COUNTY OF MILWAUKEE

Interoffice Memorandum

DATE: April 28, 2011

TO: Supervisor Joe Sanfelippo, Chairman of the New Behavioral Health Facility Study Committee and Committee Members

FROM: Lynne Zidek, Legislative Assistant, Supervisor Joe Sanfelippo

SUBJECT: Follow-up Information Requested by the New Behavioral Health Facility Study Committee

The attached information was provided by Dennis Purtell, Assistant State Public Defender. At the April 19, 2011 meeting of the New Behavioral Health Facility Study Committee, Mr. Purtell discussed emergency detentions at the Behavioral Health Facility. During his presentation, a request was made that he respond in writing with the total cost of Emergency Detentions on the Public Defender's Office budget. The attached information seeks to fulfill that request.

County Board staff is happy to assist committee members with obtaining any additional information on this matter.

Wisconsin State Public Defender

10930 W. Potter Rd. – Ste D
Wauwatosa, WI 53226-3424
Office Number: 414-266-1182 / Fax Number: 414-266-1217
www.wisspd.org

Protecting Justice for all Since 1977

Kelli S. Thompson
State Public Defender
Michael Tobin
Trial Division Director
David Zerwick
Office Supervisor

April 28, 2011

To: County Supervisor Joe Sanfelippo
Milwaukee County Courthouse
901 N. Ninth Street, Room 201
Milwaukee, WI 53233

Re: State Public Defender Costs for Chapter 51 Representation
In Milwaukee County

Dear Supervisor Sanfelippo,

When I appeared before the New Behavioral Health Facility Study Committee on April 19, 2011, you asked whether my Agency could provide you with the cost to the State Public Defender for providing legal representation on Chapter 51 cases in Milwaukee County. I submitted your request to Mike Tobin, the Public Defender Trial Division Director, who provided me the following.

In 2010 the State Public Defender appointed attorneys on 4066 Chapter 51 cases. "Cases" include:

1. Original Commitments (persons not already under the court's jurisdiction).
2. Recommitments (persons already committed & under the court's jurisdiction where the County is seeking to extend their commitments).
3. Post-Commitment Re-detentions (persons on commitments who are alleged to have violated their conditions of outpatient treatment & the County petitioned a judge to transfer them back to inpatient at BHD).
4. Forced Medication Petitions (cases where the county petitions the court alleging a patient is not competent to make a decision about taking psychotropic medications).

The cost to the State Public Defender to provide this legal representation was: $911,922.48

Sincerely,

Dennis G. Purtell
Attorney Manager
Mental Health Unit
State Public Defender

C: Michael Tobin
David Zerwick

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 9, 2011

TO: Supervisor Joe Sanfelippo, Chairman, New BHD Facility Committee

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE ADMINISTRATOR, BEHAVIORAL HEALTH DIVISION, PROVIDING FOLLOW-UP INFORMATION RELATED TO THE OPERATIONAL COSTS FOR REPLACING THE EXISTING MENTAL HEALTH COMPLEX IN MILWAUKEE COUNTY**

BACKGROUND

At the March 29, 2011 meeting of the New Behavioral Health Division (BHD) Facility Committee, Division leadership presented a theoretical model, which was based on four hours of brainstorming by BHD staff. The goal of the brainstorming sessions was to hypothesize about the optimal downsizing that could be achieved with extensive and increased supports within the community. Conceptualizing this model was based on the assumption of stable funding for programs and a highly collaborative process to increase and enhance the community programs of care. In the written and verbal reports, it was emphasized that much more work needed to be done on many levels before BHD would be ready to present a more concrete plan.

On April 19, 2011, per the request of the Committee, BHD staff submitted a report that had additional detail regarding the square footage, potential lay out and estimated costs to build a hypothetical building for the BHD programs included in the theoretical plan presented at the prior meeting. This was achieved using the extensive work that had been conducted previously for BHD on square footage and costs related to building and program requirements. The report included a very high level overview of needed land space, square footage based on patient beds, and cost estimates for the Facility only including construction, site preparation, IT, moving and furniture. BHD was able to complete this project by using industry standard costs and by relying on previous work completed. It was also clear that the same caveats and considerations applied to the estimates in the report and that the plan was dependent on increased community capacity as well as many other factors.

At the April 19 meeting, the Facility Committee requested that BHD staff provide an additional report with estimated operational and staffing costs, level of community expansion needed and a timeframe for the potential new BHD facility.

DISCUSSION

Caveats and Threats to the Validity of the Model

Since the original presentation of the hypothetical downsizing/community expansion model, the Governor has released his biennial budget. It must be noted that the potential of significant changes to the State budget including a cap on Family Care and system wide cuts to Medicaid including eligibility, benefits and reimbursement rates, may make many of the original assumptions invalid and the model unrealistic. As has been discussed, the potential model is dependent on the ability and willingness of private community providers to expand services to populations that have not typically been served outside of BHD. The proposed changes in the budget would not only have an impact on Milwaukee County but also on local private hospitals and community service providers. The impact on those private and community providers will likely extend well beyond behavioral health services, into many other health service lines for those providers. For example, private hospitals must look at the impact on reimbursement rates and eligibility related to their emergency department and in-patient revenues for services ranging from obstetrics to acute illness to care of patients related to the consequences of chronic diseases. While our community and private partners remain willing to participate in discussions and implementation planning, they must also remain cautious and tentative given the current fiscal unknowns.

Given these rapidly emerging issues, this response to the Committee's request for additional data must reflect the uncertain nature of the environment. Once the State budget is finalized and implemented, the situation will likely become clearer and further information and detail could then be gathered and reported back to the County Board.

Operating Costs

To estimate the future operational costs, BHD used information regarding the current costs and then pro-rated the costs based on a square footage model.

In 2010, it cost $4.95 per square foot for all utility costs at BHD. In addition, the skilled trades, general maintenance, grounds, fire protection, materials and security cost $8.01 per square foot. Finally, the housekeeping contract and internal cleaning staff cost $4.47 per square foot. This is total operating cost of $17.43 per square foot for 2010. BHD currently has 590,986 square feet. Decreasing the size of the BHD facility to 200,000 square feet would save just over $6.8 million in operating costs at the same per square foot cost of $17.43. An additional piece that should be considered is that BHD is an older facility and has not been updated with many of the newer, cost saving energy technologies. Therefore, this change presents not only an opportunity to save operational costs based on decreased square footage but also in using the latest green technologies to make the new facility as efficient as possible.

The savings related to a smaller, more energy efficient building are potentially significant but it also should be noted that BHD could save at the existing facility by investing in smart, energy efficient upgrades. There are two major issues facing BHD at the moment that relate to energy use. First, the current windows and roof are original to the building and are not only reaching the end of their useful life; they are also not energy efficient. BHD operations has estimated roughly that an investment in the current facility of approximately $2 million for

new windows and a new roof could pay for itself in about five years through decreased utility costs. Using the example of the Coggs Building, which is the most recently updated County Facility, by putting in energy efficient windows and a dedicated chiller, the utility costs decreased and now cost $1.69 per square foot. This is relevant information since the Committee has asked several times about the cost to remodel the current building. This provides a possible approach to decrease operating costs immediately for BHD.

The second opportunity relates to the cost of steam and chilled water. Other members of the Milwaukee Medical Regional Center have begun to discuss the cost of utilizing chilled water and steam from the Power Plant versus putting in their own boilers and chillers. This could potentially be an opportunity for performance contracting for Milwaukee County and again presents a way to potentially save while BHD is in the current facility.

Staffing

Due to the hypothetical nature of the original plan presented to the Committee, staffing is the most difficult to estimate. Staffing is based on the model of care, acuity of patients, census and many other factors. Since the plan is still hypothetical and it is not clear what type of units, the number of clients per unit, the actual licensing of the remaining units, or the acuity of the clients served, it is impossible to put together a staffing plan for consideration at this point. BHD did consider the following areas:

Dietary: With a total of 120 beds in the new hypothetical facility, the number of meals served would be reduced proportionately to the number of beds. Currently BHD pays $35.24 per client per day. This amount would likely increase due to the decrease in overall meals (BHD gets some savings based on economies of scale), but the total meals would be less than half of the current amount so savings could be achieved. BHD would need to continue to ensure that clinical oversight for clients' nutritional needs, as required by Joint Commission and state regulations, would be provided regardless of the census.

Accounting/Fiscal: The functions of creating, collecting and booking patient bills, interfacing with insurance and the State and paying bills would remain in place. A decrease in patients would decrease some of the efforts but not proportionately since billing would continue to be done for BHD clients moved to community providers.

Administration, Quality Assurance, Human Resources and Other Misc. Functions: Some of the basic functions would need to remain in place but a modest decrease in staffing may be achieved. This would likely be off-set with increases in Quality Assurance and Quality Improvement staff. With an increase in community capacity, BHD would need to increase quality controls and monitoring. This staff would be required to develop and implement a robust quality assurance program to ensure that services in the community are meeting the needs of the clients at the standards that the County is expecting.

Direct Care Providers: Staffing in this area is the most difficult to estimate. The challenge within the facility would be greatly influenced by the acuity of the clients that remain. The acuity would likely increase related to two major factors, first the less critical clients would be cared for elsewhere and second the model would include a shortened, intensive length of stay. Staff affected by this would include nursing, social work, occupational therapy and music therapy. The support positions such as CNA positions may see a modest decrease but this would be off-set by increased therapeutic needs of the more acute clients.

In addition, as noted in the March 29 report and accompanying chart, BHD indicated there would be a need for increased community support teams, mobile crisis teams and other clinical supports that have not been completely defined. Therefore, it is anticipated that many clinical staff would be re-deployed to provide these services.

Psychologist, Psychiatrist and Medical Staffing: This area is very similar to the Direct Care Providers mentioned above. In addition to the issues already detailed, one of the barriers to realizing the vision of greater community resources has been the availability of medical and therapy support in the community. In the current Psychiatric Crisis Service area, many discharged clients return with reports being unable to find a physician to provide medication, monitoring and support. BHD does not anticipate any change in the need for this type of staff.

Overall, BHD anticipates it could achieve a 20% reduction in total staffing. This would equate to a savings of just over $13 million based on the 2011 Budget and includes salary, social security and active fringe benefit costs. Although this is a significant amount of savings, BHD would also need to invest heavily in community resources for the downsizing plan to be achievable.

County-Wide Cross Charges

When Doyne Hospital closed, significant savings were expected from a decrease in cross charges. While this is not a closure, a down sized BHD should expect some decrease in the County-wide cross charges. Total County-wide crosscharges (not including skilled trades and utilities mentioned above) for BHD in 2010 were $6.4 million. Actual estimates for these decreases would need to be developed by the charging department such as risk management, DAS, IMSD etc.

Community Resources

As was reported in the original plan for the Board, BHD will only be able to downsize into a new facility and model of care as the community increases their capacity. The goal of moving to a more community based service array is consistent with trends throughout the area and all over the United States. BHD is hopeful this can be achieved but at this point it is not possible to estimate a cost for increased community care because it is yet to be determined the type and amount of community capacity needed and the potential private partners. BHD currently purchases over $15 million in community based mental health care through the Community Services Branch at BHD. Services range from residential facilities to CSP and TCM to peer support to basic case management services. Without a through assessment of client needs it is difficult to even estimate the needs and costs associated with the increased needs. In addition, the State budget has a significant impact on this area in terms of revenue available to provide services in the community. That being said, BHD feels that all savings mentioned previously would need to be invested in the community and BHD's capacity to monitor and augment community services. BHD does not anticipate any savings in the short term overall and the County may actually experience increased costs as BHD is downsizing but still providing care out of the current facility and the community providers are ramping up. In the long term, depending on future funding for clients, there could be savings from this initiative but it is too early to estimate at this point. It is most important to note that although the fiscal impact is unclear, the impact of this change on clients will be extremely beneficial.

Timeframe

BHD would need at least six months to develop a plan for this initiative with true cost estimates for both BHD operations and community services. During that six-month time frame BHD would need to meet with community and private partners and develop RFPs to solicit proposals for meeting the increased needs. In addition, BHD would need to work with DTPW to plan a new facility and modify those costs based on final needs in the building and also work with clinical staff to plan the actual needs within BHD and the community including licensure and staffing. Once that is all complete, BHD estimates, based on prior work completed for the St. Michael's project, that once the plan is approved it would take 18 to 24 months to transition to the new facility and get the community partners up and running.

Progress Towards Potential Model

Three current initiatives may contribute some valuable information going forward.

1) The 2011 budget called for a study related to downsizing Hilltop. At this time, BHD staff has been meeting with Disability Services to develop a plan for these clients. Jointly the departments have developed a functional assessment tool to document the needs of the clients and begin to develop community options. This work will also be challenged by a potential enrollment cap on Family Care or limited funding for that program.

2) Stimulated by Chairman Holloway's Mental Health plan, BHD has been working on developing a two pronged approach to care for a specific group of clients that appears to be struggling in the community. . BHD has identified a group of 40 clients with Developmental Disabilities who have each had four or more admissions to PCS. These are clients in the community with high emergency needs. Our proposal is to increase community support and develop a crisis respite alternative for the clients. BHD is bringing a report to the Health and Human Needs Committee in May seeking approval to proceed with a new initiative aimed at these clients. These are exactly the clients that BHD and the community need to learn how to stabilize and support in the community for any shifting to community based care to be successful.

3) Lastly, as approved by the County Board last month, BHD is working to implement Supervisor West's resolution to call all the stakeholders together to create concrete implementation plans in partnership with community hospitals and social service providers.

These initiatives should assist policy makers in reviewing the validity of the theoretic model and allow for more precise development, planning and budgeting.

RECOMMENDATION

This is an informational report so no action is necessary.

Respectfully Submitted:

Geri L. Lyday

Geri Lyday, Interim Director
Department of Health and Human Services

Paula Lucey

Paula Lucey, Administrator
Behavioral Health Division

Cc: County Executive Chris Abele
Toni Thomas-Bailey, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Steve Cady, Analyst – County Board
Carol Mueller, Committee Clerk – County Board

N4HN

Referred
MAY - 4 2011
County Board Chairman

By Supervisor Thomas

FILE NO. 11-197

File No. 11-323

A RESOLUTION

in support of efforts to redesign and transform the Milwaukee County mental health delivery and financing system and directing the New Behavioral Health Facility Study Committee to submit an action-oriented plan to implement the HSRI Study findings and other recommendations

WHEREAS, over the last year-to-two years, abundant discussion has surrounded the topic of mental health service delivery in Milwaukee County; and

WHEREAS, the community interest, perceived issues, and on-going program development led to the release of a number of studies and suggested plans related to the organization, delivery, and financing of mental health services in Milwaukee County; and

WHEREAS, included in the aforementioned studies and plans are the following:

a. Sheriff Site Safety Audit, prepared by the Office of the Sheriff, dated June 28, 2010;
b. Transforming the Adult Mental Health Care Delivery System in Milwaukee County, by the Human Services Research Institute (HSRI), released in October 2010 ("HSRI Study");
c. Patient Safety Audit, prepared by the Department of Audit following a request from Milwaukee County Board Chairman Holloway, released in October 2010 (the "Patient Safety Audit Report"); and,
d. Mixed Gender Patient Care Units Study, prepared by a workgroup of Behavioral Health Division (BHD) staff at the request of the Chair of the Health and Human Needs Committee, advisory report presented January 26, 2011

; and

WHEREAS, the foregoing studies and plans contain collectively a comprehensive and thorough description and analysis of the problems and challenges faced by Milwaukee County with respect to its mandate under Chapter 51, *Wis. Stats.*, to provide mental health and related services; and

WHEREAS, the Milwaukee County Board created the New Behavioral Health Facility Study Committee (File No.10-322), a special committee of five County Supervisors

to make recommendations regarding a new behavioral health facility, whose final report is due June 1, 2011 (hereafter referred to as "Facility Committee"); and

WHEREAS, there is general consensus that the HSRI Study provides an independent, credible and objective basis for creating a new mental health delivery system in Milwaukee County; and

WHEREAS, key findings and recommendations of the HSRI study include or could be interpreted to imply the following:

a. Emergency Detentions, and the use of crisis services and inpatient care, are significantly higher in Milwaukee County when compared to national standards

b. The County's redesigned mental health system should be based on managed care principles, be consumer-oriented, and seek to provide services in the community where patients live and work

c. The County should transition over time from a provider of services to a purchaser of services from the private sector

d. The number of adult inpatient beds should be severely reduced from the current 96, to as few as 16 to 24 beds

e. Savings from elimination of the inpatient beds should be redeployed to an array of services including: step-down care in community-based residential facilities (CBRFs), observation units, groups homes, crisis respite houses, crisis-resource centers, walk-in centers, crisis lines, outpatient clinic-based services, and day treatment facilities

f. Crisis Intervention Training (CIT) of police officers needs to be increased and expanded, could yield significant savings at very little cost, and CIT should include the provision of new skills training regarding mental health issues to all law enforcement personnel who come into contact with people with mental illness; and train communications personnel (call takers and dispatchers) who work with law enforcement on how to manage calls that may involve mental illness

and;

WHEREAS, the Patient Safety Audit Report found that a very small number of patients are responsible for the aggressive and assaultive behavior that has been reported in the press; and

WHEREAS, under the federal IMD exclusion provision, Milwaukee County is not able to obtain Medicaid reimbursement for services provided within the Acute Care units at the Milwaukee County Mental Health Complex, for adults ages 22-64 since the Complex is free-standing and is not attached to an acute care hospital; and

WHEREAS, the Patient Protection and Affordable Care Act of 2010, under its IMD/EMTALA demonstration project provisions, provides for free-standing psychiatric hospitals to obtain Medicaid reimbursement provided that the hospital is privately-owned; and

WHEREAS, due to potential cutbacks in State and Federal funding for substance abuse services, significant excess capacity likely exists within community-based residential facilities, outpatient providers, and other behavioral healthcare providers, which capacity could be redeployed cost-effectively to create capacity for mental health services for County residents; and

WHEREAS, due to fiscal and budgetary constraints, it is imperative that the County's new mental health delivery and financing be redesigned and implemented expeditiously; and

WHEREAS, national studies have demonstrated that by using managed care principles and strategies, payers can reduce the cost of healthcare services by as much as 20%; and

WHEREAS, total expenditures budgeted for 2011 for the County's Behavioral Health Division amount to approximately $188,000,000; and

WHEREAS, a savings of every 1% in the BHD budget employing managed care principles would amount to $1.8 million annually; and

WHEREAS, a study presented to the Facility Committee by the Milwaukee County Behavioral Healthcare Consortium on March 15, 2011 computed savings of at least $20 million that would result from implementing the HSRI Study recommendations; and

WHEREAS, it is necessary that the Facility Committee work to preserve access to needed services by County residents, improve quality of care, and achieve substantial cost savings; and

WHEREAS, the County Board adopted a resolution directing the Behavioral Health Administrator to appoint members to a Mental Health Redesign Task Force to provide the County Board with data-driven implementation planning on April 21, 2011 (File No. 11-173/11-284); however the Facility Committee is a more appropriate body to make specific recommendations, with a hard deadline focused on achieving significant cost-savings in time for 2012 budget deliberations; and

WHEREAS, it is envisioned that the Facility Committee's action-oriented planning efforts will dovetail with directives set forth in Chairman Holloway's Mental Health Pilot Program (File No. 11-81/11-49) adopted on March 17, 2011; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby supports a redesign of the mental health care system based on the broad findings and recommendations of the HSRI Report, and other findings and recommendations; and

BE IT FURTHER RESOLVED, that the Milwaukee County Board of Supervisors directs the New Behavioral Health Facility Study Committee ("Facility Committee"), to submit a detailed action-oriented plan, to implement the HSRI Study findings and other findings and recommendations articulated in this resolution; and

BE IT FURTHER RESOLVED, that the work of the Facility Committee shall be in place of the Mental Health Redesign Task Force created by resolution (File No. 11-173/11-284) and adopted on April 21, 2011, which shall hereafter be discontinued; and

BE IT FURTHER RESOLVED, that the Facility Committee's reporting deadline of June 1, 2011 is extended to July 15, 2011 to allow for more time for submittal of said report, and that their final report shall be submitted to the Committees on Health and Human Needs and Finance and Audit for review and approval during the July cycle; and

BE IT FURTHER RESOLVED, that in devising the foregoing plan, the Facility Committee shall:

a. Seek to maximize where appropriate use of providers who may currently be providing services to the County, making cost effective use of excess capacity among those providers

b. Provide that any vendor providing mental health and related behavioral services to Milwaukee County shall (a) pay all its employees a "living wage", which shall be no less than 1.30 times the prevailing minimum wage, and (b) if the vendor provides services through a community-based residential facility (CBRF),

163 hospital, group home, or other residential or inpatient setting, or if the vendor
164 has more than one-hundred full-time equivalent employees, the vendor shall
165 afford its employees the opportunity to bargain collectively for wages and
166 benefits, and to be represented by a Union of their choosing
167
168 c. Provide that any new private psychiatric hospital the County contracts with shall
169 be located on the grounds of, or in proximity to, the Milwaukee County Regional
170 Medical Center
171
172 d. Seek to realize potential savings of up to twenty percent (or $36.2 million) in
173 BHD expenditures in fiscal year 2012, while at the same time preserving access
174 and improving the quality of services provided to County residents
175
176 e. Provide that no County funds shall be used in the construction of any new
177 private psychiatric hospital described in subparagraph (c.) above
178
179 f. Provide that that any Medicaid payments received by a private psychiatric
180 hospital for County beneficiaries would reduce the County's cost of purchasing
181 services from that hospital dollar-for-dollar
182
183 g. Provide an outline of items to be included in a Request for Proposal (RFP)
184 process for provision of behavioral services and possible sites
185
186 ; and
187
188 BE IT FURTHER RESOLVED, that the aforementioned report shall direct the
189 Department of Health and Human Service to return with an RFP for review and approval
190 within 30 days following passage of this resolution by the full County Board.
191
192

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: May 4, 2011

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: A resolution in support of efforts to redesign and transform the Milwaukee County mental health delivery and financing system and directing the New Behavioral Health Facility Study Committee to submit an action-oriented plan to implement the HSRI Study findings and other recommendations.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

- ☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

- ☐ Absorbed Within Agency's Budget
- ☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [1] If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

This resolution supports efforts to redesign and transform the Milwaukee County mental health delivery and financing system and directs the New Behavioral Health Facility Study Committee to submit an action-oriented plan to implement the HSRI Study findings and other recommendations.

There is no fiscal impact associated with this resolution.

Department/Prepared By Jennifer Collins, County Board

Authorized Signature Jennifer Collins

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

[1] If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.