

1

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: September 14, 2009

TO: Supervisor Elizabeth Coggs, Chair, Committee on Finance and Audit
Supervisor Peggy West, Chair, Committee on Health and Human Needs

FROM: Steven Kreklow, Fiscal and Budget Administrator, DAS *SKL*

SUBJECT: Impact of State Decision to Delay Family Care Expansion

Policy Issue:

As requested by the County Board Finance Committee this memo is to provide the fiscal and programmatic impact caused by the State's decision to delay expansion of Family Care to individuals between the ages of 18 to 59 with disabilities within Milwaukee County. A similar report was provided in June on the impact of the delay on the Disabilities Services Division.

Background:

The 2009 budget was developed assuming a Family Care expansion effective date of April 1, 2009. The Wisconsin Department of Health Services delayed the actual start date of expansion in Milwaukee County to November 1, 2009. This delay has caused fiscal and programmatic implications as outlined below:

Programmatic Implications

- The majority of people who presently are on the waitlist for waiver services in Milwaukee County will be required to wait an additional twelve months before obtaining eligibility for Family Care benefits. Current estimates project this will adversely impact approximately 3,000 individuals. The current waitlist for services exceeds more than 10 years.
- The number of first year projected enrollees for Family Care decreased from a monthly average of 344 to 215.
- The seven-month delay affected approximately 2,095 people with disabilities who would have been eligible to receive Family Care program benefits.

Fiscal Implications

- Approximately \$43.4 (43,363,330) million in capitation revenues and \$7.7 million in member obligation revenues for a total of \$51.1 in new funding was

unavailable to provide services to individuals with disabilities between the age of 18 to 59.

- Hiring of Twenty-eight (28) additional positions in the MCDA-CMO for expansion have been postponed.
- The delay in expansion has negatively impacted the potential to have individuals receiving services through County tax levy access the Family Care benefit that utilizes State funding.

In response to the delay in Family Care expansion, MCDA-CMO management has acted to insure there is a corresponding reduction in program expenditures that will result in a budget neutral effect to the MCDA-CMO and preserve established reserves for the transition of individuals who choose to enroll in the Milwaukee County CMO. A fund transfer has been prepared to reduce budgeted revenues and expenditures accordingly in the Aging CMO. There is zero fiscal impact to this fund transfer.

An additional fund transfer will have to be prepared to reflect the reduced fringe benefit costs in Org Unit 1950 – Fringe Benefits. The fiscal surplus currently projected in that org unit will have to be reduced by \$1.0 million since the surplus includes fringe savings related to the positions that were to have been established in the Aging – CMO for Family Care expansion. This change in Fringe Benefits has been reflected in the current fiscal projection provided by the Department of Administrative Services.

Cc: Scott Walker, County Executive
Lee Holloway, Chairman, County Board of Supervisors
Cynthia Archer, Director, Department of Administrative Services
Stephanie Sue Stein, Director, Department on Aging
Lisa Marks, Interim Director, Department of Health and Human Services
Thomas Nardelli, Chief of Staff, County Executive
Steven Kreklow, Fiscal and Budget Administrator, DAS
Stephen Cady, Fiscal and Budget Analyst, County Board
Jerome Heer, Director, Department of Audit
Terrence Cooley, Chief of Staff, County Board Staff
Jennifer Collins, Research Analyst, County Board
Joseph Carey, Fiscal & Management Analyst, DAS
Geri Lyday, Administrator, Disabilities Services Division
Maria Ledger, Director-CMO, Department on Aging
Gail Cheatcham, Assistant Director Area Agency, Department on Aging
Jeanne Dorff, Assistant Director Fiscal & Support Services, Department on Aging
Nubia Serrano, Accounting Manager, Department on Aging
Mary Proctor-Brown, Budget Manager, Department on Aging
Jim Hodson, CFO, Department on Aging
Chester Kuzminski, Resource Center Manager, Department on Aging
Gary Portenier, Program Planning Coordinator, Department on Aging
Greg Reiman, Program Coordinator Resource Center, Department on Aging
Beth Werve, Paralegal, Department of Child Support Enforcement

COUNTY OF MILWAUKEE
Inter-Office Communication

2

DATE: October 5, 2009

TO: Supervisor Peggy West, Chairperson, Health and Human Needs Committee

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: Felice Riley, Administrator, Economic Support Division

Subject: **INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR,
DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING
THE PROGRESS OF THE ECONOMIC SUPPORT DIVISION'S
MODERNIZATION INITIATIVE**

MODERNIZATION INITIATIVE

In April of 2008, the Economic Support Division implemented the Milwaukee Modernization Initiative. This new approach to service delivery is based on streamlined workflows, technology innovations, and partnerships with local community organizations, focusing on empowering customers in Milwaukee County by allowing them to apply for and re-certify benefits online and by telephone. A preliminary report by USDA Food & Nutrition Services indicates that Wisconsin continues to remain in line to be recognized and awarded for having the lowest negative error rate and lowest active error rate efforts in Federal Fiscal year 2009. Milwaukee County has the largest proportion, 32.23%, of Food Share cases in the State. The effort of the Modernization Initiative has allowed Milwaukee County and the State of Wisconsin to improve dramatically.

New approaches to eligibility management are critical as state funding has remained flat and enrollments continue to climb, particularly in light of Wisconsin's historic recession and high unemployment numbers. Enrollment in the Food Share program is a good indicator of both increasing need in Milwaukee County and also the increasing workload experienced by the Economic Support Division. Caseloads continue to grow.

STREAMLINED WORKFLOW/CUSTOMER CONVENIENCE

Telephone Interviews and Online Applications

The effort to increase the percentage of both new and review interviews that are conducted by telephone has been delayed while waiting for the state to implement a telephonic signature solution for telephone interviews. According to the State, as of July 1, 2009, this technology will not be available. However, the state has begun to distribute operations memos that include information specific to the telephonic signature in anticipation of it becoming available.

The ESD goal of increasing the use of on-line ACCESS applications transitioned from ESD to the State as of May 1, 2009.

With the assistance of the Hunger Task Force, ESD has increased the number of self-service computers in Room 105 of the Coggs Center. There are twelve self-service stations available,

each containing a computer and a telephone for clients to set up an interview with the state. The waiting room outside of Room 105 has an additional four self-service computers and the waiting room at Robles has four self-service computers for submitting ACCESS applications.

TECHNOLOGY INNOVATIONS

Q-Matic

ESD continues to monitor our customer flow with data provided by the Q'Matic system.

	Customers	Ave Transaction Time	Ave Wait Time
Client Registration			
Oct 2008	3,249	12:17	55:54
Nov 2008	2,722	11:00	52:32
Dec 2008	2,788	11:12	54:20
Jan 2009	3,267	7:50	56:26
Feb 2009	2,443	12:24	35:37
Mar 2009	4,271	10:01	1:26:42
April 2009	4,638	10:43	1:17:21
May 2009	3,887	10:53	30:03
June 2009	4,586	11:05	1:15:32
July 2009	4,132	11:17	1:57:23
August 2009	4,584	11:10	1:15:25
Homeless Mail			
Oct 2008	3,013	2:25	6:26
Nov 2008	2,354	2:52	4:32
Dec 2008	2,808	2:31	7:20
Jan 2009	2,967	2:42	4:25
Feb 2009	2,664	2:33	3:33
Mar 2009	3,137	2:19	2:59
April 2009	3,214	2:26	3:29
May 2009	3,284	2:46	5:27
June 2009	3,884	2:17	4:24
July 2009	4,136	1:59	9:20
August 2009	4,358	2:31	13:01
Case Questions			
Oct 2008	5,138	8:22	4:02:41
Nov 2008	3,557	10:06	4:03:57
Dec 2008	3,479	9:18	2:55:50
Jan 2009	4,429	8:08	2:45:35
Feb 2009	3,800	8:40	2:07:01
Mar 2009	3,870	9:03	1:51:27

April 2009	3,270	8:26	1:58:25
May 2009	3,382	8:10	1:35:04
June 2009	3,656	8:44	1:46:18
July 2009	3,183	8:35	1:28:44
August 2009	3,081	7:13	1:16:30
Child Care Auth			
Oct 2008	1,479	5:08	19:05
Nov 2008	885	6:03	14:38
Dec 2008	725	6:04	17:14
Jan 2009	941	5:33	12:09
Feb 2009	780	5:16	8:08
Mar 2009	954	3:28	9:07
April 2009	1,153	3:51	14:27
May 2009	1,087	4:59	11:05
June 2009	1,513	5:06	16:13
July 2009	1,170	4:35	11:34
August 2009	939	6:04	25:50
Review Appointment			
Oct 2008	3,767	32:59	22:57
Nov 2008	3,269	33:27	35:37
Dec 2008	3,255	33:19	34:54
Jan 2009	3,932	32:48	50:34
Feb 2009	4,433	30:16	1:01:18
Mar 2009	4,604	30:57	46:51
April 2009	4,704	30:14	48:04
May 2009	4,222	31:01	44:59
June 2009	4,769	31:29	48:53
July 2009	5,206	29:14	34:33
August 2009	5,634	27:54	49:07
Appointment Line			
Oct 2008	1,988	4:56	3:32:37
Nov 2008	1,561	4:43	3:23:05
Dec 2008	1,759	3:59	2:21:07
Jan 2009	2,045	3:33	1:59:12
Feb 2009	1,707	3:55	1:01:44
Mar 2009	2,428	2:57	57:33
April 2009	2,608	2:53	44:32
May 2009	2,375	3:14	51:58
June 2009	2,304	4:34	33:51
July 2009	2,422	3:54	23:47
August 2009	1,385	5:21	12:01

August 2009 Attendance Data for Q-matic Service Areas

Service Area	Expected Staffing Pattern	Daily Staff Attendance
Client Registration	11	9
Homeless Mail	2	2
Case Questions	4	3
Child Care Authorization	1	1
Review Appointment	38	29
Appointment/ChildCare Line	9	7

The expected staffing pattern versus the daily staff attendance average will also affect the wait time for service areas, along with producing a need to pull staff from other service areas outside of the Qmatic areas to provide immediate assistance.

Call Center

As of July 1st 2009 the State began management of the call center and established 1-888-947-6583 as the new state telephone number for all calls with the exception of appointment and child care calls. ESD continues to answer these call types, and has established 289-6464 as the new public telephone number. The prior 289-6000 number continues to be in service, however contains recorded messages that direct clients to the new county and state telephone numbers.

	Calls Entering System	Calls Answered	Average Wait Time
November 08	10,316	4,760	1 hour 33 min.
December 08	14,932	8,197	51 min.
January 09	17,105	11,273	37 min.
February 09	17,463	10,620	36 min.
March 09	17,231	10,769	36 min.
April 09	20,655	12,966	38:53
May 09	13,919	8,716	44:22
June 09	15,165	9,388	45:24
July 09	21,051	10,315	32:21
August 09	20,643	12,590	16:40

Call Center data in this table through June 09 represents calls going to agents in the call center. It does not reflect all calls coming into the 289-6000 line as some of these calls are redirected to IVR, the appointment line and the child care line. The call center data as of July 09 reflects changes to the call center brought by the state transition, in which ESD became responsible for handling appointment, and child care calls only, without the use of the IVR technology.

*Note. In August the expected staffing pattern was 10 and the average daily attendance was 7.

Although, the 289-6000 number is no longer in service during the month of August 09 the line received 10,533 callers seeking the recorded information, between August 16th through August 31st. Statistical data between, August 1st through August 15th was not available due to technical issues. ESD recognizes a continued need to maintain the recorded messages on the prior line to assist with disseminating service information to clients during the transition.

OnBase In-Box

ESD continues to process Six-Month Report Forms (SMRFs) using the InBox technology. The OnBase In-Box allows all documents to be scanned the day they enter the building and to be assigned and monitored electronically.

VERIFICATION CENTER

In October of 2008 additional staff were moved to the verification center. From October '08 through May '09, verification was being completed within two days. The change in average case processing for June and July '09 was a result of shifting verification center staff to other service areas that were in greater need. Although, an increase in processing time occurred, it did not exceed the 10-day processing timeline allowed by State guidelines. In July '09 the State began to process verification that was mailed, faxed, or received on-line. Milwaukee County continued responsibility for processing all verification documents that were being dropped off by clients in person. As of August 24, 2009 the State assumed management of all verification inclusive of verification dropped off at the local agency. Currently Milwaukee County is date stamping, and bulking all verification documents that are dropped off and sending them to the State via courier service for processing.

	Ave. Cases Received/Day	Ave. Days to Process Case
November 08	730	1 – 2 days
December 08	652	1 – 2 days
January 09	630	1 – 2 days
February 09	584	2 days
March 09	570	2 days
April 09	555	2.5 days
May 09	563	2.5 days
June 09	513	3.0 days
July 09	268	4.0 days
August 09	179	3.0 days

ESD was expecting a decrease in verification as the State began processing applications. However, the anticipated decrease associated with the state processing ACCESS applications beginning in the month of May did not materialize, until the July 09 partial transition of verification processing was moved over to the State. The August 09 staffing pattern in the unit was 10 staff. The daily attendance average was 8 staff.

STATE TRANSITION OF ESD PROGRAMS

Processing ACCESS applications transitioned from ESD to the Department of Health Services (DHS) effective May 1, 2009. The second phase of transition occurred on July 1, 2009, in which DHS began operating the call/change center. The third phase of transition occurred on August 24, 2009 and September 15, 2009 in which the State assumed processing responsibility for all verification inclusive of documents being dropped off at the local agency, and the processing of

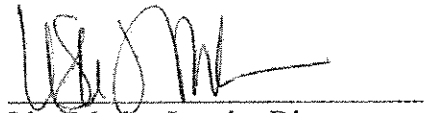
Six Month Reporting Forms (SMRF's). The state facility is now staffed with 73 Milwaukee County staff who are responsible for answering all client phone calls, updating case changes, processing SMRFs, and processing verification documents, that are received by mail, fax, drop-off, and on-line. During the third phase, Milwaukee County continues responsibility for maintaining walk-in service, scheduling in-person appointments; processing and updating child care cases, handling certified child care providers, handling fairhearing cases, and maintaining the family care caseload.

With the State's decision to suspend the Badger Care Core plan enrollment process as of October 9, 2009 we are expecting a variety of customer service issues, as applicants will continue to be screened with use of the Badger Care Core criteria. This will result in many Food Share customers continuing to be shifted to the State service areas through our local process. Milwaukee County recognizes the need to provide additional resources to assist with the application submittal. We will be immediately adding 36 additional PC's, and phone lines to the Marcia P. Cogs Center and shifting short term staffing resources to provide direct assistance to walk-in customers. We are also working with Hunger Task Force to add ten additional PC's to their current area at the Cogs Center.

Currently, it is recognized that a few additional transition phases will be implemented before the final phase of transition.

ESD will continue to meet with the State on a weekly basis. There are ten weeks remaining of the transition phase.

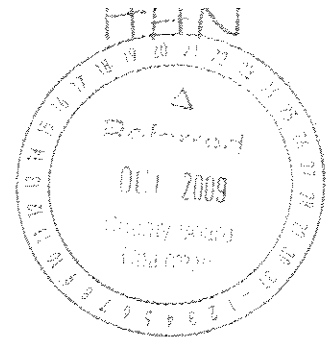
Respectfully Submitted,



Lisa Marks, Interim Director

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff – County Executive's Office
Cindy Archer, Director – DAS
Joseph Carey, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, County Board Committee Clerk

COUNTY OF MILWAUKEE
Inter-Office Communication



3

DATE: October 20, 2009

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Lisa Jo Marks, Interim Director, Department of Health and Human Services
Prepared by: Dennis Buensing, Administrator, DHHS Contract Administration

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO A STATE/COUNTY USE AGREEMENT TO LEASE SPACE IN THE MARCIA P. COGGS HUMAN SERVICES CENTER TO THE WISCONSIN DEPARTMENT OF ADMINISTRATION IN 2010

Issue

Section 56.10 of the Milwaukee County Code of General Ordinances requires County Board approval to enter into lease agreements for rental of county property. Chapter 16 of the Wisconsin Statutes designates the State of Wisconsin Department of Administration (DOA) as the managing authority of state leased office facilities, and with responsibility, subject to approval of the governor, for all functions relating to the leasing of all real property by the state.

Per Section 56.10, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a Use Agreement with the State of Wisconsin, Department of Administration (the Lessee) for office space at the Marcia P. Coggs Human Services Center. DOA shall use the premises as space for the Department of Health Services (the Tenant). The Use Agreement will temporarily fill a vacancy in Milwaukee County's real estate portfolio and result in rental revenue from the State.

Background

In February of 2009, the Wisconsin Department of Health Services (DHS) announced that it would begin a phased takeover of state public assistance programs from Milwaukee County with the Economic Support Division (ESD) Call Center to come under state management by July 1, 2009. In 2009, the Wisconsin Legislature adopted Wisconsin Act 15 authorizing the State to assume the administration of public assistance programs in Milwaukee County. These programs are currently administered by ESD and include Food Share (Food Stamps), Medical Assistance (Title 19/Badger Care Plus), Care Taker Supplement and Child Day Care. Although these programs will be staffed by represented County employees, the positions will now be supervised by the State.

DHHS is working with the State of Wisconsin, Department of Health Services and Department of Children and Families, with the goal of ensuring a successful transition for Income Maintenance clients from County-supervised programs to the State-supervised model.

In June of 2009, the State of Wisconsin, Department of Administration posted a Request for Proposal (RFP) seeking to lease an office with public service areas for the Department of Health Services. In response to the RFP, DHHS submitted a proposal for a ten-year lease for office space, common areas and parking at the Marcia P. Coggs Human Services Center at 1220 West Vliet Street in Milwaukee. In August 2009, the State rejected the proposal by DHHS to continue to house food, medical and health assistance programs in the Coggs Center, and instead, announced that it had selected a bid from C.D. Smith Construction Inc. for remodeled space at 2151 North King Drive in Milwaukee.

Milwaukee County believes that all requirements of the RFP were met in the DHHS proposal, that the DHHS proposal was the lowest bid and that the Coggs Center represents the most cost effective alternative for taxpayers. Physically moving services, transitioning to a new site and building-out a new facility will result in further costs. Finally, and most importantly, clients who are in great need are best served at the present location, which has a 40 year history of providing social services to the community.

Therefore, on August 27, 2009, DHHS notified the DOA of its intent to protest the State's decision to award the Request for Proposal to C.D. Smith and subsequently submitted a protest to the Secretary, DOA, requesting additional information under the Open Records Law regarding the RFP process and selection of C.D. Smith as the successful proposer under the State RFP.

On September 29, 2009, DHHS received a response to its protest from DOA Legal Counsel denying the County's request for information under the Open Records Law, until such time as final negotiations with C.D. Smith have been completed.

In light of the State's ongoing negotiations with C.D. Smith, and the resultant delay in transitioning County staff to the proposed new Income Maintenance Service Center at the North King Drive site, in September of 2009, the DOA proposed entering into a short-term Use Agreement with DHHS to rent space in the Marcia P. Coggs Human Services Center. On September 9, 2009, DHHS, received a formal written confirmation from Mark Thomas, Deputy Secretary, DHS "requesting that Milwaukee County consider an agreement which will allow DHS to remain in the 1220 W. Vliet St. location for a three month period, beginning 1/1/2010 thru 3/31/2010." DOA has submitted to DHHS a proposed draft of a Use Agreement between Milwaukee County and the State of Wisconsin Department of Administration for temporary use of the Coggs Center by the Department of Health Services.

The term of the Use Agreement will begin on January 1, 2010 and end on March 31, 2010. The Use Agreement may, at the option of the State, be renewed for three successive one-month periods, beginning April 1, 2010, upon the same terms and conditions specified in the Use Agreement, provided notice is given in writing to the County at least 30 days before the Use Agreement or any renewal thereof has expired.

Milwaukee County Corporation Counsel has reviewed the draft and will return a modified draft to DOA for review and approval. Negotiations with DOA for a final Use Agreement are ongoing.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or her designee, to execute a 2010 Use Agreement in the amount of \$241,356 per month for a total amount of \$724,068 for January 1, 2010 through March 31, 2010, as identified in the attached draft Use Agreement and accompanying resolution, with the Wisconsin Department of Administration for the lease of approximately 74,979 square feet in the Marcia P. Coggs Human Services Center.

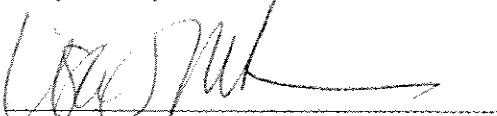
If additional revenue is anticipated due to a lease extension beyond the first quarter, the Department will submit an informational report to the County Board.

Fiscal Impact

The 2010 Use Agreement with the State will provide DHHS with \$395,751 in rental income over the three-month term (see Attachment 1, Pg 2 of 5) or \$131,917 monthly. In addition, IMSD will receive a total of \$328,317 in revenue for technical support over the three-month period or \$109,439 monthly. As a result, total revenue anticipated in the 2010 County Executive's Recommended Budget is \$724,068. This revenue will help offset the loss of Income Maintenance and Child Care reimbursement revenues that are no longer available for costs of facilities space and centrally provided services.

A fiscal note form is attached.

Respectfully Submitted:



Lisa Jo Marks, Interim Director
Department of Health and Human Services

Attachments

cc: Scott Walker, County Executive
Tom Nardelli, Chief of Staff - County Exec's Office
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal Management Analyst
Jennifer Collins, County Board Staff

2010 Lease with Wisconsin Department of Administration
October 20, 2009
Page 4

Jodi Mapp, County Board Staff

1
2
3
4
5 (ITEM) From the Interim Director, Department of Health and Human Services,
6 requesting authorization to enter into a State/County Use Agreement to lease space in
7 the Marcia P. Coggs Human Services Center to the Wisconsin Department Of
8 Administration in 2010 by recommending adoption of the following:
9

10 **A RESOLUTION**

11
12 WHEREAS, per Section 56.10 of the Milwaukee County Code of General
13 Ordinances, the Interim Director of the Department of Health and Human Services
14 (DHHS) has requested authorization to enter into a State/County Use Agreement to
15 lease space in the Marcia P. Coggs Human Services Center to the Wisconsin
16 Department Of Administration (DOA) in 2010; and
17

18 WHEREAS, in February of 2009, the State Department of Health Services
19 informed Milwaukee County DHHS that it would be assuming responsibility for operation
20 of the Milwaukee County ESD Call Center effective July 1, 2009; and
21

22 WHEREAS, In 2009, the Wisconsin Legislature adopted Wisconsin Act 15
23 authorizing the State to assume the administration of public assistance programs in
24 Milwaukee County; and
25

26 WHEREAS, In June of 2009, the State of Wisconsin, Department of
27 Administration posted a Request for Proposal (RFP) seeking to lease an office with
28 public service areas for the Department of Health Services; and
29

30 WHEREAS, In response to the RFP, DHHS submitted a proposal for a ten-year
31 lease for office space, common areas and parking at the Marcia P. Coggs Human
32 Services Center at 1220 West Vliet Street in Milwaukee; and
33

34 WHEREAS, the State rejected the proposal by DHHS to continue to house
35 food, medical and health assistance programs in the Coggs Center, and instead,
36 announced that it had selected a bid from C.D. Smith Construction Inc. for remodeled
37 space at 2151 North King Drive in Milwaukee; and
38

39 WHEREAS, Milwaukee County notified the DOA of its intent to protest the State's
40 decision to award the Request for Proposal to C.D. Smith and subsequently submitted a
41 protest to the Secretary, DOA, requesting additional information under the Open
42 Records Law regarding the RFP process and selection of C.D. Smith as the successful
43 proposer under the State RFP; and
44

45 WHEREAS, Milwaukee County received a response to its protest from DOA
46 Legal Counsel denying the County's request for information under the Open Records
47 Law, until such time as final negotiations with C.D. Smith have been completed; and
48
49

50 WHEREAS, DHHS is working with the State of Wisconsin, Department of Health
51 Services and Department of Children and Families, with the goal of ensuring a
52 successful transition for Income Maintenance clients from County-supervised programs
53 to the State-supervised model; and

54
55 WHEREAS, DHHS believes that Milwaukee County residents most in need of
56 vital services are best served at the present location, which has a 40-year history of
57 providing social services to the community; and

58
59 WHEREAS, the 2010 Use Agreement with the State will provide Milwaukee
60 County with \$395,751 of rent revenue and \$328,317 in revenue to IMSD for technical
61 support for a total of \$724,068 in revenue over the three-month term of the Use
62 Agreement; and

63
64 WHEREAS, this rent revenue will help offset the loss of Income Maintenance and
65 Child Care reimbursement revenues that are no longer available for costs of facilities
66 space and centrally provided services; now, therefore,

67
68 BE IT RESOLVED, that the Interim Director, DHHS, or her designee, is hereby
69 authorized to execute a 2010 Use Agreement in the amount of \$241,356 per month for
70 a total amount of \$724,068 for January 1, 2010 through March 31, 2010, as identified in
71 the Use Agreement, with the Wisconsin Department of Administration for the lease of
72 approximately 74,979 square feet in the Marcia P. Coggs Human Services Center.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/20/09

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO A STATE/COUNTY USE AGREEMENT TO LEASE SPACE IN THE MARCIA P. COGGS HUMAN SERVICES CENTER TO THE WISCONSIN DEPARTMENT OF ADMINISTRATION IN 2010.

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		
	Revenue		
	Net Cost	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.

A. Approval of this item would authorize the Interim Director of the Department of Health and Human Services to execute a State/County Use Agreement to lease space in the Marcia P. Coggs Human Services Center to the Wisconsin Department Of Administration (DOA) starting January 1 through March 31, 2010. If an extension is requested by the State beyond March 31, DHHS recommends that the extension be made on a quarterly basis versus month to month. If additional revenue is anticipated due to a lease extension beyond the first quarter, the Department will submit an informational report to the County Board.

B. The agreement would provide rental revenue of \$395,751 to DHHS over the three-month term of the lease or \$131,917 monthly. In addition, IMSD would receive \$328,317 in revenue for technical support over the three-month term of the lease or \$109,439 monthly. The total anticipated State lease revenue for both DHHS and IMSD is \$724,068.

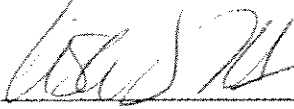
C. There is no budgetary impact in the current year as a result of this action. The total anticipated State lease revenue of \$724,068 is reflected in the 2010 County Executive's Recommended Budget.

D. This fiscal note assumes rental income and IMSD revenue for the first three months of 2010 with no extensions.

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.

Department/Prepared By Clare O'Brien, DAS employee assigned to DHHS

Authorized Signature

A handwritten signature in black ink, appearing to be 'Clare O'Brien', written over a horizontal line.

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: October 5, 2009

TO: Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: Eric Meaux, Administrator, Delinquency and Court Services Division

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO WAIVE THE DHHS REQUEST FOR PROPOSAL REQUIREMENT AND ENTER INTO PROFESSIONAL SERVICE CONTRACT WITH THE BOYS AND GIRLS CLUB OF GREATER MILWAUKEE

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires county board approval for professional service contracts of \$50,000 or greater. Per Section 56.30, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to waive the Request for Proposal requirement and enter into a professional service contract with the Boys and Girls Club of Greater Milwaukee.

Background and Rationale

Since 1970, DHHS has supported a social service delivery system comprised of both directly provided and purchased services. Partnerships with community vendors have allowed DHHS to collaborate and access the expertise of available community resources in serving our delinquent youth within Milwaukee County.

In August 2009, the Division applied for competitive grant funds offered by WI – Office of Justice Assistance (OJA) to develop and implement strategies that address issues of Disproportionate Minority Contact (DMC) within the juvenile justice system. Prior year funding in this area was not subject to competitive solicitation.

The Division has been awarded \$106,176 in year one funding to continue its efforts targeting Disproportionate Minority Contact within the justice system. The Division will continue to strategically build service partnerships that leverage both local expertise and resources. These strategies continue to build a stronger community-wide response, a primary recommendation for developing responsive and effective systems.

This grant will allow the Division to expand its partnership with the highly recognized Wraparound Milwaukee program to identify, divert and service more first offender youth from the juvenile justice system who present significant mental health issues. Additionally, the grant will allow for a continuation of the Boys and Girls Club of Greater Milwaukee's (BGCGM)

involvement with youth returning to our community from State corrections with the goal of avoiding a return to the justice system.

This competitive award is provided by the Office of Justice Assistance for the period of 1/1/10 – 12/31/10 and may be continued for an additional two years. There is no local match required for the first year.

BGCGM – Targeted Reentry Program

As part of the two-pronged strategy, the Division informed the DMC Advisory Committee of its intent to support local reentry services that support youth returning from State correctional facilities. Since 2004, in partnership with the Department of Corrections – Division of Juvenile Corrections, BGCGM has provided reach-in and reentry case management services to 150 youth returning to Milwaukee County from the Ethan Allen School for Boys. This involves participation in the transition planning prior to release from the institution and operation of Boys Club programming housed within the Ethan Allen facility. These funds will support one case manager who will conduct intake interviews and provide case management services to up to 25 eligible youth while in the institution and up to one year after release. The case manager will work in collaboration with the youth's assigned probation agent, school personnel, family members, service providers and other key stakeholders to assist the youth's successful transition back to the community. In addition, this case manager will be responsible for club programming offered at the Ethan Allen Boys Club which is currently open three days a week. Club programming includes such curricula as Job Ready, Fatherhood Initiative, and Passport to Manhood as well as other recreational and skill-building activities. BGCGM will provide the Delinquency & Court Services Division with participation and outcome data on youth served for performance reporting purposes to OJA. BGCGM will also participate in DMC Advisory Board meetings.

The Division further intends to collaborate with BGCGM as it expands its collaborative reach into reentry planning and services. The Division recently received notification of a planning and implementation grant that will target reentry youth presenting mental health issues and has resources available within the current 2010 budget.

The Division requests waiver of the DHHS Request for Proposal requirement in that BGCGM is currently providing the requested services and has five years experience providing these services. Requesting additional proposals would not be advantageous to the County. In addition, the grant application and award anticipates that these services would continue with the current provider. The Division has notified the Community Business Development Partners (CBDP) office for review and written approval. Due to the limited nature of services to be provided and amount, the Division has requested that the CBDP waive the DBE subcontracting requirements. It should be noted that the BGCGM employees directly involved in the Targeted Reentry Program are minority.

Using authority granted by the County Board, DCSD modified the terms of contracts to allow for second and third-year contract extensions based on an agency's performance during the previous year. The Division requests the authority to enter into second and third-year contract extensions contingent upon grant funds being available in years two and three.

Recommendation

It is recommended that the County Board of Supervisors waive the DHHS Request for Proposal requirement and authorize the Interim Director, DHHS, or designee, to enter into 2010 professional service contract with Boys and Girls Club of Greater Milwaukee in the amount of \$57,707 for the period of 1/1/2010 - 12/31/2010.

Fiscal Effect

Approval of this request will have no tax levy impact in 2009 or 2010. All expenses associated with this contract will be reimbursed with grant funding from the aforementioned grant. A fiscal note form is attached.



Lisa Marks, Interim Director
Department of Health & Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff - County Exec's Office
Cindy Archer, Director - DAS
Joseph Carey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into a 2010 professional service contract with Boys and Girls Club of Greater Milwaukee, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) has requested authorization to waive the DHHS Request for Proposal requirement and enter into a 2010 professional service contract; and

WHEREAS, in the past several years, DCSD has entered into a series of professional service contracts to support essential activities, functions, or initiatives; and

WHEREAS, the DCSD has received a grant award in the amount of \$106,176 from the WI – Office of Justice Assistance to address issues of Disproportionate Minority Contact which includes funding for the targeted reentry services currently provided by Boys and Girls Club of Greater Milwaukee; and

WHEREAS, it would not be advantageous to the County to issue a request for proposals since the Boys and Girls of Greater Milwaukee has five years experience working within Ethan Allen School for Boys and has developed valuable relationships with the Division of Juvenile Corrections which would be difficult to replicate in a timely manner; and

WHEREAS, DCSD is recommending a contract in the amount of \$57,707 to Boys and Girls Club of Greater Milwaukee for the continuation and provision of reach-in and reentry case management services, now, therefore,

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or designee, is hereby authorized to enter into professional service contract for the period January 1 through December 31, 2010 in the amount of \$57,707, subject to approval by the Community Business Development Partners.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/5/09

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REQUEST FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO WAIVE THE DHHS REQUEST FOR PROPOSAL REQUIREMENT AND ENTER INTO PROFESSIONAL SERVICE CONTRACT WITH THE BOYS AND GIRLS CLUB OF GREATER MILWAUKEE

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Decrease Operating Expenditures | |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

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	57,707
	Revenue	0	57,707
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	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.

A. The Interim Director of DHHS has requested authorization to execute Professional Service Contract with Boys and Girls Club of Greater Milwaukee for the continuation and provision of targeted reentry case management service.

B. No direct costs or revenue are anticipated for 2009. Total planned expenditures are \$57,707. Offsetting revenue of \$57,707 results in no budgetary impact. These cost neutral expenses are anticipated for 2010.

C. There would be no budgetary impact associated with execution of the recommended contract in 2009 or 2010.

D. No assumptions or interpretations were made.

Department/Prepared By Eric Meaux, Division Administrator

Authorized Signature 

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.

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: October 5, 2009

TO: Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Lisa Jo Marks, Interim Director, Department of Health and Human Services
Prepared by: Eric Meaux, Administrator, Delinquency and Court Services Division

SUBJECT: REPORT FROM THE DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ACCEPT GRANT REVENUE DOLLARS TOTALING \$250,000 FROM THE U.S. DEPARTMENT OF JUSTICE FOR PLANNING AND IMPLEMENTATION OF REENTRY SERVICES SERVING MILWAUKEE COUNTY YOUTH

Issue

Per section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is seeking approval to accept grant funds from the U.S. Department of Justice for planning and implementation of services through the Delinquency and Court Services Division (DSCD).

Background

The DCSD has successfully applied for and received State and Federal dollars to fund new initiatives that have directly resulted in strategic programming for specific target populations by the Division. The County Board has discussed at length the unsustainable costs associated with State correctional placements. While the Division has implemented a number of responses to this concern, a continuing issue that contributes to this challenge is the need for improved reentry support services for our Milwaukee youth. Under the current models of funding and service delivery, the Division and the County have an interest to assist with the reentry of youth returning from our State correctional facilities.

A significant number of youth presenting various mental health issues are placed into State corrections annually. A review of discharge data reveals that these youth will typically spend more days within secure care than youth not identified with a mental health issue. The Division identified this as an on-going gap in service delivery and sought necessary funding.

The Division received notification on September 22, 2009 that it was awarded a grant from the U.S. Department of Justice, Office of Justice Programs for funding under the FY 09 Competitive Justice and Mental Health Collaboration Program in the amount of \$250,000 over 30 months. This project will be jointly administered by DCSD and Wraparound Milwaukee, in collaboration with the Department of Corrections, Division of Juvenile Corrections (DJC). The Juvenile Court Judiciary, Office of County Executive, District Attorney; State Public Defender, Milwaukee

County Behavioral Health Division, and the State Division of Juvenile Corrections all provided letters of support for this initiative.

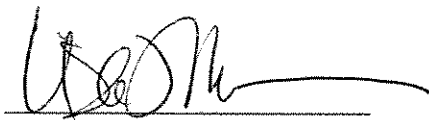
This is a planning and implementation grant allowing for six months of planning and development followed by 24 months of implementation. Following the planning period, it is anticipated that this grant will connect 25-30 Milwaukee County youth with severe emotional disorders charged with non-violent offenses transitioning from juvenile correctional institutions to comprehensive wraparound services and other formal and informal supports available at the local level. This initiative builds on-going efforts of collaboration to promote successful re-entry among youth committed to DJC. The grant period runs 10/1/2009 – 3/31/2012. Grant funds used for the project may not exceed more than 80% of total expenses for the project in the first two years of the grant and 60% in the third year. Anticipated total match funds required for 2009 is \$4,925. Anticipated local match funds required for 2010 is \$22,675. Total match funds over the entire 30 months amount to \$82,100.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director of DHHS, or designee, to accept revenue funds from the U.S. Department of Justice for planning and implementation of programming targeting youth with mental health issues returning from State correctional facilities in the amount of \$250,000 over 30 months. Local match is required for this project in the amount of \$82,100.

Fiscal Effect

The Division does not anticipate any budgetary impact. The \$4,925 required in 2009 is available within the Division's existing purchase of services 2009 budget. The \$22,675 required in 2010 is available within the Division's existing Executive budget. The above expenses are based on the projected budget prepared for the grant application subject to final approval by U.S Department of Justice. A fiscal note form is attached.



Lisa Marks, Interim Director

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff - County Exec's Office
Cindy Archer, Director - DAS
Joseph Carey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

(Item *) From the Interim Director, Department of Health and Human Services, requesting authorization to accept grant revenue funds totaling \$250,000 from the U.S. Department of Justice for planning and implementation of reentry services serving Milwaukee County youth:

A RESOLUTION

WHEREAS, the Delinquency and Court Services Division (DCSD) has in the past successfully applied for and received State and Federal dollars to fund new initiatives that have directly resulted in service programming for specific, target populations served by the Division; and

WHEREAS, DCSD applied for additional grant funds that require local match funds, and the Division is now seeking authorization to accept such funds per Section 56.06 of the Code of General Ordinances; and

WHEREAS, this funding would advance improved collaboration between the Division of Juvenile Corrections and the County with the intent of improving reentry planning, access to appropriate services, and client outcomes, that would be in the interest of the County residents and clients; and

WHEREAS, it is anticipated that U.S. Department of Justice grant funds will be available in the amount of \$250,000 over 30 months and will require local funding match in the amount of \$82,100 subject to final approval by the U.S. Department of Justice; and

WHEREAS, local funding match in the amount of \$4,925 for 2009 would be absorbed within the Agency's existing 2009 budget; and

WHEREAS, local funding match in the amount of \$22,675 for 2010 is currently available within the 2010 Executive budget; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the Interim Director of Health and Human Services, or his designee, to accept grant revenue funds from the U.S. Department of Justice for the planning and implementation of reentry services serving Milwaukee County youth.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/6/09

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REQUEST FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ACCEPT GRANT DOLLARS TOTALING \$250,000 FROM THE U.S. DEPARTMENT OF JUSTICE FOR PROGRAMMING WITHIN THE DELINQUENCY AND COURT SERVICES DIVISION.

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

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	24,453	112,771
	Revenue	19,528	90,096
	Net Cost	4,925	22,675
Capital Improvement Budget	Expenditure	0	0
	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.

A. The Interim Director of DHHS has requested approval to accept grant dollars totaling \$250,000 over 30 months from the US Department of Justice to plan and implement improved collaboration of services targeting youth returning from State corrections. The funding period is 10/1/2009 through 3/12/2012. The grant requires a total local match of \$82,100.

B. Total planned expenditures over the 30 months is \$332,100 (\$250,000 revenue and \$82,100 local match). Based on the proposed budget submitted as part of the grant application: 2009 total expenses are expected to be \$24,453 with offsetting grant revenue of \$19,528 and 2010 total expenses are expected to be \$112,771 with offsetting grant revenue of \$90,096.

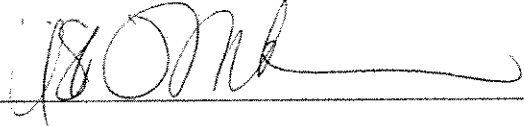
C. The Division does not anticipate any budgetary impact. The \$4,925 required in 2009 is available within the Division's existing purchase of services 2009 budget. The \$22,675 required in 2010 is available within the Division's existing Executive budget.

D. The 2009 and 2010 expenses assume no changes in the budget proposed in grant application which is still subject to final approval by US DOJ. Total local match would increase only if planned expenditures shifted from years one and two to year three due to differing match requirements among years.

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.

Department/Prepared By Eric Meaux, Division Administrator, Delinquency and Court Services
Division _____

Authorized Signature

 _____

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

6

DATE: October 13, 2009

TO: Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE CONTRACTING OUT OF THE DIETARY SERVICES AREA

BACKGROUND

The 2009 Budget included an initiative to contract for food service operations at the Behavioral Health Division (BHD). On June 8, 2009, A'viands LLC, the selected vendor, began operating the BHD food service. BHD has provided status reports to the County Board since this initiative began. At the September 16, 2009 meeting of the Health and Human Needs Committee, it was requested that BHD provide more information regarding menus, error rates and other items as requested in monthly status reports.

DISCUSSION

Since the beginning of this contract, BHD has dedicated much time and effort to ensuring that the transition to the contracted vendor was successful and that any issues that arise are dealt with quickly and appropriately. BHD Administration has found the vendor to be very responsive and continues to monitor and work with the vendor to improve dietary services at BHD. A work group has been started to review errors, issues and other items at a high level and to ensure that issues are addressed in a timely fashion.

As mentioned at the September Board hearing, BHD conducted a survey on August 15, 2009 of 52 BHD clients regarding food service. Of the 52 surveys, 33 (or 63.4%) were completed. The median rating regarding temperature of food, food taste, food appearance, and overall was a 3 – good. Also, many positive comments were included such as “Good food.,” “I like it” and 15 surveys included a comment that said the client consumes 100% of all meals and doesn't complain about any food or meal items. BHD will continue to survey clients and report findings back to the Committee. Patients consistently report to staff that they are satisfied with the food.

Since the last Committee meeting, BHD has met with A'viands regarding errors. A'viands keeps an error logbook that notes all errors and cites the resolution and date. This information is reviewed in the workgroup regularly. The majority of errors we saw were in two groups: substitution of menu items (i.e. chicken breast instead of chicken leg/thigh) and missing menu items on the tray. In addition to the logbook, BHD administration has taken time to visit the tray line and has found the food to be satisfactory and in compliance with the contract agreement. We have notified A'viands of the issues and they have been quick to propose resolutions and

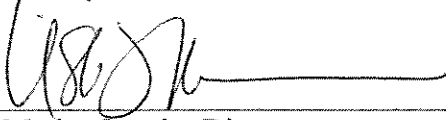
implement them. We will continue to monitor this and sporadically visit the tray line as well as meal service on units.

During the September Board hearings, there were many questions regarding the menu used by A'viands compared to the prior menu. Attached please find a week's worth of prior menus and current menus. Also, attached is a letter submitted from the BHD Dieticians regarding food service under the vendor.

Recommendation

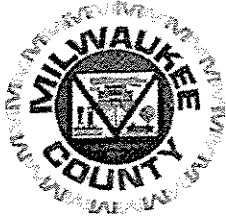
This is an informational report. No action is necessary.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc.: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Board Analyst, County Board Staff



DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

LISA JO MARKS • Interim Director
JOHN CHIANELLI • Division Administrator

Date: October 5, 2009

To: Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

From: BHD Dietitians

Re: BHD Food Service

The clinical dietitians at BHD have been involved throughout the transition to the contracted company, A'viands. We have been present on the inpatient units and the trayline area regularly during mealtimes.

In our opinion the meals presented by A'viands match the new diet names and menus. The change is difficult for patients and staff because the names of the diets, along with what each name translates to in a meal, have been changed. The change offers greater variety, is less restrictive, and is compliant with current best practice in the industry. Furthermore, many items on the new menus have not been served in our facility in a long time. As a result, we have had to make adjustments for each patient's new likes and dislikes, which at times included changing the diet selected based on how the patient responded to the new items. We are certain that this would be no different if the County run dietary department had made similar changes in the prior menu.

Additionally, although we do not have specific error data, the software implemented by A'viands is designed to manage and decrease errors as well as improve forecasting of production. This type of software is common in the industry and results in individualized meal tickets listing the exact items to be served to a particular patient. This information is then tallied into reports of what must be purchased, and prepared for the meal thus improving accuracy and efficiency.

The BHD dietitians will continue to be vigilant at meals and proactive in addressing any issues regarding the food service and the nutrition therapy of BHD patients. We will continue to be liaisons between the food service company and the unit staff to assist in furthering communications as needed.

Respectfully Submitted,

Handwritten signature of Lynn Gram in cursive.

Lynn Gram, RD, CD

Handwritten signature of Barbara Livermore in cursive.

Barbara Livermore, RD, CD

Handwritten signature of Laurence Johansen in cursive.

Laurence Johansen, MS, RD, CD

Handwritten signature of Shannon Longhurst in cursive.

Shannon Longhurst, RD, CD

Weekly Serving Summary for Milwaukee Behavioral S/S 2009 - Regular / Regular - Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4 Fl Oz Orange Juice 3/4 Cup Cheerios 1/4 Cup Scrambled Egg 2 Each Tri Tators 1 Each Orange Muffin 1 Tsp Margarine Pkt 2 pkts Sugar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Apple Juice 3/4 Cup Oatmeal 2 Each Pancakes 1 Each Maple Syrup PC 1 Tsp Margarine Pkt 2 pkts Sugar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Orange Juice 3/4 Cup Raisin Bran 2 Oz Turkey Sausage Patty 1/2 Cup Hash Browns 1 Each Biscuit 2 pkts Sugar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Grape Juice 3/4 cup Shredded Wheat 1 Each Bagel 1 Oz RC Cream Cheese 2 pkts Sugar 2 Each Jelly Pkt 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Orange Juice 3/4 Cup Honey Nut Cheerios 1/4 Cup Scrambled Egg & Ch 1 Each Bran Muffin 1 Tsp Margarine Pkt 2 pkts Sugar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Cranberry Juice 3/4 cup Shredded Wheat 2 Oz Breakfast Ham (2M) 2 sl Wheat Toast 1 Tsp Margarine Pkt 1 Each Jelly Pkt 2 pkts Sugar 1 Each Fresh Banana 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	4 Fl Oz Orange Juice 3/4 Cup Oatmeal 3 Oz Egg & Sausage Bak 1 Each Frosted Cinnamon R 1 Tbsp Brown Sugar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --
3 Oz Roast Pork Loin (3M) 1/2 Cup Parslled Red Potatoe 1/2 Cup Cole Slaw 3/4 Cup Seasoned Green Bea 1 Slice Wheat Bread 1 Tsp Margarine Pkt 1/2 Cup Whipped Gelatin 1 Tbsp Whipped Topping 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Piece Baked Lasagna 1/2 Cup Caesar Salad 3/4 Cup Seasoned Peas 1 Slice Garlic Bread 1/2 Cup Peach Slices 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	3 Oz Italian Chicken Breast 1/2 Cup Scalloped Potatoes 3/4 Cup Seasoned Broccoli 1/2 Cup Marinated Tomato Sa 1 Slice Wheat Bread 1 Tsp Margarine Pkt 1 Slice Lemon Sunshine Cak 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	3 Each Swedish Meatballs 1/2 Cup Mashed Potatoes 3/4 Cup Seasoned Spinach 1 Each Wheat Dinner Roll 1 Tsp Margarine Pkt 1/2 Cup Pear Slices 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 ea Hot Trk Sand+Gry (3 1/2 Cup Mashed Potatoes 3/4 Cup Seas Whole Kernel C 2 Fl Oz Poultry Gravy 1 Tsp Margarine Pkt 3/4 Cup Fresh Grapes 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Cup Pork Lo Mein 3/4 Cup Seasoned Carrot Col 1/2 Cup Oriental Cole Slaw 1 pk Soy Sauce 1/2 Cup Pineapple Tidbits 1 Each Fortune Cookie 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	2 Oz Roast Beef 1/2 Cup Mashed Pots & Gray 3/4 Cup Seas Capri Mix Vegi 1 Each Wheat Dinner Roll 1 Tsp Margarine Pkt 1 Slice Apple Pie 1 Tbsp Whipped Topping 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --
1 Each Meat & Cheese Plate 3/4 Cup Diced Cantaloupe 4 Slices Sliced Tomato 1/2 Cup Italian Pasta Salad 2 Slice Wheat Bread 1 Tsp Margarine Pkt 1/2 Cup Ice Cream 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Each BLT Turkey Salad 3/4 Cup Fruit Cocktail 1 Each Parmesan Breadstick 1 Tsp Margarine Pkt 1 2x3" Sq Frosted Banana Cake 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Each Grill Cheese Sandwic 8 Fl Oz Cream of Tomato So 1/2 Cup Carrots Baby w/Dip 2 Pkg Saltine Crackers 1/2 Cup Pineapple Tidbits 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Each BBQ Pork on Bun 1/2 Cup Dill Potato Salad 4 Each Tomato Slices 1 Each Chocolate Chip Cook 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	3 Each Chicken Strips 1 Oz Honey Mustard Sauc 1/2 Cup Kr Cut French Fries 1/2 Cup Pea & Cheese Salad 1 Slice Wheat Bread 1 Each Ketchup 1 Tsp Margarine Pkt 1/2 Cup Berry Vanilla Pudding 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Each Hamburger on Bun 1/2 Cup Baked Beans 1/2 Cup Potato Wedges 1 Each Ketchup 1 Each Mustard 1 ea Rica Krispie Bar 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --	1 Cup Chicken Pasta Sala 4 Each Tomato Slices 1 Each Bread Stick 1 Tsp Margarine Pkt 3/4 Cup Summer Fresh Fruit 8 Fl Oz 1% Milk 6 Fl Oz Decaf Coffee -- --

NOTE:

7

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: October 6, 2009

TO: Supervisor Peggy West, Chairperson, Health and Human Needs Committee

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE AWARD OF DISCRETIONARY TREATMENT GRANT FUNDS TO THE BEHAVIORAL HEALTH DIVISION FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Policy Issue

The Department of Health and Human Services (DHHS) has received notification of two Substance Abuse and Mental Health Services Administration (SAMHSA) grant awards to the Behavioral Health Division (BHD): a "Treatment for Homeless" grant award the amount of \$350,000 per year for five years and "Offender Reentry Program" grant award in the amount of \$400,000 per year for three years. Both grants have an award date of September 30, 2009. Because there is no local match involved, County Board approval is not required to accept the award. However, the Department did wish to provide the Health and Human Needs Committee members with details on the SAMHSA grant awards.

Background

In Spring 2009, SAMHSA's Center for Substance Abuse Treatment (CSAT) released four requests for application (RFA) discretionary grant announcements to serve the adult population. The four RFAs were: Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need-Local Recovery-Oriented Systems of Care, Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts, Offender Reentry Program, and Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Treatment for Homeless). BHD responded to all of the RFAs in collaboration with other Milwaukee County departments including Milwaukee County Circuit Court for the Adult Drug Treatment Court. SAMHSA funded three of the four applications submitted by Milwaukee County: Treatment for Homeless, Offender Reentry Program and Adult Drug Treatment Court (Milwaukee County Circuit Court will be notifying the County Board Judiciary and Finance Committee of the award for Adult Drug Treatment Court as they are the recipient of this award).

Treatment for Homeless

The purpose of the Milwaukee County Behavioral Health Division's proposed *Milwaukee Welcome to Income, Sobriety and Housing (MI-WISH)* project is to develop a recovery-oriented integrated system of care to provide homeless (primarily African American) adults with substance abuse disorders or co-occurring substance abuse disorders and mental health disorders with treatment and recovery support services; and to help them develop a stable income so that they can sustain housing.

MI-WISH will serve individuals who are brought in on an emergency detention basis by the police to Psychiatric Crisis Services (PCS), and subsequently referred to an acute inpatient psychiatric unit or detoxification center. This population is not receiving services due to their chronic symptoms and inability to maintain housing. Upon discharge from the hospital or detoxification services, participants will be placed in community housing with supportive services; which will be paid for temporarily by Homeless Prevention and Rapid Re-Housing Program (PHRP) funds, while employment is being secured or mainstream benefits accessed. The BHD project will be based on four evidenced-based practices shown to be effective with this population. 1) Integrated Treatment for Co-Occurring Disorders enables service delivery systems and treatment providers to assist individuals to manage their mental illness while maintaining sobriety. 2) Comprehensive Case Management for Substance Use Treatment assures that the client's needs are addressed in a coordinated manner. Because financial self-sufficiency is critical to residential stability, the project will use 3) Supported Employment to assist individuals who are able to work to do so; and 4) SSI/SSDI Outreach and Recovery (SOAR) to streamline access to income supports for people whose disability prevents them from holding a job.

Five percent of the SAMHSA funds will support the development of infrastructure to implement the Comprehensive, Continuous, Integrated System of Care (CCISC) model. The major goal for CCISC implementation will be to achieve dual diagnosis capability (DDC) throughout the system, to include the following core objectives: 1) Screen all individuals for the presence of co-occurring disorders; 2) assess all individuals who screen positive to determine level of severity relative to the 4-quadrant model, level of care and initiate treatment planning; 3) train all providers in the screening and assessment process, and 4) treat both disorders in a comprehensive and coordinated manner.

Outcome evaluation will be conducted by Marquette University and measure the following: 1) decrease in substance use; 2) increase in mental health; 3) decrease in utilization of psychiatric crisis services; 4) residential stability; 5) stable income through either employment of SSI/SSDI and 6) the development of a Dual Diagnosis Capable integrated system of care to address co-occurring disorders.

Offender Reentry Program

The Milwaukee Behavioral Health Division (BHD) proposes to build on the success of its Access to Recovery-funded re-designed service delivery system, to expand and enhance its services for adult offenders reentering Milwaukee from prison. The *Milwaukee Linking Individuals to a New Chance (MI-LINC)* project will build on existing linkages between BHD and the Wisconsin Department of Corrections (DOC) to serve (primarily African American) adults with substance abuse disorders.

The DOC Reentry Director will facilitate access to two institutions (one male, one female) from which participants meeting project admission criteria will be identified. BHD will provide a comprehensive screen on a reach-in basis to these individuals. The Division of Community Corrections (DCC) will dedicate several field agents to handle supervision for all *MI-LINC* participants, to simplify communication with BHD, project Recovery Support Coordinators (RSC's) and treatment providers. When an inmate enrolls in the program, the field agent collaborates with institution staff, the Wiser Choice RSC, and the participant to put together a pre-release Single Coordinated Plan of Care. Post-release appointments are scheduled with community service providers at this time as the RSC and field agent schedule appointments for post-release services. From the time the offender is released from prison until discharge from *MI-LINC*, collaboration between BHD and DOC takes the form of joint participation in (minimum) monthly Recovery Team meetings attended by the participant, field agent, RSC, treatment provider and RSS providers, in addition to other offender-involved systems and natural supports. *MI-LINC* will incorporate four EBP's: 1) Comprehensive Case Management for Substance Use Treatment assures that the client's needs are addressed in a coordinated manner. 2) To address criminogenic needs and cognitive distortions common to this population, community providers will use Cognitive Behavioral Treatment (CBT) approaches. Because financial self-sufficiency is critical to residential stability, the project will

use 3) Supported Employment to assist individuals who are able to work to do so; and 4) Comprehensive, Continuous, Integrated System of Care provides the systemic infrastructure to provide integrated services to individuals who have SUD's or COD's. Five percent of the SAMHSA funds will support the development of infrastructure to implement the Comprehensive, Continuous, Integrated System of Care (CCISC) model. The major goal for CCISC implementation will be to achieve dual diagnosis capability (DDC) throughout the system, to include the following core objectives: 1) Screen all individuals for the presence of co-occurring disorders; 2) assess all individuals who screen positive to determine level of severity relative to the 4-quadrant model, level of care and initiate treatment planning; 3) train all providers in the screening and assessment process, and 4) treat both disorders in a comprehensive and coordinated manner. Outcome evaluation will be conducted by the University of Wisconsin and measure the following: 1) retain offenders in the program post-release; 2) decrease substance use; 3) decrease recidivism; and 4) secure employment; 5) the development of a Dual Diagnosis Capable integrated system of care to address co-occurring disorders.

Recommendation

This is an informational report. No action is necessary.

Fiscal Effect

Acceptance of these SAMHSA grant awards will increase both expenditures and revenues in the adopted 2009 BHD budget. There is no additional tax levy required. A fund transfer request containing the appropriate revenue and expenditure authority will be submitted to the County Board once grant funds are received.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Jennifer Collins, analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

8

DATE: October 20, 2009

TO: Supervisor Elizabeth Coggs, Chairperson, Committee on Finance and Audit
Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: Request for Information Regarding the 2010 Recommended Budget for the Behavioral Health Division (Org 6300)

BACKGROUND

At the Finance and Audit Budget Hearing on October 8, 2009, the Behavioral Health Division (BHD) 2010 Recommended Budget was reviewed. Various County Board Supervisors brought up questions and requests for information. The following addresses the issues raised at the meeting that were referred back to the Department.

ISSUE

Community Support Programs and Targeted Case Management: In the 2010 Recommended budget, it is proposed that the two BHD-run Community Support Programs (CSP) and the one BHD-run Targeted Case Management (TCM) program be privatized as of April 1, 2010. As a result 42 FTE are abolished. Currently BHD provides 1,357 CSP slots, of which 334 (or 25%) are provided by the BHD operated CSP. There is no reduction in slots as a result of the CSP privatization. BHD currently has a total of 1,171 TCM slots, of which 234 (or 20%) are provided by the BHD operated TCM. As part of the initiative 54 slots are eliminated leaving a total of 1,117 slots.

As part of the 2009 RFP/contract process for TCM and CSP, BHD asked each existing agency to submit (either as part of their RFP in the case of TCM or in a cover letter for CSP as part of the 2010 contract process) the number of slots they were able to expand in 2010. After reviewing that information, BHD determined that the community does have enough capacity to provided the additional slots, as proposed. Below is a table summarizing the information gathered as part of that process.

Agency	TCM expansion slots	CSP expansion slots
Milwaukee Mental Health Association	50 slots	157 slots
Alternatives in Psychological Consultation	100 slots	N/A
TLS	123 slots	191 slots
Project Access	100 slots	150 slots
SRRR	25 slots	N/A

Bell Therapy	New vendor in RFP	300 slots
La Causa	New vendor in RFP	N/A
Health Care for the Homeless	N/A	Unknown
WCS	N/A	125
TOTAL CAPACITY	398 Slots	923 slots
Proposed needed Slots as a result of 2010 Budget	180 slots	334 slots

Within the Community Services Division at BHD, there is a quality assurance team. They regularly audit all operated and contracted community services. The last audit performed for the TCM program was in October 2006. The last audit of the CSP program was performed in March 2008. These audits pull client files and determine if all the proper procedures and contact was made including documents and general guidelines. They look at such things as within how many days was service initiated after initial client contact occurred or within how many days was the consent for treatment documentation signed. The audits show that *there is no significant performance difference between the BHD operated TCM and CSP programs perform and the contracted agencies* in terms of procedures, documentation and other requirements. Copies of the audits are available upon request.

Within the BHD Management Information System, level and volume of services is captured for both BHD operated and contracted TCM and CSP programs. The following is a chart that shows the units of service provided (i.e. average number of hours/increments billed) per patient for CSP and TCM in 2008.

Program	Unduplicated Client Count	Average number of hours per patient per year	Average number of 15 minute increments per patient per year
CSP – BHD Operated	391	121.88	487.53
CSP – Contracted	988	158.07	632.28
TCM – BHD Operated	295	37.51	150.05
TCM – Contracted	530	63.61	254.44

Services provided 1/1/08 through 12/31/08

BHD strives to provide services to all bilingual clients, especially within the community. All contracts that Community Services currently have with vendors stipulate that the agencies *must* make accommodations for interpretation and other bilingual needs. The contracted TCM and CSP providers currently have Spanish speaking capabilities and will be able to provide the necessary services for BHD patients.

Detoxification Services: As part of the 2010 Recommended Budget, BHD proposed to redesign Detoxification Services (Detox). Detox is required by state licensure to utilize "approved placement criteria" to determine admission into any level of service. Milwaukee County mandates the use of American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) to meet this requirement. ASAM is in the process of updating admission criteria for Detox to be more consistent with current research and best practices. In anticipation of these changes, BHD has proposed using

more social detox beds versus medical detox beds. This not only has a fiscal savings (as detailed below) but also will be consistent with ASAM recommendations.

The total 2009 Detox contract is \$3,072,145 and is broken out as follows: \$2,942,145 for medical detox beds, which provides 9,855 units (bed days) at \$331.71 per unit (or 27 beds filled each day of the year) and \$130,000 for social detox, which provides 3,285 units at \$43.97 per unit (or 9 beds filled per day). Therefore, for example, if BHD reduces 6 medical detox beds there is a savings of approximately \$726,000. After the fiscal savings accounted for in the budget is taken, there is \$226,000 for social detox, which will purchase at least 12 beds including administrative costs. BHD is waiting for the final publication of the ASAM recommendations but, as part of this initiative, BHD will reduce the total number of medical detox beds and increase the number of social detox beds.

Day Treatment: The Day Treatment initiative in the 2010 Recommended Budget eliminates one clinical treatment model and reduces the average daily census from 25 to 14, a reduction of 11 clients. A total of 3.85 FTE is reduced due to this initiative. The decision to eliminate this team is two fold; first the need to create fiscal savings and second to redesign the other component of the program serving a very high needs population.

Central to this reorganization is the ability to further develop and strengthen the Dialectical Behavioral Therapy (DBT) team by eliminating the need to support two programs with different types of therapy. The DBT program has developed into a great asset to the patients it serves as well as BHD. DBT is a highly specialized therapy for individual's suffering from borderline personality disorder and typically trauma and abuse. This therapy requires close clinical supervision and sophisticated training of therapy staff. This initiative will free up resources to provide individual crisis management for patients participating in the program. These clients have very limited alternatives within the community for treatment. BHD will also be able to maximize billing for crisis case management service for Medicaid patients.

The Cognitive Disorder team, which is slated for elimination, treats clients with various behavioral and thought disorders. These clients all have other service providers, such as TCM, CSP or outpatient care. Although the level of care will not be the same, these clients will continue to receive services and treatment.

Emergency Medical Services: The 2010 Recommended Budget calls for the integration of the Emergency Medical Services into BHD. The goal of this initiative is to provide some direct economies of scale through sharing administrative resources while maintaining the independent integrity of the programs. The recommendation for this integration resulted from the sunset of the General Assistance Medical Program (GAMP). The immediate savings included in the budget are the abolishment of 1 FTE-Ex. Dir. 2 – Assoc. Hospital Administrator and 1 FTE Accounting Coordinator (CHP), and the elimination of 1 FTE Contract Services Coordinator in BHD for a savings of \$302,371 in salary and fringe benefits. Since November 2007 the BHD Administrator has continued to direct the EMS Team, which created a successful natural pilot period.

While both divisions serve specialized functions, there are several administrative activities that they have in common such as 24/7 management, accounting, budget development, management information, storeroom management and professional discipline development. For example, EMS

employs Registered Nurses, as does BHD. Activities such as recruitment, basic training and human resource development will be shared between the two divisions. While the mission and function of these divisions are significantly different, both provide medical services and require medical administrative management.

Given the special functions of each division, EMS will maintain it's own programmatic budget. The functions are so specialized and distinct it is also essential to maintain the current supervisory and employee structure. The combination of day-to-day roles is impossible given the dissimilarity of programmatic functions.

Requests For Proposals (RFP): Included under **Attachment A** are copies of the Targeted Care Management RFP that was let in July 2009 and the Community Support Programs RFP that was let in July 2008.

Organization Chart: Attachment B is an organizational chart including all manager and staff ratios for BHD.

Recommendation

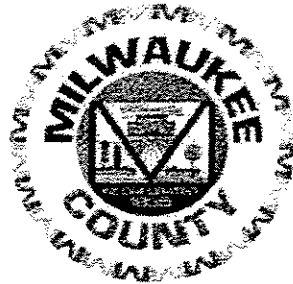
This is an informational report.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Steve Cady, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff



**MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Behavioral Health Division
Behavioral Health Division (Wraparound Milwaukee)
Delinquency & Court Services Division
Disabilities Services Division
Economic Support Division
Housing Division**

**YEAR 2009
PURCHASE OF SERVICE GUIDELINES
PROGRAM REQUIREMENTS**



Milwaukee County Department of Health and Human Services

2009 Request for Proposal (RFP)

July 2008

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the Request for Proposal (RFP) process by submitting applications for human services programs to be purchased in the year 2009. The Department welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements and Technical Requirements*) will be available in electronic format. CD-ROMs may be picked up beginning **Monday, July 21, 2008** at the Milwaukee County Marcia P. Coggs Human Services Center, Room 109, 1220 West Vliet Street, Milwaukee WI 53205. Materials may also be downloaded from: <http://county.milwaukee.org/RFPInformation111327.htm>

Please note that Disabilities Services Division residential programs (CBRF and AFH facilities for persons with developmental or physical disabilities) are NOT included as part of this Request for Proposals. Those services are not currently open for applications.

Two (2) question and answer sessions (pre-bid conferences) will be held to discuss the application guidelines. In addition, a Technical Assistance Session has also been scheduled to assist applicants in completing proposals. The meetings have been scheduled at the following locations and times:

Monday, July 28, 2008	4:00 p.m. Mill Road Library 6431 North 76th Street Milwaukee, WI 53223
Wednesday, August 6, 2008	4:00 p.m. Bay View Library 2566 South Kinnickinnic Avenue Milwaukee, WI 53207
Technical Assistance Session Wednesday, August 13, 2008	8:45 a.m. - 11:00 a.m. CATC Auditorium 9501 W. Watertown Plank Rd Milwaukee, WI 53226

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than **4:30 p.m. on Friday, September 5, 2008**. No extensions will be granted for submission of the proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Applications may be mailed or delivered to:

Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
Room 109
1220 West Vliet Street
Milwaukee, WI 53205

Following the application review process outlined in the *Technical Requirements*, contract award recommendations will be presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole.

the County Board's action.

To receive information or assistance, please contact the following persons:

Program information	Ann Demorest, Disabilities Services (414) 289 -5943 Michelle Naples, Delinquency and Court Services , (414) 257-5725 Sue Moeser, Economic Support Div. (414) 289 -6645 James Mathy, Housing Division, 414 -257-7689 Walter Laux, Behavioral Health Div. (414) 257 -7955 or Rochelle Landingham, Behavioral Health Div. (4 14) 257-7337 Bruce Kamradt, Wraparound Milwaukee, (414) 257 -7639
Technical Requirements (questions about application requirements)	Wes Albinger, Disabilities Services, (414) 289-5954 Dave Emerson, Delinquency and Court Services, (414) 257-7284 Michelle Naples, Delinquency and Court Services , (414) 257-5725 Judy Roemer-Muniz, Economic Support, (414) 289 -6693 James Mathy, Housing Division, 414 -257-7689 Rochelle Landingham, Behavioral Health, (414) 2 57-7337 Bruce Kamradt, Wraparound Milwaukee, (414) 257 -7639
Fiscal/Budget	Sumanish Kalia, Contract Administration (414) 2 89-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,

sd/-
Corey Hoze
Director
Milwaukee County Department of Health and Human Services

Note: Please use back arrow or link below to go from one form or area to other.

[Back to Main page](#) or [To List of Contents](#)

CYCLE II

Community Support Program (CSP) Program # M012

General Proposal Requirements

Definition

This program represents the most comprehensive and intensive community treatment service model. A Community Support Program or "CSP" is a coordinated care and treatment program that provides a comprehensive range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement individualized participant centered treatment, rehabilitation and support service in the community where participants live, work, and socialize. Treatment and rehabilitation services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement with participants to achieve individual goals, to better manage symptoms, to maintain hope and optimism, and to live and work in community settings of their choice.

Target Population

- Be a Milwaukee County resident;
- Be at least 18 years of age and under the age of 60;
- If over the age of 60, client can receive CSP services paid through the Department on Aging -Family Care
- Meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code HFS 63;

Program Requirements

CSP Admission Policy

- It is the policy of the BHD that individuals hospitalized on psychiatric inpatient units and referred to a CSP by SAIL will be admitted (per HFS 63 guidelines) to that CSP within three business days of receipt of that referral.
- If the individual is in the community, the CSP will admit individual within seven business days of receipt of that referral.

CSP Inpatient Contact Policy

- It is the policy of the BHD that, when a CSP client is admitted to a psychiatric inpatient unit, the CSP which serves that client must contact the appropriate inpatient treatment team within 24 hours of notification of the admission in order to develop a plan of discharge.

CSP Service Utilization Policy

- It is the policy of the BHD that Community Support Programs have a service utilization review process to identify consumers who might be candidates to transition to less intensive models of community support and in accordance with CSP discharge criteria and HFS 63 standards to effect those transitions when appropriate.
- Community Support Programs to include a policy and process for identifying and referring individuals who turn 60 years of age to Family Care.
- Community Support Programs that have CSP consumers also residing in a CBRF are to have a service utilization review process to identify goals of the CBRF placement, length of placement and identify candidates to transition to less intensive models of housing when appropriate.

Case Management No Contact Policy

- It is the policy of the BHD that Community Support Programs utilize a risk management framework and assessment procedure in the event a consumer misses an appointment or is unable to be reached, as to assess and determine the appropriate course of action.
- These case management practice guidelines are to incorporate clinical consultation, communication, client preference and documentation as required elements.

CSP Family Care Utilization Policy

- All clients over 59 ½ years of age and older receiving case management services will be referred to family care within 5 business days of notification by the Community Services Branch (CSB).
- The CSP will inform the CSB of member's enrollment within 5 business days of acknowledgement from Family Care that the individual is enrolled.
- The CSP will utilize the *Family Care Referral Tracking Form* to notify the CSB of the following: client's acceptance/refusal of family care screen, reason for refusal of family care screen and/or services, date of family care screen, functional and financial eligibility, client's acceptance/refusal of family care services, and family care enrollment date.
- For those individuals not found functionally and/or financially eligible for family care services, the clinical coordinator or designee will review these cases every six months to determine if there are any changes in the client's financial and/or functional capacity.
- For those individuals who decline to be screened by the resource center or for those individuals who decline family care services even though they were found eligible, their cases will be reviewed every six months. Individuals will be encouraged to take advantage of the long term care support services offered.
- The CSP will notify family care (Care Management Unit -CMU) of any status change such as contact information, discharge, and etc. in a timely fashion.
- If the individual being referred to family care does not currently have Medicaid benefits, the CSP will actively assist the individual in applying for benefits, follow-up with the application process, and submit updates to the field office.
- Family Care will develop a mechanism to notify both the CSB and the CSP of the client's enrollment date, functional/financial eligibility and ineligibility, disenrollment, team staffing, and/or any status change in a timely fashion.

Inpatient & Community Case Management Collaboration Standard of Practice

- It is the policy of BHD-CSB that the case manager is responsible for maintaining a clinical treatment relationship with their client on a continuing basis whether the client is in the hospital, in the community, or involved with other agencies.
- The case manager is responsible for collaborating in the discharge planning process with the inpatient treatment team. Timely collaboration and quality information sharing among all professionals ensures care continuity and is good practice. Case managers are to meet with hospital unit staff and the patient at a minimum of once per week, and more often when clinically indicated.
- The case manager will collaborate with the inpatient social worker to assist in identifying interventions relevant to the course of treatment, ensure a well developed discharge plan and transition back into the community.
- When meeting with the client/team on the unit, the case manager will complete the *Community Services Consultation Note*.

CSP Crisis Respite Collaboration Policy

- When a client is placed at the Crisis Respite House, the case manager will collaborate with the crisis service clinician to strategize a well developed discharge plan and transition back into the community, this will include, but not limited to, establishing appropriate and safe community housing.
- While a client is at the Crisis Respite House, the case manager are to meet with crisis service clinicians and the patient at a minimum of once per week, and more often when clinically indicated.
- When meeting with the client at the crisis respite house, the case manager will complete the *Community Services Consultation Note*.

Experience and Qualifications of the Organization

Within each proposal, relative to experience and qualifications of the organization:

- a. Explain how the delivery of CSP services relates to the mission of the organization and commitment to providing this type of comprehensive community based services
- b. Describe the organization's experience and capabilities in providing Community Support Programs within a state certified CSP as defined in HFS 63, Wisconsin Administrative Code. Emphasize experiences in providing core psychiatric services as provided by an interdisciplinary team including assessment and the provision of comprehensive community based services in keeping with HFS 63 specifications
- c. Describe how HFS 63 and C.S.P. Medicaid billing requirements will be met and maintained.

Program Content and Methodology

In the application, the first sentence of the program description must clearly state the agencies' static capacity (i.e. on any given day, the maximum number of people enrolled and receiving services through this contract).

Within each proposal, relative to treatment methodology:

- a. Describe throughout the treatment program narrative how HFS 63, HFS 94, Medicaid billing and HIPAA standards will be met in the development, implementation, evaluation and monitoring of the provision of C.S.P. services.
- b. Describe how comprehensive assessment and treatment of all psychiatric needs, including primary and secondary diagnoses will be implemented.
- c. Describe how the program will work collaboratively with the participants toward the goals of achieving greater levels of independence through a better understanding of and self management of the symptoms, increasing problem solving abilities, expanding the use of natural supports, and supporting wellness activities.
- c. Describe the composition of the proposed treatment team, the respective roles they will be performing, how teaming will occur, amount of psychiatric time available to serve participants, and the case management staff to participant ratio.
- d. Describe how the participants symptom status and psychotropic medications will be monitored along with the ability to provide higher level of responses as needed in a timely manner. Include a discussion as to how advance directives and crisis planning in keeping with the participants' preferences could be implemented.
- e. Explain how crisis responses will occur during regular working hours, after hours, and weekends.
- f. Describe how the inclusion of comprehensive treatment of individuals with cooccurring mental illness and substance abuse disorders will occur.
- g. In conjunction with the participant, explain how active collaboration will occur as needed with all other essential providers outside of the CSP, such as with primary health (including dental care whenever possible); inpatient, nursing home, and correctional settings; supervised living; psychotherapy; work services; etc.
- h. Explain how productive and meaningful roles such as paid and volunteer work, supported education, parenting and parenting assistance, and other fulfilling activities will be facilitated in keeping with the desires, skills, and abilities of the participants.
- i. Describe how assistance will be provided to participants in housing, social relationships, and activities of daily living, leading towards a greater sense of personal well being and community inclusion.
- j. Describe how participants residing in supervised living arrangements will receive assistance leading towards more independent living.
- k. Specify how recovery and the incorporation of recovery principles in all treatment services will be implemented. Address the following areas:

(1) Developing and implementing consumer centered treatment plans with full

Participants' involvement and input throughout the process including the participants' signing the plan.

- (2) Having participants and family members involved on committees and boards, paying for their involvement as appropriate, and providing the training and mentoring to facilitate more fully their participation in these roles.
 - (3) Inclusion of participants' families as valued, respected, and integral parts of the overall treatment in accordance with desires of the participants.
 - (4) Helping to foster personal recovery for each participant by providing messages of hope and inspiration, affording choices, and understanding the importance of personal responsibility and accountability throughout the treatment process.
 - (5) Developing peer and natural supports with family members and significant others.
 - (6) Assuring participants involvement in program evaluation that includes satisfaction and participant outcomes.
 - (7) Working in conjunction with participants to reduce stigma in all of the forms it is manifested.
 - (8) Providing education and training to enhance participation in these various capacities and roles.
 - (9) Hiring participants as providers.
- l. Project how much staff time will be spent in face-to-face clinical contact in the community.
 - m. Describe how accommodations will be made to work with people who are deaf or hard of hearing in keeping with their special developmental and communication needs.
 - n. Describe how the delivery of culturally competent services will be provided.

Quality Assurance and Quality Improvement

Within each proposal, applicants will be required to:

- a. Explain how the organization will provide leadership and will monitor the program's day to day operation providing sufficient staff, training and clinical expertise, and participant and family support.
- b. Describe the organization's performance indicators for this program and how they will be evaluated.

- c. Describe how consumer and family satisfaction with the program will be evaluated.
- d. Explain what experience the bidder can demonstrate in providing an effective quality assurance and improvement program.
- e. Describe the areas to be addressed in an ongoing quality improvement plan.

Mandatory Requirements

The following general requirements are mandatory and must be complied with.

- a. HFS 63, Wisconsin Administrative Code
- b. HFS 94 (Patients Rights), Wisconsin Administrative Code
- c. Wisconsin Medical Assistance Provider Handbook, Mental Health and Alcohol and Other Drug Abuse Services Handbook, Part H, Division II
- d. Health Insurance Portability and Accountability Act of 1996 (HIPAA), privacy rule 45 CFR Parts 160 and 164.
- e. Be able to achieve CSP certification in keeping with HFS 63 and in a timely manner.

Unit of Service

A unit of service is one-quarter (1/4) hour of direct service time. Direct service is the time spent providing services to consumers, which include face-to-face contact (office or community) collateral contacts, telephone contacts, consumer staffing, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meeting, in-service training, etc.

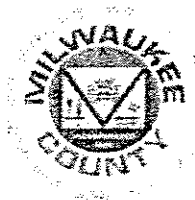
Documentation

The agency must collect information required for the BHD data reporting structures. The information required related to demographics, episode of care, State's Human Service Reporting System (HSRS), and service information. See File Layout For Contract Agency Interface.

Assessments and treatment plans must be present in the case record maintained by the agency.

Services must be documented through an entry in the case record. The documentation must include:

- (a) date of service;
- (b) type of service;
- (c) length of service contact;
- (d) who the service contact was with;
- (e) location of service; and
- (f) description of the contact.



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Behavioral Health Division
Delinquency and Court Services Division
Disabilities Services Division
Management Services Division
Housing Division**

**YEAR 2010
REQUEST FOR PROPOSAL
PURCHASE OF SERVICE GUIDELINES**

Issued July 27, 2009
Proposal due date, September 4, 2009



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July, 2009

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the Request for Proposal (RFP) process by submitting applications for human services programs to be purchased in the year 2010. The Department welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements and Technical Requirements*) will be available in electronic format. CD-ROMs may be picked up between 8:30 AM to 4:30 PM, beginning **Monday, July 27, 2009** at the Milwaukee County Marcia P. Coggs Human Services Center, Room 109, 1220 West Vliet Street, Milwaukee WI 53205. Materials may also be downloaded from:

<http://county.milwaukee.org/RFPInformation111327.htm>

Two (2) question and answer sessions (pre-Proposal conferences) will be held to discuss the application guidelines. In addition, a Technical Assistance Session has also been scheduled to assist Proposers in completing proposals. The meetings have been scheduled at the following locations and times listed below. Please email questions in advance to dhhsca@milwcnty.com no later than August 5th, 2009.

Tuesday, August 11, 2009

4:00 p.m.
Mill Road Library
6431 North 76th Street
Milwaukee, WI 53223

Wednesday, August 12, 2009

4:00 p.m.
Bay View Library
2566 South Kinnickinnic Avenue
Milwaukee, WI 53207

Technical Assistance Session
Wednesday, August 19, 2009

9:00a.m. – 11:00 a.m.
CATC Auditorium
9501 W. Watertown Plank Rd.
Milwaukee, WI 53226

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:30 p.m. on **Friday, September 4th, 2009**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Applications may be mailed or delivered to:

**Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
Room 109
1220 West Vliet Street
Milwaukee, WI 53205**

Following the application review process outlined in the *Technical Requirements*, contract award recommendations will be presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole, the County Board's action.

To receive information or assistance, please contact the following persons:

Program information:

Marietta Luster, Disabilities Services Division, (414) 289-6758
Karin Bachman, Disabilities Services Division, (414) 289-6033
Michelle Naples, Delinquency and Court Services Division, (414) 257-5725
Judy Roemer-Muniz, Management Services Division, (414) 289-6692
James Mathy, Housing Division, (414) 257-7689
Walter Laux, Behavioral Health Division, (414) 257-or7955
Rochelle Landingham, Behavioral Health Division (414) 257-7337

Technical Requirements (questions about application requirements):

Jane Alexopoulos, Disabilities Services, (414) 289-5896
Dave Emerson, Delinquency and Court Services, (414) 257-7284
Judy Roemer-Muniz, Management Services, (414) 289-6692
Wes Albinger, Housing Division, (414) 289-5871
Rochelle Landingham, Behavioral Health, (414) 257-7337

Fiscal/budget questions: Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,



Lisa Marks
Interim Director
Milwaukee County Department of Health and Human Services

Targeted Case Management Program (TCM)
#M0013 & #M0014

Definition

Targeted case management is a modality of mental health practice which addresses the overall maintenance of a person with mental illness including his / her physical, psychological and social environment with the goal of facilitating physical survival, personal health, community participation and recovery from or adaptation to mental illness. Targeted case management puts primary emphasis on a therapeutic relationship and continuity of care.

Target population

Persons served by TCM services have Axis I and / or Axis II diagnoses without the severity or persistence that qualifies them for a CSP and yet have a disorder requiring more than outpatient or ambulatory therapy. The target population is at high risk for re-hospitalization or for drifting into the chronic young adult population and/ or often have concomitant substance abuse, developmental disorders, organic illness and homelessness. Persons who are served by the program must:

- Be a Milwaukee county resident;
- Be at least 18 years of age **and if over the age of 60 have been screened for Family Care;**
- Have an Axis I diagnosis with either psychotic or major affective disorder or an Axis II diagnosis in cluster A or B, based on DSM-IV;
- Have demonstrated functional limitation in the last six months in one or more of the following areas: housing, employment, medication management, court mandated mental health services, money management, or symptom escalation to the point of requiring emergency intervention or hospitalization; and
- Be screened and found eligible for services through a SAIL assessment.

Program levels

There are two levels of targeted case management services:

1. **Level I (standard) TCM, Program #M013.** Applicants are expected to provide outreach case management and must refer to the "Behavioral Health Division's Standards of Practice for Targeted Case Management (TCM)" for further information regarding TCM program requirements, e.g., admission timeliness, staff to client ratios, services to be provided, billing and staff professional requirements. The Standards of Practice are available at the BHD Service Access to Independent Living (SAIL) office, 9201 Watertown Plank Road, (414)-257-8095.

2. **Level II (clinic-based) TCM, Program #M014.** Applicants are expected to provide primary clinic-based mental health services to individuals who are not appropriate for primary outreach case management services. Individuals served in this program will have a primary serious and persistent mental illness. Programs must meet the following requirements:

- Case managers will maintain a caseload of sixty (60) consumers;
- Case managers will practice with a team approach to assure adequate coverage, team collaboration and provider support;
- Services need to be available forty (40) hours per week with on-call coverage after regular hours; and
- All documentation must meet the requirement.

In addition to mental health services, the program will provide:

- Essential payee ship and money management services
- Linkage to other health and social services
- A minimum of four outreach (in-home) visits and eight face-to-face visits per year

Program Requirements

Please include specifics in the narrative on how the following would be met:

Service Access

- SAIL referrals on individuals hospitalized on BHD **inpatient** units will have service initiated **within 24, working day, hours.**
- SAIL referrals on individuals in the **community** will have service initiated within **72, working day, hours** unless otherwise indicated on the referral.
- In cases where there is **difficulty accessing** an individual the case manager will **contact the SAIL Care Coordinator** to develop strategies on how to meet and serve the consumer.
- **Within 24, working day, hours of notification of a consumer admission** to the BHD, the program is expected to contact the respective inpatient or Observation unit to collaborate on a discharge plan.
- Emergency on-call services 24/7/365.

Utilization Review

- Policy and process to identify consumers who are candidates to transition to less intensive or more intensive models of service or support in accordance with TCM discharge criteria as established by SAIL and the TCM network.
- Policy and process for identifying and **referring individuals who turn 60 years of age** to Family Care.

Contract Management

- Programs are expected to maximize third party revenue, including billing for Crisis Case Management services.

Crisis Case Management

- Staff capability, infrastructure, and financial resources to provide "Crisis Case Management Services (CCM)", known as "Linkage and Coordination Services" under HFS 34, "Emergency Mental Health Service Programs".
- Plan and process for identification of persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if more intensive supportive services are not provided.
- Submission of Prior Authorizations for the provision of CCM services to individuals who are in need of crisis services.
- Plan for following billing guidelines as described in Wisconsin Medicaid Provider Handbook Part H, Division VI for "crisis intervention services".

Units of Service (UOS)

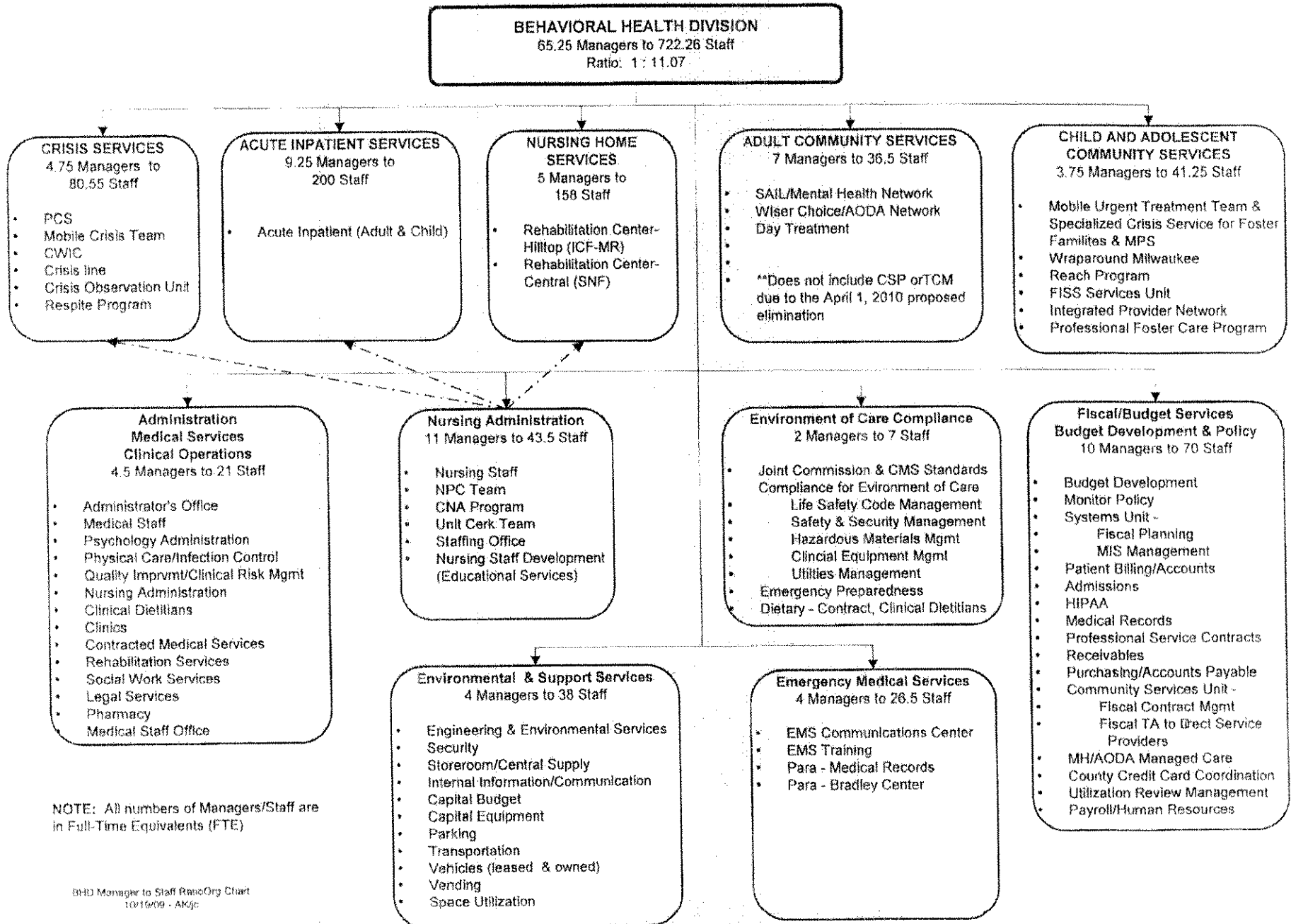
A unit of service is one quarter hour (1/4) of direct service time. Direct service is the time spent providing service to program participants, which includes: face-to-face contacts (office or community), collateral contacts telephone contacts, consumer staffing sessions, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meetings, in-service training, etc.

Documentation

Direct service time must be documented through an entry in case notes, or narrative, for units billed. The narrative entry must include: the date of the contact, the type of the contact (face to face, collateral, phone, etc.), who the contact was with, the content of the contact, and the number of units (the length of contact). The case narrative must be contained in the case chart records maintained by the agency. In addition documentation should include the following:

- Comprehensive assessment.
- Case plan per clinical standards, collaboration and identification of those involved, including **signature of the consumer**.
- Integration between the assessment, treatment plan, service delivery and progress reporting
- Evidence of a strength assessment and strength based service approach
- Stated consumer preference(s)
- Evidence of recovery focused goals, treatment plan and service delivery
- Evidence that a method is in place to assure that all services submitted for payment have met corresponding requirements and are present in the chart.

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION Manager to Staff Ratio



NOTE: All numbers of Managers/Staff are in Full-Time Equivalents (FTE)

COUNTY OF MILWAUKEE

Interoffice Memorandum

DATE: October 13, 2009

TO: Supervisor Elizabeth Coggs, Chair, Committee on Finance and Audit
Supervisor Peggy West, Chair, Committee on Health and Human Needs

FROM: Jennifer Collins, County Board Research Analyst

SUBJECT: Behavioral Health Division (BHD) Request for Additional Information (Org. Unit 6300) *jc*

BACKGROUND

On October 8, 2009, the Committee on Finance and Audit convened for a budget hearing to discuss a number of sections contained in the 2010 Recommended Budget, including Org. Unit 6300, the Behavioral Health Division.

The matter was laid over pending receipt of the following information from County Board staff: A) a side-by-side comparison of services that were funded in the 2009 Adopted Budget versus services funded in the 2010 Recommended Budget, B) the number of positions being proposed for abolishment and how the reduction will affect the ability to serve clients, and C) an analysis of the bilingual aspect of privatizing Community Support Programs (CSP) and Targeted Case Management (TCM). The following analysis contains the requested information.

Additional items were referred to departmental staff, and will also be submitted to the Committee on Health and Human Needs for review in the October cycle.

ANALYSIS

A) Side-by-Side Comparison of Services Funded in 2009 (Adopted) versus 2010 (Recommended)

See ATTACHMENT A.

B) The Number of Positions Being Proposed for Abolishment and How the Reduction Will Affect the Ability to Serve Clients

The 2010 Recommended Budget contains the abolishment of 146.5 FTEs. ATTACHMENT A contains a full analysis of clients served in 2009 versus those served under the proposed 2010 budget. In summary,

- It is estimated that the Day Treatment Program redesign will result in 11 fewer clients served (due to the reduction of two treatment teams to one treatment team);
- It is estimated that an equal number of CSP slots will be purchased in the community in 2010 as purchased and run by BHD in 2009;
- It is estimated that an additional 180 TCM slots will be purchased in the community in 2010. The BHD-administered program had 234 slots so that under this proposal 54 fewer slots will be available;
- The Detox Program redesign could result in a reduction of up to ten medical detox beds;
- The Department anticipates that the same level of service or better will result from the outsourcing of Housekeeping.

C) An Analysis of the Bilingual Aspect of Privatizing CSP and TCM

There are approximately 18-20 bilingual clients for all of the CSPs; the BHD-administered CSP handles most of these clients. BHD currently has two Spanish-speaking case managers (at CSP South). Two of the entities BHD contracts with have Spanish-speaking staff members—Bell South has two Spanish-speaking staff members and WCS has six Spanish-speaking staff members.

There are less than 15 bilingual clients in TCM; the BHD-administered TCM does not handle any of these clients. Two of the entities BHD contracts with have Spanish-speaking case managers (TLS and S3R).

For reference, 18-20 clients represent approximately one caseload. Every CSP and TCM contract has a requirement that vendors make provisions for non-English speaking clients.

Members of the Committee on Finance and Audit also inquired about additional revenue, which could be raised through the sale of old photography and musical equipment stored at BHD. Departmental staff is still working on itemizing materials to fulfill this request. A partial list of the musical equipment available for sale is contained in ATTACHMENT B. It should be noted that an appraisal has not yet been initiated to confirm the value of the pieces.

As mentioned in the opening paragraphs, additional informational requests were also referred to the Committee on Health and Human Needs for review in the October cycle. It is anticipated that a report responding to the following items will be prepared by Departmental staff to be presented to that committee this month:

- 1) The programmatic redesign of the Day Treatment Program (and the Dialectical Therapy Model), Community Support Programs (CSP), and Targeted Case Management (TCM)
- 2) An independent verification that the private sector has the capacity to provide the

- needed number of additional CSP and TCM slots in the community
- 3) A rationale for why Emergency Medical Services (EMS) was transferred to BHD
 - 4) The Requests for Proposals (RFPs) mentioned in the 2010 Recommended Budget

This report is informational only and is provided to assist policymakers with 2010 budget deliberations.

cc: Lee Holloway, County Board Chairman
Scott Walker, County Executive
Cynthia Archer, Director, Department of Administrative Services
Steve Kreklow, Fiscal & Budget Administrator
Lisa Marks, Interim Director, Department of Health and Human Services
John Chianelli, Administrator, Behavioral Health Division
Jerome Heer, Director of Audits
Steve Cady, Fiscal & Budget Analyst, County Board

ATTACHMENT A

DHHS-BHD (Org. Unit 6300) Budget Comparison – Adopted 2009 vs. Recommended 2010

PROGRAMMATIC ANALYSIS

Program (page number)	2009 Adopted	2009 Clients Served	2010 Recommended	2010 Clients Served	Change
State Mental Health Institutes (p. 6300-7/p. 268)	Expenditure: \$660,000 Revenue: \$0 Levy: \$660,000	Adult patients from Milwaukee County sent to State mental health institutes (Average of 2 Adults)	Expenditure: \$760,000 Revenue: \$0 Levy: \$760,000	Child, adult, and elderly patients from Milwaukee County sent to State mental health institutes (Average of 2 Adults plus the local share for one Child)	Expenditure: \$100,000 Revenue: \$0 Levy: \$100,000
Discharge Planning-Housing Funding (p. 6300-7/p. 268)	Expenditure: \$0 Revenue: \$0 Levy: \$0	Never budgeted previously. 225 Clients	Expenditure: \$125,000 Revenue: \$0 Levy: \$125,000	225 Clients	Expenditure: \$125,000 Revenue: \$0 Levy: \$125,000
Day Treatment Program (p. 6300-7/p. 268)	Expenditure: \$2,288,690 Revenue: \$2,154,072 Levy: \$134,618	2 treatment teams 25 clients served	Expenditure: \$2,040,192 Revenue: \$2,154,072 Levy: (\$113,880)	1 treatment team 14 clients served	Tax Levy Savings: (\$342,766)
Community Support Programs (CSP) (p. 6300-8/p. 269)	Expenditure: \$5,453,794 Revenue: \$2,138,202 Levy: \$3,315,592	334 provided by BHD (1,357 total slots)	Expenditure: \$2,515,689 Contract: 1,027,826 Revenue: \$534,541 Levy: \$3,008,974	334 additional slots purchased in the community (1,357 total slots)	Tax Levy Savings: CSP (\$461,892)
Targeted Case Management Program (TCM) (p. 6300-8/p. 269)	Expenditure: \$1,901,122 Revenue: \$532,000 Levy: \$1,369,122	234 provided by BHD (1,171 total slots)	Expenditure: \$1,159,782 Contract: \$255,000 Revenue: \$133,000 Levy: \$1,281,782	180 additional slots purchased in the community (for a reduction of 54 slots or 1,117 total slots)	Tax Levy Savings: (\$131,498)

CSP/TCM Together (p. 6300-8/p. 269)		3,042 slots		2,988 slots, reduction of 54	Tax Levy Savings: (\$593,390)
AODA Contracts (p. 6300-8/p. 269)	Expenditure: \$18,737,108 Revenue: \$16,783,420 Levy: \$1,953,688	Contracts, including: Fighting Back- \$753,220 ARCW-\$263,957 IMPACT 211- \$480,000 (DHHS & BHD)	Expenditure: \$17,359,163 Revenue: \$16,504,120 Levy: \$855,043	Contracts, including: Fighting Back- \$697,957 ARCW-\$184,000 IMPACT 211- \$480,000 (DHHS & BHD)	Tax Levy Savings: (\$135,220)
Detox Program (p. 6300-9/p. 270)	(Included Above) Total contract amount was \$3,072,145 with \$2,942,145 going to medical detox and \$130,000 for social detox	Medical Detox: 27 beds filled each day of the year Social Detox: 9 beds filled per day of the year	Included Above Total contract amount is \$2,572,145; funding allocations for medical and social detox are TBD.	Could result in the reduction of up to 10 medical detox beds	Tax Levy Savings: (\$500,000)
Child & Adolescent Community Services (p. 6300-9/p. 270)	Expenditure: \$41,333,703 Revenue: \$41,730,255 Levy: (\$396,552)	Wraparound FOCUS FISS MUTT REACH	Expenditure: \$43,959,702 Revenue: \$44,939,467 Levy: (\$979,765)	Wraparound FOCUS FISS MUTT REACH	Tax Levy Savings: \$0

OPERATIONAL/PERSONNEL ANALYSIS

Initiative (page number)	2009 Adopted	2010 Recommended	Change	Effect
Day Hospital Operations ("Consolidation into Psychiatric Hospital") (p. 6300-6/p. 267)	Utilities: \$2,686,906	Utilities: \$2,131,797	Tax Levy Savings: (\$471,136) assoc with Day Hospital closure	129,000 square feet/approximately 10 acres vacated (\$471,136) assoc with Day Hospital closure, remainder assoc with Food Service Building and adjusting for actual experience

Redesign of the Day Treatment Program (p. 6300-7/p. 268)	Fiscal information is listed on the "programmatic analysis" table on page 1 of this attachment.			3.85 net FTE of positions are abolished
Outsourcing of TCM and CSP (p. 6300-8/p.269)	Fiscal information is listed on the "programmatic analysis" table on pages 1 and 2 of this attachment.			33.0 FTE abolished related to CSP; 9.0 FTE abolished related to TCM
Outsourcing of Housekeeping (p. 6300-6/p. 267)	Expenditure: \$1,787,575 Revenue: 0 Levy: \$1,787,575	Expenditure: (\$105,889) Revenue: 0 Levy: (\$105,889)	Tax Levy Savings: (\$1,408,188)	51.0 FTE abolished
Redesign of Operations within BHD (p. 6300-6/p. 268)	N/A	N/A	Tax Levy Savings: (\$393,931)	Includes a reduction in Skilled Trades crosscharge and security contract reduction off-set by a grounds contract, Operations Manager position transfer in, contract for volunteer coordination and a copier initiative
Medical Records Efficiencies (p. 6300-7/p. 270)	Expenditure: (\$26,902) Revenue: \$6,000 Levy: (\$32,902)	Expenditure: (\$175,929) Revenue: \$6,000 Levy: (\$181,929)	Tax Levy Savings: (\$102,924)	Abolishment of (upon vacancy): 2.0 FTE Medical Records Supervisor; Create: 1.0 FTE of Asst Medical Records Administrator; Transcription services are provided by a new vendor
3% Reduction (p. 6300-5/p. 266)	N/A	N/A	Tax Levy Savings: (\$592,698)	\$100,000 reduction in unallocated Community Services contracts; Abolishment of: 2.0 FTE RN, 1.0 FTE Psychometry Tech., 1.0 FTE Accounting Coordinator (CHRP) and 1.0 FTE Exec. Dir. 2 – Associate Hospital Administrator
Clerical Consolidation (p. 6300-5/p. 266)	N/A	N/A	Tax Levy Savings: (\$494,184)	Abolishment of: 2.0 FTE Clerical Asst. 2, 1.0 FTE Admin Asst. NR, 1.0 FTE Office Asst. 2 and 4.0 FTE Secretarial Asst.
Wraparound Position Adjustment (p. 6300-9/p. 270)	See WRAP above	See WRAP above	Tax Levy Cost: \$2,651	Abolishment of (upon vacancy): 2.0 RN 2 and 1.0 Psych Social Worker Create: 2.0 RN 2 WRAP and 2.0 Human Service Supervisor
Misc. Consolidation ("Consolidation/Reevaluation of Duties") (p. 6300-5/p. 266)	N/A	N/A	Tax Levy Savings: (\$623,923)	Abolishment of: 3.0 FTE Certified Occupational Therapy Assistants, 1.0 FTE Distribution Asst., 1.0 FTE Stores Clerk 3, 1.0 FTE Sewing Machine Operator 2 (offset with a \$15,000 contract for

				alteration services), 1.0 FTE BH Emergency Service Clinician, 1.0 FTE Contract Services Coordinator, and 1.0 FTE Accountant 4 (Hospital)
--	--	--	--	---

MISCELLANEOUS REVENUE ANALYSIS

Revenue Source (page number)	2009 Adopted	2009 Programs Funded	2010 Adopted	2010 Programs Funded	Change
Access to Recovery Grant (p. 6300-8/p. 269)	\$4,824,950	AODA Contracts	\$4,584,650	AODA Contracts	(\$240,300) The 3 rd year of the ATR grant has a 5% hold back per federal grant requirements which accounts for the reduction
GPR (p. 6300-8/p. 269)	Total State Rev: \$59,559,177		Total State Rev: \$59,366,026		(\$215,385)
Hospital System Partners (p. 6300-9/p. 270)	\$500,000	16 crisis respite beds in the Adult Crisis Services Area	\$500,000	16 crisis respite beds in the Adult Crisis Services Area	\$0
Potawatomi Revenue (p. 6300-8/p. 269)	\$837,203	\$500,000 AODA Non-TANF; \$337,203 Community Health Services-Mental Health	\$837,203	\$500,000 AODA Non-TANF; \$337,203 Community Health Services-Mental Health	\$0
Budget Reconciliation (p. 6300-6/p. 268)	\$130,76,942	N/A	\$128,293,788	N/A	(\$2,468,154) Includes \$1.6 million reduction of one-time revenue in the 2009 budget

ATTACHMENT B

Partial Itemized List of Equipment Available for Sale at BHD

*Please note that an appraisal has not been completed to determine the value of each piece. Worth may vary depending on the following factors: type of instrument, material used, age, make, model, condition, etc. An initial analysis of the instruments is also included.

List of Instruments:

- 1 Upright Bass
- 4 Accordions
- 1 French Horn
- 1 Hand Bell set
- 1 Banjo
- 1 Cello
- 3 silver plated Clarinets
- 2 Baritone Horns
- 5 Alto Saxophones
- 4 Trombones
- 5 Trumpets
- 4 Violins
- 1 Fender Bronco Electric Guitar
- 1 Guild Electric Guitar
- 3 Clarinets
- 28 Guitars (some steel string some nylon string)
- 1 Electra Electric Bass Guitar
- 3 Omnichords
- 30 Ukuleles

22 Autoharps

17 Melodicas (may have Antique value)

Instrument Condition Analysis:

Instrument	Model	Brand	Condition
Trombone	Cleveland Superior	King Craftsmen	Excellent
Alto Saxophone	Made in France	Noblet	Very good (mother of pearl keys)
Accordion	Many tone buttons	Karpek	Excellent
25 Chromatic Brass Bells	Carillons	Schulmerich	Very Good/Excellent
Clarinet		Vito	Very good
Trombone		Conn	Good
Silver Clarinet		3 Starr	Needs mouthpiece
Clarinet		Conn	Good
Trombone		Beauideal	Needs mouthpiece
Clarinet		Conn	Good
Tenor Saxophone		Conn	Good

COUNTY OF MILWAUKEE
Interoffice Memorandum

DATE: October 23, 2009

TO: Supervisor Elizabeth Coggs, Chair, Committee on Finance and Audit
Supervisor Peggy West, Chair, Committee on Health and Human Needs

FROM: Jennifer Collins, County Board Research Analyst *Jc*

**SUBJECT: Behavioral Health Facility Request for Additional Information
(WE033)**

BACKGROUND

On October 14, 2009, the Committee on Finance and Audit convened for a budget hearing to discuss a number of sections contained in the 2010 Recommended Capital Budget, including WE033, the Behavioral Health Facility.

The matter was laid over pending receipt of the following information from County Board staff:

- A timeline to build new
- What items are included in the renovation plans that need to be immediately addressed
- A side-by-side analysis comparing the options of renovating the current facility to building a brand new facility to renovating while building new

Where possible, the following analysis contains the requested information.

Additional items related to the recommended sole source contract proposal were referred to the Department of Administrative Services.

ANALYSIS

▪ **A timeline to build new**

The following estimate on the timeline to build new was included in a September 2, 2009, report from the St. Michael's Facility Lease Workgroup (see excerpt from report below):

A realistic timeline for a build new option on a site near the current BHD facility is 36 months from the time County Board approved funding is in place to substantial project completion. This 36-month estimate does not include time for identifying and approving a specific site, nor does it anticipate extraordinary local zoning or planning commission approval delays.

- **What items are included in the renovation plans that need to be immediately addressed**

According to the Capital Improvement narrative, the purpose of this project (as stated in paragraph 2) is to “renovate the existing Behavioral Health Facility” to “provide efficient space for BHD operations.” In testimony before the Health and Human Needs Committee, the BHD Administrator characterized the plan as a “paint up/fix up.”

According to the Department, maintenance needs have been taken care of with operating funds. The 2010 Recommended Budget includes \$2,570,339 in funding for building maintenance (including personnel costs). In addition, the Capital proposal also includes items, which cannot be bonded for, and as stated in the narrative “there may be major maintenance items contained in the project, particularly the refurbished or remodeled work elements, that would be financed with operating funds” (stated in paragraph 4).

County Board staff requested that the Department provide a list of improvements contained in the Capital request that need to be immediately addressed (where “immediately addressed” is defined as a maintenance need that would affect the health, safety, and welfare of building occupants). The Department responded that maintenance items of immediate concern are routinely taken care of with budgeted operating funds. The facility does not currently have any maintenance violations.

Therefore, while the Recommended Capital Budget narrative does state that “improvements to the BHD facility have been postponed in recent years due to the consideration of alternative proposals...” it can be concluded that the major focus of this project is to redesign the overall space at the Behavioral Health Facility to align with the current space needs rather than to address dire maintenance needs.

- **A side-by-side analysis comparing the options of renovating the current facility to building a brand new facility to renovating while building new**

Based on the data currently available, it was not possible for County Board staff to compile an up-to-date side-by-side analysis in the short time frame allotted. County Board staff has not been given any additional information regarding specific renovation plans other than what was provided in the 2010 Recommended Capital Budget or the two reports dated June 23, 2009 and August 31, 2009, which were presented to the Committee on Health and Human Needs. Information provided in the aforementioned documents lacks the detail needed to provide thorough analysis. In addition, if members of the committee want an updated analysis on building new, it is prudent to obtain a revised estimate from a hired consultant with experience in designing medical facilities.

That said, information previously compiled and analyzed by County Board staff comparing renovation of the existing facility and building new is summarized below for review by the committee.

BHD Facility: Renovation	BHD Facility: Build New
<p><i>*According to 2010 Recommended Capital Improvements Budget</i></p> <p><u>Cost estimates:</u> \$12,596,494</p> <p><u>Project Scope:</u></p> <ul style="list-style-type: none"> ▪ 4 phases (master planning, psychiatric crisis renovation, patient unit remodeling/refurbishing, office space remodel) ▪ Reduces size of facility by 129,000 square feet (the current facility has 591,000 square feet) 	<p><i>*A revised estimate is not available.</i></p> <p><u>Cost estimates:</u> Dependent on site, construction date, and project scope</p> <p><u>Project Scope:</u></p> <ul style="list-style-type: none"> ▪ New construction could be built to fit the current needs with plans to expand/condense if facility needs change in the future
<p><i>*Prior estimates (cost estimates taken from the June 11, 2008 County Board staff report, including attachments)</i></p> <p><u>Cost estimates:</u> 25-year cost to renovate BHD to a new care model = \$379,598,769 (with an average annual cost of \$15,183,951)</p> <p><u>Project Assumptions:</u></p> <ul style="list-style-type: none"> ▪ Reduction in size of facility (including the Day Hospital) ▪ Renovation of patient areas and office space ▪ Cost to move patients to another facility during renovation 	<p><i>*Prior estimates (cost estimates taken from the June 11, 2008 County Board staff report, including attachments)</i></p> <p><u>Cost estimates:</u> 25-year cost to build a new facility = \$421,673,281 (with an average annual cost of \$16,866,931)</p> <p><u>Project Assumptions:</u></p> <ul style="list-style-type: none"> ▪ Built on County-owned land (though not on the current facility site) ▪ 410,000 square feet with flexibility to create a space to perfectly fit needs

County Board staff was also unable to compile an estimate associated with the cost to renovate while building new. In discussions with the County DTPW-AE&E Department Director, working on the projects simultaneously would not change the cost of either project. So that if policymakers decided to renovate the existing facility while building new, the costs associated with both projects would remain. If the inquiry was intended to estimate the cost to continue maintenance at the current facility through the construction of a new facility, that cost estimate would equal the capital cost of building new while continuing to maintain the maintenance funds in the operating budget (so that the cost estimate would essentially equal that of the “build new” option).

This report is informational only and is provided to assist policymakers with 2010 budget deliberations.

cc: Lee Holloway, County Board Chairman
Scott Walker, County Executive
Cynthia Archer, Director, Department of Administrative Services
Steve Kreklow, Fiscal & Budget Administrator
Lisa Marks, Interim Director, Department of Health and Human Services
John Chianelli, Administrator, Behavioral Health Division
Jerome Heer, Director of Audits
Steve Cady, Fiscal & Budget Analyst, County Board