



Date: January 6, 2020

DCTS Action Memo 2020-01

To: County Departments of Community Programs
County Departments of Health and Human Services
County Departments of Human Services

From: Rose Kleman, Administrator

Crisis Program Enhancement Serving Rural Areas: Request for Applications

Document summary

A request for applications (RFA) is available for counties or regions comprised of multiple counties to establish or enhance crisis programs to serve individuals having crises in rural areas. A statewide total of \$250,000 per state fiscal biennium is available through this RFA. Competitive applications are being sought for the current biennium (July 1, 2019, through June 30, 2021) to establish or enhance crisis services in rural areas. Eligible applicants include state-certified Wis. Admin. Code ch. DHS 34, Subchapter III programs or non-certified county programs providing a crisis response for a rural county or counties. Grant funds may be awarded up to an amount equal to one-half the amount of money the county or region provides to establish or enhance crisis programs (a two-for-one local cash match is required). Applications must be received by 4:00 p.m. Wednesday, January 22, 2020.

Background

The Department of Health Services (DHS) is committed to increasing the availability and accessibility of crisis services in rural areas of the state.

Crisis programs have been instrumental in reducing the number of inappropriate or unnecessary psychiatric hospitalizations. Diversion from inpatient admissions in favor of community treatment alternatives when appropriate, have been credited with: reducing trauma to individuals and their families, development and strengthening of improved community and natural supports, minimizing complex multi-system involvement, and conservation of direct and indirect costs associated with an involuntary psychiatric hospitalization.

Emergency mental health services programs, commonly known as crisis intervention under Wis. Admin. Code ch. DHS 34, Subchapter III, requires counties to obtain certification through the Division of Quality Assurance (DQA) in order to receive remuneration through the ForwardHealth Wisconsin Medicaid Program (and other insurers under Wis. Admin. Code § Ins 3.37 (3)(g)). Grant funds may be used to establish or enhance these DHS 34 programs, or to otherwise enhance or establish crisis services that are not yet DHS-certified crisis programs serving rural areas of the state. Priority for funding will be given to projects that serve counties that are presently not served by a certified DHS 34, Subchapter III program and to projects that serve multiple counties.

Many counties have become certified since the 1996 publication of DHS 34 with Subchapter III allowing for Medicaid reimbursement for the provision of crisis services. Some counties provide crisis intervention services internally with county staff; others contract for these services in whole or in part. Required under 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; and optional stabilization services.

Presently, all non-certified counties in Wisconsin are located in predominantly rural areas. Most often it is the crisis intervention programs under Subchapter III that are charged with approving hospitalizations for individuals under an emergency detention by authority of [Wis. Stat. § 51.15](#).

The county department may approve the detention only if a physician who has completed a residency in psychiatry, a psychologist licensed under Wis. Stat. ch. 455, or a mental health professional, as determined by the department, has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others. For purposes of this subsection, a crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology.

Applicants are urged to be aware of and to incorporate recent developments in the field when designing their project. Below are some important resources to consider:

- [2012 National Strategy for Suicide Prevention: Goals and Objectives for Action](#)
- [Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments](#)
- [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)
- [Crisis Center Accreditation Program of the American Association of Suicidology](#)
- [Crisis Now: Transforming Services is Within Our Reach](#)
- [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#)
- [Crisis Response for Dementia](#)
- [Crisis Response Planning](#)
- [Lethal Means Counseling](#)
- [Practice Guidelines: Core Elements in Responding to a Mental Health Crisis](#)
- [Prevent Suicide Wisconsin: Zero Suicide in Wisconsin](#)
- [Program Participation System Required Reporting](#)
- [Rural Health Information Hub: Models and Innovations—Suicide and Suicide Prevention](#)
- [Sentinel Event Alert 56: Detecting and Treating Suicide Ideation in All Settings](#)
- [Text “HOPELINE” to 741741](#)
- [Toolkit for Improving Crisis Intervention and Emergency Detention Services](#)
- [Wisconsin Suicide Prevention Strategy](#)

Proposers should also be aware of efforts to expand Wisconsin’s in-state response rate to calls from the [National Suicide Prevention Lifeline \(NSPL\)](#). Currently calls to 1-800-273-TALK originating in Wisconsin are answered within the state only in seven counties by one of Wisconsin’s four NSPL member centers. Calls originating from outside of those seven counties account for a majority of Wisconsin NSPL calls that are answered by out-of-state back-up centers (accounting for 70 percent of the total calls to the NSPL from Wisconsin). As a consequence, with calls being answered by a back-up center, the opportunity is missed to provide Wisconsin residents with an in-state response. Calls answered out of state likely receive a more generic response as opposed to an individualized county

response. In fact, it may well be the case that the caller is well-known to the local crisis program, allowing for the arrangement of a safety plan and hospital diversion.

Another consequence of having NSPL calls routed out of state is that suicide prevention federal grants often substantially prefer and award bonus points to state applicants that have a greater than 70% in-state answer rate to the NSPL. Wisconsin's in-state answer rate can be improved by having more crisis programs join the NSPL or by existing members expanding their coverage areas beyond county lines. NSPL offers other benefits to members including a small annual stipend, a back-up to crisis phone lines, and no-cost training opportunities. Additionally, it is important for crisis programs to be aware of resources apart from NSPL, namely services that allow individuals to reach out for support through text messages (examples: [Crisis Text Line](#) and [HOPELINE](#)).

Grant agreement term and number of grants

The grant agreement shall be effective on the date established in an awarded contract and will run through June 30, 2020. Renewal of the grant agreement will be based upon the grantee's satisfactory performance, and the availability of funds through June 30, 2021. The successful applicant must demonstrate its plan for sustainability beyond the funding award period that ends June 30, 2021. Proposers are advised that, should additional state or federal funds become available, DHS may utilize the results of this grant funding opportunity for additional awards or to provide additional years of funding. Moreover, DHS reserves the right to negotiate with the successful vendor(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

The number of counties or regional multi-county programs 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. DHS will have discretion over proportions allocated to top scoring applications in the event of more than one application being funded. This RFA describes the application process for these funds and the expectations for their use.

The total amount of funds available through this RFA is \$250,000. Funding awards to vendor(s) may be for a portion to more than one vendor or the entire amount to a single vendor.

Use of subcontractors

Vendors must identify any potential subcontractors in their application. The resulting grant agreement will be between DHS and the awarded vendor. The grantee will be responsible for its subcontractors' performance of the pertinent grant agreement obligations and ensure subcontractors abide by all terms and conditions of the RFA and resulting grant agreement.

Proposal format for submission

Applicants must submit their materials in both hard copy (paper) and electronic format. Vendors must submit one original signed technical proposal and three (3) copies. The application should be well organized, with each page marked by a page number and the name of the responding vendor. The response should be typed on a single side only, with a minimum of one-inch margins, and be submitted on 8.5 x 11 inch paper. Font size and style throughout the application must be 12-point font or greater with the exception of any applicable diagrams and footnotes. Excluding the title page, Excel budget, and supporting documents, the page limit is 10 typed, single-sided, single-spaced pages. The state reserves the right to disqualify any proposals that do not follow the required formatting.

Application instructions

Applicants must prepare and organize their application according to clearly delineated sections (as described in the headings below). Related point values are assigned to each topic category (totaling a 100 point maximum). Proposals should include a cover sheet with table of contents and the [Vendor Information Form, DOA-3477](#)).

Organizational experience and capacity—15 Points

Proposers must provide a description of organizational experience and capacity to accomplish the stated goals and objectives. In that description include experience and capacity with the following aspects of service:

- Providing behavioral health crisis and/or rapid response services
- Working with individuals in an emergency detention situation
- Developing community resources to enable reduction of unnecessary psychiatric hospitalizations and increasing diversion efforts
- Clinically documenting services
- Collecting and reporting valid data
- Strengths-focused perspective
- Nurturing a wellness, recovery, and resilience orientation
- Billing to Medicaid or third-party payers
- Clinically supervising direct service staff
- Experience employing, utilizing, or partnering with individuals with lived-experience, certified peer specialists, or families

Additionally, proposers must provide information on current or previous collaborations with contractors or other counties as well as future capacity to do so and to maintain strong relationships. Moreover, please describe any current or previous participation in regional initiatives.

Program design and methodology—20 Points

Identify how the proposed changes to the crisis system will specifically improve the crisis services and/or response in rural areas. Describe the future state of the crisis system that is being proposed. Include what aspects will be established or enhanced through the proposed initiative and the plan for sustainability after the conclusion of grant funding. Identify what basic parameters of the crisis system will be created or enhanced with respect to phone services, walk-in services, mobile outreach services, diversion services, and stabilization services (stabilization in-place or residential stabilization). Describe what evidence-based or best practices will be employed in establishing or enhancing crisis services. The National Academy of Medicine, formerly called the [Institute of Medicine](#), identifies six aims for quality health care systems that can serve as a framework for understanding what dimensions might be impacted by the proposed project (the [DCTS Performance Measure Categories](#) correspond to these aims):

1. *Effective*: Service that is adherent to an evidence base, and results in improved health outcomes for individuals and communities, based on need (DCTS *Effectiveness and Outcome*);
2. *Efficient*: Service in a manner which maximizes resource use and avoids waste (DCTS *Efficiency and Fiscal*);
3. *Accessible*: Service that is timely, geographically reasonable, and is provided in a setting where skills and resources are appropriate to need (DCTS *Service Access*);
4. *Patient-Centered and Acceptable*: Service which takes into account the preferences and aspirations of individual service users and the cultures of their communities (DCTS *Participant Satisfaction*);

5. *Equitable*: Service which does not vary in quality, access, or availability because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;
6. *Safe*: Service which minimizes risk and harm to service users.

Goals and objectives—20 Points

Clearly describe the primary goals and related objectives for the proposed project. Provide goals and related objectives that will reflect what is hoped to be achieved within the project. In articulating the goals and objectives for the project, ensure that each is characterized in [SMART goal and objective format](#) that can be directly measured and reported through the [DCTS Program Performance Report, F-20389](#). Proposers should at a minimum establish goals that:

1. Describe where gaps exist and what needs must be addressed with respect to the provision of crisis services to people in the proposed rural area.
2. Describe how the grant funding will enhance the crisis system in the county (or counties) to improve access to service for their constituents.
3. Identify the number of individuals in the rural area projected to be directly served through the establishment or enhancement of crisis programming.

Work plan and timeline—15 Points

Describe details of the program development plan toward establishing or enhancing crisis programs to serve individuals having crises in rural areas, including a sequential timeline for significant tasks and activities toward each goal and objective. Identify in the plan essential collaborations between counties or agencies and how these collaborations will occur. To the extent possible the timetable should identify specific individuals by name or role as to who will be responsible for each component task.

Reporting, performance measurement, and quality improvement—10 Points

Identify who will serve as the primary contact to maintain communication with the DHS contract administrator. This individual will provide periodic updates, provide notice of challenges or barriers, submit required semi-annual performance reports, and coordinate site visits. Provide a description of the agency's current quality improvement and assurance processes that assure financial accountability, program quality, and regulatory compliance. Describe how the agency will identify, track, and report project progress on project goals in a [SMART goal and objective format](#). Describe a policy and practice of how data will be reported through the [Program Participation System](#), including emergency services under Standard Program Category (SPC) 501.

Grantees are required to report expenses monthly on the standard DCTS expense tracking report submitted electronically and to report progress on goals and objectives twice annually (in January and in July) using the [DCTS Program Performance Report, F-20389](#).

Budget—20 Points

Proposer must submit the project budget on the [DCTS Budget Worksheet Template, F-01601](#) in an editable Excel format (a PDF is not acceptable). Use of this budget template is required. The budget template is an Excel spreadsheet containing three tabs. The first tab summarizes the detailed budget information entered on the second tab of the worksheet. The third and final tab contains the instructions for completing the budget worksheet. Please review the instructions prior to completing the budget template. Be sure to provide sufficient justification for each budget line in the designated areas under the second tab to enable reviewers to understand both the level of planned expenditures and the need for the funds. Proposed budgets must provide a sufficient level of detail illustrating the proposer's ability to successfully establish or enhance a crisis service to rural areas using the level of funding and expected

billing from other public and private sources. Project budgets must also include an estimate of the number of clients expected to be served each year and the associated estimated cost.

All budget costs must comply with the [DHS Allowable Cost Policy Manual](#).

Required local match

Pursuant to 2019 Wisconsin Act 9, counties or regions comprised of multiple counties are required to provide matching funds at twice the amount of state general purpose revenue (GPR) grant funding awarded to the county or region. As an example, \$100 local cash resources will be required to earn \$50 grant funding. Please provide a plan of your required match and describe the source of the proposed match for the grant. Provide the specific detail by budget category in the budget template, including the source of these local matching funds.

To account for the required match, applicants must transfer the amount totals from the first tab of the DCTS Budget Worksheet Template onto Section A of the Excel “[Detailed Budget Plan for Matching Grant Funds](#).” On the latter, under Section B, the proposer will assign amounts in respective budget lines to account for the two-for-one local cash match to state grant funds. In Section C, if additional justification is needed in how the match is determined, please provide the narrative clarification. Applicants are to submit both Excel spreadsheets in an unlocked, editable form.

Submission of proposals

Materials may be submitted via common carrier, U.S. Postal Service, or hand delivered. Please use the appropriate address below depending on your chosen submission method.

COMMON CARRIER ADDRESS	U.S. POSTAL SERVICE ADDRESS	HAND DELIVERED PROPOSALS
Department of Health Services Attn: Brad Munger 1 West Wilson Street Madison, WI 53703	Department of Health Services Attn: Brad Munger 1 West Wilson Street PO Box 7850 Madison, WI 53707-7850	Department of Health Services 8th Floor Reception Desk Attn: Brad Munger 1 West Wilson Street Madison, WI 53703 Directions to building

All proposals MUST be received and time-stamped no later than due date and time. **Proposals that are not time-stamped will be considered late and rejected.** Receipt of a proposal by the state mail system does not constitute receipt of a proposal by DHS. For hand delivered proposals, please note that DHS has building security and access is restricted. Allow ample time for security clearance if using this submission method. Be aware of the fact that the DHS security desk will not accept parcels or packages.

All materials must be packaged, sealed, and clearly marked with the following information on the **outside** of the package. Failure to put this information on the outside of the package may delay routing to the correct room and contract administrator. Applicants are reminded to submit one hard copy (paper) original, three photocopies, and one flash drive or non-password protected CD containing the entire proposal response. Label the electronic media as follows:

Vendor's Name and Address:	[Enter Vendor Name and Address]
GFO Title:	Crisis Program Enhancement in Rural Areas
Proposal Due Date and Time:	January 22, 2020, by 4:00 p.m.
Contract Administrator Name:	Brad Munger

REGIONAL OFFICE CONTACT

Area Administrators

CENTRAL OFFICE CONTACT

Brad Munger
Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Department of Health Services
1 W. Wilson St., Room 851
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