



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Delinquency and Court Services Division
Disabilities Services Division
Housing Division

YEAR 2015
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES

Issued July 14, 2014
Proposal due 4:00 PM CDT, September 2, 2014



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July, 2014

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 2015. 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 14, 2014** 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 dhsca@milwaukeecountywi.gov no later than August 1, 2014.

Tuesday, August 5, 2014

4:00 – 5.30 p.m.

Bay View Library

2566 South Kinnickinnic Avenue

Milwaukee, WI 53207

Thursday, August 7, 2014

3:00 – 4:30 p.m.

Coggs Center Room 104

1220 W. Vliet Street

Milwaukee, WI 53205

**Technical Assistance Session
Tuesday, August 12, 2014**

9:30a.m. – 11:00 a.m.

Coggs Center Room 104

1220 W. Vliet Street

Milwaukee, WI 53205

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 2, 2014**. 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
Kelly Pethke, Delinquency and Court Services Division, (414) 257-6619
Stacey Bielski, Housing Division, (414) 257-7512

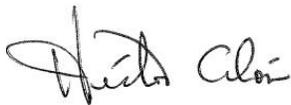
Technical Requirements (questions about proposal submission requirements):

Jane Alexopoulos, Contract Administration, (414) 289-5896
Theresa Randall, Delinquency and Court Services Division, (414) 257-6869
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
	<i>Part 1 – Agency Proposal Instructions and Forms</i>	4-4
	<i>Part 2- Budget and Other Financial Information</i>	4-39
	<i>Part 3- Program Proposal</i>	4-41
	<i>Part 4 – Overview of Proposal review process, review and scoring criteria</i>	4-62
5.	Program Requirements	
	<i>Program Index</i>	5-i
	<i>Recommended Programs and Budget Allocations</i>	5-v - 5-xii
	<i>Delinquency and Court Services Division Programs</i>	5-DCSD-1
	<i>Disability Services Division Programs</i>	5-DSD-1
	<i>Housing Division Programs</i>	5-HD-1
6.	Forms	6-1
7.	Appendices	7-1

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
HOUSING DIVISION**

SECTION 1:

INTRODUCTION

1. INTRODUCTION

Welcome to the Year 2015 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, and Housing Divisions. The programs for purchase are described in the *Year 2015 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 2015 Purchase of Service Guidelines: Program Requirements*, Section 5. The RFP information is organized into SIX (6) 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.

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES 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@milwaukeecountywi.gov

INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers must submit their questions via email to dhhsca@milwaukeecountywi.gov on or before **August 1, 2014**. **All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to dennis.buesing@milwaukeecountywi.gov.

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 15, 2014**.

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 1, 2014, to:

Dennis Buesing, Contract Administrator, DHHS
E-mail: Dennis.buesing@milwaukeecountywi.gov

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@milwaukeecountywi.gov no later than August 1, 2014. If no questions are received, DHHS reserves the right to cancel the conferences.

Tuesday, August 5, 2014

4:00 – 5.30 p.m.

Bay View Library

2566 South Kinnickinnic Avenue
Milwaukee, WI 53207

Thursday, August 7, 2014

3:00 – 4:30 p.m.

Coggs Center Room 104

1220 W. Vliet Street

Milwaukee, WI 53205

**Technical Assistance Session
Tuesday, August 12, 2014**

9:30a.m. – 11:00 a.m.

Coggs Center Room 104

1220 W. Vliet Street

Milwaukee, WI 53205

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 2, 2014**.

RFP Schedule

RFP Milestones	Completion Dates
RFP issue date	July 14, 2014
Last day for submitting written questions	August 1, 2014
1st Question and Answer Session (Pre-Proposal Conference)	August 5, 2014; 4 PM
2nd Question and Answer Session (Pre-Proposal Conference)	August 7, 2014; 3 PM
Technical Assistance Session	August 12, 2014; 9:30 to 11 AM
Written Q&A posted to website	August 15, 2014
Written Proposals due	September 2, 2014; 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, 2015 – December 31, 2015). 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 2, 2014**. 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 (Delinquency and Court Services, Disabilities Services, and Housing) 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 (Delinquency and Court Services, Disabilities Services, and Housing) 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, 2015, subject to conclusion of successful contract negotiation and terminate December 31, 2015, 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.

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES 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 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. For all divisions except BHD, 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.

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES 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**

2015 PURCHASE OF SERVICE PROPOSAL CONTENTS – I. INITIAL SUBMISSION

This proposal contents sheet must be attached immediately after the proposal summary sheet (item #1)

<u>Technical Requirements</u>		<u>Proposal</u>	
<u>Item #</u>	<u>Item Description</u>	<u>Check each Item Included</u>	<u>Page # of Proposal</u>

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
<u>Part 3 –PROGRAM PROPOSAL</u>			
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		

DCPI	Designation of Confidential and Proprietary Information		
SDE	Statement of Deviations and Exceptions		

Note: DCPI and SDE forms are optional, check column if included

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 21, 2014, 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 (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 2, 2014**

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
(ON PROPOSER LETTERHEAD)

ITEM # 2

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 2015 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 2015 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 2015 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: DCSD _____ DSD ___ MSD ___ Housing ___

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

A. Program Number: _____ Program Name: _____

Continuation ___ New _____

2014 Funding: _____ 2015 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 2015 AUTHORIZATION TO FILE RESOLUTION
(Applicable for Non-Profit and For-Profit Corporations Only)

ITEM #3

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 2015 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 2015 Purchase of Service Contract(s).

Name: _____ (Signature of the Secretary of the Board of Directors) Date: _____

Printed Name: _____

YEAR 2015 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

Please check all the statements below that describe your business entity:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership/Joint Venture | <input type="checkbox"/> Service Corporation (SC) |
| <input type="checkbox"/> For-Profit | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Single Member LLC | <input type="checkbox"/> 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: _____

Items 5, 6, & 7 partially comprise the points scored under Administrative Ability
Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence
ITEM # 5

YEAR 2015 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	Disabled
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "disabled 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: _____

Board Committees/ Advisory Committees

Committee Name	Committee Purpose

The Board of Directors' 2015 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 2015 AGENCY OWNERS/STOCKHOLDERS/OFFICERS
(applicable to all organizations)

ITEM # 7

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 (\$)*
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> 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 2015 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 2015 INDEMNITY, DATA & INFORMATION
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

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
<u>Wisconsin Workers' Compensation</u> or Proof of all States Coverage	Statutory
<u>Employer's Liability</u>	\$100,000/\$500,000/\$100,000
<u>Commercial General and/or Business Owner's Liability</u>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence \$1,000,000 - General Aggregate
<u>Automobile Liability</u>	
Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists And/or,	\$1,000,000 Per Accident Per Wisconsin Requirements
<u>Umbrella/Excess Liability</u>	\$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 and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate 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 2015 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 2012, 2013, and 2014 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2012 Wages	2013 Wages	2014 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 2015 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 2015 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: _____

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, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, 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 disabled 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 2015 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 race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, 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.

Audit Services Division Hotline

Milwaukee County has set up the Audit Services Division 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 Audit Services Division 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 Audit Services Division 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.

This 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 REGARDING DEBARMENT AND SUSPENSION

ITEM # 19

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 website:

http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.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.

For information on audit and invoicing requirements should a contract be awarded, see the [Audit and Reporting Requirements](#) document available at: http://county.milwaukee.gov/DHHS_bids .

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@milwaukeecountywi.gov In the subject line indicate agency name, contract division (DSD, MSD, DCSD, or Housing) and "2015 budget forms" e.g. XYZAgency-DSD-2015 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

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
<i>example</i> Staff Clients Community sites (list major ones) Community living curriculum Transportation (vans)	<i>Staff establish sites for community activities.</i>	<i>32 unduplicated clients will participate in 500 community living experiences.</i>		<i>Outcome 1: Clients increase awareness of community resources.</i>	<i>Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores</i>	<i>24 (75%) of clients will achieve the outcome</i>		
	<i>Staff and clients identify community interests.</i>		<i>Outcome 2: Clients increase utilization of public and private services in their community.</i>	<i>Number and percent of clients who demonstrate an increase in utilization of public and private services in their community</i>	<i>24 (75%) of clients will achieve the outcome</i>			
	<i>Staff arrange/coordinate transportation to/from community activities.</i>		<i>Outcome 3: Clients generalize acquired skills to other home and community living situations</i>	<i>Number and percent of clients who generalize acquired skills to other home and community living situations</i>	<i>24 (75%) of clients will achieve the outcome</i>			
	<i>Staff facilitate community activities.</i>							

Items 29a and b partially comprise the points scored under Service Plan and Delivery

PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT

ITEM # 29a

A Inputs	B Processes/Program Activities	C Outputs	C1 For evaluation report Actual level of achievement	D Expected Outcomes	E Indicators	F Projected level of achievement	G For evaluation report	
							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 2015 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 29a, Program Logic Model.

Refer to the *Year 2015 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?_____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

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
ORGANIZATIONAL LEADERSHIP**

ITEM #29d

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? _____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

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** in 2014 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.

2015 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 2015 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 _____ 2015 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: 0Hhttp://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, 2015 are due by Friday, August 1, 2015 for contractors that are continuing from 2014. For new contractors, evaluation reports are for the 6 months ending June 30, 2015, due August 1, 2015.

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, 2015 are due August 1, 2015.

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 29a), 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@milwaukeecountywi.gov 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:

CARSD:

Stefanie Erickson
CARS 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:

Theresa Randall
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.

DISABLED DEFINITIONS

A disabled 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.

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name _____

Disability/Target Group _____

Program Name _____ 2015 Program #

Facility Name & Address _____

CY 2015 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. Disabled 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. Proposal Review and Scoring Criteria for ALL contract divisions

- 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 – 18 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.

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
HOUSING DIVISION**

SECTION 5:

PROGRAM REQUIREMENTS

5. PROGRAM REQUIREMENTS

Table of Contents

Recommended Programs and Tentative Allocations

	<u>Page</u>
Delinquency & Court Services Division	5-iii
Disabilities Services Division	5-iv
Housing Division	5-v

Program Name Division-Page#

DELINQUENCY & COURT SERVICES DIVISION 5-DCSD-1

<u>Program Name</u>	<u>Section/Page</u>
DCSD 001 – Day Treatment Program	5-DCSD-5
DCSD 004 – First Time Juvenile Offender Tracking/ Supervision Engagement	5-DCSD-11
DCSD 006 – Group Care	5-DCSD-18
DCSD 020 – Division Accountability Panels	5-DCSD-26

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

DCSD 007 – Re-Entry Coordination Services	5-DCSD-29
DCSD 008 – Level 2 In-Home Monitoring Program	5-DCSD-34
DCSD 011 – Shelter Care	5-DCSD-39
DCSD 014 – Targeted Monitoring Program (Firearm and Serious Chronic Offender Supervision)	5-DCSD-43
DCSD 016 – Alternative Sanction Program	5-DCSD-51
DCSD 017 -- Group Care-Transitional Living	5-DCSD-58
DCSD 018 -- Evening Report Center	5-DCSD-67
DCSD 019 – Community Service and Restitution Coordination	5-DCSD-72

DISABILITIES SERVICES DIVISION**5-DSD-1****Program Name****Section/Page**

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

DSD 005 - Advocacy/Consumer Education	5-DSD-5
DSD 005i - Advocacy/Consumer Education (>\$100,000)	5-DSD-7
DSD 006 - Work Programs	5-DSD-9
DSD 009 - Early Intervention Birth – 3	5-DSD-12
DSD 010 – Employment	5-DSD-20
DSD 011 – CLS – Recreation	5-DSD-24
DSD 012 – CLS - Respite-Adult & Children	5-DSD-26
DSD 012CR – 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 002 -- Supported Apartment Program	5-HD-1
H 013 -- My Home Housing / Tenant-based Rent Assistance Case Management Services	5-HD-4
H 014 – Housing Supportive Services – Highland Commons	5-HD-10
H 006 – Housing Supportive Services – Empowerment Village	5-HD-14

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

H 003 -- Coordinated Community Housing	5-HD-21
H 004 – Domestic Violence Counseling	5-HD-23
H 005 -- Homeless/Emergency Shelter Care	5-HD-25
H 008 – Housing Supportive Services – United House	5-HD-27
H 010 – Housing Supportive Services – Fardale	5-HD-31
H 011 -- Housing Supportive Services - Farwell Studio Apartments	5-HD-34
H 012 -- Pathways to Permanent Housing	5-HD-37
H 017 -- Keys to Independence Supportive Housing	5-HD-41

2015 TENTATIVE CONTRACT ALLOCATIONS

**DELINQUENCY AND COURT SERVICES DIVISION
Purchase of Service RFP**

Recommended Programs

<u>Program Number</u>	<u>Program/ Service Name</u>	<u>2015* Tentative Allocation</u>
DCSD 001	Day Treatment Program	\$1,222,666
DCSD 004	First Time Juvenile Offender	\$ 770,000
DCSD 006	Group Care	\$1,114,064
DCSD 007	Re-Entry Coordination Services	\$ 120,000
DCSD 008	Level II In-Home Monitoring Services	\$1,252,436
DCSD 011	Shelter Care	\$2,038,483
DCSD 014	Targeted Monitoring Program	\$1,736,944
DCSD 016	Alternative Sanction Program	\$ 229,333
DSCD018	Evening Reporting Center	\$ 315,000
DCSD019	Community Service and Restitution Coordinator	\$ 161,963
DCSD020	Diversion Accountability Panels	\$ 198,000

***Final 2015 allocations are contingent upon the 2015 adopted budget.**

2015 TENTATIVE CONTRACT ALLOCATIONS

DISABILITIES SERVICES DIVISION (DSD)

There are no DSD Programs Open For Competitive Proposals in 2015

Disabilities Services Division has three-year program contract cycles in several program areas.

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:

<u>Continuing Programs</u>	<u>2015 * Tentative Allocations</u>
DSD 005 – Advocacy	\$165,000
DSD 005i – Advocacy/Community Education	\$136,043
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 012 – Community Living Support (Respite)	\$311,095
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 2015 allocations are contingent on the 2015 adopted budget.**

2015 TENTATIVE CONTRACT ALLOCATIONS

HOUSING DIVISION

Recommended Programs		2015 * Tentative Allocations
H 002	Supported Apartment Program	\$260,000
H 013	My Home Housing / Tenant-based Rent Assistance Case Management Services	\$260,000
H014	Housing Supportive Services – Highland Commons	\$140,000
H006	Housing Supportive Services – Empowerment Village	\$180,000

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

Recommended Programs		2015 * Tentative Allocations
H 003	Coordinated Community Housing	\$ 45,000
H 004	Domestic Violence Counseling	\$ 30,353
H 005	Homeless/Emergency Shelter Care	\$418,881
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 017	Keys to Independence Supportive Housing	\$400,000

***Final 2015 allocations are contingent on the 2015 adopted budget.**

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.

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.

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 2015

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

DCSD 001 – Day Treatment Program

DCSD 004 – First Time Juvenile Offender Tracking Program, to include the sub-population in the Supervision Engagement Program

DCSD 006 – Group Care

DCSD 020 – Diversion Accountability Panels

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 2015 Request For Proposal - Purchase of Service Guidelines*.

Applicants 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.

Special Instructions: The following program elements should be addressed within Item #30b, the Program Narrative, if applicable.

Service/Treatment Process:

1. List and define the program activities, purpose of the activity, and the anticipated size, structure, and schedule of the activity.
2. Describe the sequence of program activities, including counseling and treatment, if applicable. Indicate the length of time in each phase of the activity and the criteria used to move youth from one phase to the next.
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 theory of change or treatment model that will be utilized. Address specific service needs of dual-diagnosis youth.
4. Describe your plan to ensure that services can be provided to Limited English Proficiency (LEP) service recipients and families.
5. Describe agreements and working collaborations with other community agencies that will provide services to the target population. Describe the qualifications of the agencies and service providers. Include any letters of agreement.
6. Program incumbents should provide a summary description of their most recent program evaluation.

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 2015 and any other items that have changed from the previous year. Please refer to the Technical Requirements section of this document.

- DCSD 007 – Re-Entry Coordination Services
- DCSD 008 – Level 2 In-Home Monitoring Program
- DCSD 011 – Shelter Care
- DCSD 014 – Targeted Monitoring 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 2015 RFP.

Funding Note for 2015:

Tentative funding levels are based upon Departmental level budget requests and are thus subject to change based upon the final adopted 2015 County Budget. As a result, significant changes may occur in the structure and or funding of DCSD's 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. Inquiries should be made to Kelly Pethke at telephone (414) 257-5725.

PROGRAM PURPOSE

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

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. As a result of this RFP, DCSD will award a contract to a maximum of three vendors to operate the Day Treatment program. Each program site will be funded in multiples of 15 slots. The tentative program budget is designed to support 46 slots. DCSD desires to allocate 15 slots to a program specific to girls and 31 slots for a program specific to boys. DCSD will not reject proposals because they are for non-gender-specific programs may score lower for not meeting DCSD's desired criteria.

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. Please submit an organizational plan to implement and support the delivery of Trauma Informed Care (TIC) within the agency. Describe how TIC practices will be incorporated into programming, along with TIC policies the agency will implement and TIC training that staff will receive. DCSD is also requiring that all direct care staff that working with the youth be trained in motivational interviewing (MI). Please submit the agency's plan to implement MI staff training, along with verification of training completion.

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. This should include an assessment of the current academic level for each student and plan to meet that student's educational needs.
 - Written assessments and service plans incorporating and addressing criminogenic needs completed with copies forwarded to Children's Court Human Service Worker (HSW) 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 DCSD and/or Wraparound staff.
 - Discharge Summaries completed with copies forwarded to DCSD 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 licensed, clinical provider.

Recommended topics for counseling include Empathy Building, Relationship Violence, Errors in Thinking, Anger Management, Conflict Resolution, Alcohol and Other Drug Abuse (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 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 provide a detailed response plan to address chronic absences or program non-compliance, be sure to include the engagement process utilized by staff prior to discharging a youth.
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

Proposals must indicate an ability to enter into a contract with MPS, which will provide funding for teachers at the Day Treatment program. For example, programs could submit a letter of support from MPS along with a detailed plan for collaborating with MPS. Interested parties shall contact Dominique Smith at 414-698-6864. 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.
5. 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. This should include a process for planned and unplanned discharges for students.

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 Safety and Professional Services.
- All teachers must be licensed by the State of Wisconsin, Department of Public Instruction.

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 performance 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 successfully complete the program.

Indicator: Number and percent of youth who successfully 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 attain Outcome 3 following the completion of one full semester of program admission.

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. Intensive Day Treatment Performance Measures in MPS Contract:

Outcome 1: The school must show improvement or maintain satisfactory status on the Alternate Accountability Performance Measures.

Outcome 2: At least 70% of the pupils in grades 5-8 shall have received a passing grade in at least four of the core academic courses of English, math, reading, science, and social studies.

Outcome 3: Achieve an average daily pupil attendance rate of pupils in the Educational Program that is at least 70%.

Outcome 4: At least 70% of students registered for at least 45 days will demonstrate improved attendance compared to their prior school. The student's prior school is defined as the last school they were registered at for 45 or more days.

Outcome 5: At least 50% of student who take the district math assessment two consecutive times at the school during the school year will either meet or exceed the district average growth for students at their grade level or reduce the gap between their scores and the proficiency benchmark by 5%.

Outcome 6: At least 50% of students who take the district reading assessment two consecutive times at the school during the school year will either meet or exceed the district average growth for students at their grade level or reduce the gap between their scores and the proficiency benchmark by 5%.

Outcome 7: The school's overall suspension rate shall be equal to or less than the district's average for equivalent grade bands.

Outcome 8: At least 70% of students registered for at least 45 days will demonstrate a decreased rate of suspensions as compared to their previous school. The student's prior school is defined as the last school they were registered at for 45 or more days.

Outcome 9: Achieve 100% completion of Individualized Student Learning Plans.

REIMBURSEMENT

Milwaukee Public Schools (MPS) provides the successful proposer with funding for the education related services and costs of students enrolled in Day Treatment by separate agreement through MPS Office of Contracted 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.

DAY TREATMENT CLIENT CHARACTERISTICS CART

All Day Treatment proposals must use the following percentages when populating the Client Characteristics Chart (Submission Item #36). Please propose a number of youth served that is appropriate for the number of slots in the proposal and the typical program duration. The racial/ethnic compensation of those youth the racial/ethnic should follow the percentages below on Item#36:

Race/Ethnicity	%
Asian or Pacific Islander	1%
Black	89%
Hispanic	6%
American Indian or Alaskan Native	0%
White	4%

PROGRAM PURPOSE

DCSD is seeking proposals to operate both the Supervision Engagement Program (SEP) and the First Time Juvenile Offender Program (FTJOP) because the programs are functionally similar and share the same overarching goal. The goal for both programs is to help delinquent youth who are under supervision succeed while they continue to live in a community setting. DCSD Human Service Workers (HSWs) enhance community safety by assigning the services that are most likely to prevent each individual youth from re-offending. SEP/FTJOP providers assist, motivate, and incentivize youth and their families to engage in those services. Through this process, SEP/FTJOP providers track and report youths' behaviors so that risks and needs can be quickly met with the most effective response.

SEP and FTJOP services differ slightly depending on whether a youth is being diverted from formal court proceedings or whether a youth's supervision is the result of a formal court order. The FTJOP is a diversion program for youth who would otherwise be subject to a delinquency petition and subsequent court proceedings. SEP is an enhancement to the supervision of youth who have been adjudicated delinquent, and are therefore subject to a formal court order. The DCSD will award a maximum of two contracts to operate the DCSD 004 the Supervision Engagement and First Time Juvenile Offender program.

FTJOP Referral Population

The FTJOP 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 usually offered the option of taking part in this program under a Deferred Prosecution Agreement (DPA). A DPA, under Wis. Statutes, is an agreement between the District Attorney's office, DCSD, a youth and his/her family or legal custodian regarding services and/or conditions the youth must meet to avoid being charged for an alleged delinquent act. Youth are typically placed in the First Time Juvenile Offender Program for a period of six months from their completed intake. If the youth fails to meet the terms of the DPA, DCSD can refer the case to the District Attorney's office, which may petition the court on the pending offense(s).

FTJOP Role

The FTJOP agency will be part of the team working with the youth and their family for the entire FTJOP program duration. Historically, FTJOP has been assigned for 6 months, however, DCSD is may tailor the length of programming to the length of time that is appropriate to the individual youth based on risk and needs. The goal is to

motivate and engage youth and their families in the services needed to mitigate risks and address needs so that youth do not need to be referred back to the district attorney for further review. Because the FTJOP agency may stay engaged with the youth for a longer period of time – up to 6 months – it is appropriate for FTJOP staff to coordinate service referrals. Additionally, the FTJOP worker takes on an active role in tracking and reporting progress towards completing program outcomes, e.g. school attendance, service engagement, etc. Following the end of the FTJOP program period, the FTJOP agency transitions away from the case, leaving the HSW to provide supervision and engagement for any remaining time that the DPA or CD may remain in effect.

SEP Referral Population

The SEP enhances the engagement of youth and their families in their treatment and case plan. Youth who are the subject of a supervision order with the courts and who are first time offenders will be referred to the SEP in order to engage them in their court order services and/or those services deemed as necessary to address their crimeogenic needs as part of their treatment or case plan. Youth will be targeted who have little to no family support as identified by the Youth Assessment & Screening Instrument (YASI). The youth will not be eligible if they are enrolled in Wraparound Milwaukee or the Targeted Monitoring Program.

SEP Role

The SEP community providers will be part of the team working with the youth and their family through the initial 60 days of their supervision order, with an extension of an additional 30 days possible. The goal of this program is to engage youth and their families as soon as possible after the court order date. This is often a critical window of high motivation and commitment to engage in services and behavioral change. This is one reason why earlier engagement in the change process positively correlates with better outcomes for the youth, and thus, improved community safety. The staff will work with youth to ensure they are aware of the services they are referred to and why they are referred to such services, assist with any barriers to them being an active participant in the services, link the youth and family to community resources and communicate any concerns or needs of the family to the assigned DCSD Human Service Worker (HSW).

After the 60 to 90 day supervision engagement period has ended the SEP agency will transition away from the case. Throughout the supervision engagement period and afterwards, the HSW will maintain responsibility for assessing the youth, assigning services, fulfilling contact standards, and all other regular HSW duties and responsibilities.

Evidence-Based Service Delivery

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. Please submit an organizational plan to implement and support the delivery of Trauma Informed Care (TIC) within the agency.

Describe how TIC practices will be incorporated into programming, along with TIC policies the agency will implement and TIC training that staff will receive. DCSD is also requiring that all direct care staff that work with the youth be trained in motivational interviewing (MI). Please submit the agency's plan to implement MI staff training, along with verification of training completion.

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

The SEP/FTJOP is designed to serve youth under the general responsibility of a SEP/FTJOP worker. Youth will be enrolled in the SEP for 60 days, with the possibility of a 30 day extension. Youth have historically been enrolled in the FTJOP for six months with the possibility of an extension that lasts until the DPA or CD's expiration date. However, DCSD may tailor the program duration to the length of time that is appropriate for each individual youth. DCSD seeks proposals that structure service delivery so that each worker will be assigned a no more than 27 youth at any one time.

The program design for SEP/FTJOP agencies has several specific requirements that must be addressed by agencies submitting a proposal:

1. SEP/FTJOP agencies must emphasize utilize MI practices and TIC concepts to empower youth and their families to select their own service providers and to be responsible for their overall decision-making.
2. Trackers' work hours should meet the needs of youth and working families with an emphasis on maximizing face-to-face contacts.
3. 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. SEP/FTJOP 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 HSW Supervisor or the DCSD Administrative Coordinator.
2. Utilize YASI assessment and other information provided by a DCSD Human Service Worker (HSW) and interact with the family to help assess the youth and family's service needs.
3. For FTJOP youth only, complete the Service Plan Authorization Form and or use Synthesis to authorize services provided by Children's Court Services Network

(CCSN) approved agencies. SEP/FTJOP workers 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 report that identifies the actual services that the youth and family received and summarizes the 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. For FTJOP youth only, work with the youth who are referred to the program (and their families) to ensure that these program requirements are completed:
 - Letter of Apology (to be completed within the first two months following staffing)
 - Community Service Hours: to be initiated within first month following staffing and community service hours must be completed within the time frame of the program. Program extensions for completion of community service hours will not be granted unless special circumstances warrant this request. If requested, a staffing with the Tracker, HSW, Supervisor and Administrative Coordinator must occur to obtain permission to extend a youth in order to complete their community service hours.
9. For SEP youth, work with the youth who are referred to the program (and their families) to ensure that these program requirements are completed during the supervision engagement period (first 60 to 90 days):
 - All service appointments have been scheduled and attended
 - Youth has begun work towards completing any court ordered community service, or repaying restitution
 - Letter of apology is completed if required
 - Youth and family have sustainable plan with access to the resources needed to sustain service engagement throughout supervision time frame
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. For FTJOP youth only, 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 SEP/FTJOP 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.

Staffing Related

SEP/FTJOP workers 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 of experience with programs that serve juveniles. The Tracker Supervisor (or designee) will be required to be available for meetings with DCSD management as needed.

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 FTJOP 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
- YASI Wheel

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

- SEP Service Plan/Program Referral Form
- Appointment attendance documentation
- Documentation of community service or restitution repayment efforts
- YASI Wheel

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

- Case referral documents from DCSD.
- 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 times 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 FTJOP 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.

The SEP program has two identified goals: (1) Create a higher level of engagement for youth, and (2) increase programming for post-dispositional youth in the juvenile justice system.

Outcome 1: Improve youth's engagement in services.

Indicator: The number and percent of youth for whom appointments for all required services were scheduled to occur within the first 30 days of the start of the supervision order.

Indicator: The number and percent of youth appointments for required services that were scheduled that were actually attended by the youth.

Outcome 2: Reduce the likelihood of a youth's order of supervision being extended.

Indicator: The number and percent of youth that complete their order of supervision without being extended.

Indicator: The number and percent of youth that do not recidivate during their supervision order.

REIMBURSEMENT

SEP/FTJOP agencies will be reimbursed for documented service units on a fee-for-service basis. The unit rate is \$32.00 per hour of service provided to an individual case (youth/family). For FTJOP youth, agencies will be reimbursed for a maximum of forty-two (42) hours for each youth during a six-month period unless approved otherwise by DCSD. For supervision engagement youth, agencies will be reimbursed for a maximum of twenty (20) hours for each youth during a six-month period unless approved otherwise by DCSD.

SUPERVISION ENGAGEMENT AND FIRST TIME JUVENILE OFFENDER CLIENT CHARACTERISTICS CART

All Supervision Engagement Program and the First Time Juvenile Offender Program proposals must use the following percentages when populating the Client Characteristics Chart (Submission Item #36). Please propose a number of youth served that is appropriate for the number of slots in the proposal and the typical program duration. The racial/ethnic compensation of those youth the racial/ethnic should follow the percentages below on Item#36:

Race/Ethnicity	%
Asian or Pacific Islander	2%
Black	59%
Hispanic	14%
American Indian or Alaskan Native	0%
White	25%

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 30-32 beds (four 8-bed awards and/or three 8-bed awards plus one fractional 8-bed award) of Group Care for male youth. The programs must have the ability to identify and manage youth who present mental health issues, emotional disturbances and/or alcohol and other drug abuse (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. Please submit an organizational plan to implement and support the delivery of Trauma Informed Care (TIC) within the agency. Describe how TIC practices will be incorporated into programming, along with TIC policies the agency will implement and TIC training that staff will receive. DCSD is also requiring that all direct care staff that work with the youth be trained in motivational interviewing (MI). Please submit the agency's plan to implement MI staff training, along with verification of training completion.

Through the Juvenile Justice Reform and Reinvestment Initiative (JJRRI), the Milwaukee County DCSD has acquired the advanced resources to help its partners better understand how efficiently and effectively its services reduce the likelihood of re-offense.

The proposer must be able to accept the following youth:

- Adjudicated youth under Department supervision, including youth in the Milwaukee County Accountability Program
- Multi-system youth (Delinquency and CHIPS) in transition

- Wraparound Milwaukee youth
- Aftercare youth under Division of Juvenile Corrections Supervision
- Other youth as approved by DCSD

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 giver.
- 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.

Prior to January 1, 2015, the Department of Children and Families must have issued to the provider a Group Home License pursuant to s. 48.625 of Wisconsin Statutes and Chapter DCF 57 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 Group Care license can be obtained at the following website: <http://dcf.wisconsin.gov/childrenresidential/obtaining.HTM>

Program Description

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 and case plan for residents 16 years old and over (or for younger youth as identified as needing this support). This plan should include independent living services and supports, to include but not limited to: employment program that is designed to move a youth into gainful

employment that can support their independent living arrangement, train youth to be financially literate to the extent that they can independently manage their personal finances, and the agency should form any partnerships necessary to connect the youth to any needed services to support their independent living after they are discharged from the group home.

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. Comply with DCSD pass policy and procedure for Group Care.
21. Establish a Critical Incident policy pertaining to events or situations that jeopardize the health or safety of residents or of staff. Critical incidents must be reported in writing to DCSD within 24 hours of becoming aware of the incident. Provide immediate notification to the parent/guardian, Human Services Worker, Care Coordinator, and other involved workers. 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.

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 the times, duration, and amount of service). The vendor shall complete and submit to the Division specified data for all services when requested.

PROPOSAL SUBMISSION REQUIREMENTS

When addressing this section of the Request for Proposals (RFP), refer to Item #29a, "Program Logic Model and Annual Evaluation Report" and Item #29b,

“Program Narrative”, both found in the *Technical Requirements* section of this RFP, unless otherwise specified.

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

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: 95% of non-Wraparound group home residents will have an initial assessment and crisis safety plan in place within seven days of placement

Indicator: Number and percent of non-Wraparound youth will have an initial assessment and crisis safety plan completed in Synthesis within seven days of placement.

Outcome 2: 65% of group home residents in placement 90 days or more will return home or meet their permanent or treatment plan alternative.

Indicator: Number and percent of youth in placement 90 days or more who return home or meet their permanent or treatment plan alternative.

Outcome 3: 70% of group home residents will not have a new delinquency referral or adult criminal charge during placement.

Indicator: Number and percent of youth who do not have a new delinquency referral or adult criminal charge during placement (per DCSD records and adult CCAP).

Outcome 4: 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 5: 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 6: 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.

GROUP CARE CLIENT CHARACTERISTICS CART

All Group Care Program proposals must use the following percentages when populating the Client Characteristics Chart (Submission Item #36). Please propose a number of youth served that is appropriate for the number of slots in the proposal and the typical program duration. The racial/ethnic compensation of those youth the racial/ethnic should follow the percentages below on Item#36:

Race/Ethnicity	%
Asian or Pacific Islander	0%
Black	90%
Hispanic	8%
American Indian or Alaskan Native	0%
White	3%

PROGRAM PURPOSE

The Diversion Accountability Panels (DAP) model was initiated by Delinquency and Court Services (DCSD) for first-time juvenile offenders as a diversion effort for low risk offenders. This program is to provide dispositional alternatives to the judiciary who have to deal with increasing numbers of juvenile offenders. Endorsed by the National Council of Juvenile and Family Court Judges in 1989, Diversion Accountability Panels provide the juvenile justice system with an early diversion option; freeing much needed space on already crowded court calendars while holding youth accountable for their actions. This model is similar to a program operating in Racine County, WI and Philadelphia, PA since 1988. The Diversion Accountability Panels concept encompasses the three tenets of the Balanced Approach to Juvenile Probation – Community Protection, Youth Accountability, and Competency Development.

The DAP is a juvenile diversion program which gives first time minor offenders apprehended for misdemeanors the option of appearing before a panel of community volunteers, called the Community Panel, rather than entering the juvenile court system. This is strictly a voluntary option, chosen by the juvenile and his/her parents and does not preclude access by the juvenile to the due process guaranteed by the juvenile justice system.

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. Please submit an organizational plan to implement and support the delivery of Trauma Informed Care (TIC) within the agency. Describe how TIC practices will be incorporated into programming, along with TIC policies the agency will implement and TIC training that staff will receive. DCSD is also requiring that all direct care staff that work with the youth be trained in motivational interviewing (MI). Please submit the agency's plan to implement MI staff training, along with verification of training completion.

Target Population

To be eligible for the program, the identified youth:

- Must admit to the charge against them
- Have no cases pending
- No prior adjudications
- No consent decrees
- No prior referrals

Eligible Offenses:

- Disorderly Conduct (fighting, loud conduct)

- Retail theft
- Theft
- Receiving Stolen Property
- Criminal Damage to Property under \$300
- Possession of Marijuana
- Possession of Alcohol
- Misdemeanor Battery
- Criminal Trespass
- Obstructing (only when false information is given)
- Any Ordinance
- Possession of Drug Paraphernalia
- Attempted Drive or Operate without Owner's Consent
- Operate Vehicle/Passenger without Owner's Consent

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

The Community Panel draws the youth's family and community into the contracting process. This is a critical approach to the prevention and rehabilitation goals under the program. This intervention provides a swift and meaningful community response to minor delinquent behaviors. This response is designed to curtail further delinquent behavior by holding the youth and his/her family accountable for the individual's actions and preventing further involvement in the juvenile court system.

The goal of the program is to reduce the number youth referred to the juvenile justice system while holding them accountable for their actions. The program should assist with preventing the youth from moving further into the juvenile justice system and decrease re-arrests and recidivism for the youth.

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:

- DAP Referral forms
- DAP consent forms
- Attendance sheets for panels
- Staffing reports and service plan updates
- YASI Wheel

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

- Case referral documents from DCSD.
- DAP agency intake forms (including signed consents).
- Monthly reports and monthly provider reports.
- Case contact sheets that include the date of the contact, the times 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

Outcome 1: 75% of youth will successfully complete the program.

Indicator: Number and percent of youth who complete Community Service Hours.

Indicator: Number and percent of youth who are discharged from the program.

Outcome 2: 75% of youth will not have a subsequent referral during the course of the program.

Indicator: Number and percent of youth with a new referral during program participation.

Outcome 3: 75% of youth who complete the program successfully will not have a subsequent referral in the six months following discharge.

Indicator: Number and percent of youth with a new referral within six months of program discharge.

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. The total annual contract rate is not to exceed \$200,000 in the contract year.

GROUP CARE CLIENT CHARACTERISTICS CART

All Group Care Program proposals must use the following percentages when populating the Client Characteristics Chart (Submission Item #36). Please propose a number of youth served that is appropriate for the number of slots in the proposal and the typical program duration. The racial/ethnic composition of those youth the racial/ethnic should follow the percentages below on Item#36:

Race/Ethnicity	%
Asian or Pacific Islander	2%
Black	59%
Hispanic	14%
American Indian or Alaskan Native	0%
White	25%

THE FOLLOWING PROGRAMS ARE NOT OPEN FOR COMPETITIVE PROPOSAL

RE-ENTRY COORDINATION SERVICES

Program DCSD 007

PROGRAM PURPOSE

Re-entry coordination services involve case planning, case management, and monitoring 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 three hundred Milwaukee County youth under the custody of the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC) at any point in time. Committed youth are placed in one of three secure correctional facilities and typically are sent to State corrections on a 1-year order allowing for release at any point in time consistent with the least restrictive placement and community safety as determined by the DJC Office of Juvenile Offender Review (OJOR). OJOR is authorized to make all placement decisions during the dispositional 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 these youth are released with time remaining on their dispositional order to allow for aftercare supervision and services. Historically Milwaukee County has purchased State-provided aftercare supervision for youth released from juvenile correctional institutions. In 2010, Milwaukee County began to provide aftercare supervision for a limited number of youth as ordered by the committing court.

Youth receiving re-entry coordination services may be under State or County-provided aftercare supervision. Re-entry coordination services will supplement any existing supervision and services provided to Milwaukee County youth committed to DJC. Regardless of the responsible party for supervision, an array of services (e.g. Wraparound Milwaukee, day treatment, group homes, accountability programs, and Children's Court Network Services) will be available through DCSD for youth receiving re-entry coordination services. The selected vendor will be instrumental in recommending, planning, and coordinating services available through DCSD as well as providing case management and monitoring services to ensure participation in the services and supports identified in the youth's care plan.

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

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

Services include but are not limited to the following:

- Contact the institution social worker within 48 hours of receiving referral and provide input to institution social worker during assessment period based on own assessment of youth and family strengths and needs.
- 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 placement options.
- Maintain monthly face-to-face contact with youth while in juvenile correctional institution or mental health institution.
- Facilitate contact between youth and their families while in out-of-home placements and keep the family informed and engaged with the youth.
- 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.
- Recommend placement of youth into the transition phase when appropriate and assemble (if county provides aftercare supervision) and/or participate in Transition Team meetings while youth is in the institution and in the community on aftercare.
- Identify formal and informal services and supports to assist in youth's transition to the community and complete any necessary paperwork for release and referral to community-based services in conjunction with DCSD liaison. Facilitate connection to community-based programs and schools.
- Arrange logistics of transition to alternate care facility or home as necessary.
- Provide in-home family crisis intervention as necessary.
- Collaborate with other social service agencies serving youth.

- Provide community advocacy and serve as liaison between DCSD, institution or alternate care facility, community service providers, and DJC agent (if state provides aftercare supervision).
- Provide case management, support, and monitoring of youth during participation in treatment programs, educational/vocational training or employment and other activities in support of the youth's care plan. Intensity of monitoring is to be based on individualized case planning building on strengths and needs of youth and families. Additional monitoring activities include, but are not limited to: drug testing, school checks, curfew checks, etc. However, please note that these monitoring activities may be adjusted on a case-by-case basis for youth who are involved in other intensive monitoring or programs provided by local community agencies.

Placement Criteria

DCSD will identify youth for referral to re-entry coordination services. Consultation with the selected vendor will occur as necessary. A copy of the court report, along with the dispositional order or docket sheet and other supporting documentation, will be provided to the vendor.

Client Contacts

The following are the required client contact standards for youth receiving re-entry coordination services. However, please note that these standards may be adjusted on a case-by-case basis for youth who are involved in other intensive monitoring services provided by local community agencies.

- Monthly contact with youth in juvenile correctional institutions and mental health institutions and monthly contact with family.
- Daily contacts with youth in the community and three to five contacts weekly with family.
- Duration of contact to be determined in accordance with case plan.
- 10% of total contacts per month with family may be telephone contact.

Staffing Pattern

Staff working with youth and families must possess a bachelor's degree in a human services field and two year's 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 and 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:

- Referral forms
- 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
- Consent forms
- Incident reports
- Service authorization forms

EXPECTED OUTCOMES AND INDICATORS

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

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

Outcome 1: 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 2: 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 3: 70% of reintegrated youth will remain home or in the least restrictive placement during program involvement.

Indicator: Number and percent of reintegrated youth who remain home or in the least restrictive placement during program involvement.

Outcome 4: 80% of youth will not have additional juvenile justice referrals during program involvement following release from the secure institution.

Indicator: Number and percent of youth who do not have additional juvenile justice referrals during program involvement following release from the secure institution.

Outcome 5: 60% of each youth's parents will visit their child while placed in a juvenile correctional institution monthly.

Indicator: Number and percent of youth's parents who visit their child while placed in a juvenile correctional institution monthly.

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.

PROGRAM PURPOSE

The Level 2 In-Home Monitoring Program is a pre-dispositional monitoring program that is designed to serve both male and female youth. The program will primarily serve youth pending court for alleged delinquency.

As requested by the Division, other youth involved in Children's Court Center matters may be placed at the discretion of the Division. 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 Department. 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.

The program is designed to serve 108 youth at any one time. Historically the program has been divided between two vendors serving our North and South Side youth and families. Funding awards are allocated based upon the percentage of slots designated to each service area. Based on service needs (and subject to change), the current allocations are 46 slots on the North side and 62 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 #29a, "Program Logic Model and Annual Evaluation Report" and Item #29b, "Program Narrative", both found in the *Technical Requirements* section of this RFP.

Service Delivery Model

The service delivery plan should include the number and type of staff used to provide program services. The design should also include a daily/weekly schedule to show that all program components are addressed and include parent participation.

Needs and Problems

Provide a detailed description of how your program will address the special needs of this target population. This should include direct service activities that at a minimum must include the required components (listed in the Specific Activities section).

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.

Counseling

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 five (5) 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), one-hour 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 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.

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.

Staffing Pattern

The Caseworker staff shall meet the criteria required by Milwaukee County DHHS for Human Service Worker and the Clinician must be licensed by the State of Wisconsin. A written description of the agency's initial orientation plan and ongoing staff development activities should be included with the application.

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.

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

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 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. An initial case plan/contract will be developed with the participation of the youth and their family.

EXPECTED OUTCOMES AND INDICATORS

The goal of the Level 2-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: Program Completion

Indicator: Number and percent of youth that complete the program.

Indicator: Number and percent of youth that participate in at least 5 hours of counseling per week.

Indicator: Number and percent of youth that actively engage in recreational activities.

Outcome 2: Compliance with Court Conditions

Indicator: Number and percent of active youth that attend scheduled court hearings.

Indicator: Number and percent of youth discharged as a result of the issuance of a capias.

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.

New 2011 Program Capacity

The Division does experience periods in which 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.

Applicants must indicate their ability to serve a daily enrollment not to exceed 10% of the expense-based capacity in any continuous 20-day period. In addition, applicants should submit a daily rate per youth to be charged when enrollment capacity exceeds the 10% limit defined above. Applicants should provide supporting documentation that details the daily rate calculation methodology.

PROGRAM PURPOSE

Shelter care is a short-term (typically 30 days) non-secure, supervised residential program as defined and regulated under DCF 59. The program will primarily serve youth pending court for alleged delinquency. As requested by the Division, other youth involved in Children’s Court Center matters may be placed at the discretion of the Division.

In addition to the above-described services, providers must be able to demonstrate the ability and willingness to enter into the following collaborative agreements.

- Provider must lease facility space located at 9501 West Watertown Plank Road, Buildings D and E, which are owned and operated by Milwaukee County Department of Transportation and Public Works (DPTW) - Facilities Management. Lease costs are available through Contract Administration listed on page iii of the RFP. Building D is licensed by the State of Wisconsin to serve 20 females and Building E is licensed by the State of Wisconsin to serve 44 males.
- Providers must be willing to work with the Wauwatosa School District that provides on-grounds educational programming for youth temporarily housed on county grounds.

This contract will be awarded to a single vendor.

Supplemental Funding

The agency that is selected to provide this program may receive supplemental funding available through grant funding and authorized and approved by the Milwaukee County Board to provide additional services to address alternatives to detention.

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

When addressing this section of the Request for Proposal (RFP), refer to Item #29a, “Program Logic Model and Annual Evaluation Report” and Item #29b, “Program Narrative”, both found in the *Technical Requirements* section of this RFP.

Shelter Care for 44 Males and 20 Females

The provider must be able to provide 24-hour supervised care.

Each unit is capable of housing up to 24 youth. Lease costs, determined by Milwaukee County DTPW - Facilities Management, include utilities, grounds maintenance, major equipment and building repair costs, overhead and depreciation costs (building, equipment and furniture amortization cost), use of the gym and employee parking. The cost of meals and laundry are not included. The vendor will also be responsible for coordinating the use of common-use areas and the gym with Milwaukee County DTPW – Facilities Management or its designee.

The provider proposing to provide temporary shelter as described above must demonstrate the ability to have a license to provide shelter from the Wisconsin Department of Children and Families.

Education

An on-site school program will be provided by the Wauwatosa School System on the premises. The provider will be responsible for supervision of the youth during the noon lunch hour and other periods when school is not in session. Provider staff must also provide crisis intervention assistance when requested, handle acute disruptive problems, participate in school conferences, attend school orientation, and be available to school authorities when requested.

Placement Criteria

Youth can only be placed in the program if they are referred and approved for placement by the Division 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. An intake worker placement decision is made 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,
5. A signed voluntary placement agreement.

Program Operations

- The provider must accept youth for placement 24 hours a day, seven days a week.

- The provider must have the ability to be on-call and available to transport youth to and from the Detention Center/Court Center at all times and to a medical provider as necessary.
- The provider 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.
- 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.

Staffing Pattern

Direct service staff must possess a high school diploma and have three years experience working with juveniles. Four year’s experience with programs serving juveniles may be substituted for a high school degree. 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.

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.

EXPECTED OUTCOMES AND INDICATORS

Shelter care services are expected to provide a safe, monitored environment for youth awaiting court hearings, placement in foster care, group care, residential treatment care, or pending return home.

Outcome 1: Program Completion

Indicator: Number and percent of youth that complete the program.

Indicator: Number and percent of critical incidents filed (Number of critical incidents / Total days of care).

Outcome 2: Compliance with Court Conditions

Indicator: Number and percent of active youth that attend scheduled court hearings.

Indicator: Number and percent of youth discharged as a result of AWOL.

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.

PROGRAM PURPOSE

The Targeted Monitoring Program is an intensive supervision program that targets youth found to be in possession of a firearm or determined to be a serious chronic offender. This program evolved from the combination of Firearm Supervision Program (FA) and the Serious Chronic Offender Program (SCOP) that occurred in 2009.

The Targeted Monitoring Program frequently serves as an alternative to a correctional placement. Services are expected to provide a responsible and safe alternative to a correctional placement and to:

- 1. Hold youth accountable to the courts and other stakeholders.**
- 2. Minimize a youth's risk for re-offense.**

The Targeted Monitoring Program reflects a belief that even the most troubled youth have compensating strengths and capabilities that can be developed and enhanced through supervision, structure, and meaningful support. A major program objective is to help youth and their families develop their ability to function without routine contact with law enforcement and to live a positive life within their homes and community.

The Targeted Monitoring Program is a collaboration that includes the courts, probation staff, and other community-based organizations. It is essential that all components work together to ensure that youth comply with the program. Services are targeted complements to regular probation services. Communication between all parties is essential to ensure the program's effectiveness. Youth referred to the program have been adjudicated and are serving a probationary period under the supervision of a probation officer. In addition, aftercare youth who are or have been under Division of Juvenile Corrections supervision may be referred to the program at the discretion of the Department

The Targeted Monitoring Program will provide 105 slots (at any one time).

This contract will be awarded to a single vendor.

Supplemental Programming

Burglary Pilot Project (Mid-cycle adjustment)

It is anticipated that additional funding will be available in 2012 that will allow for a combination of service capacity increase within the Targeted Monitoring Program and allow for a to be determined number of youth involved in Burglaries to be monitored but at a lower dosage than that of Targeted Monitoring Program youth. The provider understands that this project is a multi-agency collaborative effort and that all parties will

work mutually together to ensure that the needs of the youth and the community are met.

Agreements With Other Community Agencies

If this program is to be operated in collaboration with another agency, please supply complete information about the agency and how they will be involved in the delivery of services. Please include signed letters of agreement.

Target Population

The youth are adjudicated delinquent and ordered to community supervision including probation supervision. The majority of the 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 correctional facility. Many youth may be on stayed orders of commitment to the Division of Juvenile Corrections. Youth adjudicated for a firearm offense will automatically be referred for possible enrollment. Based upon previous experience, approximately 95% of the youth served will be male minorities.

Needs and Problems

Identify and discuss the issues surrounding youth that are identified in the target population and in need of close supervision. How will your program's design address those issues to avoid the need for a more restrictive placement?

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

When addressing this section of the Request for Proposal (RFP), refer to Item #29a, "Program Logic Model and Annual Evaluation Report" and Item #29b, "Program Narrative", both found in the *Technical Requirements* section of this RFP.

The program has several goals, which include the following:

- Avoidance of subsequent offenses committed while in the program.
- Improvement in school attendance and grades.
- Decrease in school-related problems.
- Completion of job applications.
- Participation in activities coordinated by the provider agency.
- Attendance at meetings with Probation Officer.
- Active and positive participation in planned activities.
- Increased understanding of victim's concerns.

The narrative should describe the proposed program and should discuss how program Inputs and Outputs and expected Outcomes and Indicators will be measured and evaluated.

Service Delivery Model

Discuss the service delivery model to be used in serving youth that have been identified by the courts or the Department as potentially requiring removal from the community for placement in corrections. Please address the following:

An individual assessment and service plan document is to be developed on each youth and family. How will your program complete the intake process, complete the initial assessment, the service plan and service plan review?

Note: 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.

- What is the role of the Monitor with the family and other community agencies and resources?
- How will the agency address any supplementary service needs?
- How will client employment training and employment searches be conducted?
- How will inherent transportation issues be managed or coordinated?
- What experience does your agency have with background checks and the recruitment and employment of Monitors? How have problems been resolved?
- How is staff training to be provided by your agency? What topics and certifications will be included in employee in-service training?
- What other components will be included in your program design (e.g. Group Counseling, Case Staffing, Crisis Intervention, etc.)?

Proposers should describe programming in the application for participants when school is not in session (vacations and after school). 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. Academic, AODA, anger management, thinking/decision-making processes, health issues, job readiness, risky behavior including firearms, school and community behavior, concerns for victims, computer skills training and recreational issues must be addressed. Attendance at these sessions is mandatory on the part of the youth.

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.

Monitoring Activities

Monitors shall be reflective of the culture and ethnicity of the youth they serve. It is preferred that Monitors are assigned to youth from the same zip code or neighborhood in which they reside. Monitors are limited to working with five (5) youth at one time unless approved otherwise by the Department. Monitors must have access to the family's home until 11:00 pm in order to provide monitoring.

The Monitor and Probation Officer will set up an initial meeting with the youth and his/her parents to discuss all matters related to accountability and court conditions.

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.

Intensive monitoring must be provided for **a minimum of** six months. Based on the youth's performance, a reduced level of monitoring may be provided for the remainder of the youth's probationary period. School visits, face-to-face contacts, and required groups are core components of intensive monitoring.

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

- Phases of the program (if applicable)
- Clearly defined criteria for advancing to the next phase(s) (if applicable)
- Numbers of weekly school visits
- Numbers of face-to-face contacts per week and total number of hours of face-to-face contacts per week (not including groups)
- Expectations for group participation - number and type of required groups per week
- How additional monitoring activities will be incorporated into the plan

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

- Enrolling the youth in school and monitoring school attendance and progress.
- Working with school staff to identify barriers and assist in removing barriers that may keep the youth from achieving in school.
- Conducting daily curfew checks with the youth.
- Maintaining continued knowledge of the youth's whereabouts (youth are responsible for calling when leaving home, school, work, etc.).
- Involving the youth in positive activities that will assist in keeping the youth out of trouble.
- Engaging the youth and family in program activities
- Engaging the youth in 3 or 4 alternative activities per week to assist in keeping youth out of trouble.
- Assisting the youth with the development of job-seeking skills and in obtaining employment.

- Providing supportive services to the parents.
- Attending all court hearings involving the youth (including the Firearms Orientation).
- Assisting the youth to complete any required community service.
- Being available and providing counseling and 24 hour, seven day per week crisis intervention, either by pager or telephone.
- Participating in the detention sanction process as deemed necessary.
- Documenting all contacts with the youth.
- Providing one phone contact per week (minimum) with the Probation Officer on each youth.
- Submitting weekly reports to the Probation Officer.

Monitors are expected to get to know each youth's teachers and other school staff so that they can get regular updates on the youth's school attendance and academic progress. Monitors will spend time outside of school hours with the youth both one on one and in small groups. Monitors are expected to demonstrate positive and healthy alternative ways to spend their free time.

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

Prevention and Aftercare

The agency that is selected to provide this program may receive supplemental funding as approved and authorized by the Milwaukee County Board to provide prevention and aftercare services for youth and families enrolled in this program. Upon award, a separate plan and budget for the use of the supplemental funds will be required.

Program Enhancements

In addition to the core monitoring program activities described above the program may receive additional funding as approved and authorized by the Milwaukee County Board to provide supplemental services or staff to directly support the youth and their families in their successful completion of the program. These services include, but are not limited to:

- Family Assistance Funds to stabilize basic needs.
- Parenting Assistance to develop parenting skills and knowledge.
- Job Preparation and Employment skills building.
- Child Care to support engagement in therapeutic services or activities.

Agency Experience

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.

Agency proposals should include a description of how monitoring staff will be supervised. Supervisory staff should have a minimum of two years experience supervising monitoring staff in programs for youthful offenders. In addition, the supervisor(s) should have a minimum of five years 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 Liaison assigned to the program. In addition, supervisor(s) will respond to data requests from the Delinquency and Court Services Division Grant Coordinator.

Admission and Discharge Procedures

Milwaukee County staff determines program referrals and discharges. Referrals will originate with the assigned Probation Officer or Intake Specialist (subject to an appropriate court order). Copies of appropriate assessment materials, court reports and other documents will be provided to the contract agency.

The program staff is to contact the youth and family within two business days of a referral. The program is expected to actively attempt to complete the intake through both face-to-face and telephone contacts.

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 Probation Officer. Probation staff may file a petition that requests a revision of the order, sanctions, or a lift of the stayed order for correctional placement. Program staff will provide written documentation and maintain ongoing communications with probation staff.

REQUIRED DOCUMENTATION

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

Documentation and data recording requirements will be determined by Milwaukee County.

Individual case files must include:

- Referral forms.
- Initial client and family intake forms.
- Initial client and family assessments and service plans.
- Service plan reviews.
- Counseling notes or contact sheets to include the date of contact, the name of person contacted, services provided, and the type of the contact (e.g. face-to-face, phone, collateral, etc.).
- Consent forms.
- Incident reports.
- Discharge summaries.

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

EXPECTED OUTCOMES AND INDICATORS

Outcome 1: Program Completion

Indicator: Number and percent of youth that complete the program.

Indicator: Number and percent of youth that complete service plan goals.

Outcome 2: Improved 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: Improved youth behavior, attitudes, and understanding of offense dynamics.

Indicator: Number and percent of youth that demonstrate improved accountability.

Indicator: Number and percent of youth that can demonstrate their recognition of high-risk behaviors.

Indicator: Number and percent of youth that demonstrate improved decision-making.

Outcome 4: Improved family functioning and understanding of offense dynamics.

Indicator: Number and percent of families that can recognize high-risk behaviors of their youth.

Outcome 5: Compliance with Court Conditions

Indicator: Number and percent of active youth that do not have a subsequent referral to Children's Court.

Indicator: Number and percent of active youth that do not have a filed request to lift a stay of corrections.

Indicator: Number and percent of active youth who are not subsequently court-ordered to 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.

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.

PROGRAM PURPOSE

Group Homes provide 24 hour 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 Group Home described in these program requirements must include a Transitional Living program to provide housing, employment programming and case management for up to four youth as they age out of a Group Home placement.

The Delinquency and Court Services Division (DCSD) will be accepting proposals in anticipation of awarding a contract for its exclusive usage of an eight-bed group home for male youth. The group home must include programs to identify and case manage youth with 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. Within that framework, proposers are required 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 include services targeted towards addressing 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. Through the Juvenile Justice Reform and Reinvestment Initiative (JJRRI), the Milwaukee County DCSD has acquired the advanced resources to help its partners better understand how efficiently and effectively its services reduce the likelihood of re-offense.

The proposer must be able to accept the following youth:

- Adjudicated youth under Department supervision, including youth in the Milwaukee County Accountability Program
- Multi-system youth (Delinquency and CHIPS) in transition
- Wraparound Milwaukee youth
- Aftercare youth under Division of Juvenile Corrections Supervision
- Other youth as approved by DCSD

This contract will be awarded to a single vendor to provide the entire capacity of an eight-bed facility from April 1, 2014 through December 31, 2014. The DCSD will have the option of offering the awardee up to three, one-year contract renewals without an additional competitive RFP process.

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 caregiver.
- 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 basis. The resident is to be supervised directly by group home staff or by appropriate school or parental figures at all times.

Prior to March 1, 2014, the Department of Children and Families must have issued to the provider a Group Home License pursuant to s. 48.625 of Wisconsin Statutes and Chapter DCF 57 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 Group Care license can be obtained at the following website:<http://dcf.wisconsin.gov/childrenresidential/obtaining.HTM>

PROGRAM DESCRIPTION

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: Minimum of one hour per week
- Group (involving all residents): Minimum of one hour per week
- Family: Minimum of one hour per month

2. Participate in casework responsibilities including attending all court activities (reviews, extensions, etc.), and identifying 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 for non-Wraparound youth at least once every six months or more often as necessary given the needs of the client.
- 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. Compute non-room and board costs from total facility costs.

6. Maintain a signed consent for release of information for Mobile Urgent Treatment Team (MUTT) Team.

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

8. Provide an independent living program for up to four residents at any point in time, who are ages 16 and over.

- a. The independent living shall include housing sites that are monitored by staff that drop in, both scheduled and unscheduled, to insure compliance

and to continue support to the youth while they live in their own apartments.

b. The independent living program shall include an employment program that is designed to move youth into gainful employment that can support their independent living arrangement.

c. The independent living program shall train youth to be financially literate to the extent that they can independently manage their personal finances.

d. The independent living program shall form the partnerships necessary to connect youth to any services may be needed to support independent living after they are discharge from the Group Care – Transitional Living program.

9. 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 daily and kept on file for 30 days. Cost-effective meal alternatives and snacks should be available to residents. Meals are to be provided for breakfast, lunch, and dinner, not to exceed 6 hours between meals.

10. Ensure that all youth in Group Care (unless otherwise ordered) receive an education while in placement. Assist with school placement and interact with schools as an advocate for the youth, as necessary.

11. Provide or arrange transportation of residents to school, appointments, home on passes, and other scheduled activities.

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

13. Provide for scheduled, age appropriate recreational activities.

14. Provide programming to increase awareness of victim rights.

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

16. Enable participation in extra-curricular school activities.

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

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

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

20. 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.

21. Comply with DCSD pass policy and procedure for Group Care.

22. Establish a Critical Incident policy pertaining to events or situations that jeopardize the health or safety of residents or of staff. Critical incidents must be reported in writing to DCSD within 24 hours of becoming aware of the incident. Provide immediate notification to the parent/guardian, Human Services Worker, Care Coordinator, and other involved workers. State and County workers investigating an incident are to be admitted to the group home upon request.

23. Complete a monthly case staffing and progress report for each resident in Synthesis. 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 upon hire and within the first six months of service.

3. The social worker must possess a Bachelor's Degree from an approved university or college. A degree in Human Services, Criminal Justice, Social Work, or related field is preferred. Certification by the State of Wisconsin as a Social Worker is desirable. The social worker must also have one year of youth case management or direct service experience either in public or private youth agency setting. Five years of relevant experience working with at-risk youth may be substituted for the Bachelor's degree, subject to approval to DCSD.

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).

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 the times, duration, and amount of service). The vendor shall complete and submit to the Division specified data for all services when requested.

PROPOSAL SUBMISSION REQUIREMENTS

When addressing this section of the Request for Proposals (RFP), refer to Item #29a, “Program Logic Model and Annual Evaluation Report” and Item #29b, “Program Narrative”, both found in the *Technical Requirements* section of this RFP, unless otherwise specified.

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:
 - o Research evidence about what works in reducing offending through addressing criminogenic needs
 - o Research on adolescent development
 - o 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

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: 95% of non-Wraparound group home residents will have an initial assessment and crisis safety plan in place within seven days of placement

Indicator: Number and percent of non-Wraparound youth will have an initial assessment and crisis safety plan completed in Synthesis within seven days of placement.

Outcome 2: 65% of group home residents in placement 90 days or more will return home or meet their permanent or treatment plan alternative.

Indicator: Number and percent of youth in placement 90 days or more who return home or meet their permanent or treatment plan alternative.

Outcome 3: 70% of group home residents will not have AWOL activity for periods longer than 24 hours.

Indicator: Number and percent of youth who do not have AWOL activity for periods longer than 24 hours.

Outcome 4: 70% of group home residents will not have a new delinquency referral or adult criminal charge during placement.

Indicator: Number and percent of youth who do not have a new delinquency referral or adult criminal charge during placement (per DCSD records and adult CCAP).

Outcome 5: 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 6: 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 7: 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.

Outcome 8: 75% of residents eligible for the Transitional Living Program will have gainful employment at the time of program discharge.

Indicator: Number and percent of residents who have obtained gainful employment prior to successful discharge from Group Care.

Outcome 9: 75% of residents eligible for the Transitional Living Program will have stable housing at the time of program discharge.

Indicator: Number and percent of residents who have obtained stable housing 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.

PROGRAM PURPOSE

The purpose of the Evening Report Center (ERC) is to provide a community-based alternative to detention for youth served by DCSD. The program will primarily serve youth pending court for alleged delinquency acts but may include youth that are the subject of a court order, Deferred Prosecution Agreement (DPA) or Consent Decree (CD). The evening report center is designed to be an alternative to youth being placed in the secure detention center pre-dispositional or for sanctions.

Youth that are eligible for this program include youth that are charged with a delinquent act that are awaiting a court hearing (disposition), youth that are the subject of a court order that would otherwise serve sanction days in detention due to failure to abide by the court order and youth that are apprehended on a warrant. The program is intended to provide a level of supervision sufficient to safely maintain appropriate youth in the community while awaiting disposition of their case or their court authorized release from the program.

The Evening Reporting Center should operate Monday through Friday from after school hours through the evening for 4-6 hours. While attending the program, youth are engaged in educational activities, recreational programming and life development workshops that address their criminogenic needs. Services shall be evidence based and flexible to the extent that they can be tailored to the specific risks and needs of the youth referred to the program. Snacks and dinner should be provided, along with other incentives and transportation. Proposals should address a plan to provide transportation to and from each session for the youth participating in the program, along with an incentive program. The provider makes onsite security provisions. The proposals should also address the plan to engage the parent/guardian and other important family members into programming. Each youth referred to the program should have an individual meeting/intake with the youth and their parent/guardian prior to starting the program and at this meeting the program requirements and expectations should be thoroughly discussed and all questions addressed at that time.

The goals of the program are to minimize risk taking and delinquent behaviors during and beyond program participation and to provide highly structured and well-supervised group activities during high-risk time periods for minors in pending or post delinquency matters. The program should also help to ensure that youth are attending their court hearings and reduce the likelihood of re-arrests while allowing the minor to continue attending school and remain at home.

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

When addressing this section of the Request for Proposals (RFP), refer to Item #29a, "Program Logic Model and Annual Evaluation Report" and Item #29b,

“Program Narrative”, both found in the *Technical Requirements* section of this RFP.

PROGRAM DESCRIPTION

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. DCSD plans to enter into one contract for services to operate at one or more locations for up to 30 youth at one time. Each youth should be enrolled in the program for 4-6 weeks based on the needs of the youth. Youth may or may not be court ordered into the program. Youth may also be released into the program straight from detention after the initial detention hearing.

The Evening Reporting Center program keeps the youth involved in positive experiences while ensuring they are occupied during the times they are most likely to recidivate. The core services should include the following:

- Mentoring
- Tutoring and educational activities
- Group Discussions
- Evening meal and snacks
- On-site access to recreational activities
- Transportation
- Incentive program
- Independent living or life skills programming
- Decision making programming
- A family engagement/involvement component
- Referrals to community resources for youth and their families

Proposals should address what group activities and programming will be provided. Group activities may cover the following topics and could be supplemented by special events and other outings such as field trips to educational, cultural and recreational venues:

- Crime and delinquency
- Attitudes
- Conflict resolution
- Alcoholism and drug abuse
- Family problems
- Vandalism, violence and other problem behaviors
- Employment
- Life skills development (job readiness, how to get a job and keep a job)
- Learning problems, school failure and dropout
- Victim Impact Panels
- Art Therapy
- Violence Prevention

Special guests and other resource people who have expertise in the above topic areas could address the groups on an interim basis. Proposals should also discuss the availability of computers and recreational activities for the youth in the program.

The DCSD desires a plan to maintain an excellent working relationship between the evening report center provider and each youth's assigned school. ERC providers are required to have a plan to maintain a collaborative relationship with the schools. The plan must include seamless and reliable processes (e.g. communication of critical incidents, transfer of children between ERC staff and school, etc.). The provider will be responsible for supervision of the youth during programming. Proposals must include a plan to coordinate with each youth's assigned school.

While at the Evening Reporting Center, staff should monitor each youth from after school until they arrive home in the evening from the ERC. Providers are responsible for the safe transfer of youth between the ERC location and the their schools and homes. 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.

It is the provider's responsibility to maintain a safe and healthy environment for the wide variety of youth referred to ERC. 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 an environment that is free of bullying for residents and staff. Program plans include innovative measures to maintain a safe and healthy environment for all residents and staff.

Programming

The proposal includes programming designed to positively engage youth in their development while at the ERC. The overall proposal places a strong focus on keeping youth engaged in activities and programming that is 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. The proposal includes a rich and diverse array of programming designed to positively engage youth in their development while at the ERC. The desire is to have staff members are trained to administer programming in a trauma-informed manner.

Quality Assurance

The proposal includes a quality management plan to ensure that the agency 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. 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.

Working Capital

As of the expected contract begin date (May 1, 2014); the proposer is projected to have access to enough working capital to fund program 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 approved advance payment requests to be disbursed after (approximately 2-3 months) the contract begin date.

ADDITIONAL PROGRAM REQUIREMENTS

The Delinquency and Court Services Division will recommend a single vendor for a contract to provide the Evening Report Center.

Program Operations

- The provider shall have responsibility to directly notify the Bureau of Milwaukee Child Welfare if any abuse is suspected either within or outside of the agency 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 ERC services as planned to DCSD promptly and per contract requirements.

Staffing Pattern

Direct service staff must possess a bachelor's degree or equivalency, and have at least three years of experience working with juveniles. The provider must be able to document staff experience at the request of the Division. Exceptions to this standard may only be granted by DCSD in writing. The Evening Reporting Center supervisor or a designated staff member are the primary person to make sure there is a continuity of services and interface daily with the ERC.

The application should include a written description of the provider's orientation plan for new staff and ongoing staff development programs, as well as staff to youth ratio. 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.

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 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% of youth will successfully complete the program

Indicator: Number and percent of youth that complete the program

Outcome 2: 90% of active youth will attend scheduled court hearings

Indicator: Number and percent of active youth that attend scheduled court hearings

Outcome 3: 75% of youth will not have a re-offense while in the program

Indicator: Number and percent of youth discharged as a result of a new offense

Outcome 4: Youth will attend at least 90% of assigned school days

Indicator: Assigned school days actually attended by active youth / Number of school days assigned

Outcome 5: Youth will participate in at least 90 percent of assigned activities

Indicator: Activities actually attended per active youth / Number and percent of activities assigned

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.

PROGRAM PURPOSE

The purpose of the Community Service and Restitution Coordination service is to provide a community based alternative to detention for youth served by DCSD that allows youth to complete community service hours and the opportunity to pay back their court ordered restitution. The program will primarily serve post-dispositional youth that are the subject of a court order or Deferred Prosecution Agreement (DPA) that are court ordered to complete community service hours and/or restitution payments. One barrier to youth completing the conditions of their court order and DPA is the lack of availability and monitoring of community service opportunities and this program will address this need.

The goals of the program are to develop and monitor ongoing community service activities for which youth may be referred to fulfill their DPA or probation conditions, or as a sanction for violating the probation conditions. This program will also provide an opportunity for youth to contribute to their communities in a positive manner and be able to pay back their restitution to victims when court ordered to do so.

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

When addressing this section of the Request for Proposals (RFP), refer to Item #29a, “Program Logic Model and Annual Evaluation Report” and Item #29b, “Program Narrative”, both found in the *Technical Requirements* section of this RFP.

PROGRAM DESCRIPTION

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. DCSD plans to enter into one contract for services to operate at one or more locations. The provider will be responsible for making structured and supervised community service opportunities available for up to 12 youth at one time and each youth should receive 16 hours of community service per week, ideally 4 times per week for up to 4 hours at a time. The proposal should include where the community service activities will take place, how they will be implemented, the number of hours and types of activities available. The agency could subcontract with other agencies/providers with DCSD approval or be an agency that employs youth themselves. The proposals should include a schedule of activities and the plan to engage the youth’s parent/guardian and other important family members. The program should also include a restitution payment component for those youth that have a court order for restitution. The provider should have a plan in which the restitution payments would be made to the courts directly and not the youth themselves.

The program should be implemented within the context of a restorative justice framework that emphasizes accountability to the youth and his/her family, victim and the community. This could include but not limited to: a peer jury/teen court, physical activity or training

programming that involves a conflict resolution component, mediation or other conflict resolution processes such as within the family, the community and small or large groups. The program could also include a youth accountability panel or Circles of Accountability component or a victim and offender conferencing component.

Community service activities could include but not limited to the following: an urban garden program, animal welfare organizations, shelters, city or municipal duties or other enriching activities that benefit the community.

The provider will be responsible for supervision of the youth during programming. Proposals must include a plan to coordinate with each youth's parent/guardian, assigned school, DCSD Human Service Worker and other relevant parties.

While at the program, staff should monitor each youth from their arrival until they leave their facility or program area. Providers are responsible for the safe transfer of youth between the locations. 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.

It is the provider's responsibility to maintain a safe and healthy environment for the wide variety of youth referred to the program. 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 an environment that is free of bullying for residents and staff. Program plans include innovative measures to maintain a safe and healthy environment for all residents and staff.

Programming

The proposal includes programming designed to positively engage youth in their development while at the program. The overall proposal places a strong focus on keeping youth engaged in community service activities 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. The proposal includes a rich and diverse array of programming designed to positively engage youth in their development. The desire is to have staff members are trained to administer programming in a trauma-informed manner.

Quality Assurance

The proposal includes a quality management plan to ensure that the agency 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. 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.

Working Capital

As of the expected contract begin date (May 1, 2014), the proposer is projected to have access to enough working capital to fund program 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 approved advance payment requests to be disbursed after (approximately 2-3 months) the contract begin date.

ADDITIONAL PROGRAM REQUIREMENTS

The Delinquency and Court Services Division will recommend a single vendor for a contract to provide the Community Service and Restitution Coordination.

Program Operations

- The provider shall have responsibility to directly notify the Bureau of Milwaukee Child Welfare if any abuse is suspected either within or outside of the agency 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 Community Service and Restitution Coordination services as planned to DCSD promptly and per contract requirements.

Staffing Pattern

Direct service staff must possess a bachelor's degree or equivalency, and have at least three years of experience working with juveniles. 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, as well as staff to youth ratio. 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.

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 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: 75% of active youth will complete all of their court ordered community service hours

Indicator: Number and percent of active youth that complete their community service hours

Outcome 2: 75% of youth will not have a re-offense while in the program

Indicator: Number and percent of youth discharged as a result of a new offense

Outcome 3: 75% of youth will pay back all of their court ordered restitution

Indicator: Number and percent of youth discharged that have paid back their restitution

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.

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.
- (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) 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.

There are no DSD Programs open for competitive proposals for 2015

FOLLOWING PROGRAMS NOT OPEN 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
- DSD023 - Crisis Resource Center
- DSD024 - Community Consultation Team Expansion

All Initial Submissions, regardless of contract cycle year, must be received by the DHHS **no later than 4:00 p.m. on Tuesday, September 2, 2014. Final Submissions are due Friday, November 21, 2014.**

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/in-service 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.

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/in-service 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 2015 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.

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

Disabilities Services 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.

DEVELOPMENTAL DISABILITIES-CHILDREN

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 90².

The principles that guide this program were established by the Wisconsin Interagency Coordinating Council³ (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 providers 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 completed 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 notes 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 (face-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 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 contacts, 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.

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.

FOR ADULTS WITH A DEVELOPMENTAL AND/OR PHYSICAL 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 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.

COMMUNITY LIVING SUPPORT - RESIDENTIAL SUPPORT PROGRAMS

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 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@milwaukeecountywi.gov) 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@milwaukeecountywi.gov

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@milwaukeecountywi.gov).
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.

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 Modified Cash Basis 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 **Comparative Statements of Cash Flows** 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 submit 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 underlying 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**

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 within 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 CARS contracted 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 Program. The Special Needs Housing Program will assess the need for a supported apartment and make referrals to contract service providers.

It is the policy of the Milwaukee County Housing Division that individuals referred for Supported Apartment Placement by the CARS contracted case management agency, will have an evaluation completed and a decision regarding admission will be reported within fourteen business days of receipt of that referral.

It is the policy of The Housing Division 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.

The tentative total budget for the program is \$260, 000

Non-Billable Activities

Participation on various mental health and housing related committees and membership in community groups

Required Documentation

Resident case records maintained by the agency shall include daily attendance logs, activities of daily living and progress towards treatment goals. Resident files must demonstrate coordination with the CARS contracted case manager.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*.

Expected Outputs

- Approximately 50 consumers, accounting for turnover, will be provided 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 within 60 days of moving in
- Consumers medical needs will be identified within 60 days of moving in
- Assist and support consumers in keeping safe housing
- Consumers will have a community living plan that addresses future housing needs within 180 days of moving in
- Consumers participate in their own treatment planning process at least twice a year

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 be able to 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. The number and percentage of all program consumers who are able to demonstrate reduced symptoms and side effects by successfully completing activities of daily living
2. The number and percentage of all program consumers who have a financial profile and adhere to the budget created
3. The number and percentage of consumers who have treatment plans with medical issues incorporated and follow up scheduled with appropriate community providers
4. The number and percentage of all program consumers who are able to move into independent permanent housing upon completion of the program
5. The number and percentage of consumers who retain permanent housing
6. The number and percentage of consumers who are 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 within 60 days
3. 100% of consumers will have treatment plans that include medical issues within 60 days
4. 70% of consumers will move into independent permanent housing upon completion of 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

**My Home Housing / Tenant-based Rent Assistance
Case Management Services**

Program H-013

Program Purpose

The My Home Housing Program, (formerly known as Shelter Plus Care TRA) is a permanent housing program, providing tenant-based rent assistance and supportive services to individuals who are homeless and disabled, and who lack the resources and support networks to access other permanent housing. While participating in this tenant-based rent assistance program, individuals and families can choose a suitable unit anywhere in Milwaukee County.

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. Additionally, applicants should be able to live independently.

Required Program Inputs, Processes, and Program Activities

Participation in the My Home Housing Program begins with a referral to the program from a partner agency’s case manager. Referrals must include documentation of homeless status and verification of disability. My Home staff reviews referrals to determine whether eligibility criteria are met. If found eligible, the referral will be staffed with the case manager and applicant to review program requirements and expectations, and to determine whether the program and the individual are a suitable match.

A condition of program participation is that participants are required to work with a case manager and engage in supportive services for as long as Program benefits are received. As a result of this requirement, the case manager's role in maintaining housing is critical. The case manager must also be very diligent in the preparation of the service plan and the delivery of case management services. In view of the close relationship between the service plan (services) and the maintenance of permanent housing, the case manager should be prepared to do relatively intense case management during the initial months of the tenancy and whenever the needs of the participant warrant intensive case management. At no time during Program participation, may the participant be discharged from case management.

Existing caseloads requiring case management services

Caseload A -- 40 Individual and/or family households.

Disabilities: Primarily chronic substance abuse and/or serious mental illness

Caseload A Total Tentative Budget: \$130,000

Caseload B – 20 Individual households – Hard-to-serve, chronically homeless

Disabilities: Primarily serious mental illness and/or chronic substance abuse

Caseload B -- 15 Family households

Disabilities: Primarily chronic substance abuse

Caseload B Total Tentative Budget: \$130,000

The tentative total budget for the program is \$260,000. Responding agencies may apply to provide services to either or both caseloads. If both caseloads, please enter each as a separate program in the budget spreadsheet, and address each caseload separately in the Program Proposal.

Non-Billable Activities

Participation on various mental health and housing related committees and membership in community groups

Required Documentation

Client Case Files must be maintained by the agency and shall include case notes regarding all contacts, referrals, and follow up actions; a client needs assessment, initial and updated service plan and progress in addressing client's needs and achievement of goals.

Service Match Reports must be submitted monthly by the agency for each participant, documenting the services received by the participant during the month. Reports are to be submitted to the program by the 10th day each month.

Outcome Reports Quarterly Outcome Reports must be submitted within 30 days of the end of the quarter and an annual Outcome Report at the end of the service year

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*.

Expected Outputs

For a caseload of 75

Service Plan: The case manager must prepare a service plan with each participant, based on an assessment of the participant's needs. The service plan should address the client's individual needs and should include a plan for making sure that the client is receiving appropriate services so that housing is maintained.

Role In Housing Process: The case manager must assist the participant in every aspect of the housing process. This includes collecting the necessary information for the housing eligibility interview, scheduling and attending the housing appointments, locating an appropriate unit, working with the landlord, submitting the necessary papers for the inspection process, making sure that leases are signed, explaining the lease terms to the participant, and making sure that all the necessary paperwork is returned to the Housing Office.

Maintaining Housing: It is necessary for the case manager to be very active in assisting the participant in fulfilling all the housing responsibilities. There should be regular contact with the participant until the case manager is certain that the participant is stable and comfortable in the housing. Initially, an in-home visit should occur at least once a week, however for some participants, daily visits may be necessary until the participant is stable in the new environment. Once stable the case manager should have contact with the participant as often as is necessary to maintain stability in housing.

Home Visits: At minimum, two in-home visits are a monthly requirement. During the in-home visit, the case manager should deal with any concerns related to maintaining stable housing, including areas such as money management, housekeeping or any neighbor/landlord issues.

Communications With the Landlord/Property Management: The case manager should be in regular contact with the landlord/property management. The case manager must be available to the landlord/property management if tenancy issues occur and must aggressively work to resolve any difficulties. Regular contact is recommended to assure that everything is working out well. When the landlord/property management contacts the case manager about any concern regarding the tenancy, the case manager should respond to the landlord immediately and address the landlord's concern in a timely manner.

Communications With the My Home Housing Program Office: If problems arise that cannot be worked out with the landlord and/or the program participant, the case manager should contact the housing representative to discuss the matter and pursue resolution of the issue. If any matter arises which threatens the participant's housing, the housing representative should be contacted immediately. Housing representatives are available to meet with the case manager and program participant to establish a corrective action plan to assist the participant in maintaining his/her housing.

Case Manager As Proxy: Every case manager must sign a Proxy Statement for the participant. As the participant's proxy, the case manager is authorized (and is expected) to fulfill the participant's housing responsibilities on the participant's behalf, including attending the participant's eligibility interview at initial certification and the annual recertification process. The case manager may not sign forms on behalf of the participant.

Annual Recertification Process: Approximately four months prior to the lease expiration, the Program will mail a notice to the case manager, participant, and landlord advising all parties of the recertification responsibilities that must be fulfilled. It is the case manager's responsibility to make sure that all the responsibilities are taken care of.

Case Manager As Emergency Contact Person: The role of the case manager is critical to the success of the participant, and it is likely that the case manager will be the first person contacted by the landlord if there is an emergency. It is essential that the Housing Office be notified immediately if there is a new case manager assigned to the participant. The agency should fill out a Case Manager Change Form and a new Proxy Statement and return them to the Housing Office.

Administrative responsibilities

Meetings: On an as needed basis the Housing Program Manager and/or housing representatives will schedule meetings with the agency to discuss program operations and to resolve any Program issues. At least one meeting will occur annually.

Outcomes: The agency is responsible for collecting data and monitoring the outcomes specified in the contract. A quarterly Outcome Report is required within 30 days of the end of the quarter and an annual Outcome Report is due within 30 days of the end of the contract

Audits: During the course of the contract, audits by HUD or other authorized parties may be conducted. As part of the audit process, the agency must cooperate and supply information requested by auditors. This includes, but is not limited to, providing client file information related to supportive services provided and supporting information for the data included in the monthly Service Match Reports.

Ad Hoc Reports: Occasionally, there may be a request to prepare a special report or provide other information on various aspects of the My Home Housing program. When these requests occur, it is expected that the agency will be cooperative in responding to the request. Usually the Housing Program Manager on behalf of the requestor will present the request.

HMIS System: Milwaukee County Housing Division-Special Needs Housing Programs is a participant in the Milwaukee CoC's Homeless Management Information System (HMIS). Milwaukee County is responsible for the entry of data on My Home Housing Program participants into the HMIS system at the following times: The Agency must provide the Program with the documents containing this information.

Expected Outcomes

1. Program participants will remain in permanent housing, or exit to other permanent housing.
2. Program participants will maintain their housing units to meet HQS requirements
3. Program participants pay their portion of the rent and the utilities that are not paid for by the landlord
4. Program participants develop and comply with case/service plan developed with case manager.
5. Program participants meet with case manager in the housing unit a minimum of two times a month
6. Program participants will maintain receipt of supportive services and/or increase access to and receipt of additional supportive services necessary to maintain stability in housing
7. Program participants will obtain, maintain or increase household income
8. Program participants will obtain, maintain or increase receipt of mainstream benefits.

Indicators

1. The number and percentage of all program participants who remain in permanent housing, or exit to other permanent housing.
2. The number and percentage of all program participants who maintain their housing units to meet HQS requirements
3. The number and percentage of all program participants who pay their portion of the rent and the utilities that are not paid for by the landlord
4. The number and percentage of all program participants who develop and comply with case/service plan developed with case manager.
5. The number and percentage of all program participants who meet with case manager in the housing unit a minimum of two times a month

6. The number and percentage of all program participants who maintain receipt of supportive services and/or increase access to and receipt of additional supportive services necessary to maintain stability in housing
7. The number and percentage of all program participants who obtain, maintain or increase household income
8. The number and percentage of all program participants who obtain, maintain or increase receipt of mainstream benefits.

Expected Levels of Outcome Achievement

1. 90% of all program participants remain in permanent housing, or exit to other permanent housing during service year
2. 95% of all program participants will actively engage in long term case management during service year
3. 85% of program participants with income will maintain or increase household income during service year
4. 100% of program participants with zero income submit detailed plan to secure income within 60 days of program entry and provide progress reports on a quarterly basis.
5. 50% of program participants with zero income will secure and maintain household income during service year
6. 85% of all program participants will obtain, maintain or increase receipt of mainstream benefits during service year

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:

- Consumers are referred by CARS contracted case management agency and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumer 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 50 residents will include:

- On-site case managements, as well as close communication with CARS 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.

The tentative total budget for the program is \$140,000

Non-Billable Activities

Completion of annual leases and documentation for tax credits

Required Documentation

50 tenant files must be maintained according to all HUD and WHEDA standards

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 50 consumers will maintain their supportive housing placement
- All 50 BHD units will remain occupied
- 50 consumers will improve in accomplishing their activities of daily living (ADL)
- 50 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 and National Sites**

Program H-006

NOTE: The following descriptions for Empowerment Village list the two sites separately for the information of proposers. However, the Housing Division seeks proposals to provide services to both sites as a combined program. The tentative total budget for the program is \$180,000.

Empowerment Village - Lincoln

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 BHD-CARS contracted case management agency 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 30 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.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 30 consumers will maintain their supportive housing placement
- All 30 BHD units will remain occupied
- 30 consumers will improve in accomplishing their activities of daily living (ADL).
- 30 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.

Empowerment Village - National

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 BHD-CARS contracted case management agency 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 35 residents will include:

- On-site case managements, as well as close communication with CARS 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.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 35 consumers will maintain their supportive housing placement
- All 35 BHD units will remain occupied
- 35 consumers will improve in accomplishing their activities of daily living (ADL).
- 35 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.

**FOLLOWING PROGRAMS ARE 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:

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.

The tentative total budget for the program is \$45,000

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.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

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.
2. Clients are able to reside in areas of their choice
3. Clients are able to report maintenance concerns to the landlord
4. Clients will increase their knowledge of community services and resources

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

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

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.

The tentative total budget for the program is \$30,000

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.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- Referrals for counseling will result from screening and assessment
- Women will enroll in individual 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
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.

The tentative total budget for the program is \$418,000

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.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

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 who have 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.

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 CARS contracted case management agency 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 24 residents will include:

- On-site case managements, as well as close communication with CARS 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.

The tentative total budget for the program is \$110,000

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

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 24 consumers will maintain their supportive housing placement
- All 24 BHD units will remain occupied
- 24 consumers will improve in accomplishing their activities of daily living (ADL)
- 24 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 transitional housing program. 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 38 residents will include:

- On-site case management, as well as close communication with CARS 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.

The tentative total budget for the program is \$97,000

Non-Billable Activities

Participation on various mental health and housing related committees and membership in community groups

Required Documentation

Resident case records maintained by the agency shall include daily attendance logs, activities of daily living and progress towards treatment goals. Resident files must demonstrate coordination with the CARS case manager.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 38 consumers will maintain their housing placement
- 38 consumers will improve in accomplishing their activities of daily living (ADL).
- 38 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 permanent housing.
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 permanent housing
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 CARS contracted case management agency 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 17 residents will include:

- On-site case managements, as well as close communication with CARS 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.

The tentative total budget for the program is \$90,000

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

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 17 consumers will maintain their supportive housing placement
- All 17 BHD units will remain occupied
- 17 consumers will improve in accomplishing their activities of daily living (ADL).
- 17 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

Program Purpose

Pathways to Permanent Housing 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 Stabilization House or the Community Resource Center. Pathways to Permanent Housing will also 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.

Pathways to Permanent Housing focuses 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. Staff will work with consumers on activities of daily living including cooking classes and vocational training on-site with the focus on preparing individuals to move into permanent housing. This has traditionally been a barrier for consumers to move into a more independent housing setting.

The tentative total budget for the program is \$500,000

Required Program Inputs, Processes, and Program Activities

Services:

- All consumers are referred by community providers
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Staff works with the consumer's case manager or community provider, if applicable, or coordinates connection to community services and provider(s). Certified Peer Support Specialists work with the consumer 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 27 consumers will include:

- On-site case management, as well as close communication with community providers
- 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.

Consumers 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

Participation on various mental health and housing related committees and membership on community groups

Required Documentation

Consumer files maintained by the agency shall include daily attendance logs, activities of daily living and progress towards treatment goals. Consumer files must demonstrate coordination with any community services and providers.

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 27 beds will remain occupied
- 27 consumers will have a completed needs assessment upon admission
- Symptom management and mentoring of daily living for optimal effectiveness and low levels of relapse will occur daily for 27 consumers
- 27 consumers will improve in accomplishing their activities of daily living (ADL)
- Daily groups and activities will be offered on-site to 27 consumers
- 27 consumers will find permanent housing

Expected Outcomes

1. Consumers will have safe temporary housing
2. Consumers will obtain and/or remain connected with community provider(s)
3. Consumers will obtain an optimal level of living skills to reduce and manage symptoms
4. Consumers will participate in evaluations of daily living skills
5. Consumers will participate in activities that are available
6. Consumers will work with staff to find appropriate housing

Indicators

1. Percent of consumers having safe temporary housing
2. Percent of consumers obtaining and/or remaining connected to community providers throughout residency at Pathways to Permanent Housing
3. Percent of consumers demonstrating reduced symptoms and side effects
4. Percent of consumers demonstrating improvement in daily living skills
5. Percent of residents participating in activities that are available to indicate their level of independence as it relates to finding appropriate housing
6. Percent of residents working with staff who are able to successfully discharge into the least restrictive permanent housing placement

Expected Levels of Outcome Achievement

1. 100% of consumers have safe temporary housing
2. 100% of consumers are connected to community providers
3. 80% of consumers will demonstrate reduced symptoms and side effects
4. 80% of consumers will demonstrate improvement of daily living skills
5. 40% of consumers will be actively engaged in offered services and activities
6. 80% or residents will successfully discharge to permanent housing

Keys to Independence Permanent Supportive Housing

Program H-017

Program Purpose

The purpose of the Keys to Independence Permanent Supportive Housing program is to provide consumers with housing of their choice that gives individuals the supportive services they need to locate, maintain, and be successful in their own apartments. The program also provides rental assistance funds to ensure the units are affordable.

Required Program Inputs, Processes, and Program Activities

- All consumers are referred by The Milwaukee County Special Needs Housing Division. Scattered site locations are located and funded by Milwaukee 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.
- Agency must have experience providing case management and/or supportive housing services in permanent housing. Case Managers on staff must possess a minimum of a bachelor's degree in a human services related field. All Peer Specialists must be Certified. 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. Peer Specialists must complete Certification within six months of employment.
- Professional staff will work with the individual's case manager or provide care coordination support to link consumers to community resources. Certified Peer Support Specialists provide the consumer with recovery-oriented services.
- Agencies must provide educational trainings on daily living skills including meal preparation and successfully maintaining a living environment. In addition, agency may offer educational groups and individual trainings in areas such as mental health education, medication management, creation of Wellness Recovery Action Plans (WRAP), recovery, and socialization.
- The appropriate service model will include care coordination services for those not receiving case management, collaboration with Milwaukee County BHD Service Access to Independent Living (SAIL)-contracted case managers, and the provision of certified peer specialists. These services are expected to be

performed at the consumers' residence. The agency will also master lease all units from individual landlords and will be responsible for the collection of rent from program participants.

- Staff are required to have regular and frequent contact with all program participants based on an individual's ability to maintain housing and their recovery. In addition, charts with medical histories and other pertinent information are to be kept on each resident. Staff will carry an on-call phone.
- Staff to participant ratio should be approximately 1:12.
- Unit of service is 1 hour.

The tentative total budget for the program is \$400,000 of which approximately \$200,000 of it is rental assistance funds.

Non-Billable Activities

Participation on various mental health and housing related committees and membership in community groups

Required Documentation

Tenant files must be maintained by the agency and shall include any contact recordings

Annual evaluation report must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*

Expected Outputs

- 40 consumers will maintain their supportive housing placement
- Symptom management and monitoring of daily living for optimal effectiveness and low levels of relapse
- 40 consumers' medical needs will be identified
- 40 consumers will have a completed financial profile to include a monthly budget and identification of money management skills
- 40 consumers will participate in their own treatment planning process
- 40 consumers will have a community living plan that addresses how they will maintain their housing placement

Expected Outcomes

1. At least 80% of consumers will successfully retain a year of occupancy in their respective housing placement
2. At least 80% of consumers will attain an optimal level of living skills to reduce and manage their symptoms

3. Medical issues will be incorporated in every treatment plan
4. 100% of consumers will have a financial profile indicating income and benefits along with a monthly budget
5. 80% of consumers will achieve a level of recovery that allows for a decrease in crisis services
6. 80% of consumers will retain permanent housing

Indicators

1. Percentage of consumers retaining occupancy
2. Percentage of consumers will demonstrate reduced symptoms and side effects and increased ADLs
3. Percentage of treatment plans with medical issues incorporated
4. Percentage of consumers have financial profile and budget
5. Percentage of consumers have decreased contact with PCS and/or private mental health hospitalizations
6. Percentage of consumers who retain permanent housing

Expected Levels of Outcome Achievement

1. 80% of consumers will successfully retaining a year of occupancy
2. 80% of consumers will demonstrate reduced symptoms and side effects and increased ADLs
3. 100% of consumers will have treatment plans that include medical issues
4. 100% of consumers will have a financial profile and budget
5. 80% of consumers will have a decrease in PCS and/or private mental health hospitalizations
6. 80% of consumers will successfully retain their permanent housing

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
HOUSING DIVISION**

SECTION 6:

FORMS

6. FORMS

- Rate Sheet (if applicable)
- All other required forms have been included in the respective sections of this RFP, except linked budget forms, which are 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:

**DELINQUENCY AND COURT SERVICES DIVISION
DISABILITIES SERVICES DIVISION
HOUSING DIVISION**

**SECTION 7:
APPENDICES**

7. APPENDICES

- Milwaukee County Audit Services Division Fraud Hotline
- 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: Audit Hotline- 2711 W. Wells St., 9th Floor, Milwaukee, WI 53208
Website: my.execpc.com/~milcoaud**

A service of the Milwaukee County Comptroller's Office

For Reporting:

- **Incidents of fraud or waste in County government**
- **Concerns over inefficient Milwaukee County government operations**

CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES

----- Other Numbers -----

Milwaukee County:		Sheriff's Department –	
Aging - Elder Abuse Helpline	414-289-6874	Community Against Pushers	414-273-2020
		(Anonymous Drug Reporting)	
Child Support - TIPS Hotline	414-278-5222	Guns Hotline	414-278-4867
(Turn in Parents for Support)			
District Attorney –		State of Wisconsin:	
Consumer Fraud Unit	414-278-4646	Child Abuse or Neglect Referrals	414-220-7233
Public Integrity Unit	414-278-4645	DOJ Consumer Protection Unit	1-800-998-0700
Mental Health		Wisconsin W-2 Fraud Hotline	1-877-865-3432
Crisis Hotline	414-257-7222	Wisconsin Child Care Fraud	1-877-302-3728
Crisis Hotline (TTY/TDD)	414-257-6300	Legislative Audit Bureau Hotline	1-877-372-8317
City of Milwaukee:		Federal:	
Fraud Hotline	414-286-3440	Medicare Fraud	1-800-447-8477
		Social Security Fraud	1-800-269-0271
		Federal Funds Fraud (FraudNet)	1-800-424-5454

(7/2/12)

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

Please insert this form after the cover letter in your submission

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
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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 WITHHOLD 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. Please insert this form after the cover letter in your submission.)

Name of Authorized Representative

Title

Signature of Authorized Representative

Date