



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Delinquency and Court Services Division

PROGRAM REQUIREMENTS/DESCRIPTIONS
YOUTH EMPLOYMENT PROGRAM

YEAR 2017
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES

Issued Nov. 1, 2016
Proposal due 4:00 PM CST, December 2, 2016

DELINQUENCY AND COURT SERVICES DIVISION

PROGRAM REQUIREMENTS/DESCRIPTIONS

PART 1

PROGRAM PROPOSAL REQUIREMENTS

REQUIRED SUBMITTALS - PROGRAM PROPOSAL

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Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____

Agency: _____

See also the *2017 Technical Requirements* booklet for additional forms and instructions.

Program Descriptions can be found starting on P. 2-DCS-1

Performance-Based Contracts

Over the next few years, the programs up for competitive proposals for 2017 and later will be converted to **performance-based contracts**. The timeframe over which these contracts will be phased in will depend upon the program. Each specific program description will indicate whether it is performance-based and the tentative timeframe over which the performance measures will be implemented. In some cases, 2017 will be used to gather data and obtain a baseline. In other cases, baseline information is already available to the program and the performance incentives will begin to be paid in 2017.

As with non-performance-based contracts, contracts with a performance component will have a base amount that can be earned by invoicing monthly for the quantity of units provided or expenses booked in performing services under the program. However, over and above the base amount of the contract, agencies will have the opportunity to receive additional payments quarterly, or at intervals as determined by the program, by showing that performance goals were met during the associated performance period. Performance goals will be specified for each affected program description in this document. In many cases, these programs will also have additional performance goals that contractors will be expected to meet, but only a portion of those goals have been tied to performance-based payments.

When completing your budget for a performance-based program, budget for the total amount of the contract, the base allocation plus the performance incentive, if any.

Program descriptions may set minimum performance targets. For some programs, the level of performance proposed by respondents over and above minimum targets may, in part, serve as a basis for scoring proposals. In some cases, the required level of achievement for each indicator in order to earn the performance incentive may be arrived at during contract negotiations.

Successful proposers will receive instructions on invoicing for the base amount as well as for the performance-based payments prior to the start of the new contract.

This **PROGRAM REQUIREMENTS/DESCRIPTIONS** document is made up of Program Requirements, Forms and Procedures (Part 1), and Program Descriptions (Part 2). Make sure you read and understand the requirements of the program description in Part 2 before beginning to write your program proposal under Part 1.

PROGRAM PROPOSAL: COMPLETE FOR EACH PROGRAM

A separate PROGRAM PROPOSAL must be completed for each program for which an agency is requesting DHHS funding. Agencies are required to submit a separate program proposal section for each program, not for each site. If an agency offers a program at more than one site, Items 26 and 27 must be submitted **for each site**. One original and five copies of each program proposal must be submitted in order to be considered for programs up for competitive proposals.

PROGRAM ORGANIZATIONAL CHART

ITEM # 20

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.

YEAR 2017 MISSION STATEMENT

ITEM # 21

Submit your agency's Mission Statement related to the program you are applying for. Explain how it aligns with the Division or Program's stated mission, values or goals.

(Item 21 comprises the points scored under Mission)

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 22

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.

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 23 partially comprises the points scored under Cultural Diversity and Cultural Competence)

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>

(Item 24 partially comprises the points scored under Administrative Ability)

PROGRAM LOGIC MODEL AND EVALUATION REPORT

(To be included In Initial Submission of ALL Proposals except for the Birth-3 Program)

ITEM # 25a

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 Description found in this document.**

Outputs: List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Description.**

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 description**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Description, 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 Description.** 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 25a), 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 # 25a

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)	Staff establish sites for community activities.	32 unduplicated clients will participate in 500 community living experiences.		Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome		
	Staff and clients identify community interests.			Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome		
	Staff arrange/coordinate transportation to/from community activities.			Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome		
	Staff facilitate community activities.							
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life							

PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT

ITEM #25a

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

PROGRAM NARRATIVE

ITEM #25b

Identify the name and number of the program for which you are requesting funding as it is identified in the Program Description.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 25a, Program Logic Model.

Refer to the Program Description 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”.

In your narrative, 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).

(Items 25a and b partially comprise the points scored under Service Plan and Delivery)

(Items 25b and 25c & 25d (as applicable) partially comprise the points scored under Previous Experience)

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 25c

For agencies with some history of funding, but without a current DHHS contract. **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 25c. 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 _____

(Items 25c, 25d, or 25e as applicable, partially comprise the points scored under Administrative Ability

Item 25c or 25d, as applicable, comprises the points scored under Outcomes and Quality Assurance)

**EXPERIENCE ASSESSMENT FOR NEW PROPOSER
ORGANIZATIONAL LEADERSHIP**

ITEM #25d

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 funder or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior funder, 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 25d. 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 2016 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.

2017 PROVIDER SERVICE SITE INFORMATION

ITEM #26

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 26 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 #27

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.

STAFFING PLAN

ITEM # 28

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.

(Item 28 partially comprises the points scored for Administrative Ability)

(Items 29 and 30 partially comprise the points scored under Staffing Plan)

YEAR 2017 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM #29

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 (Excel spreadsheet referenced in the *Technical Requirements* document).** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the provider roster (item 30) 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 _____ 2017 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):
_____/_____=_____

CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER ITEM # 30

ITEM 30 is available as a download from: http://county.milwaukee.gov/DHHS_bids

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

CLIENT CHARACTERISTICS CHART

ITEM # 31

Instructions:

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.

(Item 31 (see next page) partially comprises the points scored under Cultural Diversity and Cultural Competence and under Staffing Plan.)

2017 CLIENT CHARACTERISTICS CHART

ITEM # 31

Agency Name _____
 Disability/Target Group _____
 Program Name _____ 2017 Program #
 Facility Name & Address _____

CY 2017 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 7/15)

DELINQUENCY AND COURT SERVICES DIVISION

PROGRAM REQUIREMENTS/DESCRIPTIONS

PART 2

PROGRAM DESCRIPTION

2. DHHS PROGRAMS IN THIS VOLUME

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Delinquency and Court Services Division

INTRODUCTION AND INSTRUCTIONS

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

To partner with the community to promote public safety, in the least restrictive setting, by reducing juvenile crime, holding youth accountable, and improving youth competencies through DHHS values*, consumer focus, technology, Evidence-Based Practices (EBP), innovation and effective partnerships.

*DHHS Values: Respect, Dignity, Honesty, Integrity, Excellence, Diversity, Partnership

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

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

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

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

Purchased Services oversees and contracts for a variety of direct and support services through various contracts and agreements. Target areas include prevention, diversion, and 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, trauma informed 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 2017

DCSD is issuing a Request for Proposals for contract year 2017 for the following program. This program is open for competitive application (detailed program description follows this introduction).

DCSD 023 – Youth Employment Program

Agencies seeking to contract for the provision of this program are required to submit a **complete application** package that includes all of the documents and formats as defined in this document, the *Year 2017 Request For Proposal - Purchase of Service Guidelines*.

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

Please note: Applicants should routinely check the Milwaukee County DHHS website (http://county.milwaukee.gov/DHHS_bids) for updates to the RFP throughout the application and prior to submitting a proposal.

PROGRAM PURPOSE

The purpose of the Youth Employment Program (YEP) is to provide a training and employment opportunity for youth served by DCSD. The program will serve youth who have involvement with the juvenile justice system, including those pending court for alleged delinquency acts, youth that are the subject of a court order, Deferred Prosecution Agreement (DPA) or Consent Decree (CD).

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 or have had previous involvement with the juvenile justice system. All referrals for this program must be referred by DCSD or if referred from another agency, they must be approved by DCSD prior to program participation. The program is intended to provide youth with the education, training and support to learn the skills necessary to obtain employment and to provide that employment in the community.

The YEP should include a collaboration between the contracted provider and local fast food/restaurant, or other identified business, who will supply the onsite training and employment for participants of this program.

The goal of the program are to assist youth in Milwaukee County in making the successful transition from adolescence into adulthood through job skills and work experience. This program will provide the opportunity for youth to learn professional and personal skills that leads to employment opportunities.

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

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

PROGRAM 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 location for up to 20 youth at one time. Each youth should be enrolled in the program for 4-6 weeks based on the needs of the youth and program timeframes. This program is voluntary and youth cannot be court ordered into the program. The Youth Employment Program keeps the youth involved in positive experiences and provides the education, training and support to obtain and maintain employment in the community. The core services should include the following:

- Professional Development
- Food safety/sanitation (ServSafe Certification and/or other identified certification)
- Financial Literacy
- Employment upon graduation from the programming component

Each course should include group discussions, role playing and multimedia presentations to engage the youth, along with a pre-test and post-test to determine the success of the course in meeting the identified goals of the course. A detailed syllabus for each course should be submitted to DCSD for approval with their proposals that includes the program overview, goals, activity/processes, materials, course evaluation plans, outcomes, course schedule and instructor, along with any partnerships developed to operationalize the course.

The Professional Development course should include information about professional skills that will help the youth in the workforce and include topics such as professional communication (verbal and non-verbal), networking, time management, teamwork, applications and resumes, etc. The youth should be able to practice interview techniques and create a professional resume during this course with assistance from the provider. The youth should learn how to utilize their own interest, skills, knowledge, and values to effectively navigate the workplace and maintain their employment.

Food safety and sanitation (ServSafe Certification) is an important component of this program in that each youth will be expected to be employed at the end of program completion at the designated restaurant/food service company in partnership with the provider. The youth should learn about food safety and public health and follow the ServSafe Certification requirements and all youth are expected to take the ServSafe Exam at the end of the course. If there is an alternative certification that the proposer would like to implement, please describe this in detail.

The Financial Literacy course should include information about the youth's personal finances and basic budgeting. The youth will learn to create, review and manage budgets, as well as learning financial terms, personal expenses, development of their own personal plan and learn about a want versus a need. The youth will be assisted with establishing their own bank account at a local bank in partnership with this program. Youth will learn about different types of budgets and the elements of a successful budget, along with the necessity of saving. A financial incentive is also encouraged to be provided to the youth that complete the program that would allow them to open up their checking account.

The vendor must also be able to provide the youth with work permits, as needed. The vendor may collaborate with a local agency to meet this requirement.

Special guests and other resource people who have expertise in the above topic areas could address the groups as needed as well.

Providers are responsible for the safe transfer of youth between the YEP location and their employment locations 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. employment or class start times). 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 YEP. 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.

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 (January 1, 2017); 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 2017 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 Youth Employment Program.

Program Operations

The provider shall have responsibility to directly notify the Division of Milwaukee Child Protective Services 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 YEP 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 one year of experience working with juveniles. The provider must be able to document staff experience at the request of DCSD. Exceptions to this standard may only be granted by DCSD in writing. The YEP supervisor or a designated staff member are the primary person to make sure there is a continuity of services and interface daily with the YEP.

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.

Client Characteristics

The client characteristics chart below represents youth served in the YEP from 1/1/2016 to 8/31/2016. The below data should be used to complete submission Item #36 Client Characteristics.

Ethnicity	Female		Male		Total
Black	15	23%	50	76%	65
Hispanic	0	0%	1	1%	1
Total	15		51		66

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.

DCSD will receive a copy of any subcontracts or memorandum of understanding with other vendors other than the one awarded this contract.

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

Goal 1: All youth that are enrolled in YEP will fulfill program requirements and be employed.

Objective: 90% of youth will successfully complete program requirements.

Indicator: Number and percent of youth who complete program requirements.

Objective: 75% of participants will maintain their employment for at least 6 months after obtaining employment.

Indicator: Number and percent of youth who are employed at six months after program completion.

Goal 2: Participants will not recidivate and will avoid future contact with the juvenile justice or adult system.

Objective: 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.

Objective: 85% 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 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. The total budget for this program is \$50,000.