manager, attends a housing eligibility interview. Upon completion of the interview, the client and case manager begin looking for a dwelling unit anywhere in Milwaukee County's jurisdiction that the client chooses and that suits the client's needs, with a landlord willing to participate in the My Home Housing Program. Milwaukee County staff inspects the property, negotiates with the landlord, and prepares occupancy agreements. Milwaukee County then begins making subsidy payments to the landlord on behalf of the tenant. Annual re-certification is done in accordance with HUD requirements; and the tenant may choose to move, taking the rental subsidy to another eligible unit, in accordance with program rules. While the tenant is a program participant, the tenant has a case manager and a service plan that supports independent living.

Milwaukee County's Shelter + Care/Rent Assistance program has been very successful in supporting homeless disabled individuals and families in securing and maintaining housing. As of the end of June 2012, 96% of the households served during the grant year had been in housing for over six months. Seventy percent of households served had been in housing 4 years or more. Of this group, 89 (26%) households have been housed for 4-5 years, 53 (15%) households have been housed for 6-7 years, and 55 (16%) households have been housed for 8-10 years. Of all households served, 146 (30%) households have been housed for over 10 years. In addition to the long-term success in maintaining formerly homeless individuals in permanent housing, Milwaukee County's program has been extremely successful in maximizing the rent subsidy funds to serve the greatest number of individuals/households possible. At the initial grant renewal, the program was locked into budgeting for the number of households being

served at that time, 309 households. Every year since, the Shelter + Care budget, has been calculated using 309 units. However, given the flexibility allowed in 24 CFR 502.105, Milwaukee County has consistently served more than 309 households during the grant term. As of June 30, 2012, 456 households were being served.

RESIDENTIAL STABILITY:

Expected Outcomes

- Program participants will access and maintain safe and affordable permanent housing units – 88%

Measurements:
  - Participants remain in permanent housing during the operating year or will exit to permanent housing during the operating year.
  - Participants maintain their housing units to meet HQS requirements
  - Participants pay their portion of the rent and the utilities that are not paid for by the landlord

- Program participants will actively engage in long term case management – 92%

Measurements:
  - Participants develop and comply with case/service plan developed with case manager.
  - Participants meet with case manager in the housing unit a minimum of two times a month

GREATER SELF-SUFFICIENCY:

Expected Outcomes

- Program participants will maintain or increase their income as of the end of the operating year or at program exit. – 81%

Measurements:
  - Participants provide verification of income on an annual basis
  - If zero income, participants submit detailed plan to secure income and provide progress reports on an annual basis or at intervals determined by plan

- Program participants will maintain or increase access to mainstream resources. – 81%
  - Case managers complete a needs assessment at participants' initial admittance to the program and update assessment annually or as needed throughout the operating year.
  - Case managers report access to resources on monthly support services match report.

Shelter + Care / Sponsor-based Rent Assistance

Johnston Center Residences

This S+C Rent Assistance project is a collaboration of 3 members of the Milwaukee CoC: Milwaukee County Behavioral Health Division (applicant), Mercy Housing Lakefront (sponsor), and Hope House of Milwaukee (service partner).

The project, located in a 91-unit building at 2150 S 13th St., is designed to provide 33 subsidized units and adequate on-site and off-site support services so that 33 chronically homeless individuals living with serious mental illness, AODA, and/or HIV/AIDS can move into permanent housing with support services and be successful in maintaining long-term independent tenancies.

Hope House, as the project service partner utilizes space in the building for case management, training, and to secure other individual supports that are necessary to maintain the independent tenancies of the 33 tenants served by this project. Each dwelling unit at the primary site contains a private bathroom, a kitchen area with all appliances, and is fully furnished.

Mercy Housing provides on-site property management, maintenance and security staff on a daily basis. Milwaukee County reviews referrals, determines eligibility of applicants, performs HQS inspections, maintains tenant files and processes payments on behalf of each tenant. Working closely with case management and property management staff, Milwaukee County provides support and assistance to staff to help insure the residential stability of the tenants.

RESIDENTIAL STABILITY:

Expected Outcomes

- Program participants will access and maintain safe and affordable permanent housing units –95%

Measurements:

  - Participants remain in permanent housing during the operating year or will exit to permanent housing during the operating year.
  - Participants maintain their housing units to meet HQS requirements
  - Participants pay their portion of the rent

- Program participants will actively engage in long term case management – 95%

Measurements:

  - Participants develop and comply with case/service plan developed with case manager.
  - Participants meet with case manager in the housing unit a minimum of two times a month

GREATER SELF-SUFFICIENCY:

Expected Outcomes

- Program participants will maintain or increase their income as of the end of the operating year or at program exit. – 82%

Measurements:

  - Participants provide verification of income on an annual basis
  - If zero income, participants submit detailed plan to secure income and provide progress reports on an annual basis or at intervals determined by plan

- Program participants will maintain or increase access to mainstream resources. – 82%
  - Case managers complete a needs assessment at participants' initial admittance to the program and update assessment annually or as needed throughout the operating year.
  - Case managers report access to resources on monthly support services match report.

Housing Supportive Services – Highland Commons

Program H-014

Program Purpose

Contractor will provide on-site services at the Highland Commons permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Certified Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. Groups, focusing on medication information, common side effects, interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Non-Billable Activities

Completion of annual leases and documentation for tax credits.

Required Documentation

Tenant files must be maintained according to all HUD and WHEDA standards.

Expected Outputs

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete a year lease at Highland Commons.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete a year lease at Highland Commons.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Housing Supportive Services – Empowerment Village Lincoln

Program H-015

Program Purpose

Contractor will provide on-site services at the Empowerment Village Lincoln permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Certified Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. Groups, focusing on medication information, common side effects, interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Non-Billable Activities

Completion of annual leases and documentation for tax credits.

Required Documentation

Tenant files must be maintained according to all HUD and WHEDA standards.

Expected Outputs

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete a year lease at Empowerment Village Lincoln.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete a year lease at Empowerment Village Lincoln.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Housing Supportive Services – Empowerment Village National

Program H-016

Program Purpose

Contractor will provide on-site services at the Empowerment Village National permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Certified Peer Support Specialists and the resident to offer recovery-oriented services.

Certified Peer Support Specialists must complete approved training and pass the certification examination as well as complete continuing education hours (CEH) based on the program's core competencies in order to maintain his/her certification. Certified Peer Support Specialists will conduct the following groups under the supervision of professional staff:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.

- **Groups on Medication Management to** increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. Groups, focusing on medication information, common side effects,

interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.

- **Groups to create Wellness Recovery Action Plans (WRAP**) based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.

- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.

- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.

- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Individual one-on-one activities with residents will include:

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Certified Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Certified Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.

Non-Billable Activities

Completion of annual leases and documentation for tax credits.

Required Documentation

Tenant files must be maintained according to all HUD and WHEDA standards.

Expected Outputs

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

Expected Outcomes

1. At least 80% of consumers will successfully complete a year lease at Empowerment Village National.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Indicators

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

Expected Levels of Outcome Achievement

1. At least 80% of consumers will successfully complete a year lease at Empowerment Village National.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

Management Services Division

FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL

The Management Services Division has multi-year program contract cycles. **All agencies that are in the second or third year of a multi-year contract cycle in 2014 are not open for competitive proposals**. Agencies that are currently in a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, the Authorization To File (Item 3), **plus the semiannual evaluation report** as found in the Proposal Contents section of the *Purchase of Service Guidelines - Technical Requirement.* **The following program, previously administered by the Economic Support Division, is currently in a multi-year contract cycle. These program descriptions are being provided for the information of the current contractors:**

COMMUNITY INFORMATION LINE (211)
MSD 004

Program Purpose

Maintain 2-1-1 and provide information and referral assistance 24 hours/7 days a week to all customers who call, including non-English speaking and hearing impaired individuals.

Required Inputs

Staff must receive training in the following areas: AODA and disability services, entitlement programs, family related issues, and health concerns. Staff must have knowledge of a wide-range of social service resources.

Agency must have on staff individuals who are certified Information and Referral Specialists via the Alliance of Information and Referral Systems.

Required Documentation

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

Expected Outcomes & Indicators

With amount tentatively allocated to this program, handle approximately 360 calls per month providing information and referrals to individuals needing assistance with income maintenance programs including Food Share, BadgerCare, Medicaid, non-W2 Childcare and Energy Assistance.

At the conclusion of each call, 90% of all customers will know their next step or have a plan of action in place.

Via a customer satisfaction survey, 60% of customers contacted will indicate they followed through with the next step of their action plan.

90% of customers will indicate they were satisfied with the service they received.

Reimbursement

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

SECTION 6:

AUDIT AND REPORTING

6. AUDIT AND REPORTING

TABLE OF CONTENTS

	Page
INTRODUCTION	6-3
INSTRUCTIONS, FORMS and SCHEDULES	
Section 6.1: Monthly Billing Forms	6-4
Monthly billing instructions Monthly billing forms	
Section 6.2: Annual Audit Requirements	6-14
General Requirements Milwaukee County DHHS requirements Examples of properly or improperly reported schedules Audit Waiver Form	
Section 6.3: Required Annual Audit Schedules	6-22
Schedule of Program Revenue and Expense Schedule of Revenue and Expense by Funding Source Schedules Required by Provider Agency Audit Guide *Schedule of Expenditures of Federal and State Awards* *Incorporated Group Home/Child Caring Institution Supplemental Schedule* *Reserve Supplemental Schedule* *Schedule of Findings and Questioned Costs*	

For Master Chart of Accounts see Contract Administration web site at:
http://county.milwaukee.gov/DHHS_bids

INTRODUCTION

Audit and Reporting Requirements are organized into three (3) separate sections, each of which explain various audit and reporting requirements along with the format of schedules and forms to use for billing, annual audit and audit waiver requests. The relevant instructions, format and forms are included in each respective section. Forms can also be found on the Contract Administration web page at:
http://county.milwaukee.gov/DHHS_bids

The sections are:

Section 6.1: Monthly Purchase of Service Contract Billing Forms
Section 6.2: Annual Audit Requirements
Section 6.3: Required Annual Audit Schedules

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

Dennis Buesing, CPA, Contract Administrator (414) 289-5853
Sumanish K Kalia, CPA, Contract Administration (414) 289-6757
James Sponholz, Contract Services Coordinator, Contract Administration (414) 289-5778

INSTRUCTIONS, FORMS and SCHEDULES

SECTION 6.1: MONTHLY PURCHASE OF SERVICE CONTRACT BILLING FORMS

Monthly billing instructions
Monthly billing forms

Milwaukee County Department of Health and Human Services (DHHS)

Billing Instructions

1 **Please enter one Program per Exhibit 1 per spread sheet/ "Expense Statement". DO NOT combine Programs. Some program may have multiple services.**

2 Data can be entered in "grayed" cells **ONLY.**
- Choose month from drop down box on the "Exp" tab.
- Enter Agency/Program information on the "Exp" tab which will populate the same data fields on the "Rev" and other tabs.
- For expenses, enter data on "Exp-Details" Tab **ONLY** and it will automatically populate the "EXP" Tab fields.
- For Revenue, enter data on "Rev" Tab **ONLY** and it will automatically populate the respective field in other forms.

3 **For "EXP" Tab; please select the starting and ending month of the contract from the drop down menu.**
Also select the type of reimbursement i.e. Final or Partial from the drop down menu.
It will be a partial reimbursement every month except when it is a final invoice.
For every month Please also select whether the Expenses being claimed are Actual or Estimated.

4 All amounts must be rounded to the nearest whole dollar.

5 Any prior period adjustments must be made in the current month.
- DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.
- Footnote any prior period adjustments on the current month report on the "Exp-Details" Tab in Comment Box

6 **INCREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS POSITIVE NUMBERS.**

7 **DECREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS NEGATIVE NUMBERS.**

8 If you report units, Please enter the rates and units on the 'Units" TAB only, even though your agency may have only one type of service and one rate only. **DO NOT** enter any units on "EXP" TAB it will be automatically calculated and entered on the 'Exp" TAB. **Please also select the unit type from the drop down menu for each unit rate.**

9 Please do not enter "Text" or "punctuation marks" in numerical fields or vise versa.

10 Please email the report to dhhsaccounting@milwcnty.com, the subject line must read : Division, Agency, Program and Month example: DSD ABC LLC TCM January 07

11 Equipment Cost for code 8700 includes all Assets for example: Fax Machine, Printer, Copier, Computers, Laptop, Phone systems, Furniture, Chairs, Desks, Sofa, Beds etc

12 Employee Travel has been split into two rows on the "Exp-Details" TAB, one row is for expenses like hotel, meals & related expenses like fares etc. which is linked to the supplementary information to be provided on the "TRAVEL" TAB. The other row is for all other mileage and gas reimbursement being paid to employees to travel locally in Milwaukee Metro area or under employee agreement.

Milwaukee County Department of Health and Human Services (DHHS)

Expense Report

Agency Agency
Disability Disability
Division BHD
Program Program
Contact Contact

Contract Starting Month: JANUARY | Ending Month: DECEMBER | Reimbursement: Partial

Month Ending JANUARY
Certified By Certified by
Agency Representative
Email email
Phone # (123) 456-7800
Fax # (123) 456-7890

EXPENSES

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses	Approved Budget
	Amounts are Estimated or Actuals	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	$	$
*7000	Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7100	Employee Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7200	Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8000	Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8100	Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8200	Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8300	Postage & Shipping	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8400	Occupancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
#*8500	Equipment Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8600	Printing & Publications	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
#*8700	Employee Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8800	Conferences, Conventions, Meetings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8900	Specific Assistance to Individuals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8916	Client Allowance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9000	Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9100	Awards & Grants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9200	Allocated Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9300	Client Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9400	Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9500	Depreciation/Amortization	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9600	Allocations to Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*	Other Than Above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenses before profit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Profit if Authorized - %	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenses including Profit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Non-DHHS Contract Revenue Brought Forward	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Net Expenses/Request	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* all items must be entered only on the separate TABs "Exp-Details" or "Units" or the report will be returned and payment denied.
** Applies only to DD group homes and family care homes.
\# Items must be explained on the separate TABS provided with this report or report will be returned and payment denied.

CONTRACT

Current Month Contract	Year-To-Date Contract	Approved Contract
-	-	

UNITS (if applicable) *(if applicable)*

January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units	Approved Budget Units
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Number of Contract Months 12

ESTIMATED PAYMENTS ARE MADE BASED ON THE LOWER OF:
CURRENT MONTH CONTRACT, CURRENT MONTH EXPENSES, OR CURRENT MONTH UNITS Earned (if Applicable)

NET UNITS EARNED (units of services times the rate, less revenues)(in $) (if applicable)

January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units Earned	Approved / Weighted Average Unit Rate
-	-	-	-	-	-	-	-	-	-	-	-	-	-	$ -

Expenses for Reimbursement does not include EARLY payments:

Email to:dhhsaccounting@milwcnty.com Fax: DHHS Accounting @ (414) 289-8574

Mail to: Milwaukee County Department of Health Human Services
Attn: Fiscal Services
1220 West Vilet Street Suite 109, Milwaukee, WI 53205

File: 2007 DHHS POS RE Financial Report-revised051006.xls
Worksheet: Exp
Printed: 7/6/2006
Form 162 (Rev 5/10/06)

Milwaukee County Department of Health and Human Services (DHHS)

Revenue Report

Agency Agency

Month Ending JANUARY

Disability Disability **Division** BHD

Certified By Certified by

Agency Representative

Program Program

Email email

Contact Contact

Phone Number 1234567800

Account Number	Revenue Description	January Revenues	February Revenues	March Revenues	April Revenues	May Revenues	June Revenues	July Revenues	August Revenues	September Revenues	October Revenues	November Revenues	December Revenues	Final Revenues	Year-To-Date Revenues	Approved Budget
															$	$
CM4000	Contributions & Donations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4100	Contributions to Building Fund	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4600	Contributed by Associated Orgnizations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4700	Allocated by Federated Fund Raising Orgnization	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*5100	Government Purchase of Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5114	Title XVIII (Medicare)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5115	Title XIX (Medicaid)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5116	SSI & SS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5117	CIP Revenue from Milwaukee County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5119	COP revenue from Milwaukee County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*5200	Grants form Government Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5301	HMO/PPO Revenue from Title XIX AFDC Clients	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5302	HMO/PPO Revenue from NonTitle XIX AFDC Clients	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CM6000	Dues	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6200	Program Service Fees-Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6206	Program Service Fees-Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CM6300	Intra Agency Sales of Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CM6400	Revenue from Disposal of Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6500	Investment Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6600	Gains & Losses on Investments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CM6900	Miscellaneous Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*	Other Than Above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DHHS Contract Revenue- Other Than Above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Non-DHHS Contract Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DHHS Contract Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* Items must be explained on a separate page or the report will be returned and payment denied.

Email to:dhhsaccounting@milwcnty.com Fax: DHHS Accounting @ (414) 289-8574

Mail to: Milwaukee County Department of Health Human Services
Attn: Fiscal Services
1220 West Vilet Street Suite 109, Milwaukee, WI 53205

File: 2006 DHHS POS RE Financial Report-revised-For Web final.xls
Worksheet: Rev
Printed: 5/8/2006
Form 162 (Rev 1/23/06)

Milwaukee County Department of Health and Human Services (DHHS)
Units Report

Agency Agency
Program Program

Details of Units

Important: Please use county approved units and rates per Exibihit 1 ONLY. If no approved units or rate please fill "0" not N/A.

	Service	Approved Budget Units	Approved Unit Rate	January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units		Year-To-Date Units
U1	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U2	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U3	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U4	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U5	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U6	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U7	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U8	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U9	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U10	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U11	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
U12	TEXT	-	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-		-
	TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-

Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report

Agency Agency
Program Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
*7000	Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7001	Owner/Executive/Officer Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Manager's Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Others salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	
*7100	Employee Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*7200	Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8000	Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8001	Medical & Dental Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8002	Psychological Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8003	Legal Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8004	Rehabilitation & Education Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8005	Development & Public Relations Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8006	Brokerage, Commission, Collection Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	
8007	Employment Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8008	Audit Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8009	Electronic Data Processing Service Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	
8010	Other Contract Payments to Consultants	-	-	-	-	-	-	-	-	-	-	-	-	-	
8011	Talent Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
8012	Other Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
*8100	Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8200	Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8300	Postage & Shipping	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8400	Occupancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8401	Office Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	
8402	Other Bldg. & Parking Lot Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	
8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	-	-	-	-	-	-	-	-	-	-	-	-	-	
8404	Mortgage Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	
8405	Electricity	-	-	-	-	-	-	-	-	-	-	-	-	-	
8406	Gas	-	-	-	-	-	-	-	-	-	-	-	-	-	
8407	Heating Oil	-	-	-	-	-	-	-	-	-	-	-	-	-	
8408	Water & Sewer	-	-	-	-	-	-	-	-	-	-	-	-	-	

Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report

Agency Agency
Program Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
8409	**Janitorial/Maintenance/Repairs Purchased**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8410	**Real Estate Taxes**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8411	**Personal Property Taxes**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8412	**Licenses & Permits-Occupancy Related**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8413	**Bldg. & Grounds Maintenance Supplies**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8414	**Miscellaneous Occupancy Costs**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8415	**Amortization/Leasehold Improvements**	-	-	-	-	-	-	-	-	-	-	-	-	-	
8416	**Depreciation - Buildings**	-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
#*8500	Equipment Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Equipment/Assets >$500	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Equipments/Assets <$500 including rental	-	-	-	-	-	-	-	-	-	-	-	-	-	
*8600	Printing & Publications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
#*8700	Employee Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8709	**Hotels, Meals & Incidental Exp's (Fares etc)**	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8702	**Mileage/Gas reimbursement/Lease etc.**	-	-	-	-	-	-	-	-	-	-	-	-	-	
*8800	Conferences, Conventions, Meetings	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*8900	Specific Assistance to Individuals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
**8916	Client Allowance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9000	Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9100	Awards & Grants	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9200	Allocated Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9300	Client Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9400	Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9401	**Employee Malpractice Insurance**	-	-	-	-	-	-	-	-	-	-	-	-	-	
9402	**Employee Bonding Insurance**	-	-	-	-	-	-	-	-	-	-	-	-	-	
9403	**Other (Please itemize below)**	-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
*9500	Depreciation/Amortization	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*9600	Allocations to Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9601-9690	**Allocations to Agencies,**	-	-	-	-	-	-	-	-	-	-	-	-	-	
9691	**Payments to Affiliated Organizations**	-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	

Milwaukee County Department of Health and Human Services (DHHS)
Detailed Expenses Report

Agency Agency
Program Program

Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.

Account Number	Expense Description	January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses	Year-To-Date Expenses
*	Other Than Above (please itemize)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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

Milwaukee County Department of Health and Human Services (DHHS)
Equipment Report

Agency Agency

Program Program

List of Equipments/Assets (over $500) purchased with county funds

Total (should equal your year to date amount on account #8505 "Exp Details") -
-

Date of Purchase	Sr. #	Item Description	Cost
			-

Milwaukee County Department of Health and Human Services (DHHS)

Agency Agency

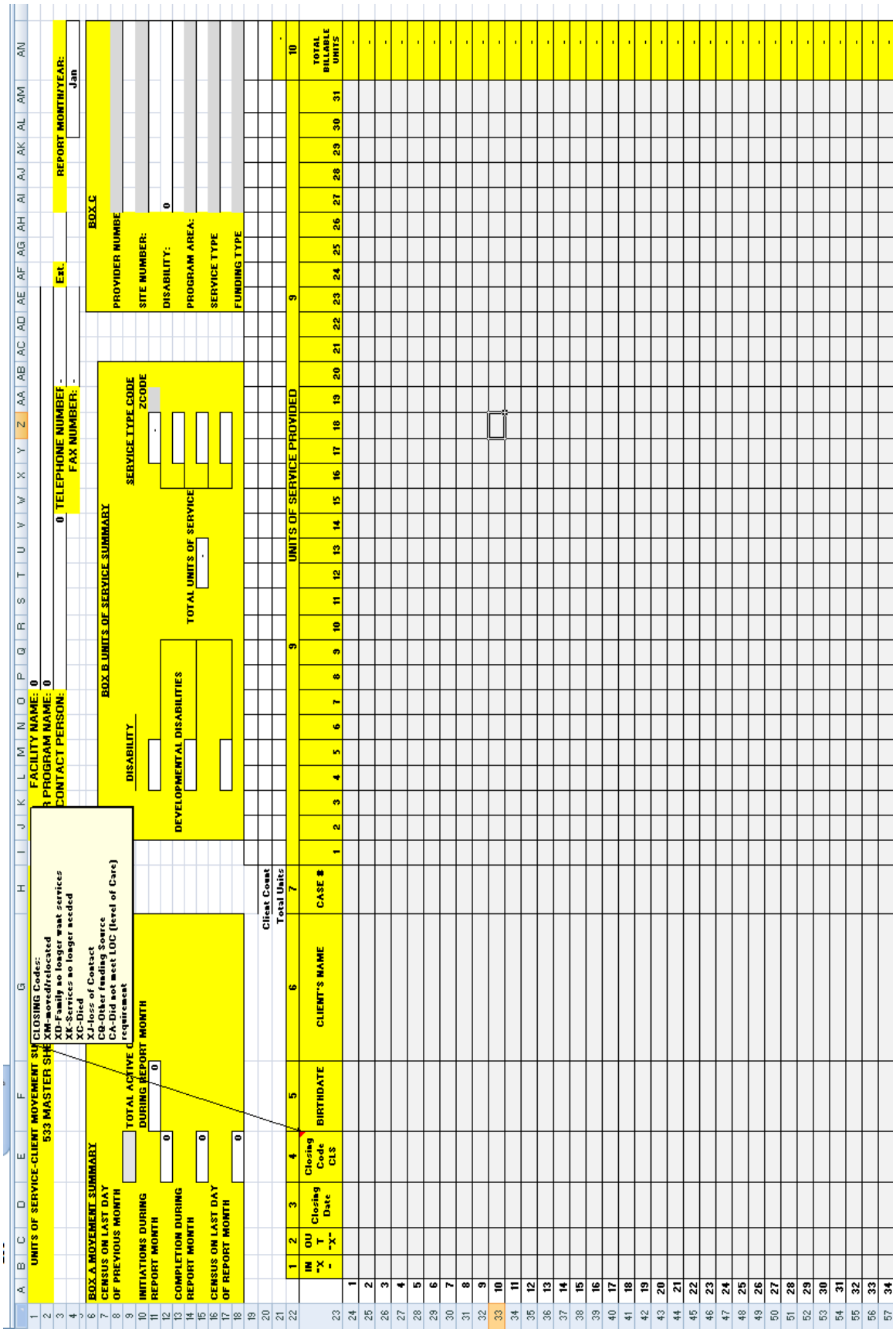
Program Program

Details of Employee Travel

Total (should equal Year to date amount on Account # 8709) -

Difference -

Dates of Travel		Purpose of Visit	Place visited (City, State)	Name(s) of Care worker(s) /Employee (s) traveled	Amount
From	To				
					-



Applicable to DSD Programs

Section 6.2: Annual Audit Requirements

General Requirements
Milwaukee County DHHS requirements
Examples of properly or improperly reported schedules
Audit Waiver

SECTION 6.2: ANNUAL AUDIT REQUIREMENTS

6.2.1. General Requirements

Annual audits of contract agencies receiving $25,000 or more from Milwaukee County Department of Health and Human Services are required per Wisconsin Statutes, Section 46.036(4)(c). Those audits are to be performed in accordance with the requirements of the Wisconsin *Provider Agency Audit Guide (PAAG), 1999 revision issued by WI Department of* Corrections and Workforce Development *or Department of Health Service Audit guide DHSAG) latest revision* issued by Wisconsin Departments of Health Services.

The PAAG/DHSAG includes the following audit reports and schedules:

- Auditor's Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- Financial Statements of the Overall Agency.
- Schedule of Expenditures of Federal and State Awards.
- Incorporated Group Home/Child Caring Institution Supplemental Schedule.
- Reserve Supplemental Schedule.
- Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements in Accordance with Governmental Auditing Standards and the Provider Agency Audit Guide.
- Schedule of Prior Year Findings.
- Schedule of Current Year Findings.
- Corrective Action Plan.
- Schedule of Findings and Questioned Costs.

6.2.2. Milwaukee County Department of Health and Human Services Requirements

The allowability of costs is determined by the Federal Allowable Cost Principles found in *O.M.B. Circular A-122* for non-profit agencies and the Code of Federal Regulations *48 CFR part 31* for for-profit entities, and State Allowable Cost Principles found in the *Allowable Cost Policy Manual* issued by the Wisconsin Department of Health and Family Services and Allowable Cost PolicyManual Issued by Department of Children and Families. Purchase of Service Contracts effective January 1, 2006 and later also limit the allowability of costs based on variance from the approved budget(s).
The annual audit report shall contain a budget variance and reimbursable cost calculation for each program contracted, as identified as a separate line item in Attachment I of the Purchase of Service Contract. Such report shall follow the prescribed format, and determine the budget variance for each line item within the approved budget. Costs allowable under State and Federal Allowable Cost guidelines that exceed the approved budget by the greater of (1) 10% of the specific budget line item or (2) 3% of the total budget amount are deemed unallowable and not reimbursable under this contract. In no event shall the reimbursable amount exceed the contract amount.

An annual audit report in which the Schedule of Program Revenues and Expenses omits information or presents line-item information utilizing classifications not in strict adherence to those found in Budget Form 3 will place the Contractor out of compliance with the contract.

In past years, many auditors have prepared audited financial statements and supplementary schedules with total disregard to the requirements in the contract. This has placed many Contractors in technical non-compliance. Effective with 2006 Purchase of Service Contracts, such deviations from the contract requirements may cause budget variances, resulting in fiscal recoveries owed DHHS that would not be owed if the auditor had complied with the requirements of the contract. **IT IS IMPORTANT THAT YOUR AUDITOR READ THE CONTRACT, THIS SUPPLEMENT, AND AGREE TO ABIDE BY THESE REQUIREMENTS.**

In order to implement these limitations on the allowability of costs, additional schedules are required in your annual audit. These schedules must conform specifically as laid out, and cannot combine individual line items. The line items **must** conform precisely to the line items found in the *Anticipated Program Expenses,* Budget Form 3 for each individual program. A separate schedule must be prepared for each program award. **MULTIPLE PROGRAMS MAY NOT BE COMBINED INTO A SINGLE SUPPLEMENTAL SCHEDULE.**

Audited financial statements and supplementary schedules are the representation of management, not the auditor. Although auditors often prepare the financial statements and schedules on behalf of management, the accuracy and compliance of the financial statements are still the responsibility of management. If auditor prepared supplementary schedules deviate from the required content and level of detail, it is quite possible the Contractor Agency will have unallowable costs and owe money back to Milwaukee County DHHS, simply because of the deficient reports. Please be sure your auditor is aware of the required schedules, their required content and the required level of detail. These schedules are your representation and responsibility; **you are the party responsible for their content and preparation, not your auditor.**

6.2.3. Examples of properly and improperly reported schedules.

Following are examples of properly and improperly prepared Supplementary Schedules of Program Revenue and Expense. These are all examples of reports based on the same underlying costs. The Contractor Agency in this example spent the contract amount; within allowable budget variance levels, on allowable expenditures, and when the Schedule of Program Revenue and Expense is properly prepared, owes no money back. All of the fiscal recoveries are the result of improperly prepared audit reports.

EXAMPLES OF PROPERLY AND IMPROPERLY REPORTED SCHEDULES

Underlying data and assumptions

	Budget	Actual
Wages	$ 200,000	$ 210,000
Benefits	50,000	57,000
Payroll Taxes	20,000	21,000
Supplies	1,000	2,000
Occupancy	150,000	140,000
Indirect:		
Payroll	40,000	35,000
Benefits	10,000	7,500
Taxes	4,000	2,500
	$ 475,000	$ 475,000

Example 1: Audit report correctly presented
Example 2: Audit report combines Wages, Benefits & Taxes
Example 3: Audit report segregates Benefits as Insurance & Retirement
Example 4: Audit reports Indirect Cost items as direct costs

Schedule of Revenue & Expense	Example 1	Example 2	Example 3	Example 4
Wages	$ 210,000		$ 210,000	$ 245,000
Benefits	57,000			64,500
Benefits - Insurance			40,000	
Benefits - Retirement			17,000	
Payroll Taxes	21,000		21,000	23,500
Wages, Benefits & Taxes		$ 288,000		
Supplies	2,000	2,000	2,000	2,000
Occupancy	140,000	140,000	140,000	140,000
Indirect Costs	45,000	45,000	45,000	
	$ 475,000	$ 475,000	$ 475,000	$ 475,000

Example 1: Audit report correctly presented

Analysis:

	Budget	Actual	Variance	Maximum	Disallowed
Wages	$ 200,000	$ 210,000	$ 10,000	$ 20,000	$ -
Benefits	50,000	57,000	7,000	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		-			$ -
	$ 475,000	$ 475,000			
Total Paid		$ 475,000			
Recovery		$ -			

Example 2: Audit report combines Wages, Benefits & Taxes

Analysis:

	Budget	Actual	Variance	Maximum	Disallowed
Wages	$ 200,000	$ 288,000	$ 88,000	$ 20,000	$ 68,000
Benefits	50,000	-	(50,000)	14,250	-
Payroll Taxes	20,000	-	(20,000)	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		(68,000)			$ 68,000
	$ 475,000	$ 407,000			
Total Paid		$ 475,000			
Recovery		$ 68,000			

Example 3: Audit report segregates Benefits as Insurance & Retirement

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	$ 200,000	$ 210,000	$ 10,000	$ 20,000	$ -
Benefits	50,000	40,000	(10,000)	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
Unbudgeted Items		17,000	17,000	-	17,000
		475,000			
Disallowed Variance		(17,000)			$ 17,000
	$ 475,000	$ 458,000			
Total Paid		$ 475,000			
Recovery		$ 17,000			

Example 4: Audit reports Indirect Cost items as direct costs

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	$ 200,000	$ 245,000	$ 45,000	$ 20,000	$ 25,000
Benefits	50,000	64,500	14,500	14,250	250
Payroll Taxes	20,000	23,500	3,500	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000		(54,000)	14,250	-
		475,000			
Disallowed Variance		(25,250)			$ 25,250
	$ 475,000	$ 449,750			
Total Paid		$ 475,000			
Recovery		$ 25,250			

6.2.4. Audit Waiver

Wisconsin Statute 46.036 requires an audit from providers that receive more than $25,000 from the Department of Health and Human Services or from a county. The statute allows the department to waive audits on a case-by-case basis. The waiver of the audit may be appropriate in certain circumstances, some of which are given below. The audit waiver criteria don't apply to Group Homes and Child Caring Institutions that provide out of home residential care for children. In addition, audits required under the Single Audit Act Amendment of 1996 cannot be waived (this refers to Single Audits under OMB Circular A-133 for agencies expending more than $500,000 of federal funding).

If the provider does not need to have a federal audit, the audit may be waived when:

- Provider is identified as a low risk, (Sole Proprietor/ Single member LLC, or with funding around $100,000, paid on a unit rate, alternative forms of financial reports are submitted, prior experiences, certain CBRF, AFH etc.)
- Provider agency agrees to increased or alternate form of reporting/monitoring efforts,
- Provider is funded solely with federal funds below the $500,000 threshold,
- Department's funding is a very small part of provider's overall business,
- The audit will create a financial hardship on the provider, (e.g. audit fee more than 5% of funding).
- Audited information is not needed, due to alternate source(s) being available,
- The agency does not operate a Group Home or Child Caring Institution.

As stated earlier, the waiver will be allowed on case-by-case basis. A request for waiver may be submitted to Contract Administration, Department of Health and Human Services on the attached Audit Waiver Request form before the due date of the audit. The form is also available on the web at *http://county.milwaukee.gov/ContractMgt15483.htm.*The Audit Waiver Request form may be completed electronically and submitted as an email attachment to sumanish.kalia@milwcnty.com, or faxed to DHHS Contract Administration at (414) 289-8574.

Agency Name: _____
Contact Person: _____ **Title:** _____
Address: _____
Phone #: _____ **Fax #** _____ **Email:** _____

AUDIT WAIVER REQUEST

Dennis Buesing,
Contract Administrator
Milwaukee County Department of Health & Human Services (DHHS)
1220 West Vliet St. Room B26 # 4
Milwaukee, WI 53205

Re: 2012 Purchase of Services Waiver of Audit Request

1. **Date of Request:** _____ 1a. **Type of Entity:** _____
2. **Program:** _____
3. **DHHS Division:** ***BHD/DSD/DCSD/MSD/HD***
4. **Total Amount of Contract with DHHS:** $_____
5. **Total Amount earned/payment received from DHHS:** $_____(estimate revenue)
6. **Total Amount earned/received from Other Governmental Sources (e.g. State, City):** $_____
7. **Reason Audit Waiver is being requested:**
   a. **Experience:**
      Number of years in Business: _____
      Number of year's experience providing these services: _____
      Number of year's experience providing these services to DHHS: _____
      Payment Method: ***Unit Rate/Cost/Lower of Cost or net units/Fee for Service***
      Other program reports submitted to DHHS: _____
      _____
      Other Program Reports e.g. Daily Time Sheets, Monthy Evaluation Reports, etc.
   b. **Audit Fee exceeds 5% of payments under DHHS contract:**

      Audit Cost: $_____
      Source of estimate: _____
      CPA Firms name, Contact & Phone number

   c. **Audit not cost effective or undue burden. Please explain:** _____
      _____
      Any other reasons for audit being undue burden or unnecessary. e.g. Not Cost Effective, Single Member LLC, Sole Proprietorship, etc.

8. Alternate Form of Financial Statement/Reports being provided in lieu of certified audit reports (Check all that you can provide)
   ☐ **CPA Compiled** ☐ **/Reviewed** ☐ **Internally Generated Financial Statement,**
   ☐ **Statement of Revenue and Expenditure by Program,** ☐ **Copy of Tax return**

Signature Date

OFFICE USE: ___Recommended ____Denied Vendor Type: Low Risk/High Risk

Comments/ alternate form of Financial and/or Program compliance monitoring being implemented:

_____

Signature Date

You can fax or email this form to: Fax (414) 289-8574 Email: skalia@milwcnty.com

Section 3: Required Annual Audit Schedules

Schedule of Program Revenue and Expense
Schedule of Revenue and Expense by Funding Source
Schedules Required by Provider Agency Audit Guide\Department of Health Services Audit Guide
Schedule of Expenditures of Federal and State Awards
Incorporated Group Home/Child Caring Institution Supplemental Schedule
Reserve Supplemental Schedule
Schedule of Findings and Questioned Costs

SECTION 6.3: REQUIRED ANNUAL AUDIT SCHEDULES

6.3.1 Schedule of Program Revenue and Expense

Prepare a separate Program Revenue and Expense Schedule for each program contracted. Each program contracted is represented by a separate line item on Exhibit I of the Purchase of Service Contract, and had has a separate Budget Form 3 in the proposal submission. **DO NOT COMBINE MULTIPLE PROGRAMS INTO A SINGLE PROGRAM REVENUE AND EXPENSE SCHEDULE**.

Specific Instructions

Actual. In the column labeled "Actual", report the actual costs incurred for the program during 2011 or the fiscal period ending in 2011. Do not include costs unallowable under the allowable costs principles contained in the *Allowable Cost Policy Manual, 1999 revision, O.M.B. Circular A-122 or Code of Federal Regulations 48 CFR part 31.*

Approved Budget. In the column labeled "Approved Budget", report the latest approved budget for the program, as calculated on Budget Forms 3 and 4. If you need to combine information from more than one Form 3 and Form 4 in order to encompass the entire budget for this program, **STOP.** Two or more programs have been combined in the report. The total actual expenses reported in this schedule will be compared to one and only one program budget. MONEY WILL BE OWED BACK TO MILWAUKEE COUNTY. Prepare a separate Program Revenue and Expense Schedule for each individual program.

Variance from Budget. In the column labeled "Variance From Budget" report the difference between the actual expenses incurred and the approved budget. Actual expenses in excess of the approved budget will be reported as positive amounts; actual expenses less than the approved budget amount will be reported as negatives.

Revenues. Report program revenues for all services performed in 2012 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original proposal, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference.

Expenses. Report program expenditures for all services performed in 2012 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original proposal, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference. As indicated in the examples previously presented, combination of line items may result in un-allowability of otherwise allowable costs.

NAME OF AGENCY
Schedule of Program Revenues and Expenses
For the Year Ended December 31, 2XXX

Program Name :_____

	Actual	Approved Budget	Variance from Budget
Revenues:			
DHHS Purchase of Service Contract	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX
Total Revenues	XXX	XXX	XXX
Expenses:			
Salaries	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX
Supplies	XXX	XXX	XXX
Telephone	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX
Total Expenses	XXX	XXX	XXX
Net Profit	XXX	XXX	XXX
Allowable Profit (include calculation)	XXX	XXX	XXX
Net Profit in excess of Allowable Profit	XXX	XXX	XXX

6.3.2 Schedule of Revenue and Expenses by Funding Source

The Schedule of Revenues and Expenses by Funding Source incorporates all revenues and expenses for Milwaukee County DHHS funded programs as well as all other contracts, programs and functions of the Agency.

Milwaukee County DHHS Funded Programs. Report the total funding from Milwaukee County DHHS funded programs by Division – Disabilities Services Division (DSD), Delinquency & Court Services Division (DCSD), Management Services Division (MSD), Behavioral Health Division (BHD), and Wraparound Milwaukee and other Fee for Service Networks (e.g. CCSN, Wiser Choice, etc.). It is not necessary to report each individual program separately; however, it is necessary to report programs funded by each of the Divisions separately. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, it must be included here.

Other Programs. Report other programs, contracts and functions of the Agency that are not funded by Milwaukee County DHHS. These would include Contracts with and Programs funded by Municipalities, Other Counties, the State of Wisconsin, and other Agencies. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, do not include it here, it must be included under "Milwaukee County DHHS Funded Programs."

Indirect Costs. Report all indirect costs, allocable and unallocable, in this column. **Note**, not all indirect costs are allocable to federal, state, or county funded programs.

Total Agency. Sum all the reported revenues and expenses from the previous columns and place the total in the final column. The amounts in the final column should agree with the Agency-wide Statement of Operations or Income Statement.

Revenues and Expenses. Please do not alter the line items identified in this Schedule. These line items correspond to the line items in the approved budget upon which the Contract amount and/or rate were based.

> **Allocated Costs.** Report the indirect costs allocated to each program or contract in each respective columns. Report the total costs allocated to all the programs as a negative figure in the "Indirect Costs" column. When this row is summed across, the total for this line reported in the "Total Agency" column should be zero.

NAME OF AGENCY
Schedule of Revenues and Expenses By Funding Source
For the Year Ended December 31, 2XXX

	Milwaukee County DHHS Funded Programs					Other	Indirect	Total
	DSD	DCSD	ESD	BHD	IPN / FFSN	Programs	Cost	Agency
Revenues:								
DHHS Purchase of Service Contract	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Expenses:								
Salaries	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Supplies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Telephone	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net Profit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Allowable Profit (include calculation)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net Profit in excess of Allowable Profit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

6.3.3 Schedules Required by the Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision

In addition to the above schedules, the Wisconsin Provider Agency Audit Guide/ *Department of Health Service Audit guide DHSAG) latest revision* has several required schedules. These schedules are also required to be included in the annual audit report by the Milwaukee County Purchase of Service Contract. Please refer to the Provider Agency Audit Guide/ *Department of Health Service Audit guide DHSAG) latest revision* for instructions and information regarding each of these schedules.

6.3.3.1 Schedule of Expenditures of Federal and State Awards. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision and the Purchase of Service Contract with the Milwaukee County DHHS*. There are differences between the Schedule of Expenditures of Federal Awards required by *O.M.B. Circular A-133* and the Schedule of Expenditures of Federal and State Awards contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*.

6.3.3.2 Incorporated. Group Home/Child Caring Institution Supplemental Schedule. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. This form includes a calculation of the allowable reserve for Non-profit Agencies. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve schedule at the bottom of the form.

6.3.3.3 Reserve Supplemental Schedule. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Non-profit Agencies contracting for services on a prospective unit-rate basis are permitted to retain a reserve under State guidelines. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve supplemental schedule.

6.3.3.4 Schedule of Findings and Questioned Costs. Follow the format and instructions contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. There are differences between the Schedule of Findings and Questioned Costs required by *O.M.B. Circular A-133* and the Schedule of Findings and Questioned Costs for audits performed in accordance with Circular A-133 contained in the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision*. Failure to include a Schedule of Findings and Questioned Costs consistent with the *Provider Agency Audit Guide/ Department of Health Service Audit guide DHSAG) latest revision* may result in requesting a properly prepared schedule before accepting the audit. Please refer to *Milwaukee County Department of Health and Human Services Administrative Probation Policy* regarding potential consequences if the audit is not accepted as submitted, and the auditor does not remedy the shortcomings.

Illustration 7.4 Schedule of Expenditures of Federal and State Awards

Example Agency
Schedule of Expenditures of Federal and State Awards[1]
For the Year Ended June 30 19X1

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number[2]	Federal Expenditures
U.S. Department of Agriculture:			
Pass-Through Program From:			
Wisconsin Department of Health and Family Services			
Special Supplemental Food Program for Women, Infants, And Children	10.557	147071, 147080 & 147156	$350,000 (Note B)[3]
Total Expenditures of Federal Awards			$350,000

State Grantor/Program		State Identifying Number	State Expenditures
Wisconsin Department of Health and Family Services:			
GPR Childhood Lead	na	177010	$85,000
GPR Lead Poisoning	na	177020	$15,000
Total Expenditures of State Awards			$100,000

The accompanying notes are an integral part of this schedule.
(These notes are on the following page.)

1 Additional formats for this schedule are available in the AICPA's Statement of Position 98-3 "Audits of States, Local Governments, and Not-for-Profit Organizations Receiving Federal Awards." Also, some providers prefer other formats for the schedule to better suit their circumstances and the information needs of their report users. Providers can use other formats if they include the elements for this schedule that are listed in Section 7.1.4.

2 Use the Community Aids Reporting System (CARS) profile number, purchase order number, or contract number for the Pass-Through Entity Identifying Number and the State Identifying Number.

3 If federal, state, and local funds are commingled and if the commingled portion cannot be separated to specifically identify the individual funding sources, the total amount should be included in the schedule, with a note describing the commingled nature of the funds.

Illustration 7.5 Incorporated Group Home/Child Caring Institution Supplemental Schedule

Incorporated Group Home/Child Caring Institution Supplemental Schedule

Name of facility, HSRS provider number

Period covered by the audit

1. Total units of service _____
2. Allowable expenses for rate-based service _____
   - 2a. Expenses allowable for reimbursement from the IV-E program _____
   - 2b. Expenses allowable for reimbursement from the XIX program _____
   - 2c. Other allowable expenses _____
   - 2d. Allowable expenses for rate-based service (line 2a plus 2b plus 2c) _____
3. Total revenue for rate-based service _____
4. Excess (deficiency) revenue over expenses (line 3 less line 2) _____
5. Total reserve from all prior periods (not including this period) _____
6. Calculation of reserve and amounts due to purchaser:

Purchaser (6a)	Revenue from purchaser (6b)	Purch-aser' s share of total revenue (6c)	First Test				Second test					Total amount due to purchaser (6m)
			Purch-aser' s share of excess revenue (defic.) (6d)	Cap on reserve for first test (6e)	Amount to add to reserve for this period (6f)	Amount due to purchaser from first test (6g)	Purch-aser' s share of reserve from prior periods (6h)	Purch-aser' s share of reserve from all periods (6i)	Cap on reserve for second test (6j)	Amount of reserve (6k)	Amount due to purchaser from second test (6l)	

Illustration 7.6 Reserve Supplemental Schedule

Reserve Supplemental Schedule

Name of facility

Period covered by the audit

1. Total units of service _____
2. Allowable expenses for rate-based service _____
3. Total revenue for rate-based service _____
4. Excess (deficiency) revenue over expenses (line 3 less line 2) _____
5. Total reserve from all prior periods (not including this period) _____
6. Calculation of reserve and amounts due to purchaser:

Purchaser (6a)	Revenue from purchaser (6b)	Purch-aser' s share of total revenue (6c)	First Test				Second test					Total amount due to purchaser (6m)
			Purch-aser' s share of excess revenue (defic.) (6d)	Cap on reserve for first test (6e)	Amount to add to reserve for this period (6f)	Amount due to purchaser from first test (6g)	Purch-aser' s share of reserve from prior periods (6h)	Purch-aser' s share of reserve from all periods (6i)	Cap on reserve for second test (6j)	Amount of reserve (6k)	Amount due to purchaser from second test (6l)	

Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

Example A – An agency-wide audit in accordance with just the *Provider Agency Audit Guide*

Example Agency
Schedule of Findings and Questioned Costs
For the Year Ended June 30 19X1

A. Summary of Auditor's Results	
Financial Statements	
1. Type of auditors' report issued?	Unqualified
2. Internal control over financial reporting:	
a. Material weakness(s) identified?	No
b. Reportable condition(s) identified not considered to be material weaknesses?	None reported
3. Noncompliance material to the financial statements noted?	No
B. Financial Statement Findings	No matters were reported
C. Other issues	
1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?	No
2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the *Provider Agency Audit Guide*:	
Department of Health and Family Services	Yes
Department of Workforce Development	N/A
Department of Corrections	N/A
3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)	No
4. Name and signature of partner	_____
5. Date of report	_____

Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

Example B – An agency-wide audit in accordance with both the *Provider Agency Audit Guide* and OMB Circular A-133

Example Agency
Schedule of Findings and Questioned Costs
For the Year Ended June 30 19X1

A. Summary of Auditor's Results		
Financial Statements		
1. Type of auditors' report issued?	Unqualified	
2. Internal control over financial reporting:		
a. Material weakness(s) identified?	No	
b. Reportable condition(s) identified not considered to be material weaknesses?	None reported	
3. Noncompliance material to the financial statements noted?	No	
Federal Awards		
4. Internal control over major programs:		
a. Material weakness(s) identified?	No	
b. Reportable condition(s) identified not considered to be material weaknesses?	None reported	
5. Type of auditor's report issued on compliance for major programs?	Unqualified	
6. Any audit findings discloses that are required to be reported in accordance with Circular A-133, Section .510(a)?	No	
7. Identification of major programs:	CFDA No.	Amount
Special Supplemental Food Program for Women, Infants, and Children	10.557	$350,000
8. Dollar threshold used to distinguish between Type A and Type B programs?	$300,000	
9. Auditee qualified as low-risk auditee?	No	
B. Financial Statement Findings	No matters were reported	
C. Federal and State Award Findings and Questioned Costs	No matters were reported	
D. Other Issues		
1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?	No	
2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the *Provider Agency Audit Guide*:		
Department of Health and Family Services	Yes	
Department of Workforce Development	N/A	
Department of Corrections	N/A	
3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)	No	
4. Name and signature of partner	_____	
5. Date of report	_____	

BEHAVIORAL HEALTH DIVISION
WRAPAROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

SECTION 7:

FORMS

7. FORMS

- Rate Sheet

- All other required forms has been included in the respective sections, except linked budget forms, which have been included on the 2012 DHHS RFP CD and are also 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
WRAPROUND MILWAUKEE
DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
MANAGEMENT SERVICES DIVISION
HOUSING DIVISION

SECTION 8:

APPENDICES

8. APPENDICES

- Department of Audit Hotline Flyer
- 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: Department of Audit Hotline- 2711 W. Wells St., 9th Floor, Milwaukee, WI 53208
Website: my.execpc.com/~milcoaud

A service of the Milwaukee County Department of Audit

For Reporting:

- **Concerns over inefficient Milwaukee County government operations**
- **Incidents of fraud or waste in County government**
- **Ideas for improving efficiency and/or effectiveness of services**

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	414-278-4585
Public Integrity Unit	414-278-4645
Mental Health	
Crisis Hotline	414-257-7222
Crisis Hotline (TTY/TDD)	414-257-6300

(6/1/09)

Sheriff's Department -	
Community Against Pushers (Anonymous Drug Reporting)	414-273-2020
Guns Hotline	414-278-4867
W-2 Fraud	414-289-5799

City of Milwaukee:	
Fraud Hotline	414-286-3440

State of Wisconsin:	
Child Abuse or Neglect Referrals	414-220-7233
Wisconsin Shares Fraud Hotline	877-302-3728

Federal:	
Food Stamp Fraud	1-800-424-9121
Medicare Fraud	1-800-447-8477
NEW! Stimulus Package Fraud	1-800-424-5454

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

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

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY'S AGREEMENT TO WITHOLD THE MATERIALS.

Failure to include this form in the RFP may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

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.)

_____	_____
Name of Authorized Representative	Title
_____	_____
Signature of Authorized Representative	Date