

Due Diligence Process Summary to Identify an Acute Care Partner
Milwaukee County Mental Health Board - Joint Task Force Meeting
January 4, 2017

Introduction

Due diligence is a process used to investigate the past, present and future potential business partner to ensure the business is what it appears to be, identify concerns or bad practices that would lead to avoiding the partnership, and to determine the financial soundness of the organization.

The amount of due diligence conducted is based on factors such as the size of the transaction, risk tolerance, time constraints, and resource availability. It is impossible to learn everything about a business but it is important to learn enough to make good, informed decisions. In the case of identifying an acute care partner, the Joint Task Force (JTF) took great care to insure the process was comprehensive, methodical and sound.

The purpose of this document is to describe in detail the process, the data and information reviewed and analyzed by various groups appointed by the JTF. This document does not include any specific findings as those findings and data are considered proprietary and confidential.

The JTF consulted with the Milwaukee County Office of Corporation Counsel in selecting an outside firm specializing in healthcare due diligence. To that end, the County retained the firm of Reinhart Boerner Van Deuren, S.C. (hereinafter “Reinhart”) to conduct the overall due diligence process and document review.

The due diligence process included 3 phases: Phase 1 – Document Review; Phase 2 – Site Visits; and Phase 3 – Proposal Analysis. This document contains all the topics and questions asked of the potential acute partner(s) during each phase of the process to demonstrate the thoroughness of the process to the members of the Mental Health Board and the public.

Phase 1 – Document Review

Reinhart coordinated the document request and review as noted to:

- Learn the organization’s legal structure
- Determine financial stability
- Identify risk management and potential legal issues
- Understand the clinical and medical models, and standards used
- Gather quality information
- Understand the organization’s human resource, information technology platforms

The documents were first reviewed and analyzed by Reinhart staff followed by a secondary review by Milwaukee County and BHD senior staff with expertise in the specific areas of concentration. Findings were shared with the JTF during closed sessions throughout the process due to the confidential, privileged nature of the data.

Below is a detailed listing of the information reviewed and analyzed during Phase 1:

1. Quality Measures and Metrics for Each Facility for the Last Three Years.
 - a. Performance compared to System’s internal benchmarks
 - b. Performance compared to County’s benchmarks
2. Staff Retention and Turnover Data for Each Facility for the Last Three Years.
3. Financial Records (Limited to Behavioral Health Facilities as Practical)
 - a. Consolidated audited financial statements with consolidating schedules for the last three fiscal years for the System with consolidating entity-level detail in columnar format and intercompany eliminations.
 - b. Year-to-date interim consolidated and consolidating financial statements with a comparison to the same period for the previous fiscal year and to the current fiscal year budget with the same consolidating entity-level detail in columnar format and intercompany eliminations.
 - c. Current budget.
 - d. Internal cost comparisons for each facility compared to benchmarks (if benchmarks are tracked) for the last three years.
 - e. Payer mix for each facility for the last three years.
 - f. Multi-year capital expenditure plan.
 - g. Long-range master facility plans.
 - h. Current debt facilities.
 - i. Future borrowing plans, if known.
 - j. Details of any nonrecurring revenues or expenses for the last 3 fiscal years (e.g., settlements, discontinued business, change in accounting policies, etc.).
 - k. Federal, state and local tax returns for the last 3 years.
4. Organizational Status.

- a. System organizational chart, including affiliated entities.
 - b. States in which each behavioral health entity in the system conducts business.
5. Litigation.
- a. List of all pending litigation, lawsuits, arbitrations, administrative proceedings, including employee claims or grievances, and actions on which an insurance carrier has been given notice with a claim in excess of \$100,000.
 - b. List of all pending or threatened investigations by any governmental agency, authority or enforcement body, including fraud and abuse claims.
 - c. List of claims in excess of \$100,000 asserted in the last three years and a description of their resolutions.
6. Regulatory Matters.
- a. Copies of all documentation regarding regulatory noncompliance for the past three years.
 - b. Copies of licensure survey reports for the last three years.
 - c. Copies of the three most recent accreditation survey reports and responses to noted deficiencies or to conditional accreditation, if any.
 - d. Copies of all information relating to claims or other actions by any governmental entity relating to reimbursement, including threatened claims or actions, in the last three years.

Phase 1 Follow-up Request List.

1. Quality Data

- a. Data regarding near misses.
- b. Data regarding sentinel events, including any data reported to The Joint Commission.
- c. Data regarding mortality, including any data reported to The Joint Commission.
- d. A profile of patient population for each facility for which System has provided information or will provide information pursuant to this request.
- e. Performance compared to System benchmarks for facilities that serve similar patient populations (by acuity) as the County.
- f. Performance compared to County benchmarks for facilities that serve similar patient population (by acuity) as the county.
- g. Sample QAPI programs for two facilities that serve similar patient populations (by acuity) as the County.
- h. For each of the facilities identified in Request 1g above, copies or descriptions of three sample Quality Improvement projects that are part of the facility's QAPI program.
- i. A detailed description of patient perception of care (broken down by domain), including any customer satisfaction reports and plans of improvement.
- j. Results of any surveys that the system has conducted within the last three years to measure the culture of safety within the System, as required by The Joint Commission.
- k. A description of employee development or training related to quality, including any curriculum, philosophy, orientation and ongoing development materials.

1. A description of all active treatment or group activities, the System offers to its patients, including the context of any group activities (e.g. music therapy).

2. Human Resources

- a. A description of how employee turnover is calculated.
- b. Description of employee benefit plans with current rates, including retirement and PTO programs.
- c. Copy of employee handbook.
- d. Description of overall compensation philosophy, including approach to pay increases (e.g. performance or fixed).
- e. Staffing ratios if utilized.
- f. A description of how the System treats employees of an acquired facility or entity. For example, are the employees offered employment with the System and, if so, do they get credit for prior years of service?

3. Financial Data

A number of specific questions regarding financials, including percentage of labor costs as compared to total costs, facility specific financial statements, explanations to changes in cash and cash equivalents, explanations regarding account payable and reserves were requested. Due to the confidential nature of the requests specifics cannot be disclosed.

4. Litigation

- a. A description of the System's professional liability insurance structure, including policy limits and whether such limits apply on a per-facility basis.
- b. A description of any measures implemented to address concerns raised by the company-wide governmental investigation (both midstream and long term), and explanation of the extent to which the concerns were related to activities of acquired facilities prior to acquisition.
- c. An explanation related to the specific litigation.
- d. A description of the claim in excess of \$100,000 that was previously disclosed in Due Diligence Request 5.b.

5. Regulatory Matters

- a. Copies of licensure survey reports for the last three years for facilities that serve similar patient population (by acuity) as the County.
- b. Copies of the three most recent accreditation survey reports and responses to noted deficiencies or to conditional accreditations, if any, for facilities that serve similar patient populations (by acuity) as the County.
- c. Copies of any Joint Commission Surveys for the last three years not previously provided or provided pursuant to this Request.
- d. Plans of corrections and any additional surveys in the past three years

- e. For all System facilities, a description of any deficiencies that have had a material and direct impact on patient health and safety, including any deficiencies or violations that warranted immediate attention or subjected the facility to immediate jeopardy, and a description of the steps taken by the facility to address such matters and the results of such steps.

Operational Matters

- a. A list of the facilities, if any, that the System owns.
- b. A description of the typical contractual relationship between the System and a local agency.
- c. A description of the rationale for the various name changes System has undergone in recent years.
- d. A description of the System's current leadership structure.
- e. A comprehensive description of the System's child and adolescent services, including acute, outpatient and community services.
- f. Identity of the two System facilities that provided the most comprehensive set of child and adolescent programming, including a description of the services provided at each facility.
- g. A description of the System's relationships with local providers including the typical rates (as a percentage of Medicare or Medicaid) that the System compensates such providers.
- h. A description of the System's relationships with other health care providers in its markets.
- i. For ten patients for whom care was transitioned to a subsequent provider, copies of any and all discharge summaries, patient discharge instructions and any additional information transmitted to the subsequent care provider.
- j. The System's level of integration/collaboration as determined under SAMA-HRSA Center for Integrated Health Solutions, Standard Framework for Levels of Integrated Healthcare.
- k. A description of the System's community involvement (e.g., not-for-profit board participation by System employees, not-for-profit foundations and community educational sessions).

Phase 2 – Site Visits

The Joint Task Force appointed a site visit group which included BHD senior leadership and Mental Health Board members. In total, 7 individuals and a Reinhart representative attended and performed the site visits during February of 2017.

The process for site visit identification was as follows;

- Reinhart provided CCRS and UHS with BHD patient stats in order for the future potential future partner to identify sites which reflected the BHD patient population.
- The Site Visit team chose to visit 2 sites for each organization in order to optimize time investment during the site visits
- Reinhart recommended the process and BHD approved the site visit plan including the areas to evaluate
- 2-person teams were established with the following focus:
 - Administration and Facilities,
 - Medical and Psychiatric Care,
 - Nursing and Support Services,
 - Quality and Environment of Care,
 - Patient Experience and Peer Support,
 - Community Integration and General Experience of Care,
 - Family Experience and Cultural Competence, and
 - Risk Management and Corporate Compliance.
- A scoring tool was developed for the 2-person teams to use during the site visits.
 - Each areas of focus was evaluated by each team separately and assessed through a different lens of expertise.
 - A numerical score was assessed by each of the evaluators and submitted post visit to the site visit leader for summation.
- No meetings occurred with advocacy organizations prior to the site visits so teams would remain unbiased
- Both organizations were provided with an opportunity to "present" to the site visit team during the initial introductory / entrance discussion. No other presentations were made to the teams. The evaluation took place through interviews and dialog. Questions were not provided in advance
- A site visit schedule and visit team bios were provided to the organizations before arrival
- A listing of documents were available during the site visit
- There were a number of meetings which occurred 1-on-1 and without corporate or administrative presence
 - Medical director
 - Chief Nursing Officer
- The entire team participated in the evaluation of the admission, treatment and discharge process. The team ate the same meals as the patients and participated in a facility tour
- The entire team evaluated the complaint resolution/grievance procedures separately
- Site programing was an area of focus

- Site administration provided information on how to obtain needed resources and provide non-reimbursed care.
- Interviews held with HR to assess the organization's staff training programs, recruitment, retention, orientation

Each member of the site team was responsible for a particular area of focus during the visit as described below:

Administration and Facilities: Mike Lappen
 Medical and Psychiatric Care: John Schneider MD
 Nursing and Support Services: Linda Oczus RN, MSN
 Quality and Environment of Care: Jen Bergersen MSW
 Patient Experience and Peer Support: Mary Neubauer MHB Member
 Community Integration and General Experience of Care: Rachel Forman MHB Member
 Family Experience and Cultural Competence: Brenda Wesley MHB Member
 Risk Management and Corporate Compliance: Heather Fields, JD Reinhart Boerner Van Deuren S.C.

- Each team member had a set of areas to evaluate during the site visits, however each team member was not limited to these focus areas and had the flexibility to observe and collect information freely. The questions or areas of focus was not provided to the sites in order to avoid any special preparation by the organizations.
- The Administration and Facilities
 - Does administration demonstrate patient centered processes and facility look and feel?
 - How does administration support improvement of patient experience?
 - How does administration address access to care versus acuity of patients Vis a Vis EMTALA?
 - How does administration support excellence, Evidenced Based Practices, Cultural Competence, Trauma-informed care?
 - How does staff ensure regulatory compliance, safety focus and culture, and environment of care?
- Medical and Psychiatric Care:
 - State and status of the medical staff organizations, credentialing, independence, peer review, & leadership.
 - Medical Staff administration? Productivity, QI, Education, Continuing Medical Education, MOC, performance review.
 - Feedback to medical staff, Staff feedback to medical staff, patient and family feedback to medical staff.
 - Burn out and work life balance.
 - Care quality.
- Nursing and Support Services

- Staffing
 - What is the nursing skill mix?
 - What are your staffing patterns-minimal requirements and typical staffing patterns for all three shifts?
 - Use of nursing hours per patient day formula to determine staffing? Nurse/patient ratio.
 - Staffing structure (RN/LPS/CNA/Techs).
 - Turnover and vacancy rates.
 - Employee injury rates and safety review/committee-are incidents reviewed in a safety committee and if so, how is this addressed?
- Infection Control
 - What is the nosocomial infection rate and common types of infections?
 - Success of patient influenza program-percentage of individuals who are asked/accept the vaccine?
 - Outbreak of illnesses-food prep related, etc.
 - Handling of linen.
- Clinical Changes in Condition
 - Failure to rescue rate.
 - Fall rates.
 - Patient acuity levels/medical complexity.
 - How are clinical competencies measured of nursing/social work/rehab?
 - Seclusion and Restraint rates.
- In-service/Education
 - What are the annual training requirements?
 - How are educational needs of the staff determined?
 - Describe the orientation process.
 - Educational model.
 - Patient education.
 - Programming for staff related to stress//burnout – “support” systems of the employees.
- Active Treatment
 - Who performs active treatment and how is this determined?
 - Composition of programming for the individual patient – how is it decided what groups the patients will attend?
 - How are patient’s education on active programming? Is it part of their treatment planning, orientation to unit, etc.?
- Quality and Environment of Care
 - Programing / Activity / Treatment
 - What kinds of services are being provided to the patient population?
 - What is the overall philosophy/content of the program/curriculum and how are therapeutic activities deployed? What methods are utilized?
 - Are schedule activities related to specific patient needs? How are individual needs met?

- Describe the process of documentation in the plan of care.
- Are patient needs met consistently at all times including evening and weekends?
- Discharge Planning
 - Describe the discharge planning process.
 - How is the patient, family, significant other and multidisciplinary team involved in the discharge planning process?
 - How discharge related resources are made available to patient, family, significant other and community treatment providers/supports?
 - How are patients discharged and connected to community resources and support?
 - Describe how discharge plans/treatment are being communicated to the post discharge entities, supports, etc.
- Seclusion and Restraints (Patient Rights) – Plan of Care Discussion
 - What is your seclusion and restraint policy including philosophy and processes etc.?
 - Describe your seclusion and restraint prevention education.
 - Describe your current recovery plan/treatment plan process, tool, and documentation strategies. How are patient’s personal preferences and choice incorporated into the plan of care?
 - How are patients informed of their rights and how do they access a grievance/complaint system?
- National Patient Safety Goals (patient identification, staff communication, safe use of medications, alarm safety, infection prevention, & patient safety risks)
 - How the patients are identified correctly for all care and related treatment?
 - How are important results communicated to the right staff person on time?
 - What are your facility goals and methods to prevent infection?
 - How do you identify patient safety risks, identify your processes e.g. patients that are at risk for suicide, violence, elopement, etc.? How do you safeguard and prevent above from occurring?
- Quality Improvement and Culture of Safety
 - How do you measure, track and analyze quality indicators and other aspects of performance that assess processes of care, hospital service and operations? Share an example.
 - What is your quality plan/program and philosophy of quality improvement? How do you sustain improvement?
 - What specific risks to your environment of care have been identified in your organization? What procedures and controls, both human and physical components does your organization implement to minimize the impact of risk to patients, visitors and staff?
 - What environmental monitoring activities have taken place to ensure care in a safe setting?
- Family Experience, Cultural competence, Patient Centered Care

- How are families engaged?
- How families are engaged if the patient refuses contact?
- How is advisory input taken? Structured Committee, etc.? Is NAMI or formal Advocacy involved?
- Do staff engage individuals in a trauma informed and patient centered way? How is patient choice and preferences captured in assessments? Treatment? Planning? Discharge Planning? How is sensitivity to trauma incorporated?
- Do staff engage patients with cultural intelligence? Is there a staff training or curriculum? Is an annual or periodic update included?
- Patient Experience, Peer Support, Patient Centered Care
 - Do staff engage individuals in a trauma informed and patient centered way? How is patient choice and preference captured in assessment? Treatment? Planning? Discharge Planning? How is sensitivity to trauma incorporated?
 - Do patients have a good experience? How do they capture this? Do patients feel treatment was helpful? Do patients feel they were ready for discharge? Do patients understand their treatment and follow up plan?
 - Is appropriate attention paid to patient rights and grievances? How do they capture this? Do patients feel their rights are respected? Do patients know how to file a grievance/
 - How is advisory input taken? Structured committee? Etc.
 - How are peers used to support care, recovery and engagement?
- Community Integration General Experience, Patient Centered Care
 - Do patients have a good experience?
 - Inquire as to whether the patient can state the purpose of the hospitalization.
 - If the patient does not understand and can state it ask whether the purpose was met.
 - If the patient is not able to articulate the purpose – either an involuntary hospitalization or the person simply does not understand why they are there, then ask weather and why it was a good experience and capture this in patients own words.
 - Please think about your entire stay in the hospital and also about each and every member of your treatment team.
 - Do patients feel that they are co-participants with the Treatment Team in deciding treatment and discharge options?
 - Did the hospital contract people – psychiatrists, therapist’s case, manager, who might be able to offer information about your history that would maximize the effectiveness of the hospital’s treatment team and the discharge planning?
 - Do patients feel listed to?

- Do patients feel their needs were assessed accurately and addressed?
- Do patients and families feel they are treated with respect?
 - For each person (psychiatrist, other doctors, nurses, social workers, inhalation therapist, etc.), was there ever an encounter during your hospital stay that felt disrespectful in any way? Please describe this in detail.
 - What words would you use to describe most of your involvement with the treatment team?
- Does a warm hand-off occur from the facility to community providers?
 - Were you offered information about post-hospital treatment providers or community-based agencies or programs that could be helpful to you?
 - How did the hospital facilitate your capacity to connect with these providers, agencies, or programs?
 - If there are close family members, other loved one, friends, or concerned advocates you want in your life, were they included in the discharge planning as you wanted them to be?
 - Did the hospital ascertain that you were housed and staying in a place with food, adequate heat, etc. before you were released?
- Does transition planning include some sort of crisis planning to prevent readmission within the most at risk 7 days post discharge?
 - Between the day of discharge and the first outpatient appointment, were you and significant others in your life, as described above informed about who to contact if you had questions and concerns?
 - If you made such a contract, were your questions or concerns dealt with?
- Corporate Compliance, Regulatory Oversight, Risk Management
 - How does leadership/administration address access versus acuity of patients, in particular EMTALA issues? How do they capture their compliance?
 - How does leadership/administration ensure regulatory compliance in the environment of care? How do they capture this?
 - How does leadership/administration ensure regulatory compliance and promote a culture of patient safety with the staff? How do they demonstrate this?
 - How does leadership/administration balance fiscal responsibility and compliance against access to care and humanitarian needs? How do they demonstrate this?
 - How does leadership/administration balance fiscal responsibility against quality of care? How do they demonstrate this?

The site visit team visited 3 sites in total. The South Florida State Hospital a Correct Care Hospital, Brooke Glen Behavioral Hospital and Hampton Behavioral Health Center, the latter being UHS sites.

These sites were identified based on comparability to BHD services, population, and ability for the team to tour multiple sites during one visit.

Attached to the end of this document is information describing each facility in detail.

Phase 3- Proposal Submission and Analysis

Phase 3, the last and final due diligence phase consisted of the proposal review. A Proposal Guideline Tool was developed and sent to Universal Health Services (UHS), the potential partner that had not withdrawn from the process.

The Joint Task Force directed the BHD Administrator to appoint a Review Committee whose membership consisted of BHD senior leaders and board members. The purpose of the proposal review and analysis was to:

1. Ensure provider understood the work to be performed
2. Provide a complete document where all deliverables are outlined to be used as the “scope of work” section of the final contract, and to
3. Identify providers’ strengths and opportunities for improvement

The proposal guideline tool included the following target areas:

- A. General Obligations
- B. General Qualifications
- C. Governance and Operations
- D. Technical Qualifications, Approach and Quality
 - a. Technical Qualifications
 - b. Clinical Services
 - c. Quality Plan
 - d. Clinical Care
- E. Facility Plan
- F. Transition Plan
- G. Opening Price Proposal
 - a. Budget
 - b. Forms

Price proposal and budget were submitted separately and not shared with the Review Committee.

The proposal guideline tool consisted of 133 questions and were scored individually by each member of the review committee as follows:

3. Pass
2. Fail
1. Need more information

For those items where more information was needed a conference call was coordinated between UHS officials and the Review Committee to discuss the few remaining issues. The committee

concluded its work once all questions were answered. The results of the review were presented to the JTF January 4, 2018 meeting.

Proposal Guideline

GENERAL OBLIGATIONS

Describe how interested partner(s) will meet the obligations listed below.

1. The interested partner must address transition following termination of the contract. The partner agrees to:
 - a. include the right for the BHD to lease space at the market rate,
 - b. or a right of first refusal for the BHD to purchase the facility
2. Use the behavioral health facility for providing only healthcare services
3. Possess and maintain a license throughout the term of the agreement for a minimum of 60 licensed beds to accommodate involuntary and voluntary patients.
4. Confirm and demonstrate that the facility is easily accessible by public transportation.
5. ~~Confirm and demonstrate that the facility shall comply with the regulations summarized in Sections 2.6 and 2.7 below. Error- duplicate~~
6. Confirm and demonstrate that the facility shall be located in Milwaukee County, Wisconsin.
7. Provide Inpatient acute adult, adolescence, and pediatric behavioral health services 24 hours a day 365 days a year.
8. Describe how the facility will meet the parameters of Wis. Stat. s. 51.08:
 - a. Wis. Stat. s. 51.08: Any county having a population of 500,000 or more may, pursuant to s. 46.17, establish and maintain a county mental health complex. The county mental health complex shall be a hospital devoted to the detention and care of drug addicts, alcoholics, chronic patients and mentally ill persons whose mental illness is acute. Such hospital shall be governed pursuant to s. 46.21. Treatment of alcoholics and persons who are drug dependent at the county mental health complex is subject to approval by the department under s. 51.45(8). The county mental health complex established pursuant to this section is subject to rules promulgated by the department concerning hospital standards. The county board may not sell the county mental health complex under this section without approval of the Milwaukee County mental health board.
 - b. Additionally, the partner must discuss the option of having a courtroom located at the facility to facilitate access to proceedings that are directly related to the patient's status.

9. **Chapter 51, Civil Commitments:** Interested partner understands that the system of care for its consumers may include court oversight. Interested partner is responsible for knowing which consumers are subjects of Wisconsin Statutes Chapter 51-State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act, Chapter 54 Guardianships and Conservatorships, Chapter 55 Protective Service System, as well as any Probation and Parole orders/rules.
- a. Partner shall maintain the following information in the individual's chart as applicable:
 1. The guardian's name, current address, phone number and email address.
 2. A copy of the current Determination and Order for Protective Service/Protective Placement, or other specific court order or rules.
 3. Interested partner shall confidentially maintain these documents. A copy of the Letter of Guardianship specifying the consumer's rights shall be retained regarding the extent of the guardian's responsibility.
 - b. Non-emergency transfer of protective placement: If Interested partner initiates a transfer of a person under a protective placement order, it shall provide notice of transfer to the Probate Office, the guardian(s), the case manager, Adult Protective services, and the consumer with 10 day prior written notice. Interested partner must obtain written consent of the guardian prior to transfer. Interested partner must have a safe discharge plan.
 - c. Emergency transfer of protective placement: If interested partner initiates an emergency transfer of a person under a protective placement order, it shall no later than 48 hours after the transfer, provide notice of transfer to the Probate Office, the guardian(s), Adult Protective Services and the consumer. Interested partner must have a safe discharge plan.
 - d. Partner shall prepare a report to the Court when ordered by the Court or requested by the BHD.
 - e. Unless instructed otherwise, the partner shall transport and accompany its consumer to all Court Hearings or otherwise ensure the consumer's presence at the hearings
 - f. When requested, interested partner shall provide testimony in court hearing.
 - g. To facilitate the acquisition of the medical reports required for Court Hearings, the interested partner, when requested shall schedule an appointment with the appropriate physician or psychologist and shall take the consumer to the appointment or otherwise assure the consumer's presence at the appointment.

Describe how the interested partner will meet the following obligations:

10. In addition to serving as the required legal detention center under Wisconsin Statutes Chapter 51, describe how the following services will be provided.

Clinical services

- Behavioral health services
- Pharmacy
- Radiology
- Physical therapy
- EKG
- Laboratory
- Psychiatry
- Family Medicine Physicians and Advance Practice Nurses
- Psychologist
- Nursing Services
- Infection Control Nurse
- Certified Nursing Assistants
- Peer Specialist
- Social Work
- Occupational Therapy
- Speech Therapy
- Music Therapy

Non-clinical services:

- Housekeeping
- Security
 - CCTV monitoring system
- Food Service
- Facility Executive Administration and Oversight
- Quality Improvement and Compliance
- Medical Records
- Billing and Fiscal
- Medical Staff Services
- Secured Transportation
- Utilization Review
- Chaplain Services
- MOU or contract with the appropriate public school district to support Child and Adolescent services.

Administrative Services

- Information Technology
 - Provide and maintain an interoperable electronic health record that includes a bi-directional HL7 connectivity to the electronic health records used by Milwaukee County and its community services.
 - Electronic Health Record is to be accessible to the Court, Corporate Counsel, and Public Defender as required in Wis. Stat. § 51.35.

- Participate in, and be a member of any county, state, or regional health information exchange in place currently and in the future.
 - Provide an electronic prescribing protocol for patients that are consistent with HL7 standards.
 - The provision of a clinical decision support function is highly desirable.
- Human Resources
 - Payroll
 - Legal
 - Risk Management
11. Agree to obtain prior written BHD approval for all subcontractors and/or associates to be used in performing its contractual obligations. The Interested partner will be responsible for contract performance when subcontractors are used.
 12. Any subcontracting by the interested partner will include a provision requiring the subcontractor and/or associates to be bound by the same contract terms and conditions as the interested partner.
 13. Establish and maintain contractual relationships with Medicaid, Medicare and other key payers, and ensure that all practitioners are appropriately credentialed with each payer as required.
 14. Ensure that all interested partners are appropriately privileged and credentialed as members of the interested partner's medical staff.
 15. Provide acute behavioral health services to adults, adolescents, and children regardless of payer source.
 16. Collaborate with the BHD in the transfer of patients from observation and 24 hour emergency department services.
 17. Provide Emergency Services including:
 - Voluntary Protective Placement (55.05)
 - Court-ordered protective placement / protective services (55.06)
 - Emergency Detention (51.15)
 - Voluntary presentment of intoxicated individual to an approved treatment facility (51.45(11)(a))
 - Involuntary presentment of an individual incapacitated by alcohol to an approved treatment facility (by law enforcement) (51.45(11)(b))

- Emergency Commitment - i.e., the commitment of an intoxicated person who has threatened harm or a person who is otherwise incapacitated by alcohol. (51.45(12))
 - Emergency Protective Services for not more than 72 hours (55.13)
 - Emergency or Temporary Protective Placement (55.135)
 - Criminal Conversions (971.14(6))
18. Establish systems for maintaining seamless transitions for patients and open collaborative relationships between acute behavioral health services and the community-based services provided by the BHD and others.
 19. Provide psychiatric assessment, evaluation, treatment, medication administration, symptom management, stabilization, and nursing care as specified in individual treatment plans and as required by applicable law or standards.
 20. Work with county-funded potential service partners to facilitate coordinated and appropriate outpatient/community treatment and discharge planning for individuals.
 21. Enter into an agreement with the Department of Health Services or Milwaukee County pursuant to Wis. Stat. § 51.35 granting authority to transfer involuntary patients between treatment facilities or from treatment facilities into the community.
 22. Affiliate with Medical College of Wisconsin to be a Medical Student teaching site. Affiliate with Medical College of Wisconsin Affiliated Hospitals as a residency and fellowship teaching site - including continuing current level of stipend support for residents and fellows, and coordinate with Center for Medicare and Medicaid Services for transfer of teaching facility status to be eligible for direct medical education (DME) and indirect medical education (IME) payments.
 23. Facilitate MOUs or affiliations with schools of nursing, including undergraduate, graduate, and doctoral programs.
 24. Participate in the BHD efforts to improve systems for case management and coordination related to behavioral health and clinical needs of consumers and other system-wide needs. Develop strategies to maximize communication and coordination between interested partners to promote a seamless patient centered clinical treatment approach. Work with the BHD and other interested partners to ensure smooth transitions back to the community. Facilitate with BHD to coordinate, communicate, and collaborate through community based Case Management Services to achieve goals that promote high quality, cost-effective strategies, maximizing positive patient outcomes focusing on individual patient assessments.

25. Develop and implement methods to prevent hospital and emergency readmissions.
26. Obtain Joint Commission accreditation within the first 12 months of operation.
27. Provide services which lead to and enable patients to function effectively in less restrictive environments within the community.
28. Provide services which include but are not limited to assessment/diagnosis, care planning, monitoring and ongoing review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision and therapy.
29. Demonstrate what measures will be in place to protect the safety of all patients and staff, and how management will balance those safety measures ensuring patients are not subject to unnecessary restraints
30. Obtain authorization of admission and additional in-patient days, specifying the number of days approved for funding. The BHD will provide a comprehensive assessment to determine the appropriate initial length of stay and a continued hospitalization. The length of the hospital stay will also be compared with the average length of stay for similar diagnoses.
31. Collaborate with the BHD Utilization Management department by providing information necessary to enable the BHD to monitor length of stay for each authorized admission.
32. Notify BHD promptly when a given patient requires inpatient care for a period of time in excess of the pre-authorized days, and provide sufficient information to allow BHD to determine whether an extension will be authorized. BHD will only pay for authorized inpatient days.
33. Dispense appropriate one (1) month supply of outpatient medications to low income and indigent patients without insurance when discharged from the inpatient setting.
34. Agree to request approval/prior-authorization from the BHD for specialized psychiatric and psychological evaluations before the services are rendered for the following services in order to be considered for reimbursement:
 - Certified Nurse Specialist Assessments/Tests 96101-96125
 - Crisis Psychotherapy 90839-90840
 - Psychoanalysis 90845
 - Narcosynthesis 90865

- Therapeutic Repetitive Trans cranial Magnetic Stimulation (rTMS) 90867-90869
- Electroconvulsive Therapy 90870
- Biofeedback 90901-90911

The following services and/or professional services fees will not be authorized:

- Any service beyond the scope of care of the faculty or the credentialing of the providing licensed independent practitioner.
- Other Psychiatric Services or Procedures 90863-90899 - unless declaratively listed above
- Miscellaneous Services coded under CPT 99000-99091

35. Have available the necessary technology to perform video conferencing with the court for individuals in Emergency Detention.
36. Ensure quality of care and protect the civil and legal rights of patients.
37. The BHD will petition the Milwaukee Healthcare Partnership and the Emergency Management System (EMS) to allow interested partner to participate /obtain membership.

GENERAL QUALIFICATIONS AND EXPERIENCE

38. Describe current experience in the successful planning, budgeting, managing, directing, and operating of a psychiatric hospital similar to the size and scope of the BHD
39. Describe your history of successful operations and provision of services of other behavioral healthcare facilities comparable in size and high patient acuity.
40. Describe your ability to perform key aspects of managing a high quality behavioral health hospital including evidence of quality and performance measures.
41. Describe your experience and success dealing with a culturally diverse patient mix.
42. Describe your experience caring for individuals with highly acute behavioral health conditions including potentially aggressive behaviors.
43. Describe your organization, for example, its size, scope and holdings.
44. Provide a listing of behavioral health hospitals the firm/company owns and /or operates.

45. Provide length of time your organization has been in business.
46. Provide the experience and professional qualifications of key leadership staff who will be accountable for the quality and financial performance of the behavioral health services.
47. Provide examples of hospitals similar to the BHD, with similar demographics, size, function, that the firm/company has direct experience operating or managing.
48. Provide proposed governance structure for the organization.
49. ~~Provide experience in operations and management of behavioral healthcare facilities. Duplicate to #38~~
50. Provide the firm's financial capabilities and resources to perform the services proposed.
51. Describe your hiring policies and how you expect to appropriately recruit, hire, retain and train new hospital staff. Please include an overview of your recruitment expertise, and consideration process for hiring current BHD personnel.
52. Describe your current information system platforms that are utilized by your hospital organization, and describe how these systems would be applied to this facility (remote, regional billing office etc.). Describe which IT services you plan on outsourcing. For outsourced services provide the name of the entity providing those services.
53. Describe which services will be provided by your "corporate" infrastructure.
54. Describe how you will be performing research in the facility, the intent of the research and the proposed structure for its oversight.
55. Describe your experience with clinical professional teaching and medical residency programs, and /or any concerns you have regarding the operation of such programs.

GOVERNANCE AND OPERATIONS

56. Explain how the changes currently shaping the delivery of behavioral health services, either driven by federal governmental reform, through state legislation or demonstration projects, are affecting the manner in which insurers, hospitals, and physicians operate. Discuss how these changes will impact the operations of the hospital and your financial viability. Describe how your organization is preparing for these changes and how your plans will specifically enable the hospital to successfully navigate in this new arena.
57. Describe how you will form relationships and work with other healthcare systems in Milwaukee to care for those individuals experiencing a psychiatric crisis and in need of medical services.
58. Describe how you will build a solid relationship with law enforcement to ensure patients receive care in the least restrictive environment.
59. Describe how your organization plans to interface with the legal court system.
60. Describe how you will ensure appropriate staffing patterns with the current and future staffing challenges.
61. Describe how you will ensure the organization's sustainability over the next 20 years.

TECHNICAL QUALIFICATIONS, QUALITY AND APPROACH

Technical qualifications

Electronic Health Record Meaningful Use Criteria: Interested partner will be required to meet Meaningful Use Criteria as established by CMS. Stage 2 criteria final rules published in 2012 are listed for reference.

Modified Stage 2 program requirements

62. Use computerized interested partner order entry (CPOE) for medication, laboratory and radiology orders.
63. Generate and transmit permissible prescriptions electronically.
64. Use clinical decision support to improve performance on high-priority health conditions.
65. Provide patients the ability to view online, download and transmit their health information.
66. Incorporate clinical lab-test results into certified EHR technology.
67. Use secure electronic messaging to communicate with patients on relevant health information.

Quality

Clinical Services

68. Provide a detailed proposal of the care delivery model that will address the behavioral healthcare needs of the persons served.
69. Describe your experience working with highly acute behavioral health population who periodically displays aggressive behaviors.
70. Describe how staff will provides quality and culturally intelligent behavioral health care, please give specific details.
71. Describe how you will integrate behavioral and medical services.
72. Describe your understanding of the role of “Treatment Director”, and how you will work with the Treatment Director on a day to day basis.
73. Describe what preventative / recovery oriented services will be offered, and how these services will be integrated into the patients treatment plan.
74. Describe how trauma informed care is provided. Please be specific.
75. Describe what specific tools, methods or clinical models will be used to provide care in a least restrictive environment.
76. Describe how the model of care is different when caring for involuntary acute adult, adolescent and children rather than voluntary patients.
77. Describe how multidisciplinary care coordination planning conferences are managed.
78. Describe how your organization will transition patients into community services and facilities, and how your organization will work/collaborate with the BHD’s community services to facilitate the provision of follow-up care to discharged patients.
79. Describe how your organization plans to deal with transition planning for adolescents who come of age. How are these individuals supported through the transition from child and adolescent services to adult services?
80. Describe your experience, failures and success in preventing readmissions.
81. Describe your plans to provide a supply of discharge medications.

82. Describe your experience working with a closed loop medication administration system.

83. Describe your treatment model and philosophy regarding seclusion and restraint (physical and chemical).

84. Provide medical, and nursing staffing models for all proposed services. Staffing ratios, staffing mix, on-call programs etc.

85. Describe your medical and nursing orientation programs and continuing education programs designed to maintain and enhance competency.

Quality Plan

86. List, describe and provide results of current performance measures addressing person centered care/services and how you will provide and monitor that person centered care/services.

87. List, describe and provide results of current performance measures addressing trauma informed services and how you will provide and monitor that trauma informed care/services.

88. List, describe and provide results of current performance measures addressing culturally intelligent care/services and how you will provide and monitor that culturally intelligent care/services.

89. List, describe and provide results of current performance measures addressing recovery oriented care/services and how you will provide and monitor that recovery oriented care/services.

90. List, describe and provide results of current performance measures addressing “least restrictive environment” and how you will provide and monitor how “least restrictive environment” is utilized within the facility and in discharge planning.

91. List, describe and provide results of current performance measures you have developed and how you will measure, and monitor the client experience.

92. Describe how you will support the ongoing quality improvement and sustainability of the performance measures.

93. Describe how you will measure structure, process, outcomes, efficiency and effectiveness of clinical services.

94. Describe how you will measure the organization/facility/practice, individual healthcare professionals, multi-disciplinary teams, system coordination, and population health outcomes.

95. Describe how you will measure effectiveness in care transitions along with developing strategies and processes to fill the gaps to ensure seamless patient care across the system.

96. Describe how records will be maintained in a confidential manner in accordance with Wis. Stats. §§ 146.81 to 146.83, DHS 92 Confidentiality of Treatment Records, and any other applicable state and federal laws.

97. Do you intend to have a “culture of safety” philosophy? If you have already implemented a “culture of safety” please describe how long the program has been in place and share if the program has been successful.

Clinical Care

98. Describe your work in improving population health.

99. Describe how you would work with the designated BHD medical director.

100. Describe how you will develop, or implement current care models for treating persons with co-occurring challenges.

101. Describe how you will provide consultation on all aspects of the provision of acute inpatient services.

102. Describe your experience with Peer Support Specialist and how you will integrate them in the acute hospital setting.

103. Describe how you will engage the patient, family members, or significant others in the care planning and treatment process.

104. Describe how you will ensure the patient's discharge plan includes elements to reduce recidivism.

105. Describe how you will care for and provide for a safe environment for individuals with aggressive behaviors and those detained. Specifically address your organization's plan to care for individuals with suicide risk, elopement risk, the potential for significant property damage, and/or as aggressive acts.

106. Describe your processes that allows for patients to refuse treatment to the extent permitted by law and how patients are informed of the consequences of the refusal.

107. Describe how you will provide services that are co-occurring, trauma-informed, recovery oriented, and person centered.

108. Describe how you will provide services that reflect how patients are treated with consideration, respect and recognition of their individuality and personal needs, including the need for privacy in treatment.

109. Describe how you will integrate into processes and policy the provision of person centered services.

110. Describe how you will integrate into processes and policy the provision of trauma informed services.

111. Describe how you will integrate into processes and policy the provision of culturally intelligent services.

112. Describe how you will integrate processes and policy for recovery oriented services.

113. Describe how you will integrate family and support systems into the care planning and treatment process.

114. Describe how you will care and provide support to the patient's family and support system.

115. Describe how you will ensure the patients discharge plan includes transitional elements to enhance the patient experience.

116. Describe how you will ensure the hospital has current information on community resources available for continuing care of the clients post discharge.

Approach

117. Describe your current understanding of the BHD services and how as a partner you will address the opportunities and challenges that currently exist within the system. Please describe the ideas and initiatives you would implement to maintain and enhance service, increase efficiency and reduce costs for the BHD.

118. BHD's goal is to reduce the amount of tax levy devoted to inpatient services in order to redirect funding to early detection, prevention and enhancement of community services. As an interested partner, what economic model would you propose to ensure success?

119. What plans or ideas would you bring to the table as a partner to reduce tax levy?

120. Describe your plans to develop a long term relationship with the BHD. Specifically address your approach to relationship management.

121. Describe your plans to implement a robust utilization management program to ensure appropriate utilization of services, eliminate unnecessary bed days, and re-admissions,

FACILITY PLAN

122. Provide a facility rendering.

123. Identify the location of the facility.

124. Describe your plan to build a new facility or remodel an existing space to provide inpatient behavioral health services.

125. Provide a detailed schedule illustrating the various phases, milestones and overall time period for the opening of a new or remodeled hospital including a potential occupancy date.

126. Describe how the site will reflect that it is of sufficient size and space for excellent care, intended square footage and number of beds.

127. Explain rationale or data evaluated to determine the number of inpatient beds proposed.

128. Describe the plan to meet all federal, state, local and Joint Commission requirements for a safe acute psychiatric facility.

129. Describe how patients will be able to access secured outdoor areas for therapeutic purposes.

TRANSITION PLAN

130. Describe your proposed transition plan for services, and timeline for completion.

131. Describe your proposed transition plan for patients, and timeline for completion.

132. Describe your intent of hiring the BHD management, professional, clinical and non-professional staff.

133. Provide a draft communication plan for your current organization and the community.

OPENING PRICE PROPOSAL

All price data and information must be provided in a separate sealed envelope marked Price Proposal. Please provide 6 hard copies and 1 copy in electronic format.

1. Provide an estimated expense budget required for implementation of the proposed solution with delineation between startup costs, working capital and ongoing operational costs.

It is understood that funding is subject to appropriation and may change over the contact period. The BHD reserves the right to amend any resulting contract to reflect changes in funding on an annual basis

2. Complete – “Cover Sheet for Pricing Proposal”
3. Complete – ‘Cost Proposal’ in the prescribed format, with requested information and pricing structure. The BHD will pay the Proposer for the cost of Milwaukee County resident clients with no known payer source. Payment will occur based upon authorized services for clients whose payment status has been independently verified by the BHD.

COVER SHEET FOR PRICING PROPOSAL

COVER SHEET FOR RATE PROPOSAL (Sign and Submit with Price Proposal)

In submitting and signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free trade or competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other interested partner, competitor, or potential competitor; that this proposal has not knowingly been disclosed prior to the opening of the proposals to any other interested partner or competitor; that the above statement is accurate under penalty of perjury.

In submitting and signing this proposal, we understand the requirements, and technical expertise and experience needed to provide behavioral health services to individuals in Milwaukee County and are submitting this response in good faith. We understand the requirements of the program and have provided the required information.

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the interested partner and will not knowingly be disclosed by the interested partner prior to award of a negotiated procurement, directly or indirectly to any other interested partner 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.

The undersigned certifies and represents that all data, pricing, representations, and other information, of any sort or type, contained in this response, is true, complete, accurate, and correct. Further, the undersigned acknowledges that the JTF is, in part, relying on the information contained in this proposal in order to evaluate and compare proposal submissions.

Name

Title

Signature/Date

COST PROPOSAL

RATE PROPOSAL

Indicate the all-inclusive proposed price for providing services.

**Behavioral Health Division
Request for Financial Information**

Billing/Revenue Code	Description	Rate Per Day	Unit Rate
0124	Acute Inpatient Facility		
0124C	Child and Adolescent Inpatient		
99221	Initial Hospital Care (level 1)		
99222	Initial Hospital Care (level 2)		
99223	Initial Hospital Care (level 3)		
99231	Subsequent Hospital Care (level 1)		
99232	Subsequent Hospital Care (level 2)		
99233	Subsequent Hospital Care (level 3)		
99238	Hospital Discharge Services 0-30 min		
99239	Hospital Discharge Services 30+ min		
99356	Prolonged Service, First Hour		
99357	Prolonged Service, Each Add'l 30 Min		
0450	Emergency Room - Level I		
04502	Emergency Room - Level II		
04503	Emergency Room - Level III		
04504	Emergency Room - Level IV		
4505	Emergency Room - Level V		
99281	Emergency Department Service (level 1)		
99282	Emergency Department Service (level 2)		
99283	Emergency Department Service (level 3)		
99284	Emergency Department Service (level 4)		
99285	Emergency Department Service (level 5)		

0760	Observation Room (per hour)		
99217	Observation Status Discharge		
99218	Observation Status Care (level 1)		
99219	Observation Status Care (level 2)		
99220	Observation Status Care (level 3)		
99234	Observation/Hospital Same Day (level 1)		
99235	Observation/Hospital Same Day (level 2)		
99236	Observation/Hospital Same Day (level 3)		

90791	Psychiatric Diagnostic Interview		
90792	Psychiatric Diagnostic Interview w/medical service		

**For Adult and CAIS inpatient the proposal can include a blended per diem and professional service fee rate*

***The proposed rates are for payment of Milwaukee County indigent clients only. For clients that have a payer source that payer should be billed and payment accepted as payment in full.*

****Please add additional codes and rate information as necessary.*

*****BHD is interested in discussing a value based economic model. Please provide potential models for consideration.*

Correct Care

South Florida State Hospital- (Obtained directly from organization's website)

Location: 800 East Cypress DrPembroke Pines, FL 33025

Phone: (954) 392-3000

Fax: (954) 392-3499

Capacity: 341

Client: State of Florida

Accreditations: Joint Commission

BACKGROUND:

Correct Care was selected by the Department of Children and Families in 1998 to operate South Florida State Hospital, the first in the nation to be completely privatized. Correct Care designed, constructed and financed a completely new 350 licensed bed facility on the same state-owned property with 341 beds currently under contract. When the new complex was completed in December 2000, the whole hospital was moved to the new site, the only new state civil psychiatric hospital to have been built in the state in the last 40 years.

SCOPE OF WORK:

The mission of the facility is to empower the persons served to acquire and use the skills and supports necessary to achieve maximum independence, success and satisfaction in the environment of their choice. The population consists primarily of severely and persistently mentally ill adults who are involuntarily committed to the hospital when community treatment alternatives are no longer effective. The hospital provides a secure setting with longer-term treatment by psychiatrist-led teams of clinicians. Students from various professional disciplines, such as medicine, psychology and pharmacy also participate as part of their training regimen.

FACILITY DESCRIPTION:

The entire complex consists of one-story Mediterranean-looking buildings with barrel tile roofs, tile floors, pleasant colors and lush landscaping. The persons served live in seven residential

areas, including one designed for the elderly with amenities to meet their special needs, and one for those with extraordinary medical needs. There are two person bedrooms, each having its own bathroom. The distinctly non-institutional atmosphere not only improves the mental healthcare experience for persons served and their families, it also plays an integral part in treatment and recovery. Consistent with the role recovery philosophy, which emphasizes the opportunity to make choices, a wealth of programming is offered in the Town Center, the complex in the center of the campus. Buildings in a quadrangle house life skills programs, education and career development, an addictions program, dining areas, gift shop, beauty parlor, a chapel, and a library. Gazebos and a clock tower decorate the grounds and provide gathering places for socializing. Since Correct Care assumed responsibility for the operation of the hospital, the number of people admitted in a given year (1999-2000) was greater than in any of the previous 10 years, as was the number discharged, reflecting a philosophy of active treatment and an emphasis on community reintegration. Readmissions have been at about half the rate of similar Joint Commission-accredited hospitals. Compliant with national best practices, incidents of restraint and seclusion were substantially reduced from an average of 13 per month in 1998 to less than one (1) per month by the Fall of 2000. The facility continues to maintain the incidents at an average of less than one (1) per month.

ACCREDITATION:

SOUTH FLORIDA STATE HOSPITAL DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

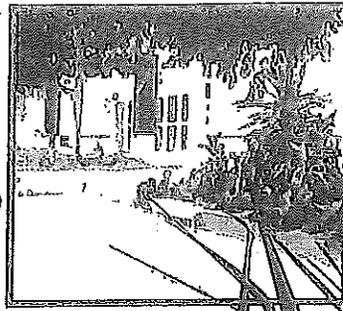
South Florida State Hospital, a 350 bed state psychiatric hospital, has an internship program that is accredited by the American Psychological Association (APA), and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The accreditation status of this program can be obtained from the APA Office of Program Consultation & Accreditation, 750 First Street NE, Washington, DC, 20002-4242, (202) 336-5979 and at its website: www.apa.org/cd/accreditation. The internship training program provides a unique opportunity to gain practical experience in assessment and intervention with a diverse patient population. Goals include increasing awareness of and sensitivity to the cultural, social and psychological needs of special populations and learning to adapt traditional modalities while receiving direct supervision and formal didactic training. The facility provides treatment using a multidisciplinary psychiatric rehabilitation model based on a philosophy of Illness Management & Recovery. The intern functions broadly as a clinical practitioner, however, experience with specialized behavior plans, cognitive assessment, and forensic assessment and treatment is also

provided. In addition, interns will participate in each of the three following rotations: (1) Forensic (2) Assessment and (3) Specialized Behavior Planning.

SFSH Handbook

**ABOUT
BROOKE
GLEN**

*We offer unique
and individualized
programming that
sets us apart*



Brooke Glen Behavioral Hospital (BGBH) is located on an 11-acre campus in picturesque Fort Washington, PA, a small suburban town outside of Philadelphia. Our 146-bed facility provides a safe and comfortable environment for patients suffering from mental illness and behavioral disorders.

Founded in 1966, BGBH has been a long-time neighbor to this quiet suburb. Through the years, our commitment to safe, effective, quality mental health services has continued, and today we are proud to offer unique and individualized programming that sets us apart from many other behavioral hospitals. We actively participate in the community by providing education and local support of the awareness of psychological issues and challenges faced by those suffering with mental illness.

About the Staff

led by physicians, doctoral level psychologists, and senior clinical staff, all of whom are recognized for their expertise with mental illness and the special needs inherent within an acute inpatient setting.

In addition, BGBH supports continued education training and graduate level opportunities for training. BGBH is host to medical students, doctoral psychology students, and other multi-discipline opportunities. Promoting training and education allows for a more robust treatment experience for patients, and creates an atmosphere of learning and growth for our employees.

TOBACCO-FREE CAMPUS

Brooke Glen Behavioral Hospital is a tobacco-free campus. This means that our patients, visitors and employees are prohibited from using tobacco products anywhere on the hospital's property. Brooke Glen is part of a nation-wide initiative for behavioral health facilities to be tobacco-free. We recognize this may be challenging for our patients and offer Nicotine Replacement Therapies as alternatives.

*Brooke Glen Behavioral Hospital
is with you at every stage, from adolescence to
adulthood and everything in between*

Adolescents + Teenagers	Age 13-18
Adults + Older Adult Services	18 and over Adults 45 and over
EAC Services	18 and over

Non-discrimination

Admissions, the provisions of services, and referrals are made without regard to race, color, religious creed, disability, ancestry, national origin, age, gender or sexual identity.



For the best in total care call 215-641-5404. Schedule an appointment for an assessment 24-hours a day/7 days a week. Immediate appointments are available.

Philadelphia,
easily accessible

Pennsylvania Turnpike:
Exit 199 Fort Washington/Ambler

W. PENNSYLVANIA AVE
NORTH AVENUE
VETTE CONNECTOR
E. AVENUE

PHILADELPHIA

Exit 199 towards NEW JERSEY
Exit 199 towards

Exit 199 from above

Exit 199:

Exit 199 Pike
Exit 199 Connector
Exit 199 E. AVENUE

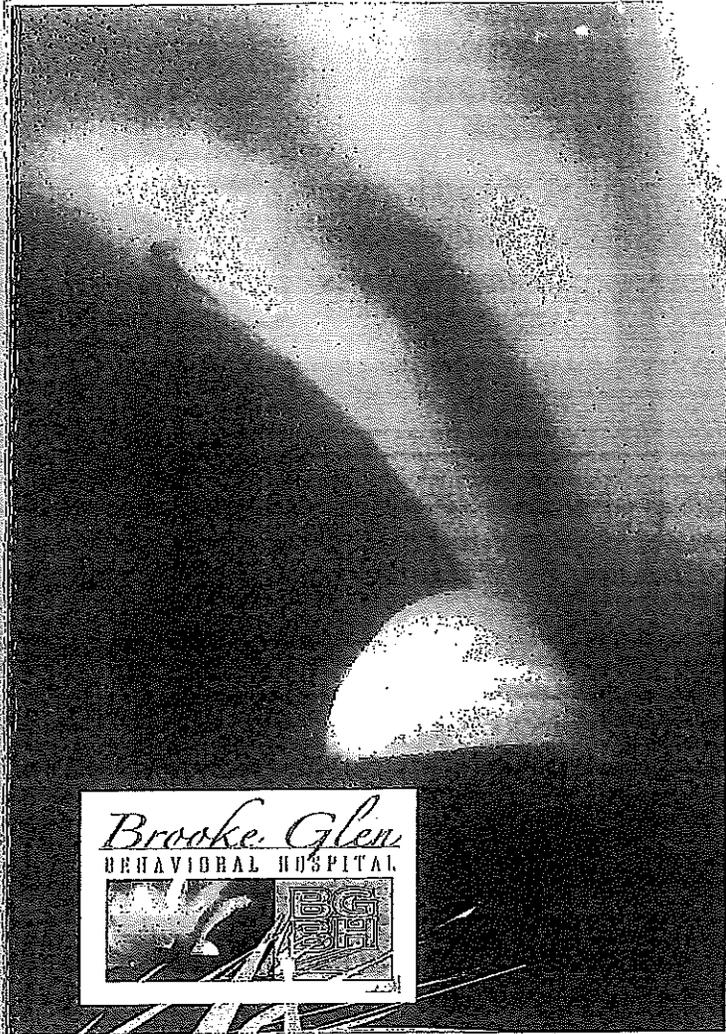
Exit 199 DEKALB ST / US-202 N
Exit 199 K-PIKE / PA-73
Exit 199 E. AVENUE

Exit 199 on right side

Exit 199
Exit 199 Walk up the steps to
Exit 199 the street
Exit 199 near the intersection of
Exit 199 Vette Connector

Exit 199 Lafayette Avenue
Exit 199 Washington, PA 19034
Exit 199 610-256-5300
Exit 199 brookeglenhospital.com

Exit 199 Appointment
Exit 199 appointments are:



*Creating the person, supporting the family,
dedicated to the community*

CUSTOMIZED AND PERSONAL CARE

*Our focus is on
individualized treatment*

At Brooke Glen, we provide care for the person, not the illness. Guided by a comprehensive treatment plan, our treatment teams work closely with the individual and their families to access their strengths, resources, and resiliencies. We work closely with each patient's network and support systems so that gains made while at Brooke Glen can be sustained and enhanced once in the community.

Brooke Glen ensures that individualized programming for each patient occurs. This includes but is not limited to:

- Creative/expressive therapy
- Psychological testing (as clinically indicated)
- Treatment focused groups
- Psychoeducational groups

AS A PATIENT AT BROOKE GLEN, A COMPREHENSIVE PSYCHIATRIC AND PHYSICAL EXAMINATION IS PROVIDED. SERVICES ALSO INCLUDE PSYCHOTHERAPY WITH THE TREATING PSYCHIATRIST, GROUP THERAPIES, FAMILY THERAPY, AND ACCESS TO THE IN-HOUSE SCHOOL LED BY SPECIAL EDUCATION CERTIFIED TEACHERS.

ADOLESCENT SERVICES (AGES 13-18)

We offer the right tools for support

The Adolescent program at Brooke Glen is prepared to meet the needs of our patients ages 13-18. We recognize adolescence can be a complicated time and we strive to create a safe, nurturing environment to promote coping, healing, and recovery. As a patient at Brooke Glen, a comprehensive psychiatric and physical exam is provided. Services also include psychotherapy with the treating psychiatrist, group therapies, family meetings, education services, and aftercare planning.

The acute adolescent unit can help with identified psychological disorders. We offer guidance and intervention for adolescents to successfully cope with issues including:

- Depression/Anxiety
- Impulse Control
- Situational Crisis
- Trauma Related Issues
- Obsessive Compulsive Disorders

Due to the high percentage of co-occurring diagnoses, we offer education and support for alcohol/drug use.

Our primary focus is assisting each patient with their identified challenges so they may promptly return to their life outside the hospital.



**BG
BH**

For the best in total care call 215-641-5404.
Schedule an appointment for an assessment,
24-hours a day / 7 days a week.
Immediate appointments are available.

FAMILIES AND SCHOOL DISTRICTS WORK TOGETHER TO SUCCESSFULLY RETURN CHILDREN TO THEIR HOME & SCHOOL SETTINGS. STUDENTS ATTEND SCHOOL DAILY AT BROOKE GLEN ACCORDING TO THE REGULAR SCHOOL CALENDAR AND ARE TAUGHT AT THEIR LEVEL OF ABILITY.

ADULT SERVICES

Our efforts are to get the patient home

Tailored to the needs of adults 18 & older, Brooke Glen provides a comprehensive psychiatric assessment, crisis stabilization, relapse prevention, medication review, and rehabilitation for an array of psychiatric disorders.

Program services offered but are not limited to:

- Trauma Informed Treatment
- Group Therapy
- Educational & support services to assist with alcohol & drug use
- Recreation Therapy
- Art Therapy
- Music Therapy
- Movement Therapy

Treatment at Brooke Glen is individualized to each patient. Our patients benefit from working with highly trained staff, a comfortable environment, and daily support towards reaching their treatment goals.

THE EAC UNIT

We provide the best therapy and care

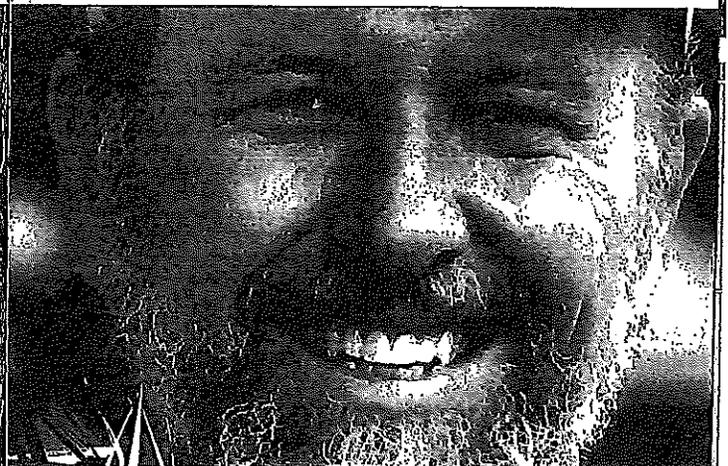
The Extended Acute Unit at Brooke Glen is a unit designed for individuals requiring longer term care than our acute side of the hospital, with the purpose of reintegration into the community.

The EAC espouses the philosophies of the Recovery Movement and Trauma Informed Care to guide treatment, and utilizes empirically based treatments to provide the best therapy and care available. This unit has a unique treatment team including a Certified Peer Specialist and Behavior Specialist, in addition to the more traditional treatment team members.

From admission, the goal is to work with each individual to link them up with resources and support services in their home communities to prepare for successful transition into the community while maintainin the dignity and wishes of each individual.

At BGBH, some of the services offered include:

- Creative/Expressive Therapy
- Therapeutic groups that meet during the week and on weekends
- Individual Therapy (as clinically indicated)
- Drug and alcohol education and awareness



JOIN US FOR THE ALUMNI ASSOCIATION
THE FIRST WEDNESDAY OF EVERY MONTH FROM 6:30PM-8PM.
COME AND SHARE YOUR TREATMENT EXPERIENCE AND HOW YOU
ARE DOING IN YOUR OWN RECOVERY WITH OTHER ALUMNAE AND
OUR ALUMNI ASSOCIATION GROUP.



7170 Lafayette Avenue
Fort Washington, PA 19034
1-800-256-5300
www.brookeglenhospital.com



24-HOUR ACCESS CENTER

Hampton Behavioral Health Center is dedicated to providing you or a loved one with immediate help. Our Access Center is an assessment and referral service that is available 24/7, 365 days a year.

Professionally trained clinical staff provides confidential assessments and referrals to appropriate programs, including intensive outpatient, partial hospitalization, inpatient services and electroconvulsive therapy (ECT)*.

Hampton Behavioral Health Center is licensed by the State of New Jersey and is fully accredited by The Joint Commission.

For more information or to schedule an appointment, please call the Access Center at 800-603-6767 or 609-518-2100.

Directions to Main Campus

From the South Jersey Area

Take I-295 North to Exit 45A. Follow the signs for Mount Holly. The hospital is on the right.

From North Jersey

Take the NJ Turnpike South to Exit 5. Turn left (west) onto Route 541. Take I-295 South to Exit 45A. The hospital is on the right.

From Cape May and Atlantic City

Take the Atlantic City Expressway West to I-295 North to Exit 45A. The hospital is on the right. Drive time: 1 hour.

From Philadelphia

Take the Ben Franklin Bridge to New Jersey. Take Route 38 East to I-295 North to Exit 45A. The hospital is on the right. Drive time: 30 minutes.

From the Pennsylvania Turnpike

Follow the connector to the NJ Turnpike and travel South to Exit 5 onto Route 541. Take South to Exit 45A. The hospital is on the right.

Transportation is available within local communities.



Behavioral Health Center

650 Rancocas Road
Westampton, NJ 08060

Access Center: 800-603-6767
609-518-2100 | Fax: 609-518-2210

www.hamptonhospital.com

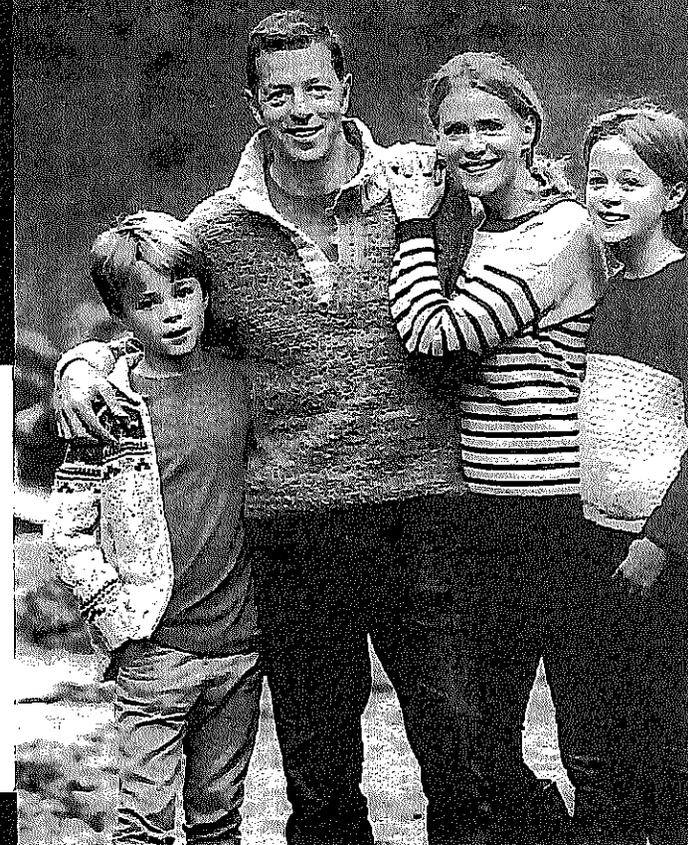
Insurance Information

Hampton Behavioral Health Center accepts insurances including Medicare and TRICARE[®] and works with unions and worker's compensation. Please contact our Admissions Department at (609) 518-2100 or (800) 603-6767.



TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved. Physicians are on the medical staff of Hampton Behavioral Health Center but, with limited exceptions, are independent practitioners who are not employees or agents of Hampton Behavioral Health Center. The facility shall not be liable for actions or treatments provided by physicians. There are risks associated with any treatment procedure and individual results may vary. Please consult the dedicated professionals within the ECT program at Hampton Behavioral Health Center to assess if you are a candidate for ECT treatment. Our Medical Staff will also consult with you on the risks and benefits of ECT treatment if you are a suitable candidate. Most representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations. 10/15/09 10/16

*Bringing New Direction
and Hope
to Patients' Lives*



Behavioral Health Center

Access Center:
800.603.6767



Hampton Behavioral Health Center offers a path to hope, happiness and overall wellness. A private behavioral healthcare center, it is a 120-bed facility on a beautiful 23-acre main campus in Westampton Township, with satellite offices in Cherry Hill and Hamilton Townships. All facilities accommodate the handicapped.

Hampton offers advanced behavioral health, diagnostic and treatment services for adults, adolescents and older adults. We offer inpatient and outpatient programs with a multidisciplinary, highly individualized approach to treatment. The Center accepts patients on a voluntary and involuntary basis.

We are dedicated to excellence in psychiatric diagnostics, treatment and education.



A High Standard of Care

A multidisciplinary team — led by a psychiatrist and including registered nurses, clinical nurse specialists, social workers, certified substance use counselors and creative therapists — treats all patients. Most often, families are included in treatment.

The Center offers diagnosis and treatment for issues that include:

- Acute Psychosis
- Depression
- Anxiety
- Suicidal Impulses
- Substance Use
- Co-occurring Disorders

Inpatient Care

After a comprehensive evaluation, patients can be admitted to one of the following inpatient programs:

- Adolescent program
- Adult program
- Older adult program
- Dual-diagnosis program (adults with primary behavioral health problems along with substance use issues)
- ECT (electroconvulsive therapy)

Hampton tailors programs to individual needs. Treatment includes:

- A comprehensive evaluation and assessment
- Individual and group therapy
- Family education and therapy
- Individualized bio-psychosocial treatment plan
- Aftercare and discharge planning

Outpatient Programs

We accommodate the needs of patients of all ages, offer an effective extension of treatment and make counseling more accessible. Hampton outpatient programs include:

INTENSIVE OUTPATIENT PROGRAM: Offers treatment to adults and adolescents who have behavioral health disorders with or without substance use issues. Both day and evening sessions are available for adults.

PARTIAL HOSPITALIZATION PROGRAM: Provides treatment to adults and adolescents with or without substance use, and to those transitioning from inpatient programs.

ECT (ELECTROCONVULSIVE THERAPY*): Can offer those with severe mental illness a beneficial treatment option when traditional therapies are neither safe nor effective.

Aftercare

Hampton's outpatient programs offer an effective aftercare option for patients who are ready for their next phase in recovery. The partial hospitalization program is offered Monday through Friday from 9:00 am to 3:00 pm. The intensive outpatient program is offered four days or evenings, depending on an individual's work, school, and family obligations. Transportation is available for partial hospitalization and daytime intensive outpatient programs.



*For more information,
call our Access Center
at 800-603-6767.*

Joint Task Force Meeting

January 4, 2018

Proposal Review Committee Results and Recommendation

Background

Under the direction of the Joint Task Force, Mr. Mike Lappen appointed four members from the Behavioral Health Division leadership as well as three members from the Joint Task Force to participate in the proposal review process. The proposal review is the last and final due diligence phase to be completed to identify a high quality acute behavioral care provider to partner with BHD and provide inpatient behavioral health services. United Health Services (UHS) is the only provider who submitted a proposal.

UHS's proposal included responses to the following areas:

- A. General Obligations
- B. General Qualifications
- C. Governance and Operations
- D. Technical Qualifications, Approach and Quality
 - a. Technical Qualifications
 - b. Clinical Services
 - c. Quality Plan
 - d. Clinical Care
- E. Facility Plan
- F. Transition Plan
- G. Opening Price Proposal
 - a. Budget
 - b. Forms

The Review Committee was responsible for reviewing and analyzing sections A-F of the proposal. Each question was scored as P= pass, F= fail, NI= need more information/clarification. The proposal contained 133 questions.

Summary

Of 133 questions;

107 – Passed.

4 - Passed, but placed on the contract negotiations list.

13 - Needed more information/clarification which were later clarified and changed to pass.

9 - Failed (10cc, 10dd, 10 gg, 62, 63, 64, 65, 66, and 67)

These nine questions addressed the electronic health record. UHS currently uses paper records.

Based on the above scores the Review Committee members are in agreement the proposal submitted by UHS is acceptable and recommends moving forward with the next step in the process.

Respectfully,

Mr. Lappen, BHD Administrator

Dr. John Schneider, Chief Medical Officer

Ms. Jennifer Bergersen, Chief Operations Officer

Ms. Linda Oczus, Chief Nursing Officer

Ms. Rachel Forman, Board Member

Ms. Mary Neubauer, Board Member

Ms. Brenda Wesley, Board member