The CARE Project Post

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The **CARE** *(Crisis Assessment, Recovery and Empowerment)* **Project** represents a collaborative, multi-agency effort to improve mental health and substance abuse crisis services in west central Wisconsin.

This initiative involves advocates and consumers, counties, law enforcement, medical facilities and other service providers in recognition of the vital role each plays in the resolution of crises and recovery process.

Project aims include creation of a short-term residential crisis center for individuals whose condition does not require immediate hospitalization and development of a stronger network of resources to help support individuals with mental health and AODA needs in the community.

Upcoming Events

- Oct. 7, 2009 – Announce vendor selection
- **Oct. 15, 2009** – Community Focus Group **(new date)**
- Dec. 17, 2009 – Community Focus Group

RFP Deadline Nears for Crisis Center

The search for a service provider to operate a mental health crisis and social detox center began in earnest on July 22 with the release of a Request for Proposal. Representatives from three organizations attended the August 4 vendor conference in La Crosse, with several other entities also expressing interest. The actual selection process now nears with the approaching submission deadline of 5 p.m. on September 2.

Per the Procurement Plan approved by the CARE Project Steering Committee, a multi-sector committee will work with La Crosse County Human Services (which released the RFP) to select a preferred vendor. An announcement regarding the intent to contract with the selected entity will be made following notification of the county Health and Human Services Board at the board's October 6 meeting.

The Procurement Committee will pick a provider based on an evaluation of written responses and interviews. RFP submissions will be scored on the following criteria: Program Narrative and Philosophy; Organizational Capabilities; Staffing and Qualifications; Facility Environment; Outcomes; and Funding/Price Proposal. Interviews will be scheduled with the highest-scoring respondents to further evaluate the ability of the proposing organizations to meet project expectations. The committee will recommend the organization with the highest combined score as the preferred vendor with which to begin contract negotiations.

Note the next CARE Project Focus Group meeting has been postponed until Thursday, October 15, to accommodate vendor interviews.

The RFP and related attachments and appendices can be accessed on-line at http://www.co.la-crosse.wi.us/RFP/default.htm.

QUESTION CORNER

Q: *Who may be admitted to the crisis center?*

A: Individuals who pose a risk to self or others due to a mental health crisis and/or abuse of alcohol or sedatives and who can be safely monitored in a non-medical, non-secure setting may be admitted to the center. A person whose well-being necessitates immediate medical intervention or a locked facility will be referred elsewhere. Protocols will be developed to assist decision-makers in assessing appropriateness for referral, admission and discharge.

Steering Committee

Rob Abraham – La Crosse Police Dept.

Nan Anderson – Franciscan Skemp

Becky Cleveland – Gundersen Lutheran

Mike Desmond – Mental Health Coalition

Pam Eitland – Vernon Co. Human Services

Steve Helgeson – La Crosse Co. Sheriff

Alice Holstein – VA River Valley Integrated Health

Mike Horstman – La Crosse Co. Sheriff's Dept.

Jerry Huber – La Crosse Co. Human Services

Tom Jacobs – La Crosse Police Dept.

Betty Jorgenson – Franciscan Skemp

Joe Kruse – Franciscan Skemp

Sarah Melde – Gundersen Lutheran

Pat Ruda – Coulee Council on Addictions

Dean Ruppert – La Crosse Co. Human Services

Jeanine Scherbring – Franciscan Skemp

Project Team (other)

Pam Bendel – Independent Living

Melissa Gilbert – Project Manager

Donna Gunnarson – La Crosse Co. Clinical Services

Joel Rooney – La Crosse Co. Clinical Services

COMING SOON… the CARE Project website.

Planning for Community Bridges Begins

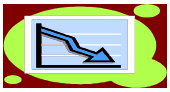
In order to help individuals successfully traverse the road to recovery, the CARE Project seeks to strengthen and supplement the network of resources now available to support people in the community. This may involve the development of new services, improved access to existing services or a combination of approaches.

This aspect of the project now enters the planning phase, which includes an assessment of existing services and gaps in the continuum of care. Upon identification of community needs, potential strategies will be evaluated and selected for implementation based on various factors, including the expected benefits. The resulting development of one or more Requests for Proposal (RFPs) likely will follow a similar process to that used for the crisis center.

Look for opportunities to share your insight and observations regarding this vital facet of the CARE Project. The Community Bridges concept will be discussed in greater detail at the October 15 Focus Group meeting in La Crosse, so we hope you can join us there to share ideas and provide feedback.

Long-Term Goals Guide Project Activities

In pursuing both creation of a crisis center and development of a stronger community support system, CARE Project participants hope to achieve multiple benefits for individuals in distress, their families, local communities and the region as a whole. The Project Charter, in particular, lists the following goals against which success will be measured.

- address emergency mental health and substance abuse service needs on a regional basis.
- reduce the number of emergency detentions.
- reduce the incidence and recurrence of emergency room visits and hospitalizations for mental health and substance abuse reasons.
- create a more cost-effective and treatment effective crisis system.
- mitigate liability concerns regarding hospital diversion.
- promote recovery and empower consumers to attain independence.
- reduce the stigma surrounding these issues.
- reduce conflict and improve communication and collaboration among stakeholders directly impacted by mental health and AODA crises.

Accordingly, the Steering Committee will work with vendors to define relevant performance measures; however, achievement of project goals will require the combined efforts of many individuals and organizations involved in addressing these types of crises.