



Date: August 13, 2015

DMHSAS Numbered Memo 2015-09

To: Area Administrators / Human Service Area Coordinators  
Bureau Directors / Section Chiefs  
County Departments of Community Programs Directors  
County Departments of Developmental Disabilities Service Directors  
County Departments of Human Services Directors County Departments of Social Services  
Directors County Mental Health Coordinators  
Tribal Chairpersons / Human Services Facilitators

From: Patrick Cork, Administrator  
Division of Mental Health and Substance Abuse Services

### Grants to Develop Certified Mobile Crisis Team Serving Rural Areas

#### Document Summary

This memo describes another opportunity for counties to implement mobile crisis teams to serve rural areas. Total statewide funding of \$250,000 is available from July 2015 through June 30, 2017. Funding will be used exclusively to create certified mobile crisis intervention teams to serve rural areas of the state of Wisconsin. The number of counties or multi-county collaboratives funded will depend on the amount of funding requested and upon the scoring rank of each application. Projects will be funded within the constraints of total funding available per biennium. With satisfactory progress toward goals and objectives and based upon funding availability, there *may* be some potential for continued funding beyond the conclusion of the biennium at Department of Health Services (DHS) discretion. This memo describes the application process for these funds and the expectations for their use. The department shall award a grant up to an amount equal to one-half the amount of money the county or region provides to establish certified crisis programs that create mobile crisis teams (i.e., a two for one match is required). These are non-federal GPR<sup>1</sup> funds made available through 2013 Wisconsin Act 132.<sup>2</sup> **Applications must be received by 4:00 p.m., September 11, 2015.**

<sup>1</sup> These funds are to be made available each biennium under Wisconsin Statutes §46.536 and related appropriation §20.435(5)(cf).

<sup>2</sup> 2013 Wisconsin Act 132: <https://docs.legis.wisconsin.gov/2013/related/acts/132>

**Background**

The State of Wisconsin, Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS), Bureau of Prevention, Treatment and Recovery (BPTR) is committed to increasing the availability of certified mobile crisis programs serving rural areas of the state. “Emergency Mental Health Services Programs,” commonly known as *Crisis Intervention* under administrative rule DHS 34, Subchapter III requires that counties obtain certification through the Division of Quality Assurance (DQA) in order to obtain remuneration through the Wisconsin Medicaid Program<sup>3</sup> and other insurers under INS 3.37(3)g.<sup>4</sup>

Since the publication of the DHS 34<sup>5</sup> administrative rule in 1996, with Subchapter III allowing for Medicaid reimbursement for the provision of Crisis services, there have been increasing numbers of counties which have become certified. Some counties are providing their own Crisis Intervention services and some are contracting for these services in whole or in part. Required under the DHS 34, Subchapter III are 24-hour/7-day per week telephone services, 8-hour/5-day per week walk-in services; and 8-hour/7-day per week mobile services. Virtually all metropolitan counties and most less populous counties are currently certified under Subchapter III. Presently, all non-certified counties in Wisconsin have significant rural areas.

Counties (or Departments of Community Programs) which do not hold a Subchapter III certification are clustered in the northwest part of the state (four), the west-central area (four) and in the northeast (one). Eight counties and one tri-county Department of Community Programs have telehealth certification for their Crisis program. Another county receives telehealth services from an adjacent county.

Crisis Intervention Programs have effectively helped spare consumers and counties unnecessary psychiatric hospitalization through intervention and stabilization in the community. This has saved consumers unnecessary disruption to their lives, promoted natural supports in the community, and saved county governments the expense of transporting and paying for individuals to be hospitalized. DHS 34, Subchapter III programs are eligible for reimbursement through insurers and the Wisconsin Medicaid program, thus providing offsets to expenses for the county to provide the program.

**Eligible Applicants**

Only the following counties, which do not have DHS 34, Subchapter III certification and who have significant rural areas, are eligible to apply:

Bayfield	Douglas	Dunn	Florence
Iron	Taylor	Trempealeau	Washburn

Legislative intent for the use of these funds was to make a one-time funding resource available to support the development of DHS 34 Subchapter III Crisis certification in rural parts of the state. It is expected that programs will be able to sustain and maintain Subchapter III certification beyond the grant period through related eligibility to bill to third party payers, realizing savings in unnecessary

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<sup>3</sup> Forward Health: <https://www.dhs.wisconsin.gov/health-care-coverage/health-care-coverage/medicaid/badgercare-plus/forwardhealth>

<sup>4</sup> See administrative code under the authority of the Office of the Commissioner on Insurance: [http://docs.legis.wisconsin.gov/code/admin\\_code/ins/3/37/3/g](http://docs.legis.wisconsin.gov/code/admin_code/ins/3/37/3/g)

<sup>5</sup> Emergency Mental Health Services Programs (DHS 34, *Crisis Programs*): [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/34.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf)

hospitalization costs, and through other adjustments to budgets as a result of the evolving behavioral health funding environment (e.g., Comprehensive Community Services being fully funded through state resources, mental health and substance abuse parity, etc.).

### **Proposal Application**

Please submit a proposal that describes the creation of DHS 34, Subchapter III certified crisis intervention services to rural areas within Wisconsin. Evaluation criteria below describe the required elements of the proposal. Proposers must submit their proposal on single-sided, single-spaced 8½x11 inch paper with 1-inch margins and 12-point standard font (prefer Times New Roman). Please limit proposals to 10 pages, not including cover page, budget, appendices, and letters of support. Budgets are to be submitted on the required [Excel budget spreadsheet](#) accompanying this memo. Please submit one original and four paper copies to the Contract Administrator (below). Additionally, the entire Proposal must be submitted in non-password protected Portable Document Format (.pdf), except for the proposed budget, which must be submitted using the required Microsoft Excel template on a reproducible CD(s) labeled as follows:

Certified Mobile Crisis Team Serving Rural Areas 2015-17  
*Name and Address of Proposer*  
Disc X of Y

### **Required Elements**

#### **Goals and Objectives**

Objectives of this funding are in support of the overarching goal to develop DHS 34, Subchapter III certified crisis intervention services in rural areas of the state by a specific date. Objectives 1 and 2 are required of all proposals. Other objectives are optional but provide enhancements to the overall score of a proposal (as so designated).

- ❖ **Objective 1. Required.** Identify a deadline by which to attain DHS 34, Subchapter III certification through DHS Division of Quality Assurance in a county or counties which is or are not presently certified, and commence billing to Medicaid for emergency mental health services.
- ❖ **Objective 2. Required.** Prior to certification establish a system and provide to the Contract Administrator the Crisis program's written policy for universal suicide screening of Crisis contacts.<sup>6</sup> At the time of certification, at least 90 percent of Crisis contacts will have documented evidence of suicide screening, as reported into the DHS Program Participation System (PPS). Six months following certification, 100 percent of all contacts shall be screened for suicide.
- ❖ **Objective 3. Additional Points.** As part of the DHS 34, Subchapter III certification substantive expansion of hours of mobile operations, beyond the required 8-hour / 7-day per week minimum and identification of the specifics of mobile operations described in program policies and procedures as well as in the Emergency Mental Health Services Plan (which shall be submitted to the DHS Contract Administrator and Area Administration within nine months of the start of the grant). Proposers must include within their proposal the expected hours of mobile service availability one year following certification.

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<sup>6</sup> See Zero Suicide Initiatives: <http://zerosuicide.sprc.org/>

- ❖ **Objective 4. Additional Points.** Plan for expanding DHS 34, Subchapter III certified *mobile* contacts in natural settings, as measured as an aggregate percentage of in-home, in-school, and community mobile contacts outside of hospital-based emergency department or law enforcement agency settings (inclusive of jails, police stations, or sheriff's departments). In order to earn extra points, a proposal must develop policy and procedure supporting and encouraging mobile outreach and contact in natural settings which includes a process for measuring and logging the percentage of countable mobile contacts and reporting quarterly through the duration of the grant.
- ❖ **Objective 5. Additional Points.** Plan for expanding DHS 34, Subchapter III services to youth, age 0 through 21, who may potentially be diagnosable with severe emotional disturbance (SED). Proposers must identify policies and revisions to their Emergency Mental Health Services Plan with a timeline to accomplish intended revisions. A quality improvement plan must be developed to increase and enhance outreach and service to youth who could conceivably have SED while simultaneously tracking and reporting on contacts and psychiatric hospitalizations objectively.

### **Required Process Improvement Strategies**

Proposers will be required to employ accepted process improvement strategies for the development and expansion of mobile crisis services to rural areas. Applications for funding must identify what model(s) will be employed to continuously improve mobile crisis services in relation to the unique identified strengths and needs of the proposed service area. Data driven processes could include but are not limited to: Plan-Implement-Execute (PIE);<sup>7,8</sup> Define-Measure-Analyze-Improve-Control (DMAIC)/Define-Measure-Analyze-Design-Verify (DMADV)/Design for Six Sigma;<sup>9</sup> or NIATx-type (Network for the Improvement of Addiction Treatment)<sup>10</sup> rapid-cycle improvement strategies.

### **Required Program Participation (PPS) System Reporting**

As with all DHS 34, Subchapter III programs, there must be a plan to assure accurate, complete, and prompt reporting into the state Program Participation System (PPS).<sup>11</sup> Proposers must describe how this will occur within their proposal.

### **Required Matching Funds**

In accordance with 2013 Wisconsin Act 132 counties or regions comprised of multiple counties are required to provide matching funds at one-half the amount of state General Purpose Revenue (GPR) grant funding awarded to the county or region. As such, Proposers are encouraged to be creative toward identifying the plan for substantiating the required matching funds. Proposers must describe how matching funds will be applied, assuring that they are not identified elsewhere as a matching resource to

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<sup>7</sup> SPRC Plan, Implement, Evaluate, Improve: <http://www.sprc.org/basics/about-suicide-prevention/strategic-planning/implement-evaluate-and-improve-interventions>

<sup>8</sup> Centers for Disease Control: Planning Implementing, and Evaluating an Intervention—An Overview: <http://www.cdc.gov/violenceprevention/pdf/chapter1-a.pdf>

<sup>9</sup> DMAIC: The Five Phases of Process Improvement: <http://www.dmaictools.com/>

<sup>10</sup> NIATx Website: Removing Barriers to Treatment & Recovery: <http://www.niatx.net/Home/Home.aspx?CategorySelected=HOME>

<sup>11</sup> Wisconsin Department of Health Services, Program Participation System (PPS): <http://www.dhs.wisconsin.gov/pps/>

a different initiative. In other words any given amount cannot serve as match for two funding streams or programs simultaneously. Sources of matching funds could come from a single or braided funding stream.

### **Proposal Format**

Proposals must be organized into clearly delineated sections, as shown below. Each heading and subheading should be separated by tabs or otherwise clearly marked.

- Tab 1. Cover Sheet
  - a. Table of Contents
  - b. Vendor Information Form DOA-3477<sup>12</sup>
- Tab 2. Goals, Objectives and Performance Expectations
- Tab 3. Environmental Scan, Needs Assessment, & Program Design and Methodology
- Tab 4. Work Plan
- Tab 5. Organizational Experience and Capacity
- Tab 6. Reporting, Performance Measurement & Quality Improvement
- Tab 7. Budget
- Tab 8. Appendix – Letters of Support, Letters of Commitment, Memoranda of Understanding (MOU), Contracts, etc.

### **Evaluation Criteria**

Proposals must at minimum include Objective 1 and 2. Objectives 3, 4, and 5 can enhance scoring potential. Proposers that plan to tackle all five objectives will have the best opportunity for maximal scoring. All proposals will be scored according to the following criteria for a maximum of 100 points.

#### **Environmental Scan and Needs Assessment – 10 points**

Proposers should determine the scope of the proposal (county, region, multi-county partnership) and provide a needs assessment outlining strengths, deficits, and barriers for the identified service area regarding the provision of certified mobile crisis services to rural areas; including the how unmet needs impact emergency or crisis services to those residing in rural areas. Rural areas of the county to be served must be described. Items to focus on include the access, availability, and response time of crisis intervention services in light of expanding mobile crisis capacity to rural areas.

#### **Goals, Objectives and Performance Expectations – 40 points**

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<sup>12</sup> Department of Administration Form 3477: <http://vendornet.state.wi.us/vendornet/doaforms/doa-3477%20Vendor%20Information.doc>

Proposers must describe goals, objectives and performance expectations for each year of the grant, and fulfill the requirements described above. Proposals will be evaluated based on scope, feasibility, and reasonableness of the deliverable outcomes designed to support the overarching goal of providing improved mobile crisis services to rural areas of the state. Objectives for the unique project must be framed as “SMART” deliverables: Specific, Measurable, Attainable, Relevant, and Time-Bond, tracked on the *DMHSAS Program Performance Report: DMHSAS Form F-20389 (4/2014)*.<sup>13</sup>

### **Program Design and Methodology – 20 points**

Proposers must describe and define a viable model for the project that addresses the specifications noted in this memo. It should include the specific work plan with time-frames for completion of the project objectives as soon as is practicable, but in no case later than June 30, 2017. Rapid-cycle, continuous quality improvement strategies must be described along with process to achieve assure PPS reporting. A plan to achieve universal suicide screening must also be described.

### **Organizational Experience and Capacity – 10 Points**

Proposers are required to describe their organizational experience and capacity to accomplish the stated goals and objectives. Proposers shall have capacity to promote DHS 34, Subchapter III rule compliance, policies, and practices. Moreover, it is expected that Proposers will be able to establish Crisis programs where none exist (Objective 1). Promotions of evidence-based and best practices are expected.

Organizations should have familiarity with the Wisconsin Medicaid<sup>14</sup> environment along with knowledge of documentation and billing requirements. Proposers should be able to develop, facilitate, or collaborate with other agencies toward developing community stabilization resources toward reduction of unnecessary psychiatric hospitalization and increasing diversion efforts. Understanding provisions within Wisconsin Chapter §51<sup>15</sup> and related code (DHS 92<sup>16</sup> and DHS 94<sup>17</sup>) are key.

### **Budget – 20 points**

Submit a detailed line item budget on the attached [Excel Budget Spreadsheet](#) (Do Not Alter Formulas) along with a narrative justification for all project costs. Proposers need to address the plan for matching the requested grant funding. Provide a plan for sustaining the program developments and enhancements once the grant funding ends. All budget costs must comply with the DHS Allowable Cost Policy Manual.<sup>18</sup>

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<sup>13</sup> DMHSAS Program Performance Report: <http://www.dhs.wisconsin.gov/forms1/f2/f20389.doc>

<sup>14</sup> Wisconsin ForwardHealth (Medicaid) Webpage: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

<sup>15</sup> Wisconsin Chapter §51: <http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>

<sup>16</sup> Wisconsin DHS 92, Confidentiality of Treatment Records:  
[http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/92.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/92.pdf)

<sup>17</sup> Wisconsin DHS 94, Patient Rights and Resolution of Patient Grievances:  
[http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/94.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf)

<sup>18</sup> Wisconsin Allowable Cost Policy Manual: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>

**By delivery or mail your complete application must be received by 4:00 p.m., September 11, 2015 at the address below.** Email applications are not acceptable. Additional information and questions regarding this memo should also be directed to:

**Central Office Contact and Contract Administrator:**

Brad Munger

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Division of Mental Health and Substance Abuse Services

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