

BHD RFP Addendum – 08/09/10
Replaces description on pages 5-BHD-15 through 20

Cycle II

Intake and Assessment: Central Intake Unit (CIU)
Program #A005

PROGRAM DESCRIPTION: Central Intake Unit

Client Eligibility

The Central Intake Unit screens individuals to determine if they meet the eligibility criteria for BHD AODA services. Services can be provided to individuals who:

- Reside in Milwaukee County; or are eligible for Access To Recovery 3
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria for a substance dependence disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit or BHD staff.

The Central Intake Unit staff also assists those individuals who did meet the eligibility criteria for BHD AODA paid services access other community treatment/services (Non-Wiser Choice referral). Referral and light case management services can be provided to individuals who:

- Meet diagnostic criteria for a substance abuse disorder; and
- Are screened and may not be authorized for BHD paid services (see policy on limit of times clients may reenter the system).
- Are screened and may not be appropriate for BHD paid services.

Target Population

BHD is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
 - a) incarcerated individuals that are reentering the Milwaukee community from prison and
 - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the

community while benefiting from AODA treatment and recovery support services as an alternative to revocation, and.

- c) individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs.
- d) other criminal justice populations as identified.

Definition of Central Intake Unit Services

1. Deliver Central Intake Unit services according to BHD policies and procedures and consistent with Federal and State confidentiality and patient rights laws and regulations.
2. Oversee the operation and provision of mobile capacity.
3. Provide services in strict adherence with ASI and ASAM training, level of Care Recommendations and Informed Choice as per BHD policies.
4. Identify, secure (purchase or lease), furnish and equip the CIU site(s).
5. Provide intake/screening services for all individuals seeking County-funded AODA services. Annual volume is projected at approximately 2,500 intake/screenings per year.
6. For those clients not able to receive a Wiser Choice comprehensive screen, conduct a non-Wiser Choice screen to determine what needs may be able to be met on the client's behalf until such time that the client may receive a full Wiser Choice comprehensive screen.
7. Conduct a computer-assisted interview in real time (expected to not exceed 2 hours per client) with each client to:
 - a) provide an orientation about AODA system services;
 - b) advise the client of the provisions of HFS 1, HFS 92, HFS 94, the federal Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Drug and Alcohol Patient Records (42 CFR Part 2) and rules related to county funding;
 - c) determine eligibility for Milwaukee County funded AODA treatment, which includes a preliminary Temporary Assistance for Needy Families (TANF) screen;
 - d) provide referral to other community resources if the client does not have a need for AODA services or is ineligible for Milwaukee County funding.
 - e) if the client meets technical eligibility criteria, perform a comprehensive screening for AODA clinical and recovery support service needs in order to determine:
 - if there is a need for AODA treatment and if so;
 - the most appropriate level of treatment; and

- what other services may be needed to support recovery.
 8. Enter client data into the BHD computerized information system in real time and update as necessary.
 9. Assist each client, to make an informed choice of a BHD-approved provider for clinical treatment, recovery support service provision and recovery support coordination and case management services. Choice will be informed by data shared with the client from the comprehensive screening, as well as profiles of individual providers. Under the terms of the Milwaukee Wiser Choice program the CIU must help each client choose from among two or more providers qualified to render each service needed by the client, among them at least one provider to which the client has no religious objection. If no provider is available, the CIU will follow BHD's wait list process.
 10. Obtain the client's signature on the appropriate consent forms.
 11. Schedule an appointment with the BHD-approved AODA treatment provider and/or RSS provider chosen by the client.
 12. Connect the client with the selected recovery support coordination/case management agency at the time of screening, if so indicated per established criteria.
 13. In the case of a client with emergent needs, work closely with the recovery support coordinator to assure that appropriate services are accessed immediately and/or contact the appropriate BHD staff to request authorized emergency services on behalf of the client.
 14. For each identified service, enter a request via the computerized BHD information system for the issuance of a voucher to pay for the service. Upon confirmation from the provider that the client has presented for service, submit the request to BHD for approval.
 15. Provide initial and ongoing training for CIU employees to include instruction on the administration of the ASI, ASAM and CIU clinical policies and procedures. **Describe in detail the agency capability and training plan for all new hires and existing employees (if applicable). This description must include how you will provide on-going clinical oversight and case sampling, documented supervision, quality assurance and fidelity.**
 16. Attend all BHD-mandated related trainings, bi-monthly provider operation's meetings and All Provider quarterly meetings.
 17. Participate in the continuing development of policies and procedures for the operation of the CIU.
 18. Develop and implement procedures that have been approved by Milwaukee County including:
 - a. Emergency procedures for the conveyance of persons to emergency medical facilities when necessary;
 - b. Management of belligerent and aggressive persons; and

- c. Procedures to implement BHD's Appeal Processes for both clients and treatment providers.
19. Receive data from the State-approved vendor for IDP assessments (expected volume of 1,100 per year) and when necessary, the BHD Intake GBH outcomes tool and enter the data into BHD's information system. It is estimated that entry for each assessment will take approximately 15 minutes.

REQUIREMENTS OF THE CENTRAL INTAKE UNIT PROVIDER

Operations

1. Operations. Manage the operations of the Central Intake Unit according to BHD policies and procedures. Adherence to all BHD communications is expected as to assure consistent business processes across all sites.
2. All fixed- and mobile-site locations are to be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements. Each site must provide interview areas that assure privacy and confidentiality.
3. Mobile Capacity. In order to maximize system access for clients, the agency will have mobile capacity for conducting intake and screening at locations throughout Milwaukee. Through discussion with BHD, the agency will develop a plan to allocate mobile services to fixed-site locations convenient for clients. In the event BHD receives the ATR 3 grant, mobile capacity will be extended to the Waukesha County Alcohol court and IDP program as well as other new partners as identified for ATR 3.
4. Equipment. The CIU must have adequate TDD/TTY, phone system, fax capability and computer equipment sufficient to meet the IT requirements, and laptop computer(s) to support mobile capacity.
5. Hours of Operation. In addition to normal, weekday hours of operation (e.g. 8:00 a.m. to 4:30 p.m.), the applicant will be required to have hours of operation that provide for access at least one evening a week and Saturday mornings. Include a schedule which reflects the one evening a week and Saturday morning hours. Mobile Capacity must be available during normal, weekday business hours. Intake services are available on a walk-in basis and by appointment when appropriate or identified by BHD staff. The applicant must include all expected CIU closings for the year (holidays, etc) and how they will inform the public of such closings. Include language that is welcoming and informs the public that although the CIU functions on a first come, first serve basis, that all residents are welcome regardless of established business hours, i.e. that if someone does not get to the CIU early in the morning, that does not prevent them from receiving help.

6. Use of Best Practices for Comprehensive Screening. The CIU Operations Management Agencies will use instruments and processes approved by BHD for conducting the comprehensive screening. At this time, screening protocol includes the Addiction Severity Index (ASI) with Supplemental Items followed by application of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R); as well as the Clinical Institute Withdrawal Assessment (CIWA), and the ASAM ATR developed RSS assessment instrument and other identified instruments as needed upon BHD approval.
7. Staffing. The CIU agency will implement a staffing plan sufficient for conducting 3,200 intake/screenings annually for the hours of operation listed above. The Central Intake Unit's staff must reflect the cultural, ethnic, gender and linguistic characteristics of the community area it serves. A minimum of one staff must be English/Spanish bilingual, and as needed, provision must be made to communicate with Limited English Proficiency (LEP) clients. All CIU's must have means for communicating with Blind, Deaf and Deaf and Hard of Hearing clients.
8. Staff Qualifications.
 - a. Persons conducting the comprehensive screening must possess:
 - a minimum of a Bachelor's degree in Social Work, Psychology, Nursing or a related human services field, and two years full-time work experience and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
 - alternatively, a minimum of a Certified Substance Abuse Counselor (CSAC) certification or equivalent from the Department of Regulation and Licensing with at least three years of experience as an AODA counselor and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
 - in addition to the demonstrated competencies for substance use disorders, knowledge and experience of mental health disorders is preferred.
 1. The clinical ability to effectively administer and interpret instruments used in the comprehensive screening; and
 2. Sufficient computer skills to administer the computer-assisted interview and to enter data into the BHD information system.
 - b. At least one staff person, in a supervisory position, must be a licensed Master's level behavioral health professional with a degree in Social Work, Psychology, Nursing or other human service profession with experience and demonstrated competencies in clinical interviewing and assessment and

knowledge of substance use disorders (knowledge and experience of mental health disorders is preferred). **For this position, describe in detail the capability and plan for the provision of direct supervision of screeners during normal business hours.** The CIU Supervisor must be available on-site for the support and direction of the CIU staff, and available to BHD staff as needed.

9. Client Choice. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured “genuine, free and independent choice” of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as “a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.” The CIU Operations Management Agency and its staff must implement practices to assure that clients have informed choice. CIU staff must take all measures to assure that the assistance they provide clients in the selection process is based entirely on the client’s reported needs and preferences, rather than on any bias in favor of or against any particular provider. Acceptance of any form of compensation, monetary or other, in return for steering a client toward choosing a particular provider is prohibited.
10. Confidentiality. The CIU agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code HFS 94) and confidentiality regulations (HFS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).
11. Wiser Choice Operations Meetings/Training: actively participate in monthly CIU Supervisor operations meeting facilitated by BHD. Actively participate and represent the CIU during regularly scheduled Outpatient/Day treatment and Residential treatment providers operations meetings, ongoing training for existing and new staff on ASAM PPC 2R, attendance at all BHD facilitated CIU Screening in-services, and other meetings as identified.
12. Quality Assurance and Quality Improvement. Develop program performance indicators, how they will be measured and a corresponding quality improvement plan. Submit these outcomes and quality improvement plan in 2 separate 6-month reports for the periods January 1 – June 30, 2009 and July 1 – December 31, 2009. Reports will be due 6 weeks later on August 14, 2009 and February 12, 2009 respectively.

13. Reporting Requirements:
Quarterly reports must be submitted documenting training and in-services held with staff, non-Wiser Choice screens completed,
- January 15 (quarterly and end-of-year report)
 - April 15
 - July 15
 - October 15