

DRAFT Charter for Mental Health Board Task Force On Local Public/Private Partnerships

Purpose

The purpose of this task force is to explore the opportunity to create a local, partnership model to own and operate acute mental health services to include a psychiatric emergency department, observation beds, acute services for adults and acute services for children and adolescents, with a focus on high acuity and involuntarily detained patients. The solution must include use of an acute care facility. An ongoing contractual relationship would be created with Milwaukee County to meet statutory obligations over time.

The model could also include additional services desired within the community, but not necessarily funded by Milwaukee County.

Timeline

1. The Task Force will ensure that the solicited party receive design requirements as reflected in the original RFP by December 31st, 2015.
2. To be considered, party will demonstrate a commitment in writing to this Task Force of their willingness to proceed with a construction and service plan by February 15, 2016.
3. Party will submit their plan to the Task Force by March 31st, 2016
4. The Task Force will submit a written recommendation draft to proceed with planning to the Mental Health Board as a whole by April 15, 2016 (Mental Health Board meets April 28)
5. The Task Force will bring a full written recommendation to the Mental Health Board for the June 23, 2016 meeting for further action.

Scope of Work

Included in this scope of work is:

1. Elicit a design and a "solution" from a local partnership entity
2. Ensure that interested party receive design requirements and values
3. Ensure that interested party receive information on financial expectations for ongoing services supported by Milwaukee County.
4. Evaluate any local plan or solution submitted.
5. Meet with representatives of interested party to discuss their qualifications.
6. Clarifying any priorities to be incorporated into an acceptable solution.
7. Gather and record information regarding the viability of proposed solution.
8. Assure that acute services are fully integrated with BHD community services in the accepted solution.

9. Evaluate and recommend a solution, if appropriate.
10. Encourage further development of the chosen plan.

NOT included in this scope of work is:

1. Actually designing a plan or solution.
2. Designing how the solution for acute services integrates with BHD community services.
3. Negotiating a contract
4. Approving a contract
- 5.

Members

Duncan Shroul, Chair

Jeff Miller, Secretary

Pete Carlson

Dr. Jon Lehrmann

Patricia Schroeder

Dr. John Schneider

Alicia Modjeska

End Result and Deliverables

The end result of this work is a recommended solution or plan for acute service delivery and use of an acute facility, with a timeline and a strategic plan to proceed.

Deliverables include:

- Written commitment to proceed by all parties to be considered by February 15, 2016
- Commitment in writing that includes an anticipated timeline and construction projections by March 31, 2016
- A recommendation from this Task Force to the Mental Health Board by April 15, 2016.
- A full recommendation to the Mental Health Board by June 23, 2016.

Reporting Expectations

This Task Force will provide a progress report at all meetings of the Mental Health Board.

Ongoing communications will occur between this Task Force and the Task Force on National Entity Partnerships, as well as between Chairpersons.

Other Issues

- In accordance with open meetings requirements, all meetings of this group will be publicly noticed, and because of strategic discussions, some meetings will move immediately into closed session.
- Discussions must remain confidential.

**TASK FORCE ON
LOCAL PUBLIC/PRIVATE PARTNERSHIP**

Duncan Shrout, Chairman

mmbdms67@gmail.com

Jeffrey Miller, Secretary

jgmiller@mcw.edu

Peter Carlson

pcmcmhb71@gmail.com

Dr. Jon Lehrmann

jlehrman@mcw.edu

Patricia Schroeder

patricia.schroeder@milwaukeecountywi.gov

Dr. John Schneider

john.schneider@milwaukeecountywi.gov

Alicia Modjeska

alicia.modjeska@milwaukeecountywi.gov

DRAFT Charter for Mental Health Board Task Force on National Entity Partnership

Purpose

The purpose of this task force is to explore the opportunity to create a national partnership to own and operate acute mental health services to include a psychiatric emergency department, observation beds, acute services for adults and acute services for children and adolescents, with a focus on high acute and involuntarily detained patients. The solution must include use of an acute care facility. An ongoing contractual relationship would be created with Milwaukee County to meet statutory obligations over time.

The model could also include additions services, but not necessarily funded by Milwaukee County.

Timeline

1. The Task Force will ensure that all solicited parties receive design requirements as reflected in the original RFP by December 31st, 2015.
2. To be considered parties will demonstrate a commitment in writing to this Task Force of their willingness to proceed with a construction and service plan by February 15, 2016.
3. Each party under consideration will submit their plan to the Task Force by March 31st, 2016
4. The Task Force will submit a written recommendation draft to proceed with planning to the Mental Health Board as a whole by April 15, 2016 (Mental Health Board meets April 28)
5. The Task force will bring a full written recommendation to the Mental Health Board for the June 23, 2016 meeting for further action

Scope of Work

Included in this scope of work is:

1. Elicit a design and a "solution" from national entities.
2. Ensure that interested parties receive design requirements and values
3. Ensure that interested parties receive information on financial expectations for ongoing services supported by Milwaukee County.
4. Evaluate any national entity or plan or solution submitted.
5. Meet with representatives of interested parties to assess their qualifications.
6. Clarify any priorities to be incorporated into an acceptable solution.
7. Gather and record information regarding the viability of proposed solutions.
8. Assure that acute services are fully integrated with BHD community services in the accepted solutions.

9. Evaluate and recommend a solution from among the responding parties.
10. Encourage further development of the chosen plan.

Not included in this scope of work is:

1. Actually designing a plan or solution.
2. Designing how the solution for acute services integrates with BHD community services.
3. Negotiating a contract
4. Approving a contract

Members

Tom Lutzow, Chair

Dr. Robert Chayer, Secretary

Mary Neubauer

Patricia Schroeder

Dr. John Schneider

Alicia Modjeska

End Result and Deliverables

The end result of this work is a recommended solution or plan for acute service delivery and use of an acute facility, with a timeline and a strategic plan to proceed.

Deliverables include:

- Written commitment(s) to proceed by all parties to be considered by February 15, 2016
- A commitment in writing that includes an anticipated timeline and construction projections by March 31st, 2016
- A recommendation from the Task Force to the Mental Health Board by April 15, 2016
- A full recommendation to the Mental Health Board by June 23, 2016

Reporting Expectations

This Task Force will provide a progress report at all meetings of the Mental Health Board.

Ongoing communications will occur between this Task Force and the Task Force on Local Public/Private Partnerships, as well as between Chairpersons.

Other Issues

- In accordance with open meetings requirements, all meetings of this group will be publicly noticed, and because of strategic discussions, some meetings will move immediately into closed session.

- Discussions will be held in confidence.

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Considerations of National Entities Recognized for Providing Acute Care Behavioral Health Services

November 30, 2015

Updated January 4, 2016

These national entities have been recognized for providing acute care behavioral health services. They reflect multisite and multi-programmatic organizations that were referred to BHD as having a positive national reputation for quality of care. This list is not exhaustive – there could and likely are many other national entities that have positive reputations for quality care and collaboration. It is a place to start.

These organizations are not listed in a specific order. Some contact was made with most of these organizations in the past.

Correct Care Recovery Solutions---Plans to present on Monday January 18, 2016

Based in Nashville TN. Established in 1977. Provides inpatient treatment to ~2,000 individuals across five Joint Commission accredited facilities. Also provides services to multiple correctional facilities in several states.

UHS – Universal Health Services of Delaware, a subsidiary of Universal Health Services---No confirmation of presentation

Based in King of Prussia, PA. Established in 1979. Fortune 500 company. Owns and operates more than 240 facilities including 25 acute care hospitals, 216 behavioral health facilities, and beyond across the US, PR, US Virgin Islands, and the UK.

Liberty Healthcare---Plans to present on Monday January 25th, 2016

Founded in Philadelphia. Established pre-1980s as a staffing agency. Increased public sector scope with programs, personnel and services to state mental health and developmental disabilities agencies. Contract management, professional staff outsourcing and related healthcare solutions in 31 states, with about 200 contracts with government and public sector entities.

Signet Health---Withdrew, saying it was not their business model

Based in Denton, TX. Privately held company operating for “over a decade.” Provider of contract management services to hospital clients in behavioral Health and in acute rehab services. Also provides a variety of other types of contracted services for behavioral health facilities.

Acadia Healthcare/Psychiatric Resource Partners—Unable to get calls returned

Based in Franklin, TN. Established in 2005. Operates 256 behavioral health facilities with more than 9,700 beds in 39 states. Psychiatric and chemical dependency services in a variety of settings including “psychiatric hospitals, specialty treatment programs, residential treatment centers, outpatient clinics and therapeutic school-based programs.”

Crawley-Johnson Group (Appears to be more of a management and consulting organization)— No contact

Based in Atlanta GA. Unsure when established. Senior leaders with extensive experience. “Offers three core services to meet financial and clinical goals” including Management PLUS, Operations Support and FOCUS Operations Review. Unclear if they own and operate their own acute sites, or provide support to facilities owned by others. Involved with sites in 50 states, including Dean Health System in Madison and Ministry St. Joseph Hospital in Marshfield.

**TASK FORCE ON
NATIONAL ENTITY PARTNERSHIP**

Thomas Lutzow, Chairman

LutzowMCMHB@wi.rr.com

Dr. Robert Chayer, Secretary

chayermcmhb@gmail.com

Mary Neubauer

maryneubauermcmhb@gmail.com

Patricia Schroeder

patricia.schroeder@milwaukeecountywi.gov

Dr. John Schneider

john.schneider@milwaukeecountywi.gov

Alicia Modjeska

alicia.modjeska@milwaukeecountywi.gov

Upcoming Task Force Dates and Presentations

Monday January 18th, 2016

8am – CorrectCare Presentation

Monday January 25th, 2016

12 noon—Liberty Healthcare Presentation



DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

HÉCTOR COLÓN • Director
PATRICIA SCHROEDER • Administrator

Presentations by Potential Proposers to the Task Forces of the Mental Health Board, Milwaukee County Behavioral Health Division

December 8, 2015

Milwaukee County, the Department of Health and Human Services, the Behavioral Health Division, and the Mental Health Board are seeking a behavioral health partner to deliver acute care services to include a psychiatric emergency department, observation beds, acute inpatient services for adults, children and adolescents, as well as provision of a different acute care facility. The focus is on care of clients with high acuity of illness and involuntary detention. This work was originally described in a Request for Proposals (RFP), issued by Milwaukee County on July 15, 2015. That RFP was subsequently withdrawn for several reasons. Two Task Forces of the Mental Health Board are now initiating this process by requesting an in-person presentation on one of two dates:

January 18, 2016 or
January 25, 2016

Any organization interested in engaging in this partnership process must notify Patricia Schroeder, Administrator, and be scheduled for a time on one of those mornings. The presentations will be provided to Task Force Members in closed session, which include about 12 people.

The presentation should include:

1. Overview of your organization(s) and its experience in behavioral health
2. Describe why you are interested in and committed to a partnership with Milwaukee County in this venture
3. Capacity and experience in providing high quality, evidence based, person centered, recovery oriented, trauma informed, culturally intelligent care and service
4. Evidence of knowledge and experience in providing care to high acuity clients, clients under emergency detention, or a plan to develop that capacity

Presentations by Potential Proposers
Mental Health Board Joint Task Force
December 8, 2015

5. Plan to assure a seamless continuum of services and supports across community and acute services and evidence of experience with this
6. Clarify past experience in integrating the organization in a positive way into a new community
7. Provide a two-page pro-forma that describes all past experience with and plan to reduce county (governmental) subsidies and expenses (nonbinding). How would this organization be financially sustainable, and what financial commitment of the County would be required?
8. Prepared to offer references of entities in other markets who can speak to their care, service, collaboration, integration, and sustainability

Anyone interested should contact Patricia Schroeder, Administrator, at 414-257-5202, or email patricia.schroeder@milwaukeecountywi.gov.

For further information on the Milwaukee County Behavioral Health Division, please see the RFP for Acute Services posted (and withdrawn) previously. Other documents describing the organization include several analyses by the Public Policy Forum in Milwaukee, Wisconsin, and posted on their website, as well as attached to the RFP document. The studies include:

- Analysis of Adult Bed Capacity, September 2014
- Fiscal Analysis of Mental Health Redesign in Milwaukee County, 2015
- Report on Mental Health Service Delivery in Milwaukee County, Wisconsin Department of Health Services, December 2014

Questions from potential partners –

1. Is it acceptable to have a “conversation with ideas” with the task force, rather than a focused presentation with firm recommendations?
2. Are potential proposers welcome to contact board members collectively, or members of these task forces?
3. What are the next steps in this process to select a potential partner?
Where does the government procurement process play a role?
 - a—Presentations on January 18 and 25th
 - b---When will the decisions be made regarding which vendors will remain in the running. How will they be informed?
 - c---What will be the next expectation of them going forward?
 - d---Are there any written materials needed as a next step?
 - e---Who will they be working with in this process? BHD Administration, DHHS, Task Force Chairs, Mental Health Board ?
 - f---Is the timeline realistic?

Questions that have emerged internally –

4. Who will be the negotiation team and who will lead that process?
Need a legal team experienced in this due diligence and partnering/negotiating a long term relationship/contract process; HR expertise regarding next steps on staff transitions; financial analysis consultation; etc
- 5.

Additional Thoughts and Questions from the Task Force Chairs:

1. Key questions regarding the minimization of Milwaukee County Tax Levy
It is important to remember that one of the foundational elements for the Mental Health Board is to find alternative funding for programs currently supported by county tax levy. It would be helpful to the Mental Health board if we could point to this process as aligned with that chartered purpose, that we are exploring ways (through this process) to discover strategies that might apply to BHD programs that would relieve county tax levy, whatever the future structure might be for BHD services. Have these vendors found new funding strategies? Have they effectively reduced reliance on tax subsidy in the communities served? Can they provide data-trends and evidence of these funding patterns? Where did this new funding come from?

2. A brief history of their experience of the provision of acute behavioral Health inpatient care. This should include if possible this experience from two or more states.

I would like to hear “how they play in the sandbox” in the communities they serve. In their experience, it would be interesting to know how they interface with other inpatient community resources and how do they integrate with non-institutional providers. Our friends from Aurora and Froedtert will be very interested in hearing about this interconnectivity. Can they provide references from other inpatient facilities and community service organizations from communities in which they now work? Can they provide data tables: i) number of referrals to other community inpatient resources per year; ii) number of “beds-closed” days per year; iii) response time in crisis management. What do their metric tables look like up against existing BHD metric tables? Are they better than we are on the performance measures that we track now? Are they accustomed to deal with “service level agreements” (SLAs) in contracts with associated penalties for non-delivery on SLAs? What are some of the SLAs they are now working with?

3. What has been their facility experience? Do they typically build new facilities or by existing facilities?

It would be interesting to know how they have funded facility construction in the past? What roles (if any) have local communities performed or not performed in funding of this construction? Free land? Local bonds? Long term contract commitments? Can they construct a new facility without local funding support?

4. What has been their government contracting experience citing at least three examples with details?

I would be interested in knowing the structure of these contracts. Can they provide contract specimen from communities in which they now work? Are they accustomed to deal with "service level agreement" provisions (SLAs) in contracts with associated penalties for non-delivery on SLAs? What are some of the SLAs they are now working with? Are any of these SLAs associated with withhold provisions? Are any associated with performance reward provisions? What is their experience in converting from a county run facility to a privately run facility? What are the components to their "value proposition" in making this conversion? Have they ever been involved in the termination of a contract with a government entity? If yes, how did that go? What would they envision as the conditions of termination? What are the conditions of terminations if they currently have a government contract?

5. Why are they interested in providing these services in Milwaukee County? How would they envision the new "model of care" for Milwaukee County given what they know of past finances, current book of services, and what they've accomplished in other communities? Where would they see opportunities for improving the current BHD model of care? Are there services that are unnecessary or "outsourcable?" Are there currently outsourced services that should be "insourced?" How would they rate the degree of difficulty in making the new model of care work?