
**2015 TENTATIVE CONTRACT ALLOCATIONS
BEHAVIORAL HEALTH DIVISION**

CYCLE II

COMMUNITY ACCESS TO RECOVERY SERVICES

Recommended Programs

**2015
Tentative
Allocations**

Access Clinic – South

TBD

Crisis Mobile Team Expansion

TBD

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COMMUNITY ACCESS TO RECOVERY SERVICES

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Allocations**

Peer-Run Drop-In Center

TBD

CYCLE II

FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE PROPOSAL

Peer-Run Drop-In Center

Program Purpose

The Milwaukee County Community Access to Recovery Services (CARS) Division is soliciting proposals to develop a Peer-Run Drop-In Center (PRDIC) to operate on evenings and weekends. 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.

A key element of the peer-run concept will be the active engagement of members in the planning, direction, and evaluation of PRDIC activities. Membership in a drop-in center is voluntary, and members decide upon their own level of participation, but there will be a strong and consistent emphasis on members taking initiative and exercising leadership in the management and day-to-day operations of the PRDIC.

PRDIC 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. Regular community meetings should be convened to allow members share their ideas and opinions about PRDIC activities, contributing to the improvement of their leadership and decision-making skills.

The PRDIC is expected to provide:

- A safe place and welcoming social setting for individuals with mental health issues and/or co-occurring disorders such as substance use;
- A venue for open conversation and understanding among people with common experiences; and
- Access to basic necessities for members, such as phones, bathrooms, information, and food.

Required Program Inputs, Processes and Program Activities

Applicants must demonstrate at least one year of experience providing social and recreational opportunities to individuals with mental health and/or co-occurring disorders.

Applicants must describe how the PRDIC services will be informed and delivered by persons with lived experience of mental illness and/or co-occurring disorders. Proposals will be strengthened by a clear presentation of how consumers of PRDIC services (i.e., members) will be integrated into organizational leadership.

The PRDIC must include a Peer Specialist component.

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

The PRDIC must be operational on evenings and weekends. The PRDIC hours of operation should be consistent, reliable, and well publicized to ensure convenience and maximize utilization.

The successful proposal will demonstrate capacity to provide nutritional snacks to PRDIC members on a regular basis.

Proposals will be strengthened by a clear presentation of capacity to provide recreational and social opportunities for PRDIC members, including on-site programming as well as outings to participate in naturally occurring activities in the community.

The PRDIC must demonstrate the ability to commence a timely orientation process for individuals who express a desire to become members. Consideration should also be given to how eligibility for participation is determined and what policies and procedures should be in place to ensure the integrity and appropriate utilization of the PRDIC.

Applicants should demonstrate accessibility by public transit, and preference may be given to proposals that describe a capacity for pick-up and drop-off services as needed.

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 CARS 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

PRDIC members will decrease their incidence of hospitalization.

PRDIC members will increase their socialization opportunities.

PRDIC members will increase their independence via pre-vocational, vocational and activities of daily living opportunities.

PRDIC members will improve their leadership and decision-making skills.

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.

The number and percent of members who self-report an improvement in leadership and decision-making skills.

Expected Levels of Outcome Achievement

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

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

50% of members will self-report an improvement in leadership and decision-making skills.

Access Clinic – South

Program Purpose

The Milwaukee County Behavioral Health Division (BHD) is soliciting proposals to develop a walk-in behavioral health clinic on the south side of Milwaukee (“Access Clinic – South”) to provide same-day crisis interventions, mental health assessments, and service referrals. The Access Clinic – South (ACS) is intended to operate as complement to or extension of the services currently provided by the Access Clinic at the Milwaukee County Mental Health Complex on Watertown Plank Road. The ACS contract is anticipated to begin in July 2014.

The primary goals of the Access Clinic – South are to:

- Provide timely clinical assessments and crisis interventions for individuals experiencing mental illness and co-occurring conditions, including substance use disorders.
- Employ and adequately train qualified clinicians to ensure appropriate determinations of levels of care, i.e., therapy, medication evaluation, or both.
- Make referrals and schedule appointments for consumers to access appropriate health services in the community based on assessed needs and consumer choices.

The essential components of the Access Clinic – South include:

- Establishment of fiscal eligibility for services (i.e., lack of health insurance)
- No denial of access to services due to an inability to pay
- Same-day assessments by a nurse or social worker
- Crisis assessment and strengths-based stabilization planning, utilizing natural supports and available community resources
- Capacity for emergent medication assessment and evaluation when clinically necessary (i.e., timely access to a prescriber)
- On-site AODA screening or referral to a Wiser Choice Central Intake Unit for screening
- Bilingual services in English and Spanish

Required Program Inputs, Processes, and Program Activities

Applicants must hold DHS 35 (Outpatient Mental Health Clinics) certification. Applicants holding DHS 75 (Community Substance Abuse Service Standards) certification may be given preferred consideration.

The ACS shall provide recovery-oriented, trauma-informed, culturally intelligent services that are responsive to the characteristics and needs of the population it serves.

Applicants must provide information about their current participation and ongoing commitment in the Milwaukee Co-Occurring Competency Cadre (MC3).

Proposals will be strengthened by a demonstrable ability to leverage inter-organizational and cross-disciplinary partnerships to address the holistic needs of individuals presenting for mental health assessments. Such partnerships may enable the primary contractor to connect clients with other resources in the community, possibly including (but not limited to) primary health care, benefits counseling, community centers, and other social and spiritual supports.

The successful proposal will demonstrate capacity to establish a welcoming entry point to the behavioral health system for persons with complex conditions, particularly co-occurring mental health and substance use disorders.

Preference will be given to proposals that describe a capacity to provide direct services to the consumer until his or her referral appointment at the assigned provider.

Knowledge of the Milwaukee County Mental Health Outpatient Program (MHOP) services and referral processes is essential.

The contractor will determine the most appropriate hours of operation to meet the needs of its consumers.

Services will be delivered for as long as is clinically indicated or until care is successfully transferred to another provider for ongoing treatment.

Hours of operation should accommodate the periods of highest volume and should be well advertised in various media, including the internet, 2-1-1, and printed brochures or flyers.

It is anticipated that the ACS will be open to clients approximately 16-24 hours per week.

The ACS must be located on the south side of Milwaukee County. Preference may be given to proposals within the City of Milwaukee based on higher concentrations of service recipients.

Units of service are defined and billed in 0.25-hour increments.

Funds provided under this contract may only be used to provide services to persons without health insurance.

Required Documentation

Documentation in client service records shall be done in accordance with DHS 35.23.

The ACS must maintain the confidentiality of client service records in accordance with 45 CFR Parts 160, 162, and 164 (HIPAA), Wis. Stat. 51.30, and Chapter 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*.

Monthly expense reporting is required.

Expected Outcomes

Consumers will report high levels of satisfaction with convenience and accessibility.

Total number of individuals receiving assessments on a walk-in basis (between ACS and the existing Access Clinic) will increase.

More Spanish-speaking individuals will receive clinical assessments and will access behavioral health services.

More individuals will develop crisis plans.

Indicators

80% of ACS consumers will report satisfaction with convenience and accessibility.

Combined ACS and Access Clinic (BHD) utilization will increase by 10% over baseline Access Clinic utilization.

The ACS and Access Clinic (BHD) will serve 25% more Spanish-speaking clients.

The ACS and Access Clinic will increase the number of crisis plans on file by 10%.

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 outcomes, as well as a step-by-step plan of correction to attempt to redress the shortcomings. The vendor is expected to work with the Behavioral Health Division of Milwaukee County to develop and achieve this corrective action plan.

Consumer Satisfaction

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

- Short in person interviews with persons who have received services.
- Evaluation forms to be completed and returned by individuals after receiving services.
- Follow up phone conversations.

Crisis Mobile Team Expansion

Program Purpose

The Milwaukee County Behavioral Health Division is seeking proposals for a contracted agency to operate a mobile team to provide crisis response and intervention services for adults in the community on an outreach basis, augmenting services provided by the County-operated Crisis Mobile Team. The contracted Crisis Mobile Team Expansion (CMTE) will supplement County-operated services by providing overnight (12:00 to 7:00 a.m.) coverage.

Required Program Inputs, Processes and Program Activities

The contracted agency will furnish a team to provide daily coverage from 12:00 a.m. to 7:00 a.m. to respond to dispatches from the BHD Crisis Line. The team on duty is to be comprised of at least two (2) Master's-level clinicians – LCSW, LPC, or LMFT – with a minimum of three years of experience in mental health assessment, with a preference for crisis experience.

The successful applicant will describe how to ensure compliance with all aspects of Chapter DHS 34 related to staff qualifications, training, supervision, and documentation of services.

The CMTE will be supervised and administered by the contracted agency selected through this RFP process, with the ongoing support and general direction of BHD Crisis Services.

The CMTE will be dispatched via the BHD Crisis Line to provide on-site, in-person interventions in situations of potential or actual mental health crises that are not immediately life-threatening, or in response to a request by law enforcement for consultation and assessment in potential Emergency Detention (Chapter 51) situations.

The CMTE assesses the safety of the situation and gathers pertinent information from the individual in crisis, the person(s) who placed the call for intervention, and any other significant others on-site or otherwise engaged in the situation, such as law enforcement. In an unsafe situation, the CMTE should contact the police directly.

During initial contact with an individual who may be experiencing a mental health crisis, the CMTE gathers and documents sufficient information to assess the individual's status and needs and to prepare and implement a response plan.

The successful applicant will describe how the CMTE can help an individual manage his or her crisis in the community and minimize disruption to his or her usual functioning. Applicants should also describe their capacity to provide or arrange for client

transportation to a hospital in situations in which an on-site response is insufficient to resolve a crisis.

While on-site at a crisis intervention, the CMTE may maintain contact with BHD Crisis Services (via the Crisis Line) and consult with a staff psychiatrist in Psychiatric Crisis Service.

If the CMTE responds to a crisis situation involving an individual already receiving mental health services in the community, the team is expected to notify the individual's current mental health provider and document that communication. In a non-crisis situation, the CMTE will request permission from the consumer to contact his or her service provider. Applicants should present strategies for making community linkages if an individual is not connected to community-based services at the time of the crisis.

The CMTE is responsible for apprising BHD Crisis Services of special accommodation needs on-site (if not addressed at the time of the dispatch), such as interpretive services for hard-of-hearing or non-English-speaking consumers.

The successful applicant will demonstrate how a person-centered, recovery-oriented, trauma-informed, and culturally intelligent philosophy would be applied in crisis response services.

Applicants should demonstrate familiarity with diverse community resources, both formal and informal, that could be accessed and delivered for persons experiencing mental health crises.

Required Documentation

The contracted agency must maintain certification under DHS 34.03, and all staff provided by the contractor must conform to the requirements of DHS 34.21 with regards to qualifications, training, and supervision of staff providing crisis services.

The CMTE must prepare and maintain records, including contact information, incident logs, progress notes, and individual crisis/safety plans, and will be expected to provide statistics and other data as required by BHD Crisis Services.

The contracted agency will maintain familiarity and compliance with BHD policies regarding patient confidentiality, in accordance with state and federal laws, including (but not limited to) 45 CFR Parts 160, 162, and 164 (HIPAA), Wis. Stat. 51.30, and Chapter DHS 92.

Applicants should demonstrate willingness and capacity to document the contracted services electronically and to interface with the electronic health records system at the Behavioral Health Division, pending full implementation.

Expected Outcomes

- Resolution of mental health crisis
- Reduction in PCS visits among clients served

- Connecting individuals with various mental health resources to respond to crisis situations and minimize the risk of further crisis
- Increased utilization of mobile crisis services by law enforcement

Indicators

- Number of crisis service contacts following initial mobile contact
- Number of PCS visits among clients served
- Documentation showing engagement with natural or professional supports
- Number of requests by law enforcement for consultation and assessment

Expected Levels of Outcome Achievement

- 20% reduction in the average number crisis events (following initial contact), including mobile crisis responses and psychiatric emergency department visits
- 20% reduction in PCS visits
- At least two (2) new or reemphasized connections per person (on average) with natural or professional supports to prevent further crisis situations
- 20% increase in requests by law enforcement for consultation and assessment