

**Mental Health/Substance Abuse Infrastructure Study**  
**Request for Interest (RFI)**  
**Narrative Summary of 25 Proposals Received**  
12/13/10

**Adams County:**

Priority Area: Core Benefit Continuum, Physical and Behavioral Health Care Integration, System Innovation Psycho-social Rehab

Program Design and Implementation: Use FQHC sites to offer expanded MH/SA services: screening, early intervention, prevention, psych time, benefit specialist into rural locations where there is a lack of MH care and high Medicaid population.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Model could be replicated in rural regions throughout the state.

Accountability: Use of interdisciplinary teams that utilize family systems approach. Use of evidence-based treatment modalities and person centered approach.

Equitable and affordable funding: Local resources would be expanded through the funding available to FQHC. Model promotes early and preventive interventions which save money.

Efficiency of service delivery: Collaborative model that serves the region, to eliminate duplication.

Involvement of Consumers and Families: Did not use for RFI, but has a strong and growing population of consumers who will be able to be involved in the development of the program.

Barriers and Regulatory Modification: Depends of level of integration, initially none but if integration progresses consolidation of program and funding streams for programs would need a waiver to combine administrative rules.

Partnership/Collaboration: Adams, Juneau, Marquette, Waushara, WPHCA, Family Health FQHC, Medical Center, Clinic & Hospital

Anticipated Budget: \$500,000 - \$999,999

**ARC**

Priority Area: Core Benefit, Early Intervention & Integration for Children

Program Design and Implementation: Comprehensive, women-specific addiction day treatment and treatment for co-occurring disorders for women, their children & family. ARC will contract with counties and when identify women; ARC will

transport them to their facility for treatment. ARC will subcontract with halfway houses for housing. Woman will be assigned CM who will facilitate transition services in original county upon completion of program.

Feedback: The proposal states it will serve children and families but does not describe the mechanism to do so with the woman and her family being separated. Also states it addresses the core benefits continuum but is very narrow in the benefits it provides.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Provide comprehensive women-specific addiction day treatment to women

Accountability: Stated history of superior outcomes; 75% successful completion rate

Equitable and Affordable Funding: Stated provides services at affordable rate but omitted cost information

Efficiency of Service Delivery: Use group treatment approach that is cost efficient

Involvement of Consumers and Families: Client satisfaction surveys

Barriers and Regulatory Modification: None

Partnership/Collaboration: County human service department and Dane County housing organizations

Budget: \$1,000,000

### **Calumet County**

Priority Area: System Innovation Pilot, Physical and Behavioral Health Care Integration

Program Design and Implementation: Proposal describes a program that was developed under an OJA grant that is a specialized outpatient treatment program for adjudicated juvenile sex offenders aged 13-17 available to youth throughout Winnebago, Outagamie and Calumet counties. Services include specialized risk assessments, individual and group treatment, family counseling and case management/community monitoring. Services are provided through a FQHC. Proposal would like to see this offered as a RFP statewide to replicate this tri-county program in other regions.

In addition, they propose to continue to develop the existing relationship between the three counties and the FQHC. The partnership currently provides health, dental and mental health services. The proposal seeks to expand services to SA and increase MH services hours and establishing satellite clinics in other cities.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Permits access to care where it had not before existed

Accountability: Stated it would track outcomes.

Equitable and Affordable Funding: Fees based upon available insurance coverage and ability to pay.

Efficiency of Service Delivery: Offer consistent quality and comprehensive care.

Involvement of Consumers and Families: Not involved in RFI, will strive for consumer and family input into the development of program.

Barriers and Regulatory Modification: None

Partnership/Collaboration: Calumet, Outagamie, Winnebago Counties, Fox Cities Community Health Clinic, law enforcement, schools and private agencies

Budget: \$500,000

**Froedtert Health Community Hospital**

Priority Area: Core Benefits and System Innovation

Program Design and Implementation: It is proposed to develop a Coordination of Care Team to focus on the provision of crisis services, assist with disposition and referrals throughout the Froedter Health System and surrounding communities/service areas for MH/SA. Program would provide services such as: mobile crisis, tele-psychiatry, telephone crisis, consultation, screening and brief intervention, MH IOP program, and increase access for under insured or uninsured individuals in the clinic. Proposal addresses three areas of the continuum

Population Served: Both

Program Goals and Expected Outcomes:

Access: Plan spans multiple facilities and counties in southeastern Wisconsin.

Accountability: Inclusion of recovery principles and implementing a recovery model.

Equitable and Affordable Funding: Includes access for all individuals regardless of ability to pay.

Efficiency of Service Delivery: Decrease the complexity of the MH system by streamlining the screening and referral process.

Involvement of Consumers and Families: Stated included consumers through community need, patient satisfaction survey responses, discussing needs with current patient population and experience with difficult disposition cases.

Barriers and Regulatory Modification: None

Partnership/Collaboration: Need to explore the level of interest in counties such as Dodge, Ozaukee, Waukesha and Washington

Budget: \$500,000 - \$999,999

### **Genesis**

Priority Area: Early Intervention and MH/SA Integration Pilot of Children and Psychosocial Rehabilitation.

Program: Proposal of a supportive living services pilot program designed to address the mental health and substance abuse issues of women in particular and the associative issue of “the impact on children of women with these impairments”. The program will initiate an extensive public service announcement approach to identify where services can be obtained. Also discusses providing outreach and referral services.

Population Served: Both

### Program Goals and Expected Outcomes:

Access: Review client list of primary service delivery agencies.

Accountability: Pre-test – post survey/interview

Equitable and Affordable Funding: Ability to pay

Efficiency of Service Delivery: Improved awareness of programs to assist Hispanic and women of color.

Involvement of Consumers and Families: Yes, via personal interviews to find out “what would you like for yourself”.

Barriers and Regulatory Modification: Expand the statutory rules for provider staff

Partnership/Collaboration: Lists variety of providers in Milwaukee, Racine and Kenosha counties.

Budget: \$200,000 - \$499,999

### **Healthcare for the Homeless Milwaukee**

Priority Area: Physical and Behavioral Health Care Integration Pilot

Program: Proposal of establishing a program in Milwaukee County that provides behavioral health assistance to primary care clinicians using programming and tools that are already developed and only need to be modified. The program will use a 3 component model; clinician and office education create a “prepared practice” that is trained to provide evidenced based depression management.

Also proposes to establish care management services at 4 -5 sites that addresses the core benefits continuum by applying a modified version of the 3 – components model of care. These sites would be staffed by MSW student interns to decrease cost and train future providers on the importance of primary care in treatment of behavioral health issues. Proposes to establish a similar model throughout the state by collaborating with other colleges and universities who have programs in health care, social work, counseling and nursing.

Population Served: Adults

Program Goals and Expected Outcomes:

Access: Model has been used successfully in a variety of settings and can be used in primary care departments and can be used to address conditions beyond depression.

Accountability: Will develop the necessary outcome tools and measurements.

Equitable and Affordable Funding: Use of master level interns

Efficiency of Service Delivery: Provide immediate assistance and frequent follow ups.

Involvement of Consumers and Families: No, will examine consumer participation for the RFP

Barriers and Regulatory Modification: None

Partnership/Collaboration: Does not specify, except to list a variety of organizations they have current relationships with.

Budget: \$200,000 - \$499,999

### **Jefferson County**

Priority Area: Physical and Behavioral Health Care Integration and Systems Innovation

Program: Proposal to develop a site that would provide a wide variety of core benefits including: all prevention and wellness, engagement and outpatient and medication services, CRS and support services, physical health and monitoring, psycho-education, peer support services and consumer controlled drop in center. Also proposes to have a Consumer-run respite services provided through acute intensive services. Staffing would include a contracted nurse practitioner and/or physician. Five evidenced based practices will be offered, including fidelity measures, and there is a strong use of peer support services in the model.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Increase availability and access to services in both Dodge and Jefferson counties.

Accountability: Five evidence based practices would be available at the site. Pre and post measures and fidelity and recovery scales would be completed.

Equitable and Affordable Funding: More services would be provided and funding would come from grant dollars, Medicaid, and new partnerships.

Efficiency of Service Delivery: People would be served more quickly in their local area.

Involvement of Consumers and Families: Yes, consumers participated in a planning session via a conference call.

Barriers and Regulatory Modification:

Partnership/Collaboration: Has already agreed partnerships with Dodge County, Society's Assets, and Access to Independence, Grassroots Empowerment Project and Wisconsin Family Ties. Other potential partners are listed.

Budget: \$500,000 - \$999,999 Anticipate savings through hospital and institution costs are decreased. Additional savings would be realized with Health Care reform and insurance mandates.

### **Jewish Family Services**

Priority Area: System Innovation Pilot

Program: Offer shared services that will address Substance abuse issues across the life-span, from children thru older adulthood. The collaboration will seek to provide as many services as possible on site in Milwaukee, it not embedded within the community. (Proposal did not offer specifics)

Population Served: Both

Program Goals and Expected Outcomes:

Access: By developing and providing affordable and accessible services for consumers.

Accountability: Only exploring those interventions that are evidence based.

Equitable and Affordable Funding: Third party payors and sliding fee scale.

Efficiency of Service Delivery: By minimizing the client drop out will increase efficiency.

Involvement of Consumers and Families: Yes, have an advisory panel which is comprised of both profession stakeholders and consumers in the Milwaukee area.

Barriers and Regulatory Modification: States funding and licensure would need to be revised but does not state how.

Partnership/Collaboration: Pathfinders and Aurora Family Services

Budget: \$500,000 - \$999,999

### **Kenosha MHSa Services**

Priority Area: Core Benefits and System Innovation

Program: Reduce AODA related juvenile delinquency through early intervention and treatment. Screening of youth who enter the juvenile justice system will occur with in-depth assessment and treatment available when a problem or need is indicated. Also mentions the need for creating sustainability and growth of adolescent substance abuse providers through regional expertise in evidence-based treatment practices and the need to involve NIATx to assist in system evaluation.

Feedback: Not clear how the later two will occur. Also this is a collaboration that was formed under Project Freshlight and is currently in place and it is not clear how they would increase the shared services. Also clearly only identifies one core benefit, not a majority of the continuum.

Population Served: Both

Feedback: Clearly only serves adolescents

#### Program Goals and Expected Outcomes:

Access: Provide the same screening tool for all youth entering Juvenile Justice

Accountability: Have been reporting on consumer and recovery outcomes for many years.

Equitable and Affordable Funding: The costs are related to the initial training and trainer of trainers borrowing on already developed expertise.

Efficiency of Service Delivery: History of providing screening, the addition of regional expertise in EVP will assist in the entire state's adolescent treatment system.

Involvement of Consumers and Families: No for the RFI and would use family based county structures when available.

Barriers and Regulatory Modification: None

Partnership/Collaboration: Dane, Dunn, Eau Claire, Fond du Lac, Forest, Vilas and Oneida, Kenosha, Milwaukee, Outagamie and Portage Counties.

Budget: \$1,000,000

### **La Crosse County**

Priority Area: Physical and Behavioral Health Care Integration

Program: Proposal of collaboration between La Crosse and Scenic Bluffs Community Mental Health Center to integrate behavioral health into a physical health care setting. A two stage pilot would have the first stage as collaboration with the two partners above and the second stage would be inclusion of Vernon County. Exact services have not been defined, but could include psychiatric medication prescription, case management, crisis therapy appointments and/or specialized dual diagnosis services. The proposal notes that the collaboration has the potential to increase the availability and/or effectiveness of many services that relate to the core benefits continuum.

Population Served: Adults

Program Goals and Expected Outcomes:

Access:

Accountability:

Equitable and Affordable Funding:

Efficiency of Service Delivery:

Involvement of Consumers and Families:

Barriers and Regulatory Modification:

Partnership/Collaboration: Scenic Bluffs, Mental Health Advisory Council, St. Claire's Health Mission, and Vernon County.

Budget: \$200,000 - \$499,999 Anticipate that savings could occur with a reduction in overall health care costs per person over time due to more care occurring in the prevention and/or early intervention stages.

## **La Crosse County**

Priority Area: Psychosocial Rehabilitative Model Continuum of Care

Program: Proposal of regionalization for La Crosse and surrounding counties to share La Crosse's existing programs of CCS and CRS. The integrated collaborative CCS and CRS program would benefit consumers living in rural surrounding counties that do not have access to vendors and resources. The regional approach will also be designed to assist consumer who move within the collaboration area to stay in services.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Pilot would provide an opportunity to explore how counties and Community Health Centers can collaborate to offer integrated services.

Successful outcome would be transferable to other regions that currently have a Community Health center.

**Accountability:** A variety of outcomes would be identified from the beginning. RBP that are related to achieving the outcomes will be explored and incorporated as appropriate.

**Equitable and Affordable Funding:** Pilot would assist in maintaining current levels of funding and services in a difficult economic climate.

**Efficiency of Service Delivery:** This collaboration would be based upon each of the organizations bringing their strengths to bear and creating increased opportunities for efficiency.

**Involvement of Consumers and Families:** Yes, through the La Crosse Mental Health Advisory Council. For and RFP, more extensive consumer involvement would be facilitated.

**Barriers and Regulatory Modification:** None

**Program Goals and Expected Outcomes:**

**Access:** A regionalized CCS and CRS program will increase the availability of services available for the more rural counties.

**Accountability:** With increased volume it will also increase our ability to negotiate more affordable rates and higher quality more recovery oriented services.

**Equitable and Affordable Funding:**

**Efficiency of Service Delivery:**

**Involvement of Consumers and Families:** Yes. Used CCS coordinating committee and the La Crosse Area Mental health advisory council

**Barriers and Regulatory Modification:** None

**Partnership/Collaboration:** Any surrounding counties that are interested in utilizing the CCS or CRS programs.

**Budget:** \$500,000 - \$999,999

### **Lakes Health Center**

**Priority Area:** Core Benefits, Physical and Behavioral Health Care Integration, System Innovation, Early Intervention and MH/SA Integration Pilot for Children, Psychosocial Rehabilitative Model Continuum of Care

**Program:** Propose to develop an integrated/consultant model of behavioral health/primary health care. Model intended to be implemented is a combination of “warm hand-offs” and consultation by behavioral health professionals to primary care providers. States that they plan to have the ability to co-manage the treatment of mental disorders and psychosocial aspects of chronic and acute diseases. Mentions the potential of inclusion of telehealth with other FQHCs.

Feedback: No clear details presented to show how all of this would occur.

Population Served: Both

Program Goals and Expected Outcomes:

Access: Intend to seek opportunities with other FQHCs and partners to share and coordinate services.

Accountability: To be developed

Equitable and Affordable Funding: Provide care to persons regardless of their insurance status, or ability to pay with use of a sliding fee scale.

Efficiency of Service Delivery: To be developed

Involvement of Consumers and Families: Yes. Board of Directors provides guidance and oversight and is comprised of a majority of consumers.

Barriers and Regulatory Modification: None

Partnership/Collaboration Priority Area: Educational programs; AODA programs, Community Health Centers, WPHCA

Feedback: no contact with potential partners and no county partner

Budget: Less than \$200,000

**Lutheran Social Services of Wisconsin and Upper Michigan, Inc**

Priority Area: Early Intervention and MH/SA Integration Pilot for Children and Psychosocial Rehabilitative Model Continuum of Care

Program: Propose that regional partnerships, already in existence, become geographical units with local county control through a consortium and financial and program risk shared between private sector providers, county units and purchasers of service. Develop a capitated rate funding mechanism that would cover all individuals identified and have a continuum of care incorporating wraparound and recovery principles. Engage natural supports and sustainability of purchased services through partnerships with all local institutions. Services would be provided after thorough assessment and services would be EBPs with clear outcome measures outlined. Create a confederation of service providers that are linked to common intake and discharge processes to allow for seamless transition when needs have changed. Consumers participate in governance through team meetings and representation on the consortium leadership level. Funding is based on sustainability platforms on a statewide basis, with cost savings put in a risk pool to assure future viability. The program itself would be a continuum of care with a focus on needs as they relate to community functioning and strengthening of the family unit.

Population Served: Both

Program Goals and Expected Outcomes:

**Access:** Regional areas have different resources and successful partnerships established, thus allowing for variability amongst pilot program.

**Accountability:** Outcomes would be measured by and reported to the consortium by the lead agency with oversight of a public and private stakeholders subcommittee.

**Equitable and Affordable Funding:** Funding would come from diversion from more costly services.

**Efficiency of Service Delivery:** Consortia would set benchmarks for outcomes and measure providers against these.

Involvement of Consumers and Families: Yes, through services now provided ongoing consumer panels, oversight committees and satisfaction surveys.

Barriers and Regulatory Modification: Nothing indicated

Partnership/Collaboration Priority Area: WAFCA, Community Partnerships' Children Come First of Dane Co, Family Partnership Initiative consortium, Youth Enterprise for Success consortium. 31 counties are listed as members of the consortiums.

Budget: No budget amount was noted. Proposal stated that LSS was unable to identify estimated cost savings.

**Milwaukee County BHD**

Priority Area: System Innovation

Program Design and Implementation: Proposal is to implement a Comprehensive, Continuous, Integrated System of Care (CCISC) model in Milwaukee County. This model is to assist improvement in the entire system to serve dual diagnosis consumers. The CCISC model is based on four characteristics: 1) system level change 2) efficient use of existing resources 3) incorporation of best practices and 4) integrated treatment philosophy. The first step is to create a steering committee. The systematic goal pursuing integrated treatment would be to achieve dual diagnosis capability (DDC) throughout the system. There is also a continuous quality improvement (CQI) process to measure adherence to nationally recognized DDC competencies, as well as fidelity to the CCISC model.

Population Served: Both

Program Goals and Expected Outcomes:

**Access:** Ensure administrative policies and practices promote integrated services that could be broadly applied.

Accountability: Through MIS enhancements

Equitable and Affordable Funding: Create mechanisms to blend and/or braid mh/sa funds.

Efficiency of Service Delivery: Produce an integrated network that achieves dual diagnosis capability that is sustained over time.

Involvement of Consumers and Families: CCIS steering committee

Barriers and Regulatory Modification: Administrative Codes

Partnership/Collaboration Priority Area: Listed general providers that could be partners

Budget: \$1,000,000

### **Milwaukee County**

Priority Area: Early Intervention and MH/SA Integration Pilot for Children

Program Design and Implementation: The Family Intervention Program will provide wraparound services to families, whose child is potentially in need of a CHIPS petition and removal from the home. Program would focus on youth not eligible for Wraparound Milwaukee services because the child is not multi-system involved and not yet at risk for “deep-end” placement.

Population Served: Children

Program Goals and Expected Outcomes:

Access: Milwaukee County residents

Accountability: Use a wraparound approach and philosophy

Equitable and Affordable Funding: No charge to families

Efficiency of Service Delivery: Wraparound Milwaukee has an established network of provider agencies

Involvement of Consumers and Families: Through their Family Advocacy Organization

Barriers and Regulatory Modification: None

Partnership/Collaboration Priority Area: Milwaukee County Behavioral Health-Wraparound Milwaukee, Bureau of Milwaukee Child Welfare, St. Charles Youth and Family Services, Families Untied of Milwaukee

Budget: \$200,000 - \$499,999

### **North Central Healthcare (A public agency serving the counties of Langlade, Lincoln and Marathon)**

Priority Area: Early Intervention and MH/SA Integration Pilot for Children

Program: Proposal of program that serve kids that are identified by Birth to 3 as having a mild to moderate social-emotional difficulties but do not qualify for Birth to 3 programs and do not have a formal mental health diagnosis to qualify for CCS or TCM. Program would seek to meet the needs of children who are at high risk for future mental health challenges. Children would receive outpatient level of care if appropriate. If a child needs more services, they would be involved with a Care Coordinator/Service Facilitator that would operate at either a CRS, or Integrated Intensive Support Program and receive services modeled after a CCS. The intention of the program is to prevent the use of intensive levels of care such as out-of-home placement.

Population Served: Children

Program Goals and Expected Outcomes:

Access: Birth to 3 services are available statewide and CCS in available in many counties, this collaborative effort would be able to serve children across the state.

Accountability: Need for further research in this area.

Equitable and Affordable Funding: Funding streams would need to be altered to sustain this pilot.

Efficiency of Service Delivery: Services delivered in the least-restrictive way using a wraparound approach will be shown to be more efficient and cost-effective.

Involvement of Consumers and Families: None

Barriers and Regulatory Modification: Current funding does not allow for billing for these suggested services.

Partnership/Collaboration Priority Area: Bright to 3, CCS, school districts, Department of Social Services, outpatient services of North Central Health Care in the three counties served.

Budget: \$200,000 - \$499,999

**North Central Healthcare (A public agency serving the counties of Langlade, Lincoln and Marathon)**

Priority Area: Physical and Behavioral Health Care Integration

Program: Proposal to improve physical health status of adults by expanding access to primary healthcare by building necessary partnerships/infrastructure within a community behavioral health clinic (FQHC). The program plans to use the EBP Revised Four Quadrant Clinical Integration Model and Team Solutions/solutions for Wellness. The project will address a significant gap in the provision of integrated services by providing education, peer specialists,

collaborative treatment approach. The project will also address the need for a comprehensive patient record that follows the patients from one service to another by integrating two software systems. The project proposes to integrate a physician and nurse practitioner, a nurse/case manager, peer specialist into the North Central health Care's behavioral health program. The services to be provided are screenings/assessments, medical treatment and wellness/prevention services. The first phase will initially be in Marathon County and then be expanded to Lincoln County. A potential next phase would be collaboration with Northern Health Center in Langlade. The proposal anticipates that the model would be transferable to anywhere that could form a collaborative working relationship with a FQHC or other partner.

Population Served: Adults

Program Goals and Expected Outcomes:

Did not answer specific benchmark questions, however did have a list of seven goals and expected outcomes. Establish primary healthcare services for consumer who accessing MH services in a behavioral health clinic. Develop a sound infrastructure and capacity. Improve health status and outcomes. Integrate EBP and wellness services. Develop and disseminate a thorough documented service model for replication. Provide access to primary medical care for 75 patients within one year. Allow patients to have access to affordable payment structures.

Involvement of Consumers and Families: Not for RFI. In project, peer specialists would deliver the Team Solutions and Solutions for Wellness curricula.

Barriers and Regulatory Modification: None

Partnership/Collaboration Priority Area: Bridge Community Clinic (FQHC), Northern Health Center (FQHC).

Budget: First year costs: \$200,000 to \$250,000. Proposal anticipates that costs could be offset by third party reimbursement. Implementation costs: Less than \$100,000. Proposal anticipates eventual cost savings with less high end costs occurring.

**North Central Healthcare (A public agency serving the counties of Langlade, Lincoln and Marathon)**

Priority Area: System Innovation

Program: The proposal would seek to further consolidate services not provided through CCS, CSP, TCM, CRS and COP. Consumers would be given a single point of entry and eligibility for all programs would be assessed. Documentation would be simplified and process would become flexible and fluid. Increased

collaboration between CCS and CSP would be sought and the development of a CCS in Lincoln and Langlade Counties would be explored. This would assure that consumers in all 3 counties would have access to all programs. Intent is to make the accessing and transitioning from one service to the other seamless. This system change would decrease hospitalization, incarceration and homelessness.

Population Served: Adults

Program Goals and Expected Outcomes:

Access: CSP, CRS and COP exist in every county and CCS and TCM exist in many counties.

Accountability: CSP, CCS utilize EBP

Equitable and Affordable Funding: Services would be funded by Medicaid.

Efficiency of Service Delivery: by increasing accessibility and decreasing barriers, people will receive an appropriate level of service, thus increasing efficiency and reducing cost.

Involvement of Consumers and Families: No

Barriers and Regulatory Modification: Nothing stated

Partnership/Collaboration Priority Area: Lincoln, Langlade and Marathon Counties

Budget: Less than \$200,000

### **Northeastern Region**

Priority Area: Core Benefits and Physical and Behavioral Health Care Integration

Program: Pilot will assure delivery of Core Benefits to consumers which will include integrated treatment for co-occurring mental health and substance abuse disorders. A number of core benefits are listed including psychiatric services, evaluation, medication assisted therapies, medication management; a comprehensive lists of crisis services and hospital alternatives. In addition, the pilot will look at the development of a FQHC with the capabilities of expansion through satellite facilities. The FQHC will provide both physical and behavioral health care. It is proposed that development of the regional basis to provide services will provide a higher quality of care and a more efficient method of funding for both private and public partners. In the proposal, eight entities are named that are currently providing the services listed above that are interested in expanding into other counties or locations through this pilot.

Population Served: Both

Program Goals and Expected Outcomes:

**Access:** Major goal of pilot would be increased accessibility to these core benefit service with a more equitable distribution of resources within the region.

**Accountability:** A partnership with UW Green Bay for evaluation will enhance the availability of the needed technology to evaluate the pilot in a more comprehensive and efficient manner.

**Equitable and Affordable Funding:** Sharing resources is anticipated to reduce costs, potentially reducing county tax levy. Incentive for private partners is an increase in volume of consumers served.

**Efficiency of Service Delivery:** Pilot would decrease current wait times and increase diversion alternatives.

Involvement of Consumers and Families: Not in RFI. Plan to have consumers involved in RFP process.

Barriers and Regulatory Modification: None

Partnership/Collaboration Priority Area: The entire Northeastern Region counties, a number of private providers are listed as potential partners. The proposal also mentions the current collaborations that exist in this region, showing a strong history of collaboration.

Budget: \$1,000,000 for a three year pilot

### **Northwest Counseling**

Priority Area: Physical and Behavioral Health Care Integration and Early Intervention and MH/SA Integration Pilot for Children

Program: Proposal to provide psychiatric consultation services to Primary Care Providers by developing a network of Primary Care Providers and connect this network with psychiatric consultation services. Goal of program is to improve access to psychiatry services for children. Children are most often seen by their primary provider who is not comfortable with psychotropic medication or care, but would become more comfortable and skilled with access to psychiatric consultation. It is anticipated that the consultant would guide the medication management process. Proposal goal is to provide partnership between primary care providers and either a psychiatrist or telehealth psychiatry services on a regional basis, and eventually state-wide. Proposal referenced this type of network has been initiated in Ohio. Another proposal goal is to use funds to develop the network and initially fund services while developing third party payer options. Hope is that appropriate and timely psychiatric care helps to stabilize and reduce the impact of mental health on a child's development.

Population Served: Children with reference to expanding if model is successful

Program Goals and Expected Outcomes:

**Access:** The use of network and telehealth to provide psychiatric consultations will improve access.

**Accountability:** Consumer satisfaction survey, and engage consumer and families in the process of network, system and technology development. Evaluate waitlists and pre and post program development.

**Equitable and Affordable Funding:** Use of telehealth will reduce the travel time and expense for psychiatry services to be provided in rural areas.

**Efficiency of Service Delivery:** Telehealth is a more efficient way of delivering services. Child needs are addressed more quickly and more comprehensively.

**Involvement of Consumers and Families:** No. Plan to engage consumers in RFP process.

**Barriers and Regulatory Modification:** None at this time

**Partnership/Collaboration Priority Area:** Proposal discussed a long history of strong partnerships, including crisis services to 11 counties, but did not list anyone specifically.

**Budget:** \$200,000 - \$499,999 Cost savings was also checked and stated pilot would have a positive financial impact on the system.

### **Nova Counseling**

**Priority Area:** Core Benefits and Physical and Behavioral Health Care Integration

**Program:** Proposal of a long-term, nine month or more, cost-effective residential program for the chronic substance abuse population. The program would be a highly structured 24 hour site with individual and group counseling with an emphasis upon employment, health, nutrition and general well-being.

**Population Served:** Adults

#### **Program Goals and Expected Outcomes:**

**Access:** Regional collaboration would be a more consistent response when services are needed.

**Accountability:** Has a current system for collecting outcome data.

**Equitable and Affordable Funding:** Goal of program is an affordable cost structure.

**Efficiency of Service Delivery:** A multi-county, regional service would be more efficient.

**Involvement of Consumers and Families:** Yes, the Nova alumni association.

**Barriers and Regulatory Modification:** Program descriptions and parameters would need to be revised for 75.14.

Partnership/Collaboration Priority Area: Envision serving a 6 to 8 county area but doesn't list specific counties

Budget: \$1,000,000 Proposal states that a wing would need to be added to the current Nova facility.

### **Oneida County**

Priority Area: Early Intervention and MH/SA Integration Pilot for Children

Program: Proposal is for a CST model program focusing on children and families at risk of entering the child welfare system who are not MA eligible or have inadequate insurance to meet multiple child and family needs. Proposal describes a CST model and suggests that services would be provided under a capitated rate.

Population Served: Both

#### Program Goals and Expected Outcomes:

Access: Increase access in rural area

Accountability: CST is an evidence based model. Would use the CANS.

Equitable and Affordable Funding: Propose to assign each family a capitated dollar amount for services

Efficiency of Service Delivery: The CST model increases efficiency.

Involvement of Consumers and Families: Yes, discussed with the CCS

Barriers and Regulatory Modification: None

Partnership/Collaboration Priority Area: Human Service Center, Oneida and Vilas Counties, ICS, Tri-County Women's Outreach Program, Option Counseling Program.

Budget: \$200,000 - \$499,999

### **Sauk County**

Priority Area: Core Benefits, System Innovation, Early Intervention and MH/SA Integration Pilot for Children

Program: The proposed project would develop a family focused team-based triage and assessment process. The process would consist of interdisciplinary teams with assigned resource care coordinators to guide the family through the various services throughout the continuum of options available in the four county region. Services will be delivered in each County and as needed across County lines to include CCS, CSP, CRS, CLTS, Outpatient services and Crisis Services. Feedback: This proposal was poorly written with a significant number of typos

Population Served: Both

Program Goals and Expected Outcomes:

Access: This model could be replicated in regions throughout the state.

Accountability: The family focused interdisciplinary teams would be encouraged to put the highest priority of evidence based practices.

Equitable and Affordable Funding: The local resource would be expanded to regional options and existing funds could be utilized. Includes an emphasis on utilizing informal supports.

Efficiency of Service Delivery: This model eliminates trials at various assessment points and is flexible to needs and potentially erases county boundaries for service delivery.

Involvement of Consumers and Families: No, but would do for RFP process.

Barriers and Regulatory Modification: Consolidation of CSP/CCS/CRS/CLTS into one waiver demonstration project similar to adult waiver services and family care.

Partnership/Collaboration Priority Area: Sauk, Adams, Juneau, Richland, Lutheran Social Services

Budget: \$1,000,000

**United Way of Dane County**

Priority Area: Physical and Behavioral Health Care Integration and System Innovation

Program: The proposal has two components: one is to develop a plan to redesign Dane County's local mental health system, a segment of which will focus on creating capacity for behavioral health services in the primary care setting. The second component is to provide training on the integration of primary care and behavioral health in the community and to other interested parties in the state, including FQHCs and primary care systems. The Delegation to Improve Behavioral Health (DIBH) was established to investigate the mental health service delivery system in Dane County. DIBH has already been working on timely and appropriate access to mental health care for Dane County. Dane County has a Behavioral Health consultant that is already part of the interdisciplinary primary care team and plays a key role in caring for the patient with mental health needs by working with the primary care provider. The proposal for the second component is to have a Dane County's FQHC will develop a training program, whose core premise will be to create a workforce that is trained in this integrated model and provide training to other FQHCs and primary care systems throughout. Year one would involve a planning phase for both components, year two would focus on program implementation and year three would focus on continued implementation and evaluation.

Population Served: Both

Program Goals and Expected Outcomes:

Did not answer specific benchmark questions, however did have a list of seven goals and expected outcomes. Increase provider community's capacity for trauma-informed behavioral health care; integrate MH/SA treatment for co-occurring disorders. Improve system navigation for matching patients to appropriate providers/resources. Increase number of health providers who integrate behavioral health care into practice. Implement BSI and other best-evidence practices. Improve recognition and treatment of MH disorders in primary care. Improved primary care provider skills in medication prescription and use of behavioral interventions and clinical care related to mental health diagnoses.

Involvement of Consumers and Families: Yes, mental health consumers provided DIBH members with personal stories and insight.

Barriers and Regulatory Modification: Policy/funding restrictions have separated the delivery of MH/SA into separate tracks; such restrictions would need to be lifted.

Partnership/Collaboration Priority Area: Proposal describes history of collaboration but does not designate specific partners, presumes Dane County would be interested.

Budget: \$500,000 - \$999,999

**Western Region Recovery and Wellness Consortium (WRRWC)**

Priority Area: Core Benefits, System Innovation, and Psychosocial Rehabilitative Model Continuum of Care

Program: The proposal has an overarching vision focusing on three areas of program design. Consolidation of county infrastructures, consolidation of county certifications including CSP, CRS, CCS, Crisis; provide core level of benefits that incorporates the psychosocial rehabilitative model to ensure individuals have a continuum of care regardless of geographical location. Using recovery principles the members of the consortium will strive to consistently deliver services to individuals.

Population Served: Adults

Program Goals and Expected Outcomes:

Access: WRRWC will have RFPs that indicate the services must be provided in each geographical locations of the consortium.

**Accountability:** WRRWC will require an outcome based contract with each provider.

**Equitable and Affordable Funding:** WRRWC will recruit, select, negotiate and contract with providers as one entity. This result in services being provided regardless of location and charging a single unified rate.

**Efficiency of Service Delivery:** WRRWC holds that by combining administrative functions into a single entity there will be gained efficiencies that will result in local/state funding to match federal Medicaid sources.

**Involvement of Consumers and Families:** Yes, WRRWC held public forums. The Wellness Shack has communicated with GEP and GEP has offered to meet with consumers in each of the seven counties.

**Barriers and Regulatory Modification:** WRRWC wishes to explore a single certification for one or more of the following programs: CSP, CRS, CCS and/or Crisis.

**Partnership/Collaboration Priority Area:** Barron, Buffalo, Chippewa, Dunn, Eau Claire, Pepin, and Pierce Counties make up the consortium. They also list several private, public and consumer organizations as potential partnerships.

**Budget:** \$500,000 - \$999,999