I. Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal and to inform them of basic requirements that the County uses as part of its standard contract process. Under County ordinances, a “Local Vendor” is defined as a supplier or provider of equipment, materials, supplies or services which has an established place of business within the County of Dane. An established place of business means a physical office, plant or other facility. A post office box address does not qualify a vendor as a Local Vendor. Under county ordinances, Local Vendors and vendors in counties adjacent to Dane County (Columbia, Dodge, Green, Iowa, Jefferson, Rock, Sauk) receive special treatment in bids issued by the County. A Local Vendor will automatically receive five points in the evaluation scoring. Vendors in counties adjacent to Dane County will automatically receive 2 points. Non-Local Vendors will receive zero points in that portion of the evaluation scoring.

Standard contract requirements concerning Affirmative Action, the Americans with Disabilities Act, the County’s Living Wage ordinance, contract termination and modification, etc. are included in the County’s boilerplate contract. This contract is subject to change. For further information you can view a copy of the contract on our website at: [http://www.danecountyhumanservices.org/Providers/default.aspx](http://www.danecountyhumanservices.org/Providers/default.aspx)

Contracts with the Department of Human Services limit administrative costs/expenses to a 15% ceiling.

*Your proposal should include the completed County Short Form Application and information requested in Section III below.*

II. Scope of the Project:

A. Project Description:

Emergency Services in this RFP include an array of programs, a 24/7 mobile Crisis Unit and the Crisis Stabilization Program that also includes Recovery House and Crisis Homes. A proposal for funding may include all or any number of these programs.

- **SPC 501, Crisis Intervention - (24/7 mobile Crisis Unit)**
  The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions which are an immediate threat to a person’s life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals include but are not limited to counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes supportive residential placements, designated certified/licensed supportive community homes, 24/7 supervision, 24 hour phone hot line, crisis response teams and extra staffing to provide additional services related to inpatient diversion.

- **SPC 702, Agency Systems Management - (24/7 mobile Crisis Unit and Crisis Stabilization Program)**
The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes services whose main purpose is administrative such as monitoring all crisis stabilization services and associated MA billing; providing clinical supervision as required under HFS 34; employing a consumer workforce to provide outreach services and recruiting specialized service providers to meet specific consumer needs. The services also include providing and overseeing an array of residential options primarily throughout the county.

SPC 601: Outreach - (24/7 mobile Crisis Unit)
The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services.

SPC 205, Shelter Care - (Recovery House, Crisis Homes and Crisis Stabilization Program)
The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings that serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

B. Objectives:
Goals of the Crisis Unit include the following: provide face-to-face or telephone intervention in psychiatric emergencies 24/7; be the primary consultant for law enforcement officers, corporation counsels, hospitals and other mental health/human service workers when responding to psychiatric emergencies and enhance the quality of collaboration; authorize and oversee all the involuntary and COUNTY-funded voluntary inpatient admissions; engage in timely discharge planning when an inpatient stay has been authorized; be proactive and assertive with facilitating inpatient diversions for COUNTY-funded persons; support persons in emotional crises to improve functioning, establish stability and prevent the need for inpatient care; link unconnected persons to existing service providers through the referral process; and collaborate with system service providers to ensure commitment conditions are followed.

Performance indicators include reduced number of inpatient admissions; reduced number of inpatient days; shortened inpatient stays; reduced inpatient recidivism; maximized use of the care centers and other diversion options; timely discharge planning; maximized adherence to civil commitment orders; reduced jail recidivism; consumer satisfaction; development of individual person-centered crisis plans to promote recovery, minimize stigma, and reduce the need for hospitalization; and other outcomes as determined by the COUNTY and PROVIDER.
Goals of the Crisis Stabilization Program are to implement an array of supervised living arrangements and services referred to as Crisis Stabilization services. This program oversees the coordination of all Medicaid funded crisis stabilization services as defined within DHS 34, including assessments, crisis response plans, billing logs and clinical supervision. Recovery House, Crisis Homes and non-contracted Adult Family Homes (AFHs) and Community Based Residential Facilities (CBRFs) are the specific living arrangements funded under this program. Recovery House is a 24/7 four (4) bed unlicensed facility. Crisis Homes are certified or licensed AFHs, CBRFs, and individualized family homes within the community that are available for short term stays on an as-needed basis. The non-contracted homes are used to facilitate individual placements that range from short- to long-term in length. The Crisis Stabilization Program maintains a pool of Outreach Workers, mental health consumers who provide various short term services to other consumers throughout the entire COUNTY-funded mental health service system, including but not limited to peer support, medication delivery/monitoring, transportation assistance, socialization groups, recovery-based psycho-education, and other individualized supports as needed.

Performance indicators include: maximize the number of people who receive Crisis Stabilization services in lieu of hospitalization, maximize the amount of third party funding generated through the billing of Medical Assistance and maximize the cost effectiveness of diversion services throughout the system.

Because the performance indicators are different for each program, there are different methods of measuring specific objectives. However, all of the performance measures are gathered through consumer satisfaction surveys and other system reports, such as use of hospitals and institutions, jail recidivism, use of residential diversion options and revenue/expense analyses.

Dane County holds the DHS 34, subchapter 3 Crisis Services certification. It is expected that the Crisis Services Provider, along with the COUNTY, will meet all of the requirements to be certified under DHS 34, subchapter 3.

C. Needs/Expectations:
The Crisis Unit is a primary source of consultation for law enforcement officers, corporation counsels, hospitals and other mental health/human service providers when responding to psychiatric emergencies. Therefore, persons served may be of any age and not necessarily a Dane County resident. Within its response/triage to psychiatric emergencies, staff facilitate a resolution to the crisis which may include directly providing services to the person, authorizing a county funded hospitalization or referring the person elsewhere. When the person is not a Dane County resident, staff coordinate with other communities for services and funding.

The Crisis Unit also monitors the compliance of all persons on civil commitments and settlement agreements, makes recommendations to the court regarding commitment extensions, and determines when a return to more restrictive environment is appropriate. This includes coordinating with various other providers to ensure timely communication regarding psychiatric status, treatment conditions, compliance, dangerousness, and other consumer-specific information. The Crisis Unit is responsible for determining the appropriate course of action when treatment conditions are breached, and makes every
attempt to resolve compliance issues within a community setting, avoiding return to an inpatient setting.

Crisis Stabilization covers a wide array of services provided to consumers in crisis throughout the adult mental health system. The services may be provided by the Crisis Unit, Recovery House, Crisis Homes, Outreach Workers or by other programs/agencies primarily within Dane County. Clinical supervision is provided as required under DHS 34. There is no set capacity or waiting list. All persons served within the Crisis Stabilization Programs must be adult residents of Dane County, who have a primary serious and persistent mental illness or a less severe mental illness that responds to psychotropic medications, psychiatric treatment or psychiatric support services. Some persons will be in an ongoing treatment relationship with another service provider and others may be unconnected or homeless. Generally, people will be prioritized based on being court-ordered or being diverted from a psychiatric inpatient setting.

The Crisis Stabilization Program operates Recovery House and coordinates individualized residential placements in short term crisis homes or longer term AFHs and CBRFs. The Crisis Stabilization Program maintains a pool of Outreach Workers who staff Recovery House and also provide services, as requested, across the system.

The Crisis Stabilization Program oversees the administration of Medicaid funded crisis services across the system, providing expertise and consultation to providers in order to comply with DHS 34 standards. This includes the initial assessment of the appropriateness for services and monitoring that service providers complete the Crisis Response Plans, required updates and billing logs. Staff processes the billing logs and submits the claims for reimbursement. Approximately $5.5 million is budgeted for reimbursement across the system. For many programs, staff also provides the clinical supervision as required in DHS 34.

The County implemented two processes in 2012. One affected the decision making for hospitalization, institutionalization and the use of diversion options, titled the Level of Care Guidelines. The second affected the civil commitment extension process, Process for Review of Chapter 51 Commitment Extensions. Both are designed to better structure decision making, respecting the consumer and his/her rights for evidence based services in the least restrictive setting possible. It is expected that both processes are operationalized within all Emergency Services. Both documents are attached to this RFP.

D. Current Operations:
Currently, Journey Mental Health Center has all of the contracts providing Emergency Services. This includes the following: a 24/7 mobile crisis unit funded at $1,526,394; the four bed Recovery House funded at $203,789; the Crisis Homes at $640,288; Crisis Stabilization at $433,796; and $6000 for an Emergency Stabilization Fund.

The Crisis unit is a 24/7 mobile emergency unit that is certified under DHS 34, subchapter 3. The Crisis Unit produced almost 15,000 service hours in 2012, serving 2265 people. The Crisis Unit is the centralized intake point for crisis services. Crisis staff triage all requests, focusing on keeping the consumer safe and ensuring treatment in the least restrictive setting consistent with the level of need.
Crisis monitors compliance to treatment conditions for all civil commitments and settlement agreements. In doing so, Crisis coordinates with other service providers, as appropriate, and takes a lead role, informing the courts about the need to extend or not.

The Crisis Stabilization Program includes Recovery House; crisis homes; non-contracted adult family homes and community based residential facilities that are Medicaid Crisis funded; outreach workers; programmatic and clinical supervision, as required under DHS 34; management of the emergency crisis stabilization fund and claim processing for Countywide MA Crisis billing.

The Recovery House provides residential placement and supportive services to consumers who are usually transitioning from either a more restrictive setting or are in need of respite care to avoid a need for a more restrictive setting. The average length of stay is usually one to two days but it can vary. In 2012, the Recovery House served 114 people, for 1216 nights.

The crisis homes provide residential placements and support services to consumers, that vary from a few days to several months. These placements are designed for consumers who are transitioning from inpatient settings or are in jeopardy of returning to an inpatient setting. Thirty people (30) were placed in crisis homes in 2012 for 300 nights.

In 2012, twenty-eight (28) people were served in Medicaid Crisis funded non-contracted adult family homes and community based residential facilities. Staff negotiate the cost of care and monitor all of the individual placements.

The Crisis Stabilization Program includes outreach workers who provide short term services to others throughout the entire County funded mental health service system. The Program provides clinical supervision of several different service providers, including the outreach workers, Recovery House staff, crisis homes and other purchase of service agencies providing crisis stabilization services funded by MA crisis revenue. Staff also conduct all of the assessments for both of the County funded Care Centers. In 2012, there were 347 admissions to the Care Centers.

In 2013, an electronic system of contact logs for Medicaid funded crisis services was implemented. Staff in the Crisis Stabilization Program oversee this and in turn submit the claim for reimbursement. Staff train and monitor agency compliance with contact log submission.

The Crisis Stabilization program reported working with 1142 people, for 6439 service hours, in 2012.

Emergency Services are very reliant on earning third party revenue when possible, especially related to Medicaid under DHS 34.

There are specific technical requirements and expectations that an entity would need to know in order to respond appropriately to this RFP. There are many requirements that provide structure to emergency services. Chapter 51 lays out the parameters for civil commitments and settlement agreements; Chapters 54 and 55 does so for Guardianship and Protective Placement; and DHS 34 does the same for Medicaid funded crisis services.
Additionally, the crisis homes must be certified or licensed by the State of Wisconsin as an Adult Family Home (either a 2 or a 4 bed home, Chapters 88 and 82) or as a Community Based Residential Facility (Chapter 83).

It is essential to understand all of these requirements in order to adhere to legal and funding requirements.

E. Maximum funding available for this project is $2,810,267. The County reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the County may negotiate a contract with the next highest scoring proposer.

F. Additional pages: The proposer may use up to 15 additional pages for project scope, program activities, etc.

III. Request for Information in addition to the Application form (required):

If you are a current provider of this program proceed to C.

A. Submit 3 references. References should be specific to the service offered. References should be from agencies you have done business with or those with whom you have collaborated.

B. Include your agency’s mission statement. Also provide resumes of key staff and copy(s) of licenses, if applicable.

C. If this is an existing program for your agency, please provide information of the demographics of your participants. If this is a new program for your agency what are your expectations of the participants’ demographics when the program is up and fully operational.

D. As one or more agencies could be awarded funds from this RFP, specifically describe the services for which you are requesting funding. If one of the elements below does not apply to your proposal, it is permissible to state that and not address that area.

E. Describe your program in detail; include your program’s mission, goals, expected number served and expected service units. What strengths do you have in working with adults with mental illness and what sets you apart from other providers who perform similar services? Describe the types of activities provided within your program and how they relate to the mission.

F. Identify specific staffing patterns within each program, including your ability to be mobile. Specifically describe how you facilitate consumer service needs during non-business hours.

G. Describe your approach to working with consumers who have challenging behaviors, AODA issues, limited investment in treatment, or difficulty getting along with others.
Describe your program’s ability to be flexible in accommodating individual consumer strengths and limitations.

H. How will you implement the Level of Care Guidelines in day to day operations? And how will you sustain this implementation over time?

I. Identify mechanisms or processes that you will use to monitor the civil commitments and settlement agreements and assure compliance with the Review of Chapter 51 Commitment Extensions.

J. The demand for crisis stabilization and diversion options is extremely high and the individuals who need services often have very challenging behaviors. Describe how you will prioritize people for each specific service. Describe the minimum number of consumers to be served and the minimum number of crisis homes/beds that will be provided. Describe the anticipated length of stay within all of the residential diversion options. Describe inclusive and exclusionary criteria for Recovery House, Crisis Homes and non-contracted placements. Describe how you will maintain an 80 to 100% utilization rate at Recovery House.

K. As third party revenue is vital to sustaining services, describe your efforts to facilitate increased collections for both agency specific and system wide programs. Include a description of any outside non-insurance revenues your agency would bring to the program to supplement county funding; and an estimate of medicaid and other insurance revenues that your program would be able to earn.

L. Proposals should emphasize recovery-oriented approaches, including methods of peer support service hours provided. Include how you implement peer supports within the services provided by each program and make them available to other service providers system wide.

M. Describe any significant collaboration with other agencies/institutions that routinely contribute to your program’s success. Describe ways that you foster collaboration with law enforcement, corporation counsels, hospitals, institutions and service providers. Include agencies with which you have contractual agreements or share resources.

N. There are specific technical requirements and expectations that an entity would need to know in order to respond appropriately to this RFP. There are many requirements that provide structure to emergency services. Chapter 51 lays out the parameters for civil commitments and settlement agreements; Chapters 54 and 55 does so for Guardianship and Protective Placement; and DHS 34 does the same for Medicaid funded crisis services. In partnership with the County, the provider must maintain certification as a 24/7 Crisis Unit under DHS 34, subchapter 3. Additionally, the crisis homes must be certified or licensed by the State of Wisconsin as an Adult Family Home (either a 2 or a 4 bed home, Chapters 88 and 82) or as a Community Based Residential Facility (Chapter 83). Describe your knowledge in these areas and how you will obtain or maintain any needed licensure or certification.

O. If you are proposing any enhancements or innovations not possible within the available funding of this RFP, identify the specific needs, what evidence based practices could be used to meet those needs and your capacity to implement those services.
IV. Evaluation Criteria. Scoring from the consolidated application is as follows:

**Project Scope**
(County Short Form Application, p. 2)  
25%

**Organizational Profile**
(County Short Form Application, p 3.)  
15%

**Program Budget**
(County Short Form Application, Appendix A.)  
20%

**RFP Section III**
(D-O)  
40%

V. Contact Information: Please check the website routinely to receive any updates or changes to this RFP. For clarifications or questions concerning this application your contact is listed below. Responses to questions submitted will be posted to the website.

**Contact:** Mary Grabot  
**E-Mail:** grabot@countyofdane.com

VI. Timeline

Consolidated Application Workshop: April 15, 2013, 1:00 p.m.  
Dane County Job Center Ballroom  
1819 Aberg Avenue, Madison WI

Application due from vendors: May 23, 2013 at 4:30 p.m.  
Notification of intent to award (est.): July 31, 2013

Your completed proposal should include the following:

1) A completed County Short Form application  
2) Additional information requested in Section III above.  
3) If submitting a hard copy proposal, please send your completed proposal to:  
   Dane County Human Services, Attn: RFP #A1010, 1202 Northport Drive,  
   Madison, WI 53704  
4) If submitting your proposal electronically, please email the completed proposal documents to: DCDHSRFP@co.dane.wi.us

**Note:** The Department reserves the right to request a hard copy of the completed proposal from the applicant.