

# **Western Region Integrated Care (WRIC)**

A La Crosse, Monroe, and Jackson county collaboration to ensure a core set of mental health and substance abuse services is available across partner counties.

REPLY TO:

# LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT INTEGRATED SUPPORT & RECOVERY SERVICES

RECEPTION: (608) 784-4357 FAX: (608) 785-6122

# New Vendor Proposal WRIC Consortium

#### INTRODUCTION AND PURPOSE:

Welcome, and we are excited you are interested in becoming a vendor. The Comprehensive Community Services Program (CCS) is a recovery based, consumer centered, case management model of service delivery. The WRIC (Western Region Integrated Care) CCS Program has had a high standard for providing recovery focused service delivery and monitored outcomes since the program began in 2006. CCS consists of county staff building teams and coordinating services that are provided by local, external vendors. There is an overall emphasis on assisting each consumer in increasing their independence and ability to meet their clinical needs. This program serves people across the lifespan utilizing community and natural supports with the intention of fostering measurable outcomes and improvements in life satisfaction and functioning.

As a potential vendor we would like to understand more about the service you would like to offer to the WRIC CCS consortium. Please take time to fill out this this request for information. Once we receive this, it will assist us to determine which service array your agency will fit into the best. Please note that along with this request for information is additional documents that describe your roles and responsibility as a CCS vendor.

# **Description:**

The CCS program provides a variety of services within its service array to assist participants in achieving goals/objectives cited on their services plans. CCS has a set of core values that focus on the consumer these include:

- · Consumers establish the clinical need
- · Consumers are empowered to bring their voice to the process
- · Teams must strive to include informal supports.
- Strength based
- Collaboration with all team members
- · Use of evidence base practice is preferable
- · Outcome oriented

As a CCS vendor you will have expectations that will include:

- · Participating in the consumer's team meetings
- · Providing services that are outlined on the service plan
- · Following clinical expectations of the program
- · Following expectations set out in the contract
- · Use of evidence base practice is preferable

The services that we are interested in receiving information about are outlined and described below. Please review the service array categories listed below.

# **CCS Service Array & Definitions:**

# **Individual Skill Development & Enhancement**

Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified I the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services) and other specific daily living needs identified in the member's services plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.

# **Wellness Management and Recovery Services**

Includes: empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

Recovery support services (provided as substance abuse services) include: emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.

Individual and/or Family Psycho-Education – (Need to hold a master's degree to offer to consumers) Education and information resources provided about the member's mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. May be provided individually or in group setting to the member of the member's family and natural supports (i.e.: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.

Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.

# **Medication Management for Prescribers and Non-Prescribers**

Services for **non-prescribers** include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member's symptoms and tolerability of side effects.

- Major activities may include:
- *Medication monitoring* monitoring changes in symptoms, occurrence and tolerability of side effects as well as notifying the team/consumer about notices changes.
- *Individual client education* increasing consumer knowledge and understanding of the symptoms being treated, medication being prescribed, the expected benefits, impact on symptoms, and identification of side effects. Assistance in helping the consumer develop his/her own compliance in adhering to scheduled medications.

**Psychotherapy** - Individual or group psychotherapy performed by a psychiatrist, psychologist, or master's level psychotherapist only. The County is looking for providers to specialize in the following therapy models: Multi-systemic therapy and family focused therapy. We are also interested in potentially offering therapy models surrounding movement therapy and art therapy.

**Substance Abuse Treatment -** Strength based, and integrated treatment, including substance abuse assessments. The County is interested in various models of recovery-based services. Areas of interest include in-home services, AODA only for individual and groups, Smart Recovery, Thinking for a Change, Cognitive Behavioral Therapy, and dual-diagnosis evidenced based treatment models.

# **RESPONSE REQUIREMENTS:**

- Innovation Narrative: Please include a description of the services that your agency would offer with details on the innovation. Include any unique or innovative ideas or service offerings that your organization could or may be interested in providing based on the definitions of the service array.
- **Service Methodology:** Provide a description of how your agency will meet the expectations of the CCS program, both clinically and administratively. These include intervention techniques, documentation; clinical note taking, billing, invoicing, and clinical supervision.
- Organization Capability: Describe agency experience and capabilities of providing similar services to the targeted population. Include a description of organizational philosophy when working with consumers of any age who have either a mental health disorder and/or a substance abuse disorder. Elaborate on your organization's experience working in teams and delivering community-based services.
- Describe how you would plan to staff this service array and the qualifications of the staff.
- Evidence Based Models & Service Measurements: Provide what tools and educational curriculums the proposer would use. What ideas do you have to track client outcomes? What are your outcome measures? What evidence-based practices do you implement?
- Other Information: Provide any additional relevant information you would like the WRIC consortium to review or consider when reviewing your RFI proposal. Please include any testimonials regarding your practice.

**QUESTIONS/CLARIFICATIONS:** Any questions concerning this Request for Information can be sent to:

Emily Engling: WRIC CCS Program Administrator eengling@lacrossecounty.org (608) 317-8747

**Ryan Ross:** WRIC CCS Service Director <u>rross@lacrossecounty.org</u> (608) 785-6048 **Ellen Daubert**: WRIC CCS Service Director: <u>edaubert@lacrossecounty.org</u> (608) 785-6011