

**Mental Health and Substance Abuse Infrastructure Study  
Request for Information: Summary of Evaluation of  
Proposals**

Wisconsin Department of Health Services  
Division of Mental Health and Substance Abuse Services  
Bureau of Prevention Treatment and Recovery

September 15, 2011

*Authored by: Kenya Bright  
Joyce Allen*

## **Summary of Request for Information (RFI) Process for the Mental Health and Substance Abuse (MH/SA) Infrastructure Study -- Responses and Evaluations**

Phase III of the MH/SA Infrastructure Study started in October 2010 with the release of the Request for Information (RFI). Twenty six RFI proposal responses were submitted by 23 respondents. One response did not follow the RFI format and was not included for consideration. The RFI consists of eight areas; Priority Area, Program Design and Implementation, Population Served, Program Goals and Expected Outcomes, Involvement of Consumers and Families, Barriers and Regulatory Modification, Potential Partnerships, and Anticipated Budget.

### **Initial Review Summary:**

The majority of the 25 proposals identified addressing more than one priority area. The top three priority areas identified are Physical Health and Behavioral Health Integration, System Innovation, and Early Intervention and MH/SA Integration Pilot for Children. The general focus of the Physical Health and Behavioral Health Integration proposals are on increasing support and integration, increasing access and expanding service. Three of those proposals specifically involve federally qualified health centers. While nearly all the proposals identified they were addressing core benefits, actually how and to what degree the proposal would address or impact core benefits was not always clear. While a number of proposals identified System Innovation, three proposals actually discussed combining county infrastructure, certifications and billing departments and services. The proposals that identified Early Intervention and MH/SA Integration Pilot for Children chose to focus on helping families and preventing them from entering the child welfare system.

Over half of the 25 proposals identified they will be serving both children and adults, either directly or indirectly. The rest are split evenly between serving adults or children. Services targeted in the proposals for children involve expansion of the wraparound model to children and families who are not currently eligible to be served. In addition, to the expansion of typical mental health services, several proposals targeted the expansion of crisis services. Five proposals included increasing availability of substance abuse services, particularly for women.

Of the 25 proposals, counties make up the majority of the respondents, however, just under half, nine of them were from provider agencies. All of the proposals listed a number of potential partnerships for the proposed projects, not all of the partnerships were solidified prior to the RFI submission. All of the proposals submitted by the counties identified solid partnerships that ranged from two counties to 17, along with private provider agencies.

The proposed program locations are a true representation of the whole state.

There are proposals from the northern counties, the western region, the whole northeast region, central, and southeastern Wisconsin. The entire northeast region submitted a proposal and two other proposals cover parts of that region. While the majority of those proposals described services that would span numerous counties, the proposals from the southeastern region were more specific to Milwaukee County, with one provider proposal spanning three counties.

The budget amounts indicated by the 25 proposals ranged from under \$200,000 to \$1,000,000, with the majority of them falling in the middle. While some proposals cited the occurrence of cost savings, none had a neutral budget.

**Panel Evaluation Summary:**

After internal review by four Bureau of Prevention Treatment and Recovery (BPTR) staff, the RFI proposals were then evaluated by a panel of five stakeholders: two county representatives, two consumers and one Infrastructure Study Committee provider member. To prepare the evaluators and assure uniformity in the evaluation process, BPTR staff held a conference call with the evaluation panel to discuss the RFI process and the evaluation process. On November 24, 2010 evaluators were mailed the RFI proposals and evaluation sheets with a request to submit evaluation back by December 6, 2010. Three of the five evaluators did not review one proposal each due to conflict of interest. Two evaluators reviewed all 25 proposals.

Upon return of the proposals and evaluation sheets, BPTR staff tabulated the evaluation scores to have a total score per proposal, per evaluator. Those scores were then averaged to give each proposal one comprehensive score to allow ranking.

**Top Proposals Summary:**

For the discussion purpose of moving forward for a potential RFP process, an excel spreadsheet of the top 13 proposals, those that score 70% or above were analyzed. Of the proposals that scored 80% and above, proposals were submitted by Western Region Recovery and Wellness Consortium, La Crosse County, Jefferson County, Milwaukee County Behavioral Health Division and North Central Health Care. The next eight, 70% and above, rated proposals were submitted by United Way of Dane County, Adams County, Northeastern Region, Milwaukee County, Calumet County Kenosha County, Froedtert Health.

The purpose of the RFI was to solicit information and identify interested organizations and innovative approaches for potential pilot programs. In the top 13 proposals; three, Milwaukee County, Calumet County and Kenosha County are existing programs that are not offering significant expansion or shared services. The ten other proposals are offering innovative approaches or significant expansions/changes to current programs.

There was anticipation that a priority area theme might emerge through the RFI process, which did occur. **By far, Physical and Behavioral Health Care Integration, is the most consistent priority area for eight of the 13 proposals; Lacrosse County, Jefferson County, North Central Healthcare, United Way of Dane County, Adams County, Calumet County, Northwest Counseling, and Froedtert Health.** The second most cited priority area was System Innovation by three of the 13 proposals; The Western Region Recovery and Wellness Consortium (WRRWC), Milwaukee County Behavioral Health Division, and the Northeastern Region. The last priority area was Early Intervention and MH/SA Integration Pilot for Children by two of the 13 proposals; Milwaukee County and Kenosha County.

The majority, nine of the 13 proposals stated they will serve both adults and children as the population for their programs. Three proposals stated they will serve adults and one proposal stated they would serve children. Consumer participation varied among the top 13 proposals. The majority, nine proposals either had consumer participation during the RFI proposal process or solid plans on how consumer participation can be utilized for program formation. Three proposals, Froedtert Health, Milwaukee County, two proposals and United Way of Dane County, did not have consumer participation during the RFI proposal process and did not have plans for meaningful consumer participation for program formation.

The majority, ten of the 13 proposals did not identify any barriers or administrative rule changes that were needed for their proposal. Three proposals, Northeast Region, Milwaukee County Behavioral Health Division and WRRWC stated there was potential for rule change, such as a combination of administrative rules or waivers for current programs because of the innovation system change described in their proposals.

The 13 proposals' high level budget estimations ranged from \$200,000 to \$1,000,000 dollars. All proposals discussed their budgets, however, some were more detailed than others. One proposal, North Central Healthcare, estimated their budget to be \$200,000. Three proposals, Northwest Counseling, La Crosse County, and Milwaukee County estimated their budgets to be \$200,000 to \$499,999. Six proposals, Calumet County, Froedtert Health, WRRWC, Jefferson County, United Way of Dane County, Adams County estimated their budgets to be \$500,000 to \$999,999 and three proposals, Northeastern Region, Kenosha County, Milwaukee County Behavioral Health Division estimated their budgets to be \$1,000,000.

### **Summary Review:**

In the top five proposals, there are clearly some very innovative approaches to shared services and regionalization that match the intent of the MH/SA Infrastructure Study process. WRRWC is already an established consortium, and has a solid foundation of collaboration and an innovative yet credible

approach to providing regional services by consolidating county infrastructures and certifications. The proposal also has a high price tag at \$500,000 - \$999,999. Milwaukee County Behavioral Health Division offered a very ambitious yet credible proposal of the CCIS model. However, the proposal was only for Milwaukee County and did not lend itself easily to being replicated in other counties or regions of the state. It also carried a large price tag of \$1,000,000 or more.

La Crosse County and Jefferson County both use less ambitious but very appropriate approaches to Physical and Behavioral Health Care Integration. Both counties start small by sharing services within two counties, with intent on expansion if pilot is successful. Both have credible partners, with Jefferson County solidifying consumer and partner input in the RFI process. La Crosse has a smaller price tag at \$200,000 to \$499,999 and Jefferson, more expensive at \$500,000 to \$999,999. North Central Healthcare's Physical and Behavioral Health Care Integration proposes to create a medical home within their behavioral health program by using the FQHC resources and a multidisciplinary team. This proposal, again, starts with a two county trial with plans to add the third county. This proposal is by far the most cost effective with a budget range of \$200,000 to \$250,000, with a proviso that direct costs would be offset with third party reimbursement and the net cost of implementation could be less than \$100,000.

In the eight remaining top 13 proposals, United Way of Dane County offers a more elaborate pilot for Physical and Behavioral Health Care Integration. However, the regionalization of the model would need to wait until after the delegation has completed their pilot and then would offer regionalization by training other counties in their model. Their pilot's budget is \$500,000 to \$999,999. Adams County has a smaller pilot for Physical and Behavioral Health Care Integration that focuses on the needs of rural areas. While their partnerships are not solidified upon writing of the proposal, their planned integration would be with a FQHC, like many of the other integration proposals. This proposal does have the potential to be replicated in other rural areas and the budget is similar to other integration proposals at \$500,000 to \$999,999. Northwest Counseling's proposal has a different approach by focusing on children and the use of telehealth with psychiatrists integrated into the primary care setting. The pilot program's goal is to facilitate increased access in a timely manner with increased quality care for children in the area. The proposal has a budget of \$200,000 to \$499,999 and also states there is anticipated cost savings.

The Northeastern Region's proposal is an ambitious collaboration that proposes to take the core benefits region wide with the expansion of existing programs into new locations and the start of programs into others. It specifically describes the desire to start a FQHC in that region. This region has a history of collaboration and, indeed, there were other shared service proposals from the same region. The proposed budget is \$1,000,000. Three proposals, Milwaukee County,

Calumet County and Kenosha MHSA Services were based on existing wraparound programs that would only be expanded in the same area to include consumers not currently served. Froedtert Health proposed a regional approach for crisis services for their members, but did not have any county partners or did not discuss partnering with services already in existence.

**Recommendations from the top two rated proposal areas:**

The following is the recommendations as to the best proposals and proposed target areas that most appropriately reflect the intention of the Infrastructure Study's Shared Services / Regional Pilots work group. These proposals innovatively address significant issues with the current state mental health and substance abuse system and county infrastructure issues. All proposals appear to be appropriate in scale and can be replicated across the state.

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

The majority of the solid responses focused on the area of physical and behavioral health care integration. Jefferson County, La Crosse County and Adams County submitted proposals, that differ some in details, but all propose developing a collaboration to address the integration of physical and behavioral health care. Adams County proposes integration through collaboration between the county and the local FQHC to provide mental health services in the FQHC's satellite office, specifically addressing the needs of rural communities. La Crosse County proposes a two stage approach. The first stage being a collaboration with a FQHC in Vernon county to provide physical health care in La Crosse with La Crosse providing the mental health care. The second stage is an expansion of the pilot into Vernon County. Jefferson County proposes to develop two sites that would provide a wide variety of mental health core benefits and physical health services in both Jefferson and Dodge Counties.

All proposals increase the availability and scope of physical and mental health services by co-locating them together and offering them in underserved areas. All address the important issue of treating the physical health of mental health consumers in a recovery oriented manner. Both Adams and La Crosse Counties' proposal explores the extent to which FQHCs and counties can collaborate. All proposals have avenues for meaningful consumer participation. While all three proposals tackle this important priority area, none overreaches in the scope of the proposed pilots. All proposals can be replicated in other areas of the state.

In addition to Jefferson, Adams and La Crosse Counties, North Central Healthcare and Northwest Counseling offered slightly different, but solid proposals on physical and mental health care integration. North Central Healthcare proposes expanding access to primary healthcare by creating a health home in their behavior health clinic through a partnership with a FQHC. The proposal will also address the need for a comprehensive patient record that follows the patient from one service to another by integrating two software systems. Similar to the La Crosse proposal, this pilot would be initiated in two

phases, first in Marathon County and then expanded to Lincoln County, with a potential expansion to Langlade County. The proposal anticipates that the model would be transferable to anywhere that could form a collaborative working relationship with a FQHC or other partner.

Northwest Counseling proposes to provide integration of physical and behavioral health care through psychiatric consultation services to primary care providers. The goal of the pilot is to improve access to psychiatry services for children, who are often seen by their primary provider. These providers are not always comfortable with psychotropic medication or care, but presumably would become more comfortable and skilled with access to psychiatric consultation. This consultation would be provided either a psychiatrist or tele-health psychiatry services on a regional basis, and eventually state-wide. Northwest Counseling proposes to use state funds to develop the network and initially fund services while developing third party payer options. There is a supposition that, with appropriate and timely psychiatric care to stabilize a child's mental health, there would be a decrease on a reliance on higher cost care.

### **Priority Area: System Innovation and Core Benefits:**

The next area with the second most solid proposals was in the System Innovation and Core Benefits area. The Western Region Recovery and Wellness Consortium (WRRWC) consist of Barron, Buffalo, Chippewa, Dunn Eau Claire, Pepin, and Pierce Counties. It is a well formed consortium, since 2009, that has a synergy that is motivated by a desire to meet the mental health and AODA needs of individuals regardless of geographical location.

The proposal has an overarching vision focusing on three areas of program design:

1. Consolidation of county infrastructures
2. Consolidation of county certifications including CSP, CRS, CCS and Crisis
3. The provision of core benefits in a continuum of care regardless of geographical location.
4. Using recovery principles the members of the consortium will strive to consistently deliver services to individuals.

The proposal addresses the barriers for individual counties to offer a complete continuum of care.

1. The consolidation of county infrastructures allows for a single consumer entry point and one seamless billing and contracting structure.
2. The consolidation of county Medicaid program certifications allows counties the economy of scale to apply and staff those programs.
3. Consolidation allows for increased efficiency and the ability to simplify the complexity of the mental health system and give counties the ability to increase access.

The Northeastern Region proposed a similar, but not as well defined, proposal. The proposed pilot will assure delivery of Core Benefits, including integrated treatment for co-occurring mental health and substance abuse disorders, to consumers through collaborative sharing of services in the entire region. In addition, the pilot will look at the development of a FQHC that will provide both physical and behavioral health care with the capabilities of expansion through satellite facilities. 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.

### **Recommended Next Steps for Consideration**

Rationale: The generation of 25 response proposals from the RFI is an encouraging sign of interest in innovative system change by counties and providers. With limited funding available for pilots, the recommendation is to focus on one area. The following next steps are recommended:

- Solidify funding for one to two RFP pilot programs.
- Share the summary of RFI results. Call a meeting of the Public Mental Health and Substance Abuse InfraStructure Committee to discuss the results of the RFI process. Discuss with WCHSA.
- Share with Committee/WCHSA that the top areas of solid interest focused on the Integration of Behavioral Health with Primary Care and that the second was System Innovation and Core Benefits and then discuss possible pilot(s).
- Develop recommendations for a proposed RFP for InfraStructure pilot(s).
- Issue RFP for pilots.