

**REQUEST FOR PROPOSAL (RFP)**  
**for the**  
**COORDINATED SERVICES TEAM INITIATIVE**

**RFP # G1608-DMHSAS-LS**

**Issued by:**  
**STATE OF WISCONSIN**  
**DEPARTMENT OF HEALTH AND FAMILY SERVICES**  
**DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE**  
**SERVICES**

**Proposals must be received no later than**  
**4:00 p.m. C.S.T.**  
**March 6, 2008**  
**1 West Wilson Street, Room 433**  
**P.O. Box 7851**  
**Madison, Wisconsin 53707-7851**

**For further information regarding this RFP**

**E-mail George Hulick at [hulicgh@dhfs.state.wi.us](mailto:hulicgh@dhfs.state.wi.us)**  
**or call (608) 266-0907.**  
**The TTY number is (608) 266-6819.**

**LATE PROPOSALS WILL NOT BE ACCEPTED**

**NO FAX or E-MAIL SUBMISSION OF PROPOSALS WILL BE**  
**ACCEPTED**

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## CST RFP Timetable

Thursday, December 13, 2007	CST RFP issued
Thursday, January 31, 2008	Notice of Intent to Apply (optional) due to the Division of Mental Health and Substance Abuse Services, Bureau of Mental Health and Substance Abuse Services by 4:00 p.m.
Thursday, February 21, 2008	Last day for submitting written questions
Thursday, February 28, 2008	Questions and answers available at: <a href="http://dhfs.wisconsin.gov/rfp/DMHSAS">http://dhfs.wisconsin.gov/rfp/DMHSAS</a>
Thursday, March 6, 2008	<b>Grant Applications due</b> in the Division of Mental Health and Substance Abuse Services, Bureau of Mental Health and Substance Abuse Services by 4:00 p.m.
Friday, March 28, 2008	Notice of funding or non-funding to all applicants.
Monday, March 31, 2008 – Friday, April 11, 2008	Public Inspection of proposals
Friday, April 4, 2008	Final date for intent to protest
Friday, April 11, 2008	Final date for written protest
Tuesday, July 1, 2008	Project start-up date (depending upon available funding)

## PART I: GENERAL SPECIFICATIONS

### 1.0 GENERAL INFORMATION

#### 1.1 Introduction

Wisconsin is committed to a system of recovery for everyone, from the youngest child to the most elderly adult, and their families. The momentum toward this goal is driven by the desire to have Wisconsin become a state in which all persons have optimal physical and mental health, where mental health and substance abuse, dependency and addiction are recognized as health issues and services are accessible, regardless of age, race, or location, and where stigma and other barriers to recovery are eliminated.

This goal defines our purpose, which is to support and improve the quality and effectiveness of mental health and substance abuse services in order to create a recovery-focused system that meets, understands, and anticipates needs of all Wisconsin citizens. In order to achieve this purpose, it is necessary to create a system of recovery-oriented and consumer focused services. Consumers and their families are central to a system that treats individuals and families with respect and dignity. It is a system of treatment that emphasizes hope and optimism, with assessment and evaluation that are strength and recovery-based, and providers are culturally competent and culturally affirmative.

We look to a future where prevention, early identification, intervention, and treatment occur, and where recovery is common place. Everyone, regardless of age, will be welcomed and is provided supports to live, learn, work, and participate fully in their community.

Coordinated Services Team Initiative Goal: *To implement a practice change and system transformation in Wisconsin using a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for families who require substance abuse, mental health and child welfare services.*

The State of Wisconsin, through peer consultant partners, will provide the necessary technical assistance and training to develop the CST initiative. The level of support provided for each site will be based on the strengths and needs outlined in the Proposal and on-site evaluations. Support may be in the form of on-site training and assistance, as well as regional or statewide training opportunities.

#### 1.2 Definitions and Key Words

The following definitions are used throughout the Request for Proposal:

- a) **Agency:** the vendor agency.
- b) **Applicant:** the legal entity that assumes the liability for the administration of the grant funds and is responsible to DHFS for the performance of the project activities.
- c) **Bureau:** the Bureau of Mental Health and Substance Abuse Services (BMHSAS).
- d) **Business Practice:** a coordinated service approach, grounded in family-centered values and strength-based services with shared resources, goals and knowledge intended to maximize effectiveness with limited resources, for meeting the needs of children and families.

- e) **Consortium:** an application covering more than one county Unified Services Board/Human Service Department or Tribal governing body.
- f) **Culture:** the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.
- g) **Cultural Competence:** a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community.
- h) **Cultural Sensitivity:** an awareness of the nuances of one's own and other cultures.
- i) **Culturally Appropriate:** demonstrates both sensitivity to cultural differences and similarities and effectiveness in using cultural symbols to communicate a message.
- j) **Division:** the Division of Mental Health and Substance Abuse Services (DMHSAS).
- k) **Department:** the Department of Health and Family Services (DHFS).
- l) **Ethnic:** belonging to a common group -- often linked by race, nationality and language--with common cultural heritage and/or derivation.
- m) **Language:** the form or pattern of speech -- spoken or written -- used by residents or descendants of a particular nation or geographic area or by any large body of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.
- n) **Multicultural:** designed for, or pertaining to, two or more distinctive cultures.
- o) **Plan of Care:** the development of a single plan that lists the strengths and needs identified by the family that, if met, will help achieve identified goals. The planning process should include a review of all treatment or service plans the individual has from various systems. The plan will clearly identify strategies for meeting the individual's needs and also who will complete each strategy. Strategies will be determined by how well they can be matched to identified strengths.
- p) **Project Coordinator:** an individual or individuals whose primary responsibility is to promote and develop collaborative relationships among providers such as mental health, substance abuse, child welfare, juvenile justice and education. Funding should support the efforts of this individual (job description sample included).
- q) **Proposal:** the response to the Request for Proposal (RFP).
- r) **Program:** designed plan for carrying out the applicant's proposal.
- s) **Proposer:** a county/tribe or tribal governing body submitting a proposal in response to this RFP and is also known as the applicant.
- t) **Service Coordination:** facilitates the process of promoting collaboration between individuals, agencies and systems involved in a family's life to create a single coordinated plan of care. The plan of care is created to holistically meet the needs identified by the family and team, in order to promote self-sufficiency. The family has voice, access and ownership in the plan (job description sample included).
- u) **Service Coordinator:** the person directly responsible for the service coordination, development of the plan of care including support services for the family, facilitating family teams, and related documentation.
- v) **State:** the State of Wisconsin.

### **1.3 Available Funds**

The DMHSAS reserves the right to use available dollars to fund top ranked proposals from among the proposals submitted. Proposers are advised that should additional state or federal funds become available, the DMHSAS will utilize the ranked results of this RFP for additional awards.

The DMHSAS will provide up to \$50,000 annually per successful application, dependent on available funds, for 3-5 years based on satisfactory performance and continued availability of funds.

Counties or tribes that responded to the original CST RFP and were not funded, will need to submit a new proposal.

### **1.4 Use of Funds**

These funds are intended to be used to develop and implement a plan for how county/tribe mental health, substance abuse, child welfare, juvenile justice and education systems will change business practices to incorporate CST values. Funds can also be used to pay for parent involvement in the process. It is intended that sites will primarily use existing funds to meet needs of families; however, a maximum of 10% of the funds can be used to meet needs that may not be covered by any other source.

### **1.5 Issuing Agency**

The DMHSAS, issues this RFP for the State of Wisconsin, Department of Health and Family Services. The DMHSAS is the sole point of contact for the State of Wisconsin during the selection process.

### **1.6 Core Values**

#### **Core Values Guiding This Initiative**

- **Family-Centered:** A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as they are supported in meeting their needs, reducing system barriers, and promoting changes that can be sustained overtime. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- **Consumer Involvement:** The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision-making process affecting their lives including decisions made about their plans of care.

- **Build on Natural and Community Supports:** Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the family's relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately, families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- **Strength-Based:** Strength-based planning builds on the family's unique qualities and identified strengths that can then be used to support strategies to meet the family's needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.
- **Unconditional Care:** Means that we care for the family, not that we will care only "if" certain criteria are met. It means that it is the responsibility of the service team to adapt to the needs of the family – not the family to adapt to the needs of a program. We will coordinate services and supports for and with the family that we would hope are done for us. If difficulties arise, the individualized services and supports change to meet the family's needs.
- **Collaboration Across Systems:** An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The mental health, substance abuse, child welfare, juvenile justice, education and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- **Team Approach Across Agencies:** Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.
- **Ensuring Safety:** When child protective services are involved, the team will maintain a focus on child safety. When safety concerns are present, a primary goal of the family team is the protection of the citizens from crime and fear of crime.
- **Gender/Age/Culturally Responsive Treatment:** Services reflect an understanding of the issues specific to gender, age, religion, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity.
- **Self-sufficiency:** Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include, but are not limited to: safety, housing, employment, financial, educational, psychological, emotional, and spiritual.)

- **Education and Work Focus:** Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community.
- **Belief in Growth, Learning and Recovery:** Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desires change and can take steps toward attaining a productive and self-sufficient life.
- **Outcome-oriented:** From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, educational, employment, child-safety, and other applicable mandates are considered in developing outcomes; progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, and based on the life of the family and its individual members.

## 1.7 Target Populations

The intent of the CST Initiative is to build on the success of the wraparound approach that has been part of the Integrated Services model in Wisconsin under Section 46.56 Wisconsin Statutes. It is intended that partners in the system be the primary target of change.

The CST approach is intended to facilitate a system change in the way services are delivered to children and families. By providing time-limited financial support, training and technical assistance through the CST grant, we believe communities will be able to best leverage their existing resources at the local level because more providers, community support people and families will want to be “at the table” sharing resources rather than competing for limited funds. By supporting a collaborative effort that promotes a clear vision, meaningful structural change, and measurable outcomes, children and families in the mental health, substance abuse and child welfare systems will benefit more than ever through coordinated services.

The expanded target population of CST includes children and families with multiple needs who are receiving mental health and/or substance abuse services, and/or are in the child welfare system, and/or are in the juvenile justice system. It is our belief that this approach, with emphasis on system change, will enhance the opportunity for earlier identification and referral of children and families with multiple needs.

Many of the existing initiatives that emphasize “severe emotional disturbance” as their primary criteria for enrollment have identified that 30–60 percent of enrolled children are also involved in the juvenile justice, substance abuse or child welfare systems. Anecdotally, we have heard of children who only began receiving appropriate mental health services (appropriate diagnosis, medication, therapy, special education services, etc.) after the child became involved in another “system.”

Another positive factor supporting the expanded population being served by CST is the formal commitment required by other system partners. No longer is the mental health system the

primary provider of funding. All partners must voice their support for collaborative services and back it up with funding. This is already happening at the state level where the substance abuse system and the child welfare system are providing funds to support the expansion. The juvenile justice system and public education are partners to be added to this equation. Expanded funding support is also being promoted at the local level where the local initiative is required to provide substantial local financial contribution. By having funding sources in addition to mental health, local initiatives have the incentive to expand their target groups.

## **1.8 Program Goals and Expected Outcomes**

The program will be expected to establish goals and accomplish a number of outcomes. The agency must develop and implement an evaluation component to report on the following outcomes: (see Goals and Expected Outcomes Check List attached)

### **1. System outcomes supporting CST**

- A local cross-system collaborative will be established (interagency coordinating committee) that receives funding and promotes meaningful collaboration.
- Interagency agreement specifies roles and responsibilities of partners – including funding contributions.
- CST core values will be implemented across mental health, substance abuse, child welfare, juvenile justice, education and other identified systems as evidenced by consistent use of family-centered, strength-based plans of care and planning process that involves families and natural supports and all key service providers.
- Appropriate staff-to-family ratio for service coordination.
- Team approach used to identify and develop needed informal and formal services.
- Services are family-centered and strength-based.
- Services are gender and culturally competent.
- The family is involved throughout the process.
- If necessary, focus will be given to education/literacy and employment.
- Plans of care are designed to promote self-sufficiency that builds on involvement with natural and community supports, reducing or ending the need for formal services.
- Any realized savings from substitute care budget are re-invested in the community-based CST process or community support services. Savings would be one of the funding sources for future sustainability. Planning for future sustainability begins in year one.
- A formal system change evaluation process is established.
- Provider needs are being met and providers are satisfied with the process.

### **2. Process outcomes supporting CST**

- Families are involved as full partners throughout the process.
- Advocacy is assured for each family.
- Collaborative, multi-system family teams are established including all providers and agencies involved with the family.

- Natural/community supports and flexible funding will be utilized to support plans of care.
- A process for referral, service coordination, intake, assessment, plan of care development, and transition will be established.
- A single, coordinated plan of care will be developed for each family team.
- Ongoing collaborative training is provided for all agency staff. Each agency will have trained facilitators. All family members involved in the process will receive training.
- Adolescents are ensured a planned transition to adult life.
- There will be a reduction in the number of children entering out-of-home care.
- The length of time children spend in out-of-home care is reduced.
- There is a reduction in the number of children re-entering out-of-home care.
- There will be a reduction in the rate of recurrence of child maltreatment.
- A process evaluation procedure is established.

### **3. Family and child specific outcomes**

- Family needs are being met and families are satisfied with the process.
- Families have a voice in the decisions that are made, access to needed services, and ownership of their plan of care.
- Families evidence the ability to provide for the ongoing safety of all family members.
- Natural/community supports and flexible funding is utilized to support plans of care.
- Families progress towards completion of functional goals and achieving self-sufficiency. Indicators may include, but are not limited to:
  - a) Improvement/recovery from substance abuse.
  - b) Improvement in parenting, family functioning, and wellness.
  - c) Reduced involvement with the justice system.
  - d) Meeting child welfare mandates.
  - e) Improvement in mental health.
  - f) Improvement in basic living skills.
  - g) Improvement in educational/vocational outcomes.
  - h) Meeting individual team goals.

## **1.9 Program Design**

Agencies submitting applications must propose how they plan to change their current mental health, substance abuse, child welfare and juvenile justice systems to the CST approach. The business practice change should support families in achieving and maintaining positive outcomes and reduce barriers to successful engagement and participation.

The proposal must include consumer and family involvement at all levels, including the planning, design, implementation, and evaluation of the program. Furthermore, the proposal should ensure that consumers are actively involved in all aspects of the plan of care, which must include its initial development using a strength-based perspective.

Applicants must identify the multi-service systems involved and target groups that will be served, and describe how the initiative will conduct system changes necessary to achieve positive participant/family outcomes in the most efficient and effective manner possible while reducing barriers to engagement and increasing participation in the process. At a minimum there must be a commitment from the mental health, substance abuse, child welfare and juvenile justice systems in the county to enter into this initiative. Counties that include tribal trust land must include provisions for tribal government/agency involvement, and tribes that apply must include provisions for county government/agency involvement.

**1.10 Who May Submit a Proposal**

Only a county/tribe or tribal governing body in Wisconsin is eligible to apply. Counties or tribes that are or have been funded for Integrated Services Projects (ISP) or CSTs or counties funded for developing wraparound approaches such as: the two managed care children’s programs; Wraparound Milwaukee and Children Come First Dane County; and Forest, Oneida and Vilas; and Lincoln, Langlade and Marathon are not eligible to respond to this RFP. (See attached list of counties and tribes that are eligible to apply).

Counties or tribes that responded to the original CST RFP and were not funded, will need to submit a new proposal.

**2.0 SPECIAL PROGRAM REQUIREMENTS**

**2.1. Program Conditions**

Proposals will need to meet the specific conditions described below.

**2.1.1 Absence of Coercion**

Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present, for example, court orders mandating individuals to participate in a particular intervention or treatment program.

**2.1.2 Privacy/Confidentiality, Security of Records, Client Rights, and Informed Consent**

Proposers must comply with the most restrictive statutory or regulatory requirements pertaining to privacy/confidentiality, security of records, client rights, and informed consent:

Statute/Regulation	State/Federal	Applicable to:
HIPAA statutes and regulations	Federal	All persons’ health records
42 CFR 2 (regulations)	Federal	Confidentiality of alcohol and drug abuse patient records
s. 51.30, Wis. Stats., and ch. HFS 92, Wis. Admin. Code (regulations)	State	Confidentiality of treatment records applicable to persons who have a mental illness, developmental disability, substance abuse disorder, or persons receiving protective services or protective placement under ch. 55, Wis Stats.

Statute/Regulation	State/Federal	Applicable to:
s. 51.61, Wis. Stats., and ch. HFS 94, Wis. Admin. Code (regulations)	State	Client rights applicable to persons who have a mental illness, developmental disability, substance abuse disorder, or persons receiving protective services or protective placement under ch. 55, Wis. Stats.
ss. 146.81 through 146.83, Wis. Stats.	State	Health care records, confidentiality of patient health care records, access to patient health care records, etc.

Proposers must develop and implement policies and procedures that specify the procedures that will be implemented to ensure privacy and confidentiality, including how data will be collected and by whom, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded, e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data. Proposers also must develop and implement policies and procedures addressing informed consent, including when prior written informed consent is required, grievance procedures as required in ch. HFS 94, Wis. Admin. Code, etc.

Proposers must submit a copy of all policies and procedures addressing these issues to DMHSAS. In addition, proposers must ensure that CST project staff receive training in the implementation of these policies. Proposers must have at least one representative participate in a DMHSAS led workgroup responsible for developing best practice standards, e.g., forms, training curricula, policies and procedures, etc., addressing these topics.

### 2.1.3 Adequate Consent Procedures

- a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the CST initiative at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

**Note:** If the program poses potential physical, medical, psychological, legal, social, or other risks, grantees may be required to obtain **written** informed consent.

- b) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign? Provide copies of sample (blank) consent forms to be used.

**Note:** In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the program, or releases the institution or its agents from liability for negligence.

- c) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the program itself. For example, will separate consent be obtained for the

collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services program itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

#### **2.1.4 Risk/Benefit Discussion:**

Discuss why the risks to participants are reasonable in relation to the anticipated benefits to participants and in relation to the importance of the knowledge that may reasonably be expected to result. The program design must include a well-defined grievance procedure.

## **2.2 Minimum Application Requirements**

Applicants are required to meet the following criteria before an application will be considered:

- a) The program design must also meet the program design requirements specified in the identified core values.
- b) Funds may not be used for construction or to improve grounds or buildings.
- c) Funds may not be used for hospital-based inpatient treatment services.
- d) Funds may not be used for religious instruction or for the purchase of materials for religious instruction.
- e) Funds cannot be used to supplant existing personnel or funding.
- f) The proposer must include letters of support (references) from collaborating organizations including the mental health, substance abuse and child welfare service providers, in addition to a letter of support from the county board and/or tribal council/legislature.
- g) The proposer shall verify that it had an independent financial audit (and a compliance audit, if applicable) completed within the past 12 months (or previous fiscal year), that its accounting principles are sound, and its financial statements are free of any material misstatement. If applicable, there is a corrective action plan for any exceptions, variances, or issues of noncompliance.
- h) The proposer must accurately report the children served and individual outcomes using a system or software provided by DHFS (see attached Required Data Collection Packet).
- i) A local funding contribution is required at a rate of 33 percent. If the funding extends beyond three years, the local contribution requirement will increase to 50 percent for the fourth year and 100 percent for the fifth year. The collaborative contribution can be either cash or in-kind from child welfare, juvenile justice, substance abuse, mental health and/or education. Additional local contribution may include workforce development, United Way and other community funds, service groups, business, the faith community and donations.
- j) It is expected that all applicants will experience a savings in out-of-home expenditures and that savings will be applied to community-based services. This re-allocation of funds should become part of the sustainability plan for the future.
- k) Proposers will achieve planned outcomes.

### **3.0 General Program Requirements**

The following items are required to assure the award and continuation of funds. These requirements will form part of the contract awarding these funds. Failure to comply with these requirements can result in disallowance and/or termination of the agreement for funds.

#### **3.1 Acceptance of Proposal Content**

Proposal recipients receiving awards will be mandated to meet all requirements of this RFP.

#### **3.2 Allowable Costs**

A proposal recipient will be required to comply with federal requirements and the Department of Health and Family Services Allowable Cost Policy Manual. A copy of this manual is on the DHFS web site at: <http://www.dhfs.state.wi.us/Grants/Administration/ACPM.HTM>

#### **3.3 Capital Equipment**

Funds may be used to purchase capital equipment with prior written approval from DMHSAS. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000 **and** a useful life in excess of one year. Funds can be used to purchase/rent supplies such as adaptive and communication equipment and make housing modifications.

#### **3.4 Reports and Evaluation**

Quarterly reports of programmatic, fiscal, and evaluation activity will be required for the purpose of documenting the satisfactory meeting of program objectives in accordance with the application. Reporting requirements and outcome measures will be specified in the agreement between the successful proposer and DMHSAS (see attached Required Data Collection Packet). It is anticipated that site representatives will be required to attend statewide and regional Project Directors meetings to review progress and identify barriers. Meetings will be held with other site representatives as well as with Department Administrators. Failure of the successful proposer to accept these obligations may result in cancellation of the award.

The proposer shall, at the option of DMHSAS, appear before DHFS contract or administrative to clarify findings and to answer any questions at any time during the proposal agreement or after the proposal agreement is completed.

#### **3.5 News Releases**

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of DMHSAS or designee. Copies of any news releases regarding this grant during the contract year(s) will be submitted to DMHSAS.

### **3.6 Legal Services**

Award funds can be used to provide legal advice to the proposers, but the funds cannot be used to support any legal actions taken against the federal or state government. Use of these funds is restricted under federal law and regulations including federal Office of Management and Budget (OMB) Circulars A-87, A-102, A-110, A-122, and A-133.

### **3.7 Employment**

The proposer will not engage the services of any person or persons now employed by the State, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the DMHSAS.

### **3.8 Subcontracting**

If the applicant plans to use subcontractors, this should be clearly explained and costed out separately in the application. However, the primary contractor will be responsible for contract performance whether or not subcontractors are used.

### **3.9 Termination of Agreement**

DMHSAS may terminate this agreement at any time at its sole discretion by delivering ninety (90) days written notice to the grant recipient. Upon termination, DMHSAS liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of DMHSAS. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will be refunded to DMHSAS within fourteen (14) days of said termination, all payment made hereunder by DMHSAS to the award recipient for work not completed. Such termination will require written notice to that effect to be delivered by the award recipient to DMHSAS not less than ninety (90) days prior to said termination.

### **3.10 Incurring Costs**

The State of Wisconsin is not liable for any cost incurred by proposers in replying to this RFP.

### **3.11 Waiver of Technicalities**

The State reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the State.

### **3.12 Proprietary Information**

Any restrictions on the use of data contained within a proposal must be clearly stated in the proposal itself. Proprietary information submitted in response to this request for proposal will be handled in accordance with applicable State of Wisconsin procurement regulations. Data contained in the proposal, all documentation provided therein, and materials and innovations

developed as a result of this award cannot be copyrighted or patented without written authorization from the Department of Health and Family Services. All data, documentation and innovation become the property of the State of Wisconsin. The award recipient agrees that the State shall have royalty free, non-exclusive and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use any materials and innovations developed as a result of this award. Any copyright material authorized by the State or distribution of materials developed through this agreement will acknowledge use of State funds.

### **3.13 Affirmative Action**

Successful proposers who are awarded contracts of twenty-five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

“A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty-five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract.”

The employment Affirmative Action and Non-discrimination (section 3.15) does not apply to employment hiring actions of American Indian Tribes.

### **3.14 Reasonable Accommodations**

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities. For special needs contact Jamie McCarville at (608) 267-7712. The TTY number is (608) 261-9314.

### **3.15 Non-Discrimination Against Employees or Applicants for Employment**

In connection with the performance of work under this contract, the award recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), Stats., sexual orientation, or national origin.

This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The award recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

### **3.16 Tobacco Smoke Free Environment**

Public Law 103-227, also known as the Pro-Children Act of 1994, prohibits tobacco smoke in any portion of a facility owned or leased or contracted for by an entity that receives federal

funds, either directly or through the State, for the purpose of providing services to children under the age of 18.

### **3.17 Patients Rights Policy**

Each proposer shall establish a written policy stating that the service will comply with patient rights requirements as specified in Wisconsin Administrative Code HFS 94 and Section 51.61, Wis.Stats.

### **3.18 Staff Selection Policies**

Each proposer shall develop written policies and procedures stating that in the selection of staff, consideration will be given to each applicant's sensitivity toward and training in the characteristics of the service's patient population, including gender, age, cultural background, and sexual orientation, developmental, cognitive or communication barriers, and physical or sensory disabilities.

## **4.0 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS AND NOTICE OF INTENT TO APPLY**

### **4.1 Notice of Intent**

Prospective proposers are requested, but not required, to submit a Notice of Intent to apply to the DMHSAS. The Notice of Intent form should be returned to DMHSAS by 4:00 p.m., January 31, 2008. Submittal of the Notice of Intent does not commit an agency to submitting an application. Any supplemental written information related to this RFP developed by the DMHSAS will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information.

#### **Notices should only be mailed or hand delivered to:**

George Hulick  
1 West Wilson Street, Room 433  
P.O Box 7851  
Madison, WI 53707-7851

#### **No e-mails or faxes allowed.**

### **4.2 Clarification and/or Revisions to Specifications and Requirements**

For further information regarding this RFP, please contact:  
George Hulick - e-mail at [hulicgh@dhfs.state.wi.us](mailto:hulicgh@dhfs.state.wi.us) or call (608) 266-0907.  
The TTY number is (608) 261-9314.

#### **Collect calls will not be accepted.**

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should notify George Hulick immediately, of such error, and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to all recipients of this initial RFP.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof. **Any contact with State employees concerning this RFP is prohibited except as authorized by the Department during the period from the date of release of the RFP until the notice of intent to contract is released.**

## **5.0 SUBMITTAL OF APPLICATION**

- a) All applications must be typed, and should not exceed eight (8) pages, plus budget justification, letters of cooperation and memoranda of understanding.
- b) Type (font) size may be no smaller than 12 point, except for forms and other addenda.
- c) A proposer may submit only one (1) application.
- d) The proposer must submit the original (clearly marked) and seven (7) copies of the application to DMHSAS.
- e) The closing date for the receipt of all applications under this solicitation is **4:00 p.m., C.S.T. on March 6, 2008**. Applications may be mailed or hand delivered to:

George Hulick  
1 West Wilson Street, Room 433  
P.O Box 7851  
Madison, WI 53707-7851

### **NO FAXES OR E-MAILS WILL BE ACCEPTED.**

Proposers are cautioned to allow sufficient time for delivery by the U.S. Postal Service, because it can sometimes take several days to receive mail from outlying areas. Proposers are cautioned that receipt of the RFP by the U. S. Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of a RFP by the DMHSAS for the purposes of this RFP. All responses to this solicitation that are received after the closing date and/or time will not be reviewed and will be returned to the proposer. **No exceptions will be allowed.**

Supplemental and clarifying information. Unless requested by DMHSAS no additional information will be accepted from a proposer after the deadline for submittal of applications.

## **6.0 AWARDING FUNDS INFORMATION**

### **6.1 Evaluation Criteria, Potential Points to be Awarded and Procedures**

All applications received and meeting the minimum application requirements will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **53** points in the evaluation of applications, unless the evaluation committee determines it is

in the best interest of the State to make an award to an applicant who scores less than 53 out of a possible 100 points. (see Rating Score Sheet attached)

**6.2 Maximum Points (100 total)**

<b>EVALUATION CRITERIA</b>	<b>MAXIMUM POINTS</b>
• Program Design	10 points
• Core Values	15 points
• Strengths/Needs Statement	10 points
• Target Populations	10 points
• Work Plan & Goals	20 points
• Coordinated Services System Change	15 points
• Data Collection and Evaluation	10 points
• Sustainability	10 points
<b>TOTAL</b>	<b>100 POINTS</b>

**6.2.1 Program Design (10 Points)**

The program design must demonstrate all aspects described in section 1.9 and in section 2.1.

**6.2.2 Core Values (15 Points)**

The applicant must incorporate Core Values as described in section 1.6 into the program design described in the proposal.

**6.2.3 Strengths/Needs Statement (10 Points)**

The proposer’s response shows that they have an excellent understanding of the strengths and unmet needs in their county/tribe necessary to provide the Coordinated Services Initiative services in mental health, substance abuse, child welfare and juvenile justice systems. The proposal fully documents with statistical data, where available, the extent of the needs and clearly explains the inadequacy of the existing system to meet the needs. If an agency/county/tribe has an existing program, documentation is provided that an expanded program is needed. The narrative should include at a minimum:

- a) A full discussion of the exact unmet system change needs the program will address.
- b) Any data available to document the coordination needs the program intends to address.
- c) A full discussion of how award funds would expand/enhance service delivery and not supplant state and federal funds currently in use, if this is not a new program.
- d) Suggestions for technical assistance and training that may be necessary.

**6.2.4 Target Populations (10 Points)**

The CST approach is intended to facilitate a system change in the way services are delivered to children and families. It is intended that partners in the system be the primary target of change. By providing time-limited financial support, training and technical assistance, we believe this is the leverage needed to best use the existing resources at the local level. More providers, community support people and families will want to be “at the table” sharing resources rather

than competing for limited funds. By supporting a collaborative effort that promotes a clear vision, meaningful structural change, and measurable outcomes, children and families in mental health, substance abuse, child welfare and juvenile justice systems will benefit more than ever through coordinated services.

The expanded target populations include children and families with multiple needs who are receiving mental health and/or substance abuse services and/or are in the child welfare system, and/or are in the juvenile justice system. It is our belief that this approach, with emphasis on system change, will enhance the opportunity for earlier identification and referral of children and families who have multiple needs.

The target populations described must be consistent with the stated goals of the RFP. The proposer will identify a reasonable number of new individuals to be served by the program. The proposer will provide specific demographic information about the target populations. In general, the composition of the target group should reflect the needs of the demographic community; however, the adequate inclusion of racial/ethnic minorities should be clearly demonstrated in the target populations where feasible and appropriate. The narrative should, at a minimum, include:

- a) A description of how system partners will be identified and included in the system change process.
- b) A description of how the relationship will be maintained.
- c) The number of participants and how they will be referred to the program.
- d) If expanding and/or enhancing an existing program, clearly specify the improvement in partnerships that will be established.
- e) A description of the geographic boundaries in which the partnership and service population is located and special characteristics of the group, such as ethnic groups and American Indian Nations.
- f) A description of the criteria to be used for inclusion or exclusion of participants and rationale used in making the recruitment and selection determinations.

***Note: The following section – Work Plan, Goals and Performance Expectations should be combined in the narrative and using the attached work plan (you do not need to duplicate your response).***

### **6.2.5 Work Plan, Goals and Performance Expectations (20 Points)**

The work plan described in the proposal is related to the goals of the project, will facilitate the program's accomplishing what has been proposed, and is sequentially reasonable. Activities in the work plan are clearly assigned to personnel. The work plan is consistent with the objectives and can be accomplished given the time frames, staffing patterns and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. See sample work plan included in this RFP.

When writing the narrative for this section, keep in mind that:

- a) The work plan must detail tasks, activities and procedures in a logical progression that will be used to achieve the goals.
- b) The work plan includes the assignment of responsibility to specific personnel and the timetable for each task or activity to be started and to be completed.

- c) The work plan demonstrates strong collaboration at a minimum in the mental health, substance abuse, child welfare, juvenile justice and education systems.

**The goals and objectives** of the proposer's program must be clearly stated and consistent with the core values, program goals and performance expectations that are reflected in this RFP. The goals must be stated in such a way that describes the outcomes as well as the service delivery and system goals. The proposer has made it very clear how it plans to utilize these award funds to develop a new program or to strengthen their current program that meets these goals.

The strategies described are logical and appropriate responses to the description of the problems and unmet needs of the community. The discussion indicates an excellent understanding of how this program will impact system change and how the target populations will achieve outcomes, and/or expand/enhance current service delivery. For all target population(s) the proposer intends to serve, the stated goals of the program shows that the proposer understands the strengths and needs of the target populations and is proposing clear outcomes and effective strategies to achieve those outcomes. The narrative should, at a minimum, include:

- A statement of goals and performance expectations for the organization's proposed program in terms of system change and the target population outcomes, and how award funds will be used to achieve the stated goal.
- A discussion of strategies the program will use to achieve outcomes, address the unmet needs that have been identified, state why these strategies will be effective, discuss the plan to overcome obstacles or barriers to system change service delivery, and state the anticipated overall impact of the program.
- A description of the anticipated effects and consequences of the program on any special populations that will be served.

#### **6.2.6 Coordinated Services System Change (15 Points)**

The applicant demonstrates that necessary community agencies have been or will be involved in the planning and execution of the program to achieve a coordinated approach to meet the needs of the participants/families involved in various service systems. The application includes a description of how the applicant will work with appropriate county, tribal and community agencies to achieve multi-system coordination at a systems level and at the direct service worker level.

The application must include letters of cooperation, memoranda of understanding or inter-agency agreements from all agencies whose involvement is essential for the success of the system changes and should be included in the attachments. The narrative should, at a minimum, include:

- a) A description of how the agency and direct service staff will work with appropriate community agencies (mental health, substance abuse, child welfare, juvenile justice, schools, W-2 agencies, etc.), providers and direct service staff.
- b) A detailed explanation as to how these community support systems will assist in achieving the proposed goals for the participants/families and service system including

discussion of how joint service plans are developed and how various fiscal resources are shared or assigned to this project.

- c) The use of service coordinators to ensure development of comprehensive support services for each family team that includes natural supports, and any other service providers involved in the life of the participant/family. The service coordinator also ensures development of a strength-based plan of care.

### **6.2.7 Data Collection and Evaluation (10 Points)**

The proposer will evaluate the initiative by use of outcome measurements as identified in Section 1.8. The proposer's evaluation plan should follow the attached Goals and Work Plan format. Quarterly reports of programmatic, fiscal and evaluation activities will be required. It is anticipated that site representatives will be required to attend statewide and regional Project Director meetings to review progress and identify barriers. The applicant will discuss criteria of measurement that will be the indicators that demonstrate if the intended results have or have not been achieved. The narrative should, at a minimum, include:

- a) Who will be responsible for collecting and analyzing the data.
- b) Who will be responsible for supervising the data collection and for taking corrective actions based on the results of the evaluation.
- c) Preparation, distribution, and use of reports summarizing program results.
- d) Procedures to be implemented to ensure privacy and confidentiality (per Title 42 federal requirements).

### **6.2.8 Sustainability (10 Points)**

Proposers will explain plans for sustainability of the system change beginning in the first year of funding and thereafter. The narrative should, at a minimum, include:

- a) Maintenance of formal collaborative agency relationships.
- b) Inclusion of families in the process.
- c) Funding and assurance of adherence to the CST values.
- d) Documentation of required local contribution.

## **6.3 Proposer Responses**

Proposals submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP (including all attachments), RFP addenda and revision, and the proposal from the successful proposer will become contractual obligations. DMHSAS reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected proposers prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with written approval of DMHSAS. Failure of the successful proposers to accept these obligations may result in cancellation of the award.

## **6.4 Withdrawal of Applications**

Proposals may be withdrawn by written notice. Proposals may be withdrawn in person by the proposer or authorized representative, providing the identity is made known and a representative signs a receipt for the proposal.

## **6.5 Award Procedures**

The evaluation committee's scoring will be tabulated and the proposers will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked proposers and include those results in the consideration of the evaluation points. Proposers may be requested to submit their best and final offer. The DMHSAS Administrator will make the final decision if a contract will be awarded. The DMHSAS reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected proposer(s) prior to entering into an agreement.

## **6.6 Notice of Intent to Award a Contract**

Each proposer whose proposal is reviewed by the evaluation committee shall receive written notice of the determination of approval or non-approval (non-funding) of the proposed program by **March 28, 2008**. Each proposer whose program has not been approved shall be given an opportunity to discuss with the DMHSAS representative the reasons for non-funding or may write the DMHSAS representative requesting the reason for the decision. The DMHSAS representative is:

George Hulick  
1 West Wilson Street, Room 433  
P.O Box 7851  
Madison, WI 53707-7851  
(608) 266-0907

Upon request, the DMHSAS representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the program not being funded.

## **6.7 Public Information**

It is the intention of the State to maintain an open and public process in the submission, review and approval of awards. All material submitted by proposers will be made available for public inspection after the notice of intent to award or not to award a contract based on the evaluation(s) of the applications that were submitted. This information will be available for public inspection, under the supervision of Division staff, during the hours of **8:00 a.m. - 4:00 p.m. C.S.T. March 31, 2008 to April 11, 2008 in Room 433, 1 W. Wilson Street, Madison, Wisconsin.**

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

## **6.8 Protest/Appeal Process**

Proposers can only protest or appeal violations of procedures outlined in this RFP or in the selection process. Ranking and scoring by the evaluation committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protesters should make their protests as specific as possible and should fully identify the procedural issue being contested.

The **written notice of intent to protest** must be filed with the Administrator, Division of Mental Health and Substance Abuse Services Room 850, 1 West Wilson Street, P.O. Box 7851, Madison, WI 53707-7851, and received in that office no later than the close of business on **April 4, 2008**, or within five (5) working days after the notice of intent to award is postmarked, whichever is later.

The **written protest**, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than the close of business on **April 11, 2008**, or within ten (10) working days after the notice of intent to award is issued.

The decision of the DMHSAS may be appealed to the Secretary of the Department of Health and Family Services, 1 West Wilson Street, Room 650, P.O. Box 7850, Madison, Wisconsin 53707-7850 within five (5) working days of issuance, with a copy of the appeal filed with the Administrator of the DMHSAS.

## **PART II: TECHNICAL SPECIFICATIONS**

### **General Instructions**

Proposers are cautioned that in completing the following technical specifications they are to provide as complete information as possible. The only information evaluators will be given about a program is that which is contained within the proposal. For that reason, each copy must be a duplicate of the entire original, including any attachments.

The focus of the funding is to implement a practice change system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a set of core values that is reflected and measured in the way we interact with and deliver supports and services for families who require substance abuse, mental health and child welfare services.

Proposals must include the following items submitted in the order listed.

- I. Outline and Table of Contents
- II. Application Summary form
- III. Abstract
- IV. Narrative Section – eight pages maximum
- V. Detailed Budget Request
- VI. Attachments

## **I. Outline and Table of Contents**

### **APPLICATION FOR COORDINATED SERVICES TEAM INITIATIVE**

Agency Name: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Proposers are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation. This form must be completed and attached to the front of the finished application.

#### **Application Summary**

**Abstract** – The abstract must be one page only. The information in the abstract should provide a brief description of your new or expanded program, highlighting the main points from the Detailed Budget Justification and Narrative Sections of your proposal.

**Narrative Section** – Applicants will respond to the eight areas listed below as described in sections **6.2.1 through 6.2.8**

- **Program Design** – The program design must demonstrate all aspects described in section 1.9 and in Section 2.1.
- **Core Values** – The proposer must incorporate Core Values as described in section 1.6 into the program Design and document the agency’s ability to deliver services using the core values in the proposal.
- **Strengths/Needs Statement**
- **Target Populations**
- **Work Plan & Goals**
- **Coordinated Services System Change**
- **Data Collection and Evaluation**
- **Sustainability**

#### **Budget**

- A. Budget Justification

#### **Attachments**

## II. Application Summary

Complete the Application Summary following the instructions below. The Application Summary should be the second page in your proposal.

### Section A. Agency Information

- Item 0 Enter the Project Category in which you wish your application to compete.
- Item 1 Enter the Project Title.
- Item 2 The “Applicant Agency” is defined as the legal entity that assumes the liability for the administration of the award funds and is responsible to DHFS for the performance of the project activities (including address).
- Item 3 Enter name, address, and telephone number of the project director.
- Item 4 Enter name, address, and telephone number of the project fiscal agent. The fiscal agent is the individual who is responsible for the receipt and administration of the project funds and for the submission of all fiscal reports to DHFS.
- Item 5 Enter the Internal Revenue Services number assigned to the agency that is responsible for the employees hired under these project funds.
- Item 6 Enter the Region and indicate county/tribe-wide catchment and/or zip code areas to be served by this project.
- Item 7 Check the box that is applicable to the “Applicant Agency” entered under Item 2.
- Item 8 If all or parts of the project will be subcontracted, fill in the name and address of the subcontractor.
- Item 9 Identify proposed sites (city and county/tribe). Specific addresses are unnecessary.
- Item 10 Enter the proposed dates for the project.

### Section B - Budget Summary

The budget summary contains the total projected costs by cost category. All figures on this form should be rounded to the nearest dollar. **NOTE:** Utilize the “Detailed Budget Request” form on items 1 through 12 and carry forward to the CST Detailed Budget Form.

- Item 11 Enter other expenses and attach a separate detail sheet.
- Item 12 Enter total project cost for the entire period of the project.
- Item 13 Enter the name, title, telephone number and signature of official authorized to commit applicant organization to this agreement.

Program: \_\_\_\_\_

Date RFP Issued: \_\_\_\_\_

Log #: \_\_\_\_\_

Project Category: \_\_\_\_\_

II. APPLICATION SUMMARY	
Section A – AGENCY INFORMATION	
0. Project Category:	1. Project Title
2. Applicant Agency	
Street Address	City
State	Zip
3. Project Director	
Street Address	City
State	Zip
4. Fiscal Agent	
Street Address	City
State	Zip
5. Employer Identification No.	
6. Area to be served:	7. Type of Agency (check one) <input type="checkbox"/> State Agency <input type="checkbox"/> Unit of Local Government (specify) _____ <input type="checkbox"/> Private, Non-Profit Agency <input type="checkbox"/> Proprietary <input type="checkbox"/> Tribal Reservation <input type="checkbox"/> Other (specify)
8. If project will be subcontracted, fill in name and address of sub-contractee.	
9. If activities are to be conducted at a site other than the Applicant Agency, indicate this in the following space. Performance Site(s):	
10. Dates of Proposed Project Period FROM _____ THROUGH _____	
SECTION B – BUDGET SUMMARY	
11. <b>Budget</b> NOTE: See “ <b>Budget Detail</b> ” form. (twelve month budget)	
1. Salaries	_____
2. Fringe	_____
3. Agency Personal Liability Insurance	_____
4. Travel	_____
5. Equipment	_____
6. Supplies and Operating Expenses	_____
7. Contractual and Consultant Costs	_____
8. Training	_____
9. Advertising	_____
10. Evaluation	_____
11. Other	_____
12. TOTALS	_____
13. NAME, TITLE AND TELEPHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT	
Typed Name of Official	
Telephone Number	Title
Signature	Date

**CST Detailed Budget Plan Request  
For Upcoming Budget Year**

County/Tribe: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Contract Period:**

**Current Budget Period:**

**Due:**

This detailed budget plan request should reflect expected expenses for the upcoming budget year. A cash/in-kind local contribution of 33% is required from each site for years 1 – 3; 50% local contribution required for year 4; and 100% local contribution required for year 5. Please show contribution amounts, where applicable, in the “Contribution Amount” column provided.

Page 2 includes a “Budget Justification” form to be completed for items as noted below.

Personnel Detail:

Title of Position	% of Time	Hourly Rate	Hrs./Month	# of Months Budgeted	Total Cost
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

	<b>Grant Budget</b>	<b>Contribution amount</b>
1. Total Personnel Cost (from “Personnel Detail” table above)	\$	\$
2. Fringe Benefits for Project Personnel (Employers FICA; Employees Insurance; etc., please list below)	\$	\$
3. Agency Personal Liability Insurance and Other Insurance	\$	\$
4. Travel           a. Professional Staff	\$	\$
b. Volunteer Workers	\$	\$
5. Equipment ( <i>include details in Budget Justification</i> )	\$	\$
6. Supplies and Operating Expenses ( <i>include details in Budget Justification</i> )	\$	\$
7. Contractual and Consultant Costs ( <i>include details in Budget Justification</i> )	\$	\$
8. Training Expenses ( <i>include details in Budget Justification</i> )	\$	\$
9. Support for Parents/Caregivers ( <i>include details in Budget Justification</i> )	\$	\$
10. Advertising ( <i>include details in Budget Justification</i> )	\$	\$
11. Evaluation	\$	\$
12. Other Expenses ( <i>include details in Budget Justification</i> )	\$	\$
13. <b>TOTAL BUDGET</b> (lines 1 through 12)	\$	\$

**CST Detailed Budget Plan Request  
for Upcoming Budget Year**

**Budget Justification Narrative**

**County/Tribe:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

Please describe details for the following budget items, use additional space if needed:

*Equipment:*

*Supplies & Operating Expenses:*

*Contractual and Consultant Costs:*

*Training Expenses:*

*Support for Parents/Caregivers:*

*Advertising:*

*Other Expenses:*

PROGRAM OBJECTIVES, TASKS AND ACTIVITIES WORK PLAN

COUNTY/TRIBE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_

PROGRAM OBJECTIVE: \_\_\_\_\_

TASKS/ACTIVITIES	WORK PLAN		
	Time Frame (include start date and completion date unless task is on-going)	Responsible Party	Expected Outcome



Counties and Tribes that are Eligible  
to Apply to 2008 CST-RFP

Counties:

**Barron**  
**Buffalo**  
**Clark**  
**Columbia**  
**Florence**  
**Grant**  
**Iowa**  
**Jackson**  
**Kewaunee**  
**Oconto**  
**Outagamie**  
**Ozaukee**  
**Pepin**  
**Rusk**  
**Sawyer**  
**Shawano**  
**Taylor**  
**Trempealeau**  
**Vernon**  
**Walworth**  
**Winnebago**  
**Wood**

Tribes:

**Bad River Band of Lake Superior Tribe of Chippewa Indians**  
**Ho-Chunk Nation**  
**Lac du Flambeau Band of Lake Superior Tribe of Chippewa Indians**  
**Menominee Indian Tribe of Wisconsin**  
**Oneida Tribe of Indians of Wisconsin**  
**Forest County Potawatomi Community**  
**Sokaogon Chippewa Community**  
**St. Croix Chippewa Indians of Wisconsin**  
**Stockbridge-Munsee Community**

# Collaborative Systems of Care

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## Project Coordinator Job Description

- Bring together parents and relevant staff from various agencies and organizations to comprise the Coordinating Committee. Support their activities, ensuring compliance with established policies and procedures.
- Maintain active organizational support as established in the Interagency Agreement
- Receive and review referrals
- Present referrals for review to the Screening Committee
- Assure provision of service coordination services for all family teams
- Guide the development of family teams, ensuring compliance with basic principles of wraparound core values
- Review plans of care for consistency with ISP process (including safety plans); if all team members have signed off, authorize implementation
- Assist the Coordinating Committee and family teams in establishing consistent measures for program development, implementation, evaluation, and monitoring of the project and outcomes.
- Facilitate public education and awareness of issues and programming for families with children who have multiple needs through community forums, citizen surveys, and publishing/broadcasting public service announcements
- Conduct workshops/trainings for families and providers
- Support service providers in developing strategies to enhance existing programming, increase resources, and/or establish new resources relevant to project goals and objectives
- Conduct liaison duties with local and state agencies ensuring data and reports are submitted in an accurate and timely manner

## Additional Possible Duties

- Maintain data of enrollments and screening results
- Establish and report monitoring and evaluation results
- Monitor targeted case management and Medicaid in-home activities including record keeping and billing processes
- Assist in developing and maintaining additional funding sources, including collaborative efforts with system partners
- Assist in the development and implementation of family advocacy services.

# Collaborative Systems of Care

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## Service Coordinator Job Description

### **Knowledge and Skills:**

With the guidance of the Project Coordinator, the Service Coordinator will have a comprehensive knowledge of the human service system; have knowledge of how to access area resources; be skilled in written and oral communication; and be able to successfully facilitate groups and work well with a divergent group of people.

Specific skills of an effective Service Coordinator/Facilitator include the abilities to: focus on strengths, accurately listen, develop trust of team members, understand multiple perspectives, intervene on ineffective behavior, accept feedback without reacting defensively, provide support and encouragement, and maintain/demonstrate patience.

### **Service Coordinator Activities:**

- A. Identify and bring together a team of people that will collaboratively work with the child and family, and provide process orientation to the family and to service providers who are new to the process. These activities take approximately **3 – 5 hours**.
- B. Together with team partners, conduct a comprehensive and multi-dimensional summary of strengths and needs of the child and family. Schedule and facilitate team meetings to complete the summary of strengths and needs and review the results. Ensure completion of corresponding paperwork. This process takes approximately **10 – 15 hours**.
- C. Together with team partners, develop the Plan of Care, specifically outlining each team member's responsibility, time line for accomplishment, and outcome expectations. Schedule and facilitate team meetings. Ensure the development of a safety plan for each child to address potential crisis situations at home, in the community, and at school. Ensure completion of Plan of Care paperwork. This process takes approximately **12 – 16 hours**.
- D. Coordinate the implementation of the Plan of Care and monitor ongoing delivery of services. This responsibility includes regular contact with the child, family, and service providers. Schedule and facilitate regularly scheduled team meetings to monitor the plan as a team. Ensure the Plan of Care is amended as necessary to meet the changing needs of the child, family, service providers, and community. Excluding the provision of direct services (in-home therapy, mentoring, etc.), this process takes approximately **2 – 6 hours per family per month**.
- E. Ensure completion of Quarterly Reports – includes collecting and recording information and data on placement, diagnosis, expenses, outcomes, and activities to determine effectiveness of the Plan. Collection of information and completion of the report takes approximately **2 hours per child**.

## **Paperwork:**

Depending on each team's situation and experience of the Service Coordinator, paperwork time will vary. Typical forms to be completed by or arranged to be completed by the Service Coordinator include:

- Release of Information
- Summary of Strengths & Needs (to be completed within 30 days of enrollment)
- Plan of Care (to be completed within 60 days of enrollment)
- Home/Community Safety Plan
- School Safety Plan (often incorporated into the school Behavior Intervention Plan)
- Quarterly Reports
- Meeting minutes
- Team correspondence
- Medicaid targeted case management forms (if billing for targeted case management)

Other documents which may be reviewed by the team and incorporated into the plan include:

- Individual Education Plan (IEP)
- Behavior Intervention Plan (BIP)
- Court Order
- Permanency Plan
- Psychotherapy/In-home assessment, goals, evaluations, case notes, etc.

# **Coordinated Services Team Initiative Goals and Expected Outcomes Checklist**

Site (County/Tribe) \_\_\_\_\_  
Date \_\_\_\_\_  
Author(s) \_\_\_\_\_

- 1 Ready to begin
- 2 Planning
- 3 Initial implementation phase/learning
- 4 Expanding implementation
- 5 Fully developed/operational

The program will be expected to establish program goals and accomplish a number of outcomes. The agency must develop and implement an evaluation component to report on the following outcomes:

### **System outcomes supporting CST**

- 1. \_\_\_ A local cross-system collaborative will be established (interagency coordinating committee) that receives funding and promotes meaningful collaboration.
- 2. \_\_\_ Interagency agreement specifies roles and responsibilities of partners – including local funding contribution
- 3. \_\_\_ CST core values will be implemented across substance abuse, mental health, child welfare, and other identified systems as evidenced by consistent use of family-centered, strength-based plans of care and planning process that involves families and natural supports and all key service providers.
- 4. \_\_\_ Appropriate staff-to-family ratio for service coordination.
- 5. \_\_\_ Team approach used to identify and develop needed informal and formal services.
- 6. \_\_\_ Services are family-centered and strength-based.
- 7. \_\_\_ Services are gender and culturally competent.
- 8. \_\_\_ The family is involved throughout the process.
- 9. \_\_\_ If necessary, focus will be given to education/literacy and employment.
- 10. \_\_\_ Plans of care are designed to promote self-sufficiency that builds on involvement with natural and community supports, reducing or ending the need for formal services.
- 11. \_\_\_ Any realized savings from substitute care budget are re-invested in the community-based CST process and community based services. Savings would be one of the funding sources for future sustainability. Planning for future sustainability begins in year one.
- 12. \_\_\_ A formal system change evaluation process is established.
- 13. \_\_\_ Provider needs are being met and providers are satisfied with the process.

## **Process outcomes supporting CST**

1. \_\_ Families are involved as full partners throughout the process.
2. \_\_ Advocacy is assured for each family.
3. \_\_ Collaborative, multi-system family teams are established including all providers and agencies involved with the family.
4. \_\_ Natural/community supports and flexible funding will be utilized to support plans of care.
5. \_\_ A process for referral, service coordination, intake, assessment, plan of care development, and transition will be established.
6. \_\_ A single, coordinated plan of care will be developed for each family team.
7. \_\_ Ongoing collaborative training is provided for all agency staff. Each agency will have trained facilitators. All family members involved in the process will receive training.
8. \_\_ Adolescents are ensured a planned transition to adult life.
9. \_\_ An agency will be able to document a reduction in the number of children entering out-of-home care.
10. \_\_ An agency will be able to document that the length of time children spend in out-of-home care is reduced.
11. \_\_ An agency will be able to document there is a reduction in the number of children re-entering out-of-home care.
12. \_\_ An agency will be able to document a reduction in the rate of recurrence of child maltreatment.
13. \_\_ A process evaluation procedure is established.

## **Family-specific outcomes**

1. \_\_ Family needs are being met and families are satisfied with the process.
2. \_\_ Families have a voice in the decisions that are made, access to needed services, and ownership of their plan of care.
3. \_\_ Families evidence the ability to provide for the ongoing safety of all family members.
4. \_\_ Natural/community supports and flexible funding will be utilized to support plans of care.
5. \_\_ Families are progressing towards completion of functional goals and achieving self-sufficiency. Examples may include, but are not limited to:
  - Improvement/recovery from substance abuse.
  - Improvement in parenting, family functioning, and wellness.
  - Reduced involvement with the justice system.
  - Meeting child welfare mandates.
  - Improvement in mental health.
  - Improvement in basic living skills.
  - Improvement in educational/vocational outcomes.
  - Meeting individual team goals.

**EVALUATION SCORE SHEET**

Applicant \_\_\_\_\_

Evaluator # \_\_\_\_\_

Proposal Content Area	Evaluator Rating Choice (Circle)      Points Scored (Circle)	Reviewer Comments
1. Program Design (10)	<u>Excellent</u> 9   10 <u>Very Good</u> 7   8 <u>Good</u> 4   5   6 <u>Fair</u> 2   3 <u>Poor</u> 0   1	
2. Core Values (15)	<u>Excellent</u> 14   15 <u>Very Good</u> 11   12   13 <u>Good</u> 7   8   9   10 <u>Fair</u> 4   5   6 <u>Poor</u> 0   1   2   3	
3. Strengths/Needs Statement (10)	<u>Excellent</u> 9   10 <u>Very Good</u> 7   8 <u>Good</u> 5   6   7 <u>Fair</u> 2   3   4 <u>Poor</u> 0   1	
4. Target Population (10)	<u>Excellent</u> 9   10 <u>Very Good</u> 7   8 <u>Good</u> 4   5   6 <u>Fair</u> 2   3 <u>Poor</u> 0   1	
5. Work Plan & Goals (20)	<u>Excellent</u> 18   19   20 <u>Very Good</u> 14   15   16   17 <u>Good</u> 8   9   10   11   12   13 <u>Fair</u> 4   5   6   7 <u>Poor</u> 0   1   2   3	
6. Coordinated Services System Change (15)	<u>Excellent</u> 14   15 <u>Very Good</u> 11   12   13 <u>Good</u> 7   8   9   10 <u>Fair</u> 4   5   6 <u>Poor</u> 0   1   2   3	
7. Data Collection & Evaluation (10)	<u>Excellent</u> 9   10 <u>Very Good</u> 7   8 <u>Good</u> 4   5   6 <u>Fair</u> 2   3 <u>Poor</u> 0   1	
8. Sustainability (10)	<u>Excellent</u> 9   10 <u>Very Good</u> 7   8 <u>Good</u> 4   5   6 <u>Fair</u> 2   3 <u>Poor</u> 0   1	

## ISP/CST Required Data Collection Packet

**County/Tribe:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*This packet is provided as a data collection guide for each child involved in ISP/CST from time of enrollment to disenrollment. It is based on the "Outcomes Data Collection Timeframes for ISP/CST's" document created by the BMHSAS (completing this packet satisfies the quarterly data collection requirements of the State).*

*The data collected should be submitted quarterly to the BMHSAS using the ISP/CST Access Database. For more information on obtaining the database, or for training and technical assistance on its use, please contact:*

Tim Connor, Mental Health Evaluation Specialist  
 Phone: (608) 261-6744  
 Email: [connotg@dhfs.state.wi.us](mailto:connotg@dhfs.state.wi.us)

### Table of Contents:

Enrollment Data	1
Disenrollment Data	1
Living Situation	2
Juvenile Justice Contact	2
Educational Data	3

### Submission Deadlines:

**April 30** (for data collected Jan 1 – March 31)  
**July 30** (for data collected April 1 – June 30)  
**Oct 30** (for data collected July 1 – Sept 30)  
**Jan 30** (for data collected Oct 1 – Dec 31)

## Enrollment Data (record at time of enrollment only)

**Client ID:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_ **Episode #:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Gender/Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Referral Reason:**  
(see options below) \_\_\_\_\_  
**Referral Source:** \_\_\_\_\_

**Axis I Diagnoses:** \_\_\_\_\_ **Axis II Diagnoses:** \_\_\_\_\_  
(If Applicable) \_\_\_\_\_ (If Applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Living Location at time of enrollment:** \_\_\_\_\_  
(see options on pg 2) \_\_\_\_\_  
**Case Manager/ Service Coordinator:** \_\_\_\_\_

## Disenrollment Data (record at time of disenrollment only)

**Disenrollment Date:** \_\_\_\_\_ **Living Location at time of disenrollment:** \_\_\_\_\_  
(see options on pg 2) \_\_\_\_\_  
**Disenrollment Reason:** \_\_\_\_\_  
**Axis I Diagnosis:** \_\_\_\_\_ **Axis II Diagnosis:** \_\_\_\_\_  
(If Applicable) \_\_\_\_\_ (If Applicable) \_\_\_\_\_

### Living Situation *(track as living situation changes occur)*

<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Living Location:</b> <i>(see options below)</i> _____

**Living Location Options**

Jail	Group Emergency Shelter	Adoptive Home
Correctional Center	Residential Job Corps Center	Home of Relative
State Mental Hospital	Group Home	School Dormitory
County Detention Center	Treatment Family Foster Home	Home of Biological Parent (child)
Intensive Treatment Unit	Individual Emergency Shelter Home	Home of Biological Parent (18 years +)
AODA Inpatient Rehab	Specialized Foster Care	Independent living with friend
Inpatient Hospital	Regular Foster Care	Independent living on own
Wilderness Camp (24 hr, year round)	Supervised Independent Living	
Residential Treatment Center	Home of Family Friend	

*NOTE: Adopted from Hawkins, R.P., Almelda, M.C. Fabry, B. & Reltz, A.C. (1991) Hospital & Community Psychiatry.*

### Contact with the Juvenile Justice System *(track as contacts occur)*

<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____
<b>Offense Date:</b> _____	<b>Offense Type:</b> <i>(see options below)</i> _____	<b>Disposition:</b> <i>(see options below)</i> _____

**Offense Type Options:**

Criminal homicide	Fraud	Driving under the influence
Forcible rape	Embezzlement	Liquor laws
Robbery	Stolen property	Drunkenness
Aggravated assault	Vandalism	Disorderly conduct
Burglary	Weapons offences	Vagrancy
Larceny-theft	Prostitution	Curfew & loitering laws
Motor vehicle theft	Sex offenses	Runaways
Arson	Drug abuse violations	All other offenses
Other assaults	Gambling	
Forgery & counterfeiting	Offenses against the family and children	

**Disposition Options:**

Supervision	Group Home	Refused
Fine	Foster Home	Don't Know
Restitution	Community Service	Missing
Secure Detention	Pending	
Non-Secure Detention	Informal Arrangements	
Hospitalization	No Contact	
CCI	Corrections	
	N/A	

## Educational Data

*(Use a copy of this page for each school year data is collected)*

### School Semester 1 *(track by school semester as events occur)*

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

#### In-School Suspensions

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Educational Setting: \_\_\_\_\_  
*(see options below)*

Expulsion Date: \_\_\_\_\_

Length of Expulsion (number of months): \_\_\_\_\_

Unexcused Absences (number of days): \_\_\_\_\_

#### Grades:

<u>Subject:</u>	<u>rade:</u>	<u>Subject:</u>	<u>rade:</u>

#### Out-of-School Suspensions

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### School Semester 2 *(track by school semester as events occur)*

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

#### In-School Suspensions

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Educational Setting: \_\_\_\_\_  
*(see options below)*

Expulsion Date: \_\_\_\_\_

Length of Expulsion (number of months): \_\_\_\_\_

Unexcused Absences (number of days): \_\_\_\_\_

#### Grades:

<u>Subject:</u>	<u>rade:</u>	<u>Subject:</u>	<u>rade:</u>

#### Out-of-School Suspensions

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### School Setting Options:

- |  |   |
|--|---|
| Alternative/residential school<br>Private day school<br>At home (home-based instruction)<br>Hospital (psychiatric hospital-based instruction)<br>In special public school<br>Other<br>N/A<br>Refused | In special class or program within regular school (Special Ed. 100% of school day)<br>In special class or program within regular school (Special Ed. 50 - 99% of school day)<br>In special class or program within regular school (Special Ed. Less than 50% of school day)<br>In regular school with special education consultation<br>In regular school with no special education services<br>Don't know<br>Missing |
|--|---|

**Coordinated Services Team (CST) Initiative**  
**2002 Request for Proposals (RFP)**  
**Questions and Answers (updated December 2007)**

1. What is the difference between CST and Integrated Services Projects?
  - Briefly, both ISPs and CSTs employ the same basic wraparound approach/process to serve and support children and families with multiple and complex needs. The CST initiative is a system change initiative, expanding the target group beyond children with Severe Emotional Disturbance (SED), and developing stronger collaborative partnerships especially between substance abuse, child welfare, juvenile justice and education.
2. Review of definitions and key words including “business practice” and “consortium.”
  - Review page two and three of the RFP.
3. What if we want to submit a multiple county/tribe application?
  - Each site can determine if it is a single county/tribe. If it is a multiple-site county/tribe application only one application should be filled out.
4. What amount of funding is available per site? Per multiple county/tribe site?
  - Each application (single county/tribe or multiple county/tribe) should identify the amount of funds needed (up to \$50,000) to accomplish the goals. After a site has been selected the actual amount of funding will be negotiated with the Division.
  - We are promoting a minimum of three and up to a five year cycle of funding. It is expected that each site would have a full sustainability plan in place at that time. Continued funding is contingent upon satisfactory performance and availability of funds.
5. What can the funding be used for?
  - The emphasis of the funding is on developing and implementing a collaborative long-term relationship with child and family serving agencies including substance abuse, mental health child welfare and juvenile justice systems incorporating the CST principles. An example would be to support a “system change coordinator” type of position(s). Additional partners should include education and community agencies. Funds can also be used to pay for parent involvement in the process. A maximum of 10 percent of the funds can be used to meet needs that may not be covered by any other source.
6. How will local contribution be determined?
  - The collaborative local contribution can be either cash or in-kind from child welfare, juvenile justice, substance abuse, mental health and/or education. Additional contribution may include workforce development, United Way and other community funds, service groups, business, the faith community and donations. In-kind contribution must be tangible services and/or supports not administrative overhead such as office space and phones. Examples of tangible services and supports include, but are not limited to: service coordination, clinical services, crisis services, stabilization services/supports, parent/student aides, mentoring, respite, and transitional services.
7. Is the RFP on the web?
  - Yes. The DHFS website is posted at: <http://dhfs.wisconsin.gov/rfp/#DMHSAS>

- Bureau website link: [http://www.dhfs.state.wi.us/mh\\_bcmh](http://www.dhfs.state.wi.us/mh_bcmh)
8. What is the Timeline for the RFP?
- The Notice of Intent is due January 31, 2008. It is not required but encouraged.
  - The Proposal is due Thursday, March 6, 4:00 pm.
9. Who is given priority in the selection process?
- See RFP section 1.10
  - Applicants will be scored on a 100 point scoring system. A site must receive a minimum of 53 points to be considered for an award. See RFP section 6.1. The Department may choose to award funding to applicants that receive scores below 53.
10. What is the impact of HIPAA on CST?
- Care must be taken regarding confidentiality. Release of information forms will be reviewed to determine “compliance.” One must also now sign a document indicating that no information would be shared if the person/agency is not part of the process. At each team meeting it must be reiterated that what is said at the meeting is confidential. Proposers should submit a copy of their confidentiality form. State staff will work with the sites on this issue including development of policies and procedures. If more information on this subject becomes available it will be shared with everyone.
11. What type of letters of support can be used?
- It is intended that letters will clearly express the commitment of the partner agency in substantive terms including a commitment to the principles, a commitment of personnel to participate and a possible commitment of cash or in-kind services. Partners could include but not be limited to: schools, substance abuse service providers, mental health service providers, and the child welfare agency. The commitment should be viewed as long-term partnership intended to support a meaningful system change.
12. What is the difference in the target population as it compares with existing Integrated Service Projects?
- Review section 1.7 starting on page 6 of the RFP.
13. What type of measurable outcomes will be used?
- Review section 1.8 – Program Goals and Expected Outcomes starting on page 7 of the RFP. It is anticipated that measurable outcome tools will include system review forms family and provider satisfaction survey instruments and goal achievement documents will be required.
14. What is meant by “advocacy is assured for each family”?
- The applicant will define how it happens. As stated, each family that is involved is being advocated for.
15. How will savings from substitute care be re-invested?

- The implementation of this issue will be determined on site-by-site basis. It is expected, where possible, that as much of the savings as possible (assuming there will be savings) will be put to use for community-based services.
16. Can Safe and Stable Family funds be used for local contribution?
- Yes.
17. What about the use of IV-E incentive funds for local contribution?
- Yes.
18. Could a site use Medicaid Targeted Case Management, Comprehensive Community Services, Children's Long Term Support Waivers, or Family Support Services in support of children using the CST approach to count towards the local contribution?
- Yes
19. Could a site collaborate with other counties for a part of the implementation process such as training, respite care and advocacy?
- Yes
20. Section 2.2 (f) states a requirement to provide a letter of support from the county board/tribal council or legislature. What if the governing body does not meet in time to get formal action to meet the RFP time line. What are the options?
- If you cannot get written support from the county board/tribal council or legislature by the RFP due date, please indicate when you hope to receive support and explain that you will submit it at a later date. The written support would be necessary prior to awarding a contract. If you can receive committee support or executive level approval to submit the RFP, that would be helpful. If the county/tribe ultimately does not provide complete support, you can let us know that you wish to be removed from consideration.