

State of Wisconsin
Department of Health Services
Division of Mental Health and Substance Abuse Services

Date: July 16, 2014
DMHSAS Numbered Memo 2014-06 **Action**

Index Title: Grants to Develop Certified Mobile Crisis Teams Serving Rural Areas

To: DMHSAS Listserv

For: Area Administrators / Human Services Area Coordinators
Bureau Directors/ Program Office Directors / Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Tribal Chairpersons / Human Services Facilitators

From: Linda A. Harris, Administrator
Division of Mental Health and Substance Abuse Services

Subject: Grants to Develop Certified Mobile Crisis Teams Serving Rural Areas

Document Summary

This memo describes an opportunity for counties to implement mobile crisis teams to serve rural areas. Total statewide funding of \$250,000 is available from July 2014 through June 30, 2015. 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, there may be potential for continued funding beyond the conclusion of the first round of funding 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 in 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 funds made available through [2013 Wisconsin Act 132](#). Applications must be received by 4:00 p.m., Friday, August 1, 2014.

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 which serve 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. These funds are to be made available each biennium under Wisconsin Statutes §46.536 and related appropriation §20.435(5)(cf).

Since the publication of the DHS 34 administrative rule in 1996, with Subchapter III allowing for Medicaid reimbursement for the provision of crisis services, there have been increasing numbers of counties that 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 24/7 telephone services, 8-hour/5-day walk-in services, and 8-hour/7-day per week mobile services. Virtually all metropolitan counties and most counties in general are currently certified under Subchapter III. Presently, all non-certified counties have significant rural areas.

Some counties that are not Subchapter III certified are clustered and adjacent (four in the northwest, four in the west-central, and two in the southwest); whereas there are three lone non-certified counties that are surrounded by certified neighboring counties. Nine counties also have telehealth certification for their crisis program. Additionally, one tri-county department of community programs has a telehealth certification and one other 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 an individual to be hospitalized. DHS 34 Subchapter III, programs are eligible for reimbursement through insurers and Wisconsin Medicaid program, 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. As such only the following counties are eligible to apply:

Bayfield	Buffalo	Douglas	Dunn	Florence	Grant
Iowa	Iron	Pepin	Taylor	Trempealeau	Washburn

Proposal Application

Please submit a proposal that describes the creation of DHS 34, Subchapter III certified crisis intervention services, which includes mobile crisis teams in rural areas of Wisconsin. Evaluation criteria below describe the elements that need to be covered in the proposal. Proposers are required to submit their proposal in single-sided, single-spaced, 12-point standard font (prefer Times New Roman), with a minimum of 1-inch margins. Please limit proposals to 10 pages, not including budget, appendices, and letters of support. Budgets are to be submitted on the required Excel spreadsheet accompanying this memo without altered formulas ([Excel Budget Spreadsheet--Do Not Alter Formulas](#)). 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
Name and Address of Proposer
Disc X of Y

Required Elements

Goals and Objectives

Objectives of this funding are in support of the goal to develop DHS 34, Subchapter III certified crisis intervention services, which includes mobile crisis teams in rural areas of the state. Objectives 1 is required of all proposals. Other objectives are optional but provide enhancements to the overall score of a proposal (as so designated).

- ❖ **Objective 1. Required.** Establish DHS 34, Subchapter III certified crisis services including mobile crisis teams in a county or counties that are not presently certified as evidenced by logging progress on tasks completed toward certification in three-month intervals on a DHS-supplied Excel spreadsheet. Completion of certification will be measured by evidence of crisis billing to Medicaid for those counties.
- ❖ **Objective 2. Additional Points.** Upon certification, an established system and policy for universal suicide screening of crisis contacts. At the time of certification, at least 90 percent (increasing to 100

percent by the December 30, 2015) of crisis contacts will have documented evidence of screening (as tracked and reported through the consumer status indicator in PPS).

- ❖ **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 (submitted to the DHS Contract Administrator and Area Administration within one year of the start of the grant). Proposers must include within their proposal the expected hours of operation upon completion of the first year of the grant. Quarterly reporting on progress toward mobile hours of operation is required for the duration of the grant.
- ❖ **Objective 4. Additional Points.** Plan for improving DHS 34, Subchapter III certified *mobile* contacts 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 accordance with parameters above) and process for measuring and logging the percentage of countable mobile contacts and reporting quarterly through the duration of the grant.

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); [Define-Measure-Analyze-Improve-Control](#) (DMAIC)/[Define-Measure-Analyze-Design-Verify](#) (DMADV)/[Design for Six Sigma](#); [Total Quality Management](#); or NIATx-type ([Network for the Improvement of Addiction Treatment](#)) rapid-cycle improvement strategies.

Environmental Scan and Needs Assessment

Proposers should determine the scope of the proposal (county, region, multi-county partnership) and then provide a needs assessment outlining strengths, deficits, and barriers for the identified service area regarding the provision of mobile rural crisis services toward addressing the unmet needs of the area.

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). Proposers must describe how this will occur within their proposal.

Required Matching Funds

Counties or regions comprised of multiple counties under 2013 Wisconsin Act 132 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 in order to establish certified crisis programs that create mobile crisis teams. As such, Proposers are encouraged to be creative toward identifying the plan for the required provision of matching funds. Proposers must describe how matching funds will be applied, being mindful of whether the identified funds are designated elsewhere as match. 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 streams.

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
- Tab 2. Goals, Objectives and Performance Expectations

- Tab 3. Environmental Scan, Needs Assessment, and Program Design and Methodology
- Tab 4. Work Plan
- Tab 5. Organizational Experience and Capacity
- Tab 6. Reporting, Performance Measurement and 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. Objectives 2, 3 and 4 can enhance scoring potential. Proposers that plan to tackle all four 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 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

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 [Performance Monitoring Report](#) (DMHSAS Form F-20389).

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 timeframes for completion of the project objectives by December 30, 2015. Rapid-cycle, continuous quality improvement strategies must be described along with process to assure PPS reporting.

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). Promotion of evidence-based and best practices are expected. Organizations should have familiarity with the [Wisconsin Medicaid](#) 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 and related code ([DHS 92](#) and [DHS 94](#)) 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. The Allowable Cost Policy Manual can be found on the DHS web site at: <http://www.dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm>

Action Summary

Mail or deliver your application **by 4:00 p.m., Friday, August 1, 2014**, to the contact at the following address. Additional information and questions regarding this memo should also be directed to:

REGIONAL OFFICE CONTACT:

Area Administrators

CENTRAL OFFICE CONTACT:

Brad Munger
Department of Health Services
Division of Mental Health and Substance Abuse Services
1 W Wilson St., Room 851.11
Madison, WI 53707-7851
Telephone: (608) 266-2754
Email: Brad.Munger@Wisconsin.gov

FORMS:

DHS Form [DMHSAS Excel Budget Spreadsheet \(Do Not Alter Formulas\)](#) Excel Budget Template
DHS Form [DMHSAS Form F-20389](#) Performance Monitoring Report

ATTACHMENTS:

Attachment 1: [Allowable Cost Policy Manual](#)

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