



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

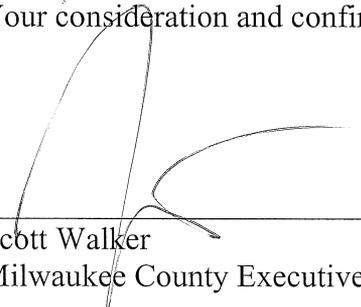
SCOTT WALKER • COUNTY EXECUTIVE

1

Date: November 4, 2010
To: Lee Holloway, County Board Chairman
From: Scott Walker, County Executive
Subject: **Appointment to Emergency Medical Services Council**

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97.07 of the Milwaukee County Ordinances, I am hereby appointing Chief Franklin E. Lockwood of the St. Francis Fire Department to serve on the Emergency Medical Services Council. He will replace Chief Jonathan Cohn as the Suburban Chief BLS representative on the council, and his term will expire on August 31, 2012. His resume is attached for your review.

Your consideration and confirmation would be appreciated.



Scott Walker
Milwaukee County Executive

SKW/bn

cc: Supervisor Peggy West, Chair - Health and Human Needs
Supervisor Mark Borkowski, EMS Council Chair
Milwaukee County Board of Supervisors
Terry Cooley
Carol Mueller
Jodi Mapp
Chief Franklin E. Lockwood

Franklin E. Lockwood

| | |
|---|--------------------|
| Entered Fire Service as a paid-on-call FF | July 20, 1978 |
| Wisconsin Licensed EMT | 1979 |
| Hired fulltime | June 27, 1988 |
| Lieutenant | October 1, 1999 |
| Captain | November 12, 2004 |
| Fire Chief St. Francis, WI | September 17, 2007 |

- Hold an Associates Degree in Fire Science
- Pursuing a Bachelors Degree in Public Administration for the fire Service with a Minor in Emergency Disaster Management
- Has held the department positions of:
 - Public Education Officer
 - Assistant Training Officer
 - Training Officer
 - Fire Investigator
- Held the position of Secretary, Treasure, Vice President and President of the Milwaukee County Training Officers Association
- Recently Secretary Treasurer Milwaukee County Fire Chiefs
- Investigator for Racine County Fire Investigation Task Force
- Developed and implemented the St. Francis Fire Department High School Firefighter Cadet Program (now in its 10th year)
- Member of the Wisconsin Chapter 25 of the IAAI
- Member at the International level of the International Association of Arson Investigators
- Past Board member of the IAAI Juvenile Firesetters Committee
- Responsible for the Local Ordinance 919.20 Prohibiting Ignition Device to juveniles

Married to Sharon for over 32 years, two adult children; Lisa (Nurse Practitioner) and Ben (Police Officer)



Date : November 23, 2010
To : Supervisor Lee Holloway, County Board Chair
From : Donald Natzke, Director, DAS Office for Persons with Disabilities
Subject : **AGENDA ITEM – HUMAN NEEDS & SERVICES COMMITTEE
(Three Year Lease with Goodwill Industries for Wil-O-Way Grant)**

I respectfully request that the attached resolution, lease and fiscal note be placed on the next agenda for the Human Needs Committee. This resolution would authorize and direct the Director, Office for Persons with Disabilities, to enter into a three-year agreement with Goodwill Industries of Southeastern Wisconsin, Inc. to lease the Wil O Way Grant facility for their Senior Day Care program

If you have any questions, please contact me (3935). Thank you.



Donald Natzke
Director
DAS Office for Persons with Disabilities

1 By the Committee on Health and Human Needs
2
3 From the Director, Office for Persons with Disabilities authorizing the Director to enter into
4 a multi year agreement with GOODWILL INDUSTRIES OF SOUTHEASTERN
5 WISCONSIN, INC. to lease the Wil-O-Way Grant facility.
6

7
8 **A RESOLUTION**

9 WHEREAS, the Milwaukee County Office for Persons with Disabilities was given
10 responsibility for two former Parks facilities, Wil-O-Way Underwood and Wil-O-Way
11 Grant to provide programming for people with disabilities in 2002, and
12

13 WHEREAS, Goodwill Industries of Southeastern Wisconsin, Inc. has been a stable tenant
14 and the prime lessee of these buildings for approximately 18 years housing their Senior
15 Day Care Program; and
16

17 WHEREAS, Goodwill Industries of Southeastern Wisconsin, Inc has expressed an interest in
18 continuing this lease relationship for the foreseeable future; and
19

20 WHEREAS, renewing one year leases costs tax dollars in terms of staff time and
21 productivity for the Office for Persons with Disabilities, Risk Management, Corporation
22 Counsel, and the County Board;
23

24 NOW THEREFORE BE IT RESOLVED that the County Board of Supervisors does hereby
25 authorize and direct the Director, Office for Persons with Disabilities, to enter into a three
26 year agreement with Goodwill Industries of Southeastern Wisconsin, Inc ; to lease Wil-O-
27 Way Grant for its Senior Day Care Program.
28

29 **FISCAL NOTE:** The adoption of this resolution will not require the expenditure
30 of any County Tax Levy beyond the amount authorized in the
31 Office for Persons with Disabilities 2011 adopted budget.
32

AGREEMENT BETWEEN

MILWAUKEE COUNTY EXECUTIVE OFFICE FOR PERSONS WITH DISABILITIES
AND
GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.

This Agreement made and entered into this _____ day of _____, 2011 by and between MILWAUKEE COUNTY acting through its MILWAUKEE COUNTY EXECUTIVE OFFICE FOR PERSONS WITH DISABILITIES (hereinafter referred to as "Office for Persons with Disabilities"), 901 N. 9 Street, Room 307 B., Milwaukee, Wisconsin 53233; and GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., 5300 North 118th Street, Milwaukee, Wisconsin 53225, contact: Jane Kirchhoff (262-970-6002) (hereinafter referred to as "GOODWILL").

WITNESSETH:

Each party in consideration of mutual promises hereby agrees as follows:

1. GOODWILL is permitted to rent the main hall of Milwaukee County's Wil-O-Way Grant Recreation Center, 207 South Lake Drive, South Milwaukee, Wisconsin 53172 on Monday through Friday from 8:00 a.m. to 4:00 p.m. On occasion the County may request usage of the Main Halls before 4:00 pm. with the consent of Goodwill staff.
2. And GOODWILL shall be accorded appropriate Office space as determined by the needs of the facility as determined by the Community Recreation Coordinator.
3. The terms of this Agreement shall be for three (3) years from January 1, 2011 to December 31, 2013 inclusive (subject to the provisions for termination hereinafter expressed).
4. It is mutually agreed that GOODWILL will pay to the Office for Persons with Disabilities the following fee:

Rental Fee

2011- \$2,166.00 per month

2012- \$2,274.00 per month

2013- \$2,387.00 per month

Payable the last day of the month from December, 2010 thru December, 2013.

Trash Removal Fee

The Office for Persons with Disabilities will contract services for trash removal. A dumpster will be located at the facility. The Office for Persons with Disabilities and GOODWILL will each pay half of the collection fee. Currently, the charge is \$89.92 per month. GOODWILL will continue to pay \$44.96 per month. In the event that the charges increase or decrease, The Office for Persons with Disabilities will submit an invoice to GOODWILL one-month in advance of payment to facilitate the changes.

GOODWILL will include this fee in the monthly rent check.

Checks shall be made payable to Milwaukee County Treasurer and mailed or delivered to Office for Persons with Disabilities at the above address.

(a) Interest: Unless waived by the County Board of Supervisors, lessee shall be responsible for payment of interest on amounts not remitted in accordance with the terms of the agreement with Milwaukee County. The rate of interest shall be the statutory rate in effect for delinquent County property taxes (presently 1 % per month

or fraction of a month) as described in Subsection 74.80(1) Wis. Stats. The obligation for payment and calculation thereof shall commence upon the day following the due dates established herein.

(b) Penalty: In addition to the interest described above, lessee may be responsible for payment of penalty on amounts not remitted in accordance with the terms of the Agreement with Milwaukee County, as may be determined by the administrator of this Agreement, or his/her designee. Said penalty shall be the statutory rate in effect for delinquent County property taxes (presently .5% per month, or fraction of a month) as described in Milwaukee County Ordinance Subsection 6.06(1) and Subsection 74.80(2), Wis. Stats. The obligation for payment and calculation thereof shall commence upon the day following the due dates established herein.

(c) Audit results: If, as a result of the annual audit required herein, additional amounts are disclosed to be due and owing to Milwaukee County, interest and penalty shall be calculated thereon in accordance with the above method. Lessee shall remit to Milwaukee County any additional amounts identified due and owing for the audit including interest and penalty thereon within thirty (30) days following receipt of the audit report by Milwaukee County.

(d) Non-exclusivity: This provision permitting collection of interest and penalty by Milwaukee County on delinquent payments is not to be considered Milwaukee County's exclusive remedy for lessee's default or breach with respect to delinquent payment. The exercise of this remedy is not a waiver by Milwaukee County of any other remedy permitted under the Agreement, including but not limited to termination of this Agreement.

5. GOODWILL shall provide a sufficient number of employees to adequately serve their participants

6. EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE FOR MILWAUKEE COUNTY CONTRACTS.

In accordance with Section 56.17 of the Milwaukee County General Ordinance and Title 41 of the Code of Federal Regulations, Chapter 60, GOODWILL certifies to MILWAUKEE COUNTY as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination: GOODWILL certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, age, sex or disability which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. GOODWILL will post in conspicuous places, available for employment, notices to be provided by the County setting forth the provisions of the non-discriminatory clause. A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program: GOODWILL certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities and people with disabilities and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented. GOODWILL also agrees that in the event of any dispute as to compliance with the aforesaid requirements, it shall be their responsibility to show that they have met all such requirements.

Non-Segregated Facilities: GOODWILL certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors: GOODWILL certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certification in its files.

Reporting Requirement: Where applicable, GOODWILL certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan: GOODWILL certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with anyone of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, City campus, 2711 W. Wells Street, Milwaukee, Wisconsin. If a current plan has been filed, indicate where filed _____ and the contractors who have 50 or more employees to establish similar written affirmative action plans.

Employees: GOODWILL certifies that it has _____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha and Ozaukee, Wisconsin) and _____ employees in total.

Compliance: GOODWILL certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other such notification of noncompliance with EEO regulations.

7. FINANCIAL RESPONSIBILITY:

A. To the fullest extent permitted by law, GOODWILL agrees to be financially responsible for all loss or expense, including costs and attorney's fees by reason of liability for damages, including suits at law or in equity, caused by any wrongful, intentional, or negligent acts or omissions of GOODWILL, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

B. INDEMNITY. The Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the COUNTY, and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused .by any wrongful, intentional, or negligent act or omission of the Contractor, or it's (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save COUNTY harmless from any award of damages and costs against COUNTY for any action based on U.S. Patent or Copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this Agreement.

C. INSURANCE. Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Workers' Compensation claims as required by the State of Wisconsin, including employers liability and business insurance covering general liability and automobile coverage in the following minimum amounts.

Type of Coverage

Minimum Limits

Wisconsin Workers' Compensation or Proof
of All States Coverage Employer's Liability

Statutory
\$100,000/\$500,000/\$100,000

Comprehensive General Liability

Bodily Injury & Property
Damage (Incl. Personal Injury,
Fire Legal & Contractual & Products /
Completed Operations

\$1,000,000 Per Occurrence

\$1,000,000 General Aggregate

Automobile Liability

| | |
|---|----------------------------|
| Bodily Injury & Property Damage | \$1,000,00 Per Accident |
| All autos owned, non-owned and/or hired | |
| Uninsured Motorists | Per Wisconsin Requirements |

COUNTY, shall be named as additional insured, as its interests may appear, and be afforded a thirty day (30) written notice of cancellation or non-renewal. A certificate indicating the above coverages shall be submitted for review and approval by COUNTY for the duration of this agreement. Coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to COUNTY, if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the COUNTY for approval prior to the commencement of activities under this agreement.

D. County shall receive, six weeks prior to the contracted event, certificates of insurance before GOODWILL begins its responsibilities outlined herein.

E. County shall be named as additional insured, as its interest may appear as it relates to this contract.

F. GOODWILL and their insurer's waive their rights of subrogation against Milwaukee County as it relates to actions arising out of this contract.

G. A cross liability endorsement will be added to the certificate of insurance when it specifies Comprehensive General Liability Insurance.

H. Coverage shall be with an insurance company rated "A" per Best's Key Rating guide.

I. Coverage shall be placed with an insurance company approved by the State of Wisconsin.

J. All such proof of insurance required herein shall state that thirty (30) days written notice will be given to the County, by service of such notice upon the County, before any insurance is materially changed, canceled, or limits are markedly reduced.

K. Additional information as to policy form, retroactive date discovery provisions, and applicability retentions shall be submitted to the County, if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for wavier from the above requirements shall be submitted in writing to the County for approval prior to the commencement of activities under this agreement.

8. TELEPHONES: GOODWILL agrees, at their expense, to install and maintain telephone service for their program areas. Installation location is subject to the approval of the Community Recreation Coordinator.

9. STORAGE: GOODWILL will be allowed to maintain equipment and supplies with the approval of the Office for Persons with Disabilities liaison.

10. CLERICAL SERVICES: No secretarial or receptionist services, office supplies, or office equipment will be provided by Milwaukee County in this agreement. Use of the copier is permitted, with charges incorporated into the monthly rental charge. It is understood that bulk copying will not be done with existing equipment.

11. ACCESS: County staff shall have access to the rental areas at any time. Program and custodial staff must have access to the areas to retrieve supplies or access other rooms as needed

With mutual agreement, The Community Recreation Coordinator and contracted staff may continue to schedule daytime groups in the main hall on a limited basis at which time GOODWILL will share the main hall or use the art room. Schedules agreeable to both Coordinators will be posted monthly to allow maximal use of facilities. It is understood that any such scheduling must be mutually agreeable and that GOODWILL's clients will be invited to participate in any such events that are appropriate. The Community Recreation Coordinator will actively seek to integrate GOODWILL participants in any appropriate recreational or volunteer programs.

In the event that rain comes unexpectedly, GOODWILL will be permitted to use the art room in place of the main hall so that day camp programs can move inside. The day campers will not be scheduled to use the main hall except on rain days.

GOODWILL may use the wading pool with proper supervision. The picnic areas and garden space may also be used with the understanding that they are not to displace the day campers.

GOODWILL will be permitted to use the kitchen facilities. They must, however, provide all expendable supplies including food, drinks, paper goods, plastic ware, table coverings and dish towels. The washer and dryer will be available to Goodwill staff but not guaranteed.

For the fee of \$150.00 per year, GOODWILL will be allowed to use existing recreational equipment at the center. This fee covers normal wear and tear and is payable at the time of contract signing at the above address.

12. OTHER CONDITIONS: GOODWILL will be responsible for replacing equipment damaged due to negligence or inappropriate usage.

Milwaukee County will provide custodial services, table set up and general cleaning. GOODWILL is responsible for cleaning table tops, the kitchen and to put away and secure all their supplies used for their programs. Goodwill staff is responsible to sweep and/or spot mop the floors as spills occur throughout the day.

Major floor stripping and waxing will be scheduled at least twice annually. This work will be scheduled well in advance so as not to cause major disruption to programming. GOODWILL agrees to cooperate with scheduling this work.

13. HOLIDAYS: Wil-O-Way Centers are closed on the following dates: New Year's Day; Memorial Day; Fourth of July; Labor Day; Thanksgiving Day; Friday following Thanksgiving; Christmas Eve; and Christmas Day. GOODWILL will not use the building on these dates.

In the event of severe weather, Wil-O-Way will be closed only if the County Executive closes the Department of Parks, Recreation and Culture.

14. This Agreement may be terminated at the discretion of the DIRECTOR at any time when it is determined that the public's best interests would be served. GOODWILL upon receipt of notice of termination of Agreement shall promptly and no later than thirty (30) days thereafter remove all equipment from the site.

15. GOODWILL shall not (a) assign this Agreement or any interest under it; (b) sublet the leased premises or any part thereof; and (c) permit the use or occupancy of the premises or any part thereof by anyone other than GOODWILL, except as provided in this contract.

IN WITNESS WHEREOF, in full and complete acknowledgment of the contents of this Agreement, the parties hereto have set their hands as of this _____ day of _____ 2010.

SOUTHEASTERN WISCONSIN, INC.

by _____
Dorothy Buchanan, Vice President,
Human Service

WITNESS:

MILWAUKEE COUNTY Executive Office for
Persons with Disabilities

by _____
Donald Natzke, Director

Approved by Corporation Counsel

Reviewed by Milwaukee County Risk
Manager

H; DOCDISA/Goodwill

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11-23-10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Multi Year Lease for Goodwill Industries of Southeastern Wisconsin, Inc.

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" 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 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 | 0 | 0 |
| | Revenue | 25,992 | 27,288 |
| | Net Cost | (\$25,992) | -27,288 |
| 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.

Goodwill Industries has been leasing the two Wil O Way properties for fifteen (18) years first from the County Parks Dept and since 2002 from the Office for Persons with Disabilities . The lease arrangements are annual and involve staff time expenditures in a multitude of County departments including Office for Persons with Disabilities (OPD), Risk Management, Corporation Counsel, and the County Board for preparation, review, approval and implementation.

Goodwill has expressed an interest in continuing the executing multi year lease to save their staff time from the annual process. This will save both organizations staff time which can be devoted to other projects directly affecting people with disabilities. The Office for Persons with Disabilities seeks request to enter into a three year lease with Goodwill Industries.

Revenue relating to this lease is included in the 2011 Adopted Budget. If this lease is not approved, OPD will have a revenue shortfall which will result in a budget deficit. In order to meet the budget for 2011, OPD would then need to find an additional source of revenue or reduce expenditures.

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 Donald Natzke/Davida Amenta

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: November 19, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chair Committee on Health and Human Needs

FROM: Maria Ledger, Interim Executive Director

RE: Request for authorization to execute a contract with the Wisconsin Department of Health Services enabling the Milwaukee County Department of Family Care to serve as a Care Management Organization (CMO) under Family Care for the period January 1, through December 31, 2011, and to accept the funding provided there under.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 8, 2010.

The resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health and Family Services (DHFS) enabling the Milwaukee County Department of Family Care (MCDFC) to serve as a Care Management Organization (CMO) under Family Care for the period January 1, through December 31, 2011, and to accept the funding provided thereunder.

Family Care is an initiative by the State of Wisconsin to reorganize its Long Term Care programs for older adults and persons with disabilities. Family Care consolidates long-term care services currently funded by the state under Medicaid along with the Community Options Program, Community Options Program Waiver, and other Long Term Care programs and has created an entitlement to Home and Community Based Care alongside the entitlement to institutional care under Medicaid.

The Milwaukee County Board of Supervisors has authorized the Milwaukee County Department of Family Care to participate as a Care Management Organization (CMO) under Family Care each year since 2000. The authorization for 2010 was approved in January 2010 under File No. 09-449.

The 2011 Adopted Budget anticipates that the Milwaukee County Department of Family Care will continue to serve as one of three CMO's in Milwaukee County, with expansion of the Family Care benefit to all eligible adults between the age of 18 and 59 with disabilities. Family Care has been an entitlement to eligible seniors (60 or over) in Milwaukee County since July 2002.

The state reimburses the Department – CMO on the basis of two Per Member Per Month (PMPM) rates. Per member per month rates under Family Care may be adjusted periodically to reflect the average acuity of the clients.

If you have any questions about this resolution, please call me at 289-5908.



Maria Ledger, Interim Executive Director
Department of Family Care

cc: County Executive Scott Walker
Tom Nardelli
Cynthia Archer
Steven Kreklow
Toni Thomas-Bailey
Jim Hodson

1 From the Milwaukee County Department of Family Care requesting authorization to execute
2 a contract with the Wisconsin Department of Health Services (DHS) enabling the Milwaukee
3 County Department of Family Care to serve as a Care Management Organization (CMO)
4 under Family Care for the period January 1, through December 31, 2011, and to accept the
5 funding provided there under.
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9 A RESOLUTION

10
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12 WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a
13
14 comprehensive effort to redesign Wisconsin's Long Term Support services for older
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16 adults and persons with disabilities through a program initiative called Family Care presently
17
18 operating in Milwaukee County; and
19

20 WHEREAS, Family Care consolidates long term care services funded under Medicaid with
21
22 the state's community-based Long Term Support programs such as the Community Options Program
23
24 (COP), the Community Options Program Waiver (COP Waiver), the Community Integration
25
26 Programs (CIP), and the state's Community Aids program into a single long term care benefit
27
28 program; and
29

30 WHEREAS, a major purpose of Family Care is to divert persons requiring long term care
31
32 from expensive publicly funded nursing homes to more appropriate community-based forms of
33
34 care desired by clients; and
35

36 WHEREAS, Family Care will eliminate waitlists by November 2012 becoming an
37
38 entitlement for all eligible persons in those Wisconsin counties participating in the initiative; and
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40 WHEREAS, persons who receive services when they need them are more likely to require
41
42 lower levels of care and will benefit from preventive services, thereby avoiding the need for more
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44 expensive forms of care at a later date; and
45

46 WHEREAS, the Milwaukee County Board of Supervisors has authorized the Milwaukee
47
48 County Department of Family Care to participate as a Care Management Organization (CMO)
49
50 under the state Family Care program serving eligible persons age 60 or older since 2000; and
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52 WHEREAS, Family Care in Milwaukee County was expanded in November 2009 to serve
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54 Eligible persons with disabilities 18 to 59 years of age, broadening the focus of the Care

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Management Organization (CMO) in administering the Family Care benefit; and

WHEREAS, the State will reimburse the Milwaukee County Department of Family Care on the basis of three basic Prospective Payment Per Member Per Month (PMPM) rates, two for comprehensive care clients and one for intermediate care clients; and

WHEREAS, with the addition of eligible persons with disabilities age 18 to 59, the Care Management Organization (CMO) believes the overwhelming majority of Family Care members in Milwaukee County will continue to be comprehensive care clients; and

WHEREAS, the Family Care capitation rates may be adjusted periodically to reflected the average acuity of the clients; now, therefore,

BE IT RESOLVED, that the Milwaukee County Executive, or his designee, is hereby authorized to execute a contract with Wisconsin Department of Health Services (DHS) enabling the Milwaukee County Department of Family Care to serve as a Care Management Organization (CMO) under Family Care for the period January 1, through December 31, 2011, and to accept the funding provided thereunder.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to execute a contract with Wisconsin Department of Health Services enabling the Milwaukee County Department of Family Care to serve as a Care Management Organization (CMO) under Family Care for the period January 1, through December 31, 2011, and to accept the funding provided thereunder.

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | |
| | Revenue | 0 | |
| | 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.

This resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with Wisconsin Department of Health Services enabling the Milwaukee County Department of Family Care to serve as a Care Management Organization (CMO) under Family Care for the period January 1, through December 31, 2011 and to accept the funding provided thereunder.

Most of the funding is derived from Prospective Per Member Per Month (PMPM) payments received from the state based on a primary comprehensive capitated rate, and a secondary comprehensive capitated rate for members who receive services from MCDFC. The remainder of the funding is provided through member cost shares and for room and board where applicable. Milwaukee County must maintain a workers capital reserve, a restricted reserve and a solvency reserve to guarantee the Department - CMO will meet the contractual requirements to ensure continuity of care for enrolled CMO members in the event of an operating deficit.

The adoption of this resolution will not require the expenditure of any County Tax Levy not previously authorized in the 2011 Adopted Budget.

This resolution has no fiscal impact on 2010 other than the allocation of staff time required to prepare the accompanying report and resolution.

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.
HHN 12-8-2010 Page 18

Department/Prepared By Department of Family Care / Maria Ledger, Interim Executive Director

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: November 19, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Beth Coggs, Chair, Committee on Finance and Audit
Sup. Peggy West, Chair, Committee on Health and Human Needs

FROM: Maria Ledger, Interim Executive Director, Department of Family Care

RE: From the Milwaukee County Department of Family Care for the purposes of executing a sole source Professional Services contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care Management Organization (CMO) under Family Care for the period January 1, 2011 through December 31, 2013.

I respectfully request that the Committee on Health and Human Needs schedule the attached resolution for consideration during its meeting on December 8, 2010 and by the Committee on Finance and Audit meeting being held December 9, 2010.

The resolution authorizes the Director of the Milwaukee County Department of Family Care to execute a Professional Services contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care Management Organization (CMO) under Family Care for the period January 1, 2011 through December 31, 2013 and award \$1,730,980 in vendor service fees for the year 2011 with an annual adjustment made based on yearly changes to enrollment.

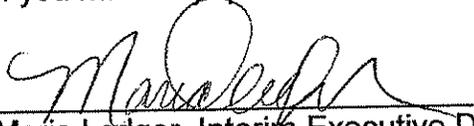
WPS is one of two selected vendors for a Master Agreement with the State of Wisconsin Department of Health Services. The Milwaukee County Department of Family Care has obtained and reviewed the responses to the DHS RFP and determined that the response to RFP submitted by WPS meets or exceeds the current TPA services now provided to The Milwaukee County Department of Family Care.

WPS has indicated a desire to contract with the Milwaukee County Department of Family Care at the same rate offered to DHS provided that the Milwaukee County Department of Family Care enters into an agreement for a period of three (3) years at the agreed upon rate computed based upon the number of members enrolled in The Milwaukee County Department of Family Care program.

The authority to extend the current contract with WPS is allowed through S.56.30 (5)(a)(3) Milwaukee County Code of Ordinances states: "The request for proposal procedure must be used for all contracts with an estimated value of one hundred thousand dollars (\$100,000.00) or more unless action is required to protect property or protect life, health or welfare of persons, **or in circumstances where contractual services are approved by specific county board action.**" (emphasis added).

Adoption of the attached resolution is necessary to allow the Third Party Administrator (TPA) who acts on behalf of the CMO to adjudicate CMO member claims and to pay providers for authorized services.

If you have any questions about this resolution, please call me at 289-5908.



Maria Ledger, Interim Executive Director
Department of Family Care

cc: County Executive Scott Walker
Cynthia Archer
Steven Kreklow
Steve Cady
Toni Thomas-Bailey
Jennifer Collins
Jim Hodson

1 From the Milwaukee County Department of Family Care for the purposes of executing a
2 sole source Professional Services contract with Wisconsin Physicians Service Insurance
3 Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care
4 Management Organization (CMO) under Family Care for the period January 1, 2011 through
5 December 31, 2013.

6
7 A RESOLUTION

8
9 WHEREAS, a major purpose of Family Care is to divert persons requiring long
10 Term care from expensive publicly funded nursing homes to more appropriate
11 community-based forms of care desired by persons in need of such services; and
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14 WHEREAS, on July 1, 2002, services under Family Care became a state and federal
15 entitlement for any eligible resident of Milwaukee County aged 60 or older; and
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18 WHEREAS, on November 1, 2009, services under Family Care were extended for any
19 eligible resident of Milwaukee County with physical and mental disabilities aged 18 to 59; and
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22 WHEREAS, the purpose of Family Care is to (1) increase access to home and
23 community-based care, (2) develop a cost-effective system of service delivery, (3)
24 ensure a consistently high quality of care, and (4) improve opportunities for consumer
25 input; and
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28 WHEREAS, the Third Party Administrator (TPA) acts on behalf of the CMO to
29 adjudicate CMO member claims and to pay providers for authorized services; and
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32 WHEREAS, following a competitive Request for Proposals process conducted in
33 2004, the Department – CMO contracted with Wisconsin Physicians Service Insurance
34 Corporation (WPS) to provide Third Party Administrator (TPA) services, for the period
35 January 1, through December 31, 2004 under a Professional Service contract authorized
36 under File No. 03-501; and
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39 WHEREAS, File No 03-501 authorized two one-year extensions (2005 and 2006)
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47 without Requests for Proposals based on satisfactory vendor performance; and

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49 WHEREAS, the County Board authorized contract extensions in 2005 and 2006
50 based on satisfactory vendor performance; and

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53 WHEREAS, in August 2006, the Department – CMO issued a new Request for
54 Proposals from qualified Third Party Administrators (TPA) with experience in reviewing
55 claims, administering benefits and issuing payments for vendor services; and

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59 WHEREAS, in response to the RFP, the Department – CMO received timely
60 proposals from two qualified entities – Wisconsin Physicians Service Insurance Corporation
61 (WPS) and Conservent; and

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65 WHEREAS, following an extensive review of both proposals and based on (1) the
66 comprehensive nature of the WPS proposal, (2) the scoring of an evaluation panel, (3) the
67 recommendation of a consultant, (4) the review of internal costs associated with changing
68 TPA, and (5) the general satisfaction of service providers of timely payments from WPS, the
69 Department – CMO recommended executing a Professional Services contract with Wisconsin
70 Physicians Service Insurance Corporation (WPS) for the period January 1, 2007 through
71 December 31, 2008, with provisions for one one-year extension (2009) without a Request for
72 Proposals based on satisfactory vendor performance; and

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81 WHEREAS, WPS consistently met or exceeded vendor performance expectations
82 as the Third Party Administrator to the Family Care CMO in 2007 and 2008 resulting in a
83 one-year extension for 2009 without a Request for Proposals as approved by the County
84 Board under File No. 08-464; and

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89 WHEREAS, the Milwaukee County Department of Family Care began providing
90 services to Family Care members age 18 to 59 in November of 2009, and to avoid a disruption in
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93 services a Professional Services Contract with Wisconsin Physicians Service Insurance
94 Corporation (WPS) to provide Third Party Administrator (TPA) Services for the expansion of
95 the Care Management Organization (CMO) under Family Care for the period January 1, through
96 December 31, 2010, was granted resulting in a one-year extension for 2010 without a Request
97 for Proposals as approved by the County Board under File No. 09-452; and
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101 WHEREAS, WPS has consistently met or exceeded vendor performance expectations
102 while remaining cost-effective as the Third Party Administrator to the Family Care CMO since
103 2004 with multiple extensions; and
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107 WHEREAS, State of Wisconsin Department of Health Services (DHS) issued an RFP for
108 Third party Administrator (TPA) services on May 7, 2009, to establish a Third Party
109 Administration contract that meets the informational, operational, and administrative needs
110 necessary to support the day-to-day claims management of the Wisconsin Long Term Care
111 Managed Care and other programs; and
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118 WHEREAS, WPS is one of two selected vendors for a Master Agreement with the State
119 of Wisconsin Department of Health Services; and
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123 WHEREAS, The Milwaukee County Department of Family Care has obtained and
124 reviewed the responses to the DHS RFP and determined that the response to RFP submitted by
125 WPS meets or exceeds the current TPA services now provider to The Milwaukee County
126 Department of Family Care; and
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130 WHEREAS, WPS has indicated a desire to contract with The Milwaukee County
131 Department of Family Care at the same rate offered to DHS provided that The Milwaukee
132 County Department of Family Care enters into an agreement for a period of three (3) years at the
133 agreed upon rate computed based upon the number of members enrolled in The Milwaukee
134 County Department of Family Care program; and
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WHEREAS, contracting with the DHS approved vendor WPS assures that the TPA services provided to The Milwaukee County Department of Family Care will comply with all DHS requirements as specified in the DHS RFP; and

WHEREAS, The Milwaukee County Department of Family Care is seeking board authority to enter into a multi-year agreement with WPS terminated upon entering into a contract under the State Master Agreement, notice by the parties or expiration of the multi-year agreement; and

WHEREAS, sufficient funds exist in the 2011 Adopted Budget allocated for this purpose; now, therefore;

BE IT RESOLVED, that the Director is hereby authorized to execute a Professional Services contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care Management Organization (CMO) under Family Care for the period January 1, 2011 through December 31, 2013, and to award \$1,730,980 in vendor service fees to be paid to WPS for the year 2011 with an annual adjustment made based on yearly changes to enrollment and \$245,711,264 in pass through dollars for member service payments to be paid to agencies providing services to Family Care members; and

BE IT FURTHER RESOLVED, the proposed contract remains contingent upon Milwaukee County Board authorization of the Department's continued participation as a Care Management Organization (CMO) under Family Care for the period January 1, 2011 through December 31, 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Milwaukee County Department of Family Care for the purposes of executing a sole source Professional Services contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care Management Organization (CMO) under Family Care for the period January 1, 2011 though December 31, 2013.

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" 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"/> 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 | 0 | |
| | Revenue | 0 | |
| | 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.

The resolution authorizes the Director of the Milwaukee County Department of Family Care to execute a Professional Services contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Care Management Organization (CMO) under Family Care for the period January 1, 2011 through December 31, 2013 and award \$1,730,980 in vendor service fees for the year 2011 with an annual adjustment made based on yearly changes to enrollment.

The resolution is necessary to allow the Third Party Administrator (TPA) who acts on behalf of the CMO to adjudicate CMO member claims and to pay providers for authorized services.

Funding is derived from payments by the state based on a primary comprehensive capitated rate and a secondary revenue source from members obligations to the program.

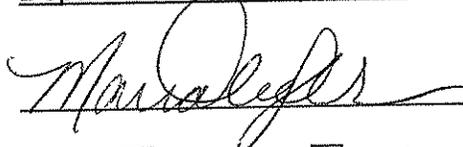
The adoption of this resolution/ordinance will require an appropriation of funds, to be provided from MCDFC capitation rate, thereby having no effect on the tax levy of Milwaukee County.

This resolution has no fiscal impact in 2010 other than the allocation of staff time required to prepare the accompanying report and resolution.

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 Department of Family Care / Maria Ledger, Interim Executive Director

Authorized Signature



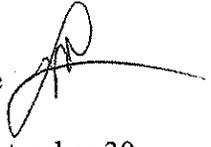
Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

5

Date: November 19, 2010

To: Supervisor Elizabeth M. Coggs, Chair, Finance and Audit Committee
Supervisor Peggy West, Chair, Health and Human Needs Committee

From: Maria Ledger, Interim Executive Director, Department of Family Care 

Subject: MCDFC Income Statement for the period January 1, 2010 through September 30, 2010

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) Income Statement of the Care Management Organization (CMO) for the period January 1, 2010 through September 30, 2010. In addition, it shows the variance of those results to the 2010 adjusted budget. The actual amounts are preliminary (see the recurring Note on the attached MCDFC-CMO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the first nine months of the year.

The CMO is showing a preliminary actual Net Income of \$2,151,598 for the first nine months of 2010. Comparing this to the adjusted budgeted Net Income of \$105,672 creates a positive Net Income Budget Variance of \$2,257,270. While preliminary results through September show actual revenues and actual expenditures below those in the adjusted budget, the variance in expenditures is smaller and thereby offsets any unfavorable.

CMO enrollment as of June 30, 2010 was 7,546 members, a net increase of 481 members from the December 31, 2009 enrollment of 7,065 members.

If you have questions concerning the attached income statement, please contact Interim Executive Director Ledger at 289-5908.

Attachment

cc: County Executive Scott Walker
Supervisor Lee Holloway
Stephen Cady
Jennifer Collins
Cynthia Archer
Steve Kreklow
Toni Thomas-Bailey
Maria Ledger
Jim Hodson
Ed Eberle

Milwaukee County Department of Family Care Managed Care Organization
Income Statement
 For the period of January 1 thru Sept. 30, 2010

| <u>Revenues</u> | 1/1/10 - 9/30/10 Preliminary Actual | 1/1/10 - 9/30/10 Adjusted Budget |
|--|--|-------------------------------------|
| Capitation Revenues - (NOTE 1) | \$171,789,262 (1) | \$172,754,835 |
| Member Obligation Revenues | \$20,592,685 | \$20,534,947 |
| Other Revenues | \$323,660 | \$200,288 |
| Total Revenues | \$192,705,607 | \$193,490,069 |
| | | |
| <u>Expenses</u> | | |
| Member Service Expenses | \$178,335,047 | \$178,550,217 |
| Administrative Expenses: | | |
| ---Labor & Fringes | \$5,393,846 | \$5,676,198 |
| ---Vendor Contracts | \$3,013,360 | \$3,424,942 |
| ---Cross Charges/internal transfers (Note 2) | \$1,738,161 (2) | \$1,620,825 |
| ---Other expenses (supplies, mileage, etc.) | \$2,073,595 | \$3,608,546 |
| --- Est. contribution to reserve | | \$715,013 |
| Total Expenses | \$190,554,009 | \$193,595,741 |
| Net Surplus/(Deficit) | \$2,151,598 | (\$105,672) |

September 2010 CMO Enrollment:

| | |
|---|--------------|
| Nursing Home (Comprehensive): | |
| 59 and Under | 1,115 |
| 60 and Over | 6,380 |
| Non-Nursing Home (Intermediate): | |
| 59 and Under | 5 |
| 60 and Over | 46 |
| Total Members Served - 9/30/2010 | 7,546 |

Note (1): The above results reflect an accrual to increase capitation revenue for new expansion members (i.e., waiver program) based on an increase in acuity (i.e., members requiring higher care plan needs) as measured by the long-term functional screen. The Department of Family Care received formal notice from the Wisconsin Department of Health Services the additional capitation payment to be received will be in the amount of \$2,046,495. This increase is for the 1st and 2nd quarters.

Note (2): Fourth quarter results will be much lower than the results from the previous three quarters of 2010. This is attributed to incurring significant expenditure increases for the move from the Ruess building to the courthouse. MCDFC was notified by the Department of Administrative Services that the Department of Family Care would be required to incur the costs of the move estimated at \$278,000. The 2010 current budget does not reflect the move. A budget transfer has been submitted in the December cycle for approval that will provide for a detailed budget line item for the move. In addition, to the move the Department of Family Care will be incurring in the fourth quarter a significant one time expenditure for new servers to replace the old servers that host the Department of Family Care's MIDAS application system. The cost of this one time expenditure is estimated at \$105,055. This expenditure is in the 2010 budget.

Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: November 23, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to award additional funds to calendar year 2010 contracts with Goodwill Industries of Southeastern Wisconsin, Inc., Interfaith Older Adult Programs, Inc., Jewish Family Services, Inc., United Community Center, Inc., Asian American Community Center, Inc., Project Focal Point, Inc., and SAGE Milwaukee, Inc., for program and service contracts originally authorized under File No. 10-34 (a)(a)

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 8, 2010.

The attached resolution authorizes the Director, Department on Aging, to award additional funds to calendar year 2010 contracts with Goodwill Industries of Southeastern Wisconsin, Inc., Interfaith Older Adult Programs, Inc., Jewish Family Services, Inc., United Community Center, Inc., Asian American Community Center, Inc., Project Focal Point, Inc., and SAGE Milwaukee, Inc., for program and service contracts originally authorized under File No. 10-34 (a)(a) and listed below:

1. Increase by \$22,000, from \$87,300 to \$109,300, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Shopping and Errand Services, and
2. Increase by \$14,106, from \$240,000 to \$254,106, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Nutrition Site Supervision (Multiple Sites), and
3. Increase by \$30,000, from \$472,000 to \$502,000, the contract with Interfaith Older Adult Programs, Inc., to provide Family Caregiver Support and Alzheimer's Disease Direct Services, and
4. Increase by \$6,014, from \$160,000 to \$166,014, the contract with Interfaith Older Adult Programs, Inc., to provide Nutrition Site Supervision Services (Multiple Sites), and
5. Increase by \$32,785, from \$271,232 to \$304,017, the contract with Interfaith Older Adult Programs, Inc., to provide Coordination of Neighborhood Services, and
6. Increase by \$15,000, from \$33,000 to \$48,000, the contract with Jewish Family Services, Inc., to provide Late Life Counseling Services, and

November 23, 2010
Sup. Lee Holloway
Sup. Peggy West
Page 2

7. Increase by \$25,000, from \$373,189 to \$398,189, the contract with United Community Center, Inc., to provide Programs in United Community Center Senior Center, and
8. Increase by \$1,800, from \$37,500 to \$39,300, the contract with Asian American Community Center, Inc., to provide Services to Asian American Elderly, and
9. Increase by \$1,317, from \$60,000 to \$61,317, the contract with Project Focal Point, Inc., to provide Programs in Minority Senior Centers, and
10. Increase by \$1,500, from \$10,000 to \$11,500, the contract with SAGE Milwaukee, Inc., to provide Outreach and Services to Lesbian, Gay, Bisexual, and Transgender Elderly.

The Department awards funds to provider agencies based on the availability of federal, state, and local funds, previous usage by older persons of programs and services, anticipated changes in service demand, and allowable costs. As with many contractual services, actual usage in each program is a function of client need, weather, and other factors that cannot be precisely known at the time contracts are awarded. When additional funds become available, the Department seeks to use those funds to fully reimburse vendors for the services they provide and for one-time only expenditures designed to maintain or enhance the quality of programs and services provided.

The proposed increases in awards to the contracts in this resolution come from the Older Americans Act, 100% Time Reporting from the Aging Resource Center, and funds remaining from the Connecting Caring Communities program established under grants from the Robert Wood Johnson Foundation and three local foundations.

If you have any questions, please contact me at 2-6876.



Stephanie Sue Stein, Director
Milwaukee County Department on Aging

cc: County Executive Scott Walker
Tom Nardelli
Jennifer Collins
Antionette Thomas-Bailey
Cynthia Archer
Steven Kreklow

November 23, 2010
Sup. Lee Holloway
Sup. Peggy West
Page 3

cc: Jonette Arms
Jeanne Dorff
Nubia Serrano
Mary Proctor Brown
Jill Knight
Diane Beckley
Beth Monrial Zatarski
Brad Peele
Greg Reiman
Gary Portenier
Pat Rogers

Attachments

RESOLUTION

WHEREAS, on December 16, 2009, the Milwaukee County Board of Supervisors authorized the Director, Department on Aging, to execute contracts to provide programs and services for the period January 1, through December 31, 2010 [File No. 10-34 (a)(a)]; and

WHEREAS, the Department awards funds to provider agencies based on the availability of federal, state, and local funds, allowable costs, previous usage by older persons of the programs and services provided, and anticipated changes in service demand; and

WHEREAS, the actual amount of services that occur under specific contracts are a function of client needs, weather, and other factors that cannot be precisely known at the time contracts are awarded; and

WHEREAS, when additional funds become available, the Department seeks to use such funds to fully reimburse vendors for services provided to eligible older adults and for one-time only expenditures designed to enhance the quality of programs and services provided; and

WHEREAS, the actual cost to provide or enhance contractual services under ten (10) 2010 program and service contracts exceed the amounts originally awarded; and

WHEREAS, the Department has identified sufficient funds available to award increases to ten (10) 2010 contracts for calendar year 2010; and

WHEREAS, the Department recommends increases in awards for the following contractual services based on actual or anticipated costs and to expend the awards as follows:

1. Increase by \$22,000, from \$87,300 to \$109,300, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Shopping and Errand Services, and
2. Increase by \$14,106, from \$240,000 to \$254,106, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Nutrition Site Supervision

53 (Multiple Sites), and

54

55 3. Increase by \$30,000, from \$472,000 to \$502,000, the contract with Interfaith Older
56 Adult Programs, Inc., to provide Family Caregiver Support and Alzheimer's Disease
57 Direct Services, and

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59 4. Increase by \$6,014, from \$160,000 to \$166,014, the contract with Interfaith Older
60 Adult Programs, Inc., to provide Nutrition Site Supervision Services (Multiple Sites),
61 And

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63 5. Increase by \$32,785, from \$271,232 to \$304,017, the contract with Interfaith Older
64 Adult Programs, Inc., to provide Coordination of Neighborhood Services, and

65

66 6. Increase by \$15,000, from \$33,000 to \$48,000, the contract with Jewish Family
67 Services, Inc., to provide Late Life Counseling Services, and

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69 7. Increase by \$25,000, from \$373,189 to \$398,189, the contract with United
70 Community Center, Inc., to provide Programs in United Community Center Senior
71 Center, and

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73 8. Increase by 1,800, from \$37,500 to \$39,300, the contract with Asian American
74 Community Center, Inc., to provide Services to Asian American Elderly, and

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76 9. Increase by \$1,317, from \$60,000 to \$61,880, the contract with Project Focal Point,
77 Inc., to provide Programs in Minority Senior Centers, and

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79 10. Increase by \$1,500, from \$10,000 to \$11,500, the contract with SAGE Milwaukee,
80 Inc., to provide Outreach and Services to Lesbian, Gay, Bisexual, and Transgender
81 Elderly; now, therefore

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83 BE IT RESOLVED, that the Director, Department on Aging, is hereby authorized to

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85 adjust awards in the 2010 program and service contracts listed above, and in the amounts

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87 recommended, to (1) reimburse vendors for the actual costs of providing services and

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89 (2) enhance the quality of programs and services provided to Milwaukee County seniors.

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 23, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to award additional funds to calendar year 2010 contracts with Goodwill Industries of Southeastern Wisconsin, Inc., Interfaith Older Adult Programs, Inc., Jewish Family Services, Inc., United Community Center, Inc., Asian American Community Center, Inc, Project Focal Point, Inc., and SAGE Milwaukee, Inc., for program and service contracts originally authorized under File No. 10-34 (a)(a)

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" 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"/> 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 | 0 | |
| | Revenue | 0 | |
| | 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.

The resolution authorizes the Director, Department on Aging, to award additional funds to calendar year 2010 contracts with Goodwill Industries of Southeastern Wisconsin, Inc., Interfaith Older Adult Programs, Inc., Jewish Family Services, Inc., United Community Center, Inc., Asian American Community Center, Inc, Project Focal Point, Inc., and SAGE Milwaukee, Inc., for program and service contracts originally authorized under File No. 10-34 (a)(a).

The Department awards funds to provider agencies based on the availability of federal, state, and local funds, allowable costs, and other factors. When additional funds become available, the Department seeks to use those funds to fully reimburse vendors for the services they provide and for one-time only expenditures designed to maintain or enhance the quality of programs and services provided.

The proposed increases in awards to the contracts included in this resolution come from unallocated Older Americans Act funds, 100% Time Reporting from the Aging Resource Center, and funds remaining from the Connecting Caring Communities program established with grants from the Robert Wood Johnson Foundation and three local foundations.

The proposed resolution has no direct fiscal impact on Milwaukee County other than the allocation of staff time required to prepare the accompanying report and resolution.

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 Department on Aging / Gary W. Portenier, Program Planning
Coordinator

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: November 23, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chair, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under the Family Care program for the period January 1, through December 31, 2011, and to accept \$2,618,222 and such other revenues as DHS may award to operate the Resource Center in 2011

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 8, 2010.

The resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under the Family Care program for the period January 1, through December 31, 2011, and to accept \$2,618,222 and such other revenues as DHS may award to operate the Resource Center in 2011.

Family Care is Wisconsin's long-term care entitlement program for the elderly and persons with disabilities. The major purpose of Family Care is to divert persons requiring long term care services from expensive publicly funded nursing homes to more appropriate community based forms of care. One essential component of Family Care enables counties to serve as an Aging and Disability Resource Center (ADRC). These centers are responsible for providing the following services: information and assistance; benefits counseling; access to SSI, SSI-E, Medicaid, and food stamps; emergency response; elder abuse and adult protective services; transitional services; prevention and early intervention services; long-term care options counseling; and access to the Family Care benefit. The Milwaukee County Board of Supervisors has authorized the Milwaukee County Department on Aging to participate as the Aging Resource Center of Milwaukee County since 2000. The 2010 authorization was approved in December 2009 under File No. 09-448.

An award of \$2,618,222 is allocated for Department on Aging to serve as the Aging Resource Center in 2011. The Department is requesting authorization to serve as the Aging Resource Center of Milwaukee County, for the period January 1, through December 31, 2011, and to accept the \$2,618,222 award and such other revenue that may be awarded for that purpose.

If you have any questions about this resolution, please contact me at 2-6876.



Stephanie Sue Stein, Director

Department on Aging
Supervisors Lee Holloway and Peggy West
November 23, 2010
Page 2

cc: County Executive Scott Walker
Tom Nardelli
Jennifer Collins
Antionette Thomas-Bailey
Cynthia Archer
Steven Kreklow
Jonette Arms
Jeanne Dorff
Nubia Serrano
Mary Proctor Brown
Chet Kuzminski
Greg Reiman
Gary Portenier
Pat Rogers

Attachment

RESOLUTION

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4 WHEREAS, the Wisconsin Department of Health and Family Services (DHFS) engaged
5
6 in a comprehensive initiative to redesign Wisconsin's Long Term Support services for older adults
7
8 and persons with disabilities; and
9

10 WHEREAS, the result of that initiative is the entitlement program called Family Care; and
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12 WHEREAS, a major purpose of Family Care is to divert persons requiring long term
13
14 care from expensive publicly funded nursing homes to more appropriate community-based
15
16 forms of care; and
17

18 WHEREAS, one component of Family Care enables counties to serve as Aging and
19
20 Disability Resource Centers; and
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22 WHEREAS, the Aging Resource Center of Milwaukee County is responsible for providing
23
24 the following services: Information and Assistance; Benefits Counseling; Access to SSI, SSI-E,
25
26 Medicaid, and Food Stamps; Emergency Response; Elder Abuse and Protective Services;
27
28 Transitional Services; Prevention and Early Intervention Services; Long-Term Care Options
29
30 Counseling; and Access to the Family Care Benefit; and
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32 WHEREAS, the Milwaukee County Board of Supervisors authorized the Department on
33
34 Aging to participate as the Aging Resource Center of Milwaukee County each year since 2000; and
35

36 WHEREAS, the Department on Aging is seeking authorization to continue to serve as the
37
38 Aging Resource Center of Milwaukee County for the period January 1, through December 31, 2011;
39
40 and
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42 WHEREAS, the State of Wisconsin has allocated \$2,618,222 to pay for the services to be
43
44 provided by the Department on Aging as the Aging Resource Center of Milwaukee County during
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46 2011; now, therefore,
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48 BE IT RESOLVED, that the Milwaukee County Executive, or his designee, is hereby
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50 authorized to execute a contract with the Wisconsin Department of Health Services enabling the
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52 Department on Aging to serve as the Aging Resource Center of Milwaukee County for the
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54 period January 1, through December 31, 2011; and

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BE IT FURTHER RESOLVED, that the Milwaukee County Executive, or his designee, is authorized to accept \$2,618,222 from the Wisconsin Department of Health Services (DHS) and such other revenues as DHS may award to operate the Aging Resource Center of Milwaukee County in 2011.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 23, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Milwaukee County Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2011 and to except \$2,619,521 and such other revenues as DHS may award to operate the Aging Resource Center.

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | |
| | Revenue | 0 | |
| | 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.

This resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2011.

The resolution also authorizes the Director, Department on aging, to accept \$2,619,521 in state and federal funds, and such other revenues as may be awarded, to support the Department's activities as the Aging Resource Center of Milwaukee County under Family Care. The adoption of this resolution will not require the expenditure of any County Tax levy not previously authorized in the 2011 Adopted Budget.

This resolution has no fiscal impact on 2010 other than the allocation of staff time required to prepare the accompanying report and resolution.

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
Coordinator

Department on Aging / Gary W. Portenier, Program Planning



Authorized Signature

Did DAS-Fiscal Staff Review?

Yes

No

County of Milwaukee
INTEROFFICE COMMUNICATION

8

DATE: November 23, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chair, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute the 2011 State and County Contract Covering Social Services and Community Programs – Aging Programs and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 8, 2010.

The resolution authorizes the County Executive to execute the Milwaukee County Department on Aging's 2011 State and County Contract Covering Social Services and Community Programs – Aging Programs with the Wisconsin Department of Health Services (DHS) and to accept the Department's 2011 allocations under several federal and state Aging and Long Term Support programs.

Funds provided under the State/County contract include most of the revenue in the Department's 2011 Adopted Budget. These funds will be used to pay for the services directly provided by Department on Aging employees and for the services purchased by the Department from private vendors.

These funds do require a local matching share that is provided, in part, through the County Tax Levy allocated to the Department on Aging in the 2011 Adopted Budget. As in previous years, contract agencies will be required to provide the remainder of the local matching share.

If you have any questions, please call me at 2-6876.



Stephanie Sue Stein, Director
Milwaukee County Department on Aging

cc: County Executive Scott Walker
Tom Nardelli
Jennifer Collins
Antionette Thomas-Bailey
Cynthia Archer
Steven Kreklow
Greg Reiman

Jonette Arms
Jeanne Dorff
Nubia Serrano
Mary Proctor Brown
Chester Kuzminski
Gary Portenier

Attachments

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RESOLUTION

WHEREAS, the Milwaukee County Department on Aging is primarily funded through federal and state grant programs that are administered by the Wisconsin Department of Health Services (DHS); and

WHEREAS, the Milwaukee County 2011 State and County Contract Covering Social Services and Community Programs -- Aging Programs will provide most of the Department's revenues for 2011; and

WHEREAS, those revenues, including any and all increases in award amounts, will support most of the Department' direct and purchased services for older persons during 2011; now, therefore,

BE IT RESOLVED, that the County Executive is hereby authorized to execute the Milwaukee County 2011 State and County Contract Covering Social Services and Community Programs -- Aging Programs with the Wisconsin Department of Health Services (DHS) and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year, for the support of the Department on Aging programs and services for older persons.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 23, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to execute the 2011 State and County Contract Covering Social Services and Community Programs – Aging Programs and to accept the federal and state revenues provided thereunder, including any and all increases during the contract year.

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | |
| | Revenue | 0 | |
| | 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.

This resolution authorizes the Milwaukee County Executive to execute the 2011 State and County Contract with Wisconsin Department of Health Services and enables the Milwaukee County Department on Aging to accept federal and state revenues provided for under the 2011 Adopted Budget, as well as any and all increases in allocations during the contract year. The adoption of this resolution will not require the expenditure of any County Tax Levy not previously authorized in the 2011 Adopted Budget.

This resolution has no fiscal impact on 2010 other than the allocation of staff time required to prepare the accompanying report and resolution.

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: Department on Aging / Gary W. Portenier, Programs Planning Coordinator

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

INTEROFFICE COMMUNICATION

DATE: November 23, 2010

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chair, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Assistant Director, Department on Aging

RE: Request for authorization to execute 2011 program and service contracts

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 8, 2010.

The resolution authorizes the Director, Department on Aging, to execute 2011 service contracts with the vendors and for the amounts and purposes set forth in the resolution. The Department is purchasing a wide variety of human services and supporting several community programs to sustain the independence and well being of Milwaukee County's older adults during 2011.

County Board Resolution File No. 98-197 (a) (a) authorizes Department's to recommend one-year contract extensions, either once or twice, based upon satisfactory performance of the vendor and consistent with funding sources and amounts included in the Department's annual Adopted Budget. The Department on Aging has historically placed some contracts out for an open and competitive Request for Proposals (RFP) each and every year, some once every two years if the vendor is eligible for a one-year extension option, and others once every three years if the vendor is eligible for two one-year extension options as authorized under File No. 98-197 (a) (a).

There has been some confusion over the years about what is meant by the phrase "contract extension" in this narrative. It means neither multiyear contracts nor extending existing contracts without a new proposal. What it does mean is continuing an existing contract relationship with a vendor for one or two additional years without a competitive RFP for the program or service they administer. That vendor must still submit a new proposal every year and Milwaukee County retains the option of returning that program or service to a competitive RFP process at any time.

In 2009, the Department on Aging had put all program and service contracts out for RFP, to enable the Department to re-examine which contractual programs and services were most appropriate for an annual RFP, which should be eligible for a one-year extension option, and which should be eligible for up to two one-year extensions. Based on that re-examination by the Department, and an ongoing review of the effectiveness of ongoing vendors, eight (8) programs now require an annual RFP, seven (7) programs can be eligible for one one-year extension without a competitive RFP, and the remaining twelve (12) contracts can be eligible for two one-year extensions without a competitive RFP. The programs, services, and vendors recommended for 2011 are identified in the attached resolution.

Each competitive proposal submitted was reviewed by Department staff and members of the Commission on Aging's Service Delivery Committee and evaluated in writing. The Service Delivery Committee at three public meetings, to which all applicants were

November 23, 2010

Invited, adopted recommendations for 2011 contracts. The full Commission on Aging approved the Service Delivery Committee's recommendations at its meeting on Friday, November 12, 2010, and the Commission's action is incorporated in the resolution.

In addition to the 2011 resolution, the attached report summarizes the Commission's process for 2011 contract recommendations and the changes in vendor and contract award amounts from 2010 to 2011.

If you have any questions about the resolution or the report, please call me at 2-6876.



Stephanie Sue Stein, Director
Department on Aging

Attachments

cc: County Executive Scott Walker
Tom Nardelli
Jennifer Collins
Antionette Thomas-Bailey
Cynthia Archer
Steven Kreklow
Jonette Arms
Jeanne Dorff
Nubia Serrano
Mary Proctor Brown
Chet Kuzminski
Jill Knight
Diane Beckley
Beth Monrial Zatarski
Brad Peel
Greg Reiman
Gary Portenier
Pat Rogers

Background on the Commission on Aging's Request for Proposal and Vendor Selection Process for 2011 Contracts

I. Request for Proposal Process and Commission on Aging's Selection of Vendors

The Department on Aging makes allocations for contractual services on the basis of several factors. These include: a) the anticipated funding available through the Department's federal and state grant programs; b) the needs of Milwaukee County's older adult population as identified in the Department's Area Plan; c) federal and state requirements regarding eligible populations to be served and services to be provided; and d) the need to maintain continuity of care and services to the many frail elders who depend upon the Department's programs and services for their continued independence in the community.

Allocations for most services do not change significantly from year to year. When additional funding is anticipated, the Department invests it in the following ways:

- Increasing allocations for individual programs serving high needs populations;
- Creating new programs for populations not previously served;
- Developing new services to meet previously unmet needs of older people; and
- Increasing allocations for existing programs to help providers meet rising costs and maintain levels of service.

In some instances, contractual programs may be redesigned to provide services more efficiently, and allocations for programs that are no longer necessary may be eliminated.

The Commission on Aging is recommending a total of 27 separate contracts or contract extensions for 2011 awards. For 2011, vendors for fifteen (15) of the recommended contract awards were selected on the basis of a competitive Request for Proposals (RFP) process. This process was initiated in August with the publication of notices in three newspapers, including one that serves the African-American community.

The Request for Proposal materials clearly described the programs and services for which the Department was seeking providers, the amount of funding available in each program or service area, and the criteria to be used in evaluating proposals. The Department on Aging staff offered prospective providers technical assistance in the preparation of proposal materials upon request.

All proposals submitted by the published deadline of September 7, 2010, were reviewed by the Department's staff and evaluated based on the published criteria. These criteria included: the ability of the provider to meet published program/service guidelines and specifications; the service costs or rates proposed by each provider; the need to maintain continuity of services to frail elders; and the ability and willingness of vendors to provide a living wage and family supporting benefits. Staff summarized each proposal and submitted award recommendations in written Proposal Analyses.

Copies of the proposals and Proposal Analyses were provided to members of the Commission on Aging's Service Delivery Committee, who collectively contributed about 90 hours of volunteer time reading the RFP materials, the proposals submitted, and the

staff analyses. Copies of the analysis were also mailed to each vendor who submitted a proposal.

The Service Delivery Committee adopted contract recommendations at three meetings where each applicant was given the opportunity to respond to staff's recommendations. The full Commission on Aging finalized the Committee's recommendations at its meeting on November 12, 2010.

II. Targeting of Services to Elder Persons of Color

Of 27 contracts recommended by the Commission on Aging for 2010 funding, 8 (30%) contracts are to be awarded to agencies owned or managed by persons of color, with awards totaling \$673,111 and representing 11% of all funds awarded.

While the entire range of the Department's contractual services are provided to elder persons of color, several of the contracts listed on the attached table are targeted to serve specific populations of persons of color or ethnicity. Targeted services involve Senior Center programming, Outreach, and Nutrition, all of which may be more effective when they are designed to meet specific cultural needs or overcome cultural barriers.

The targeting of services represents the Department's efforts to serve the diversity of Milwaukee County's elderly population and to comply with federal mandates under the Older Americans Act to target services to populations having the greatest economic and social need.

The following summarizes programs providing targeted services by race or ethnicity:

African-American

| | <u>Service</u> | <u>Provider</u> | <u>Allocation</u> |
|----|----------------|--|-------------------|
| 1. | Senior Center | Bethesda Community Senior Citizens' Center, Inc. | \$ 85,000 |
| 2. | Senior Center | Project Focal Point, Inc. | \$ 60,000 |

Hispanic

| | | | |
|----|---|-------------------------------|---------|
| 1. | Senior Center, Transportation, Nutrition Site Supervision, and Food Service | United Community Center, Inc. | 373,189 |
|----|---|-------------------------------|---------|

Asian

| | | | |
|----|---|---|--------|
| 1. | Social and Nutritional Services | Asian-American Community Center, Inc. | 37,500 |
| 2. | Community Outreach and Access Services to Southeast Asian Elderly: Translation and Interpretation | Hmong/American Friendship Association, Inc. | 32,850 |

| | <u>Service</u> | <u>Provider</u> | <u>Allocation</u> |
|----|--|----------------------------------|-------------------|
| 3. | Community Outreach and Access Services to Southeast Asian Elderly: Socialization, Education and Recreation | Milwaukee Christian Center, Inc. | \$ 53,550 |
| 4. | Nutrition Site Supervision at Milwaukee Christian Center | Milwaukee Christian Center, Inc. | 40,000 |

Native American

| | | | |
|----|---------------------------------|-------------------------------------|--------|
| 1. | Social and Nutritional Services | Indian Council of the Elderly, Inc. | 84,572 |
|----|---------------------------------|-------------------------------------|--------|

All Elder Persons of Color

| | | | |
|----|---|---|-----------|
| 1. | Alzheimer's Counseling and Community Support Services | Alzheimer's Association of Southeastern Wisconsin, Inc. | 50,000 |
| 2. | Programs in Clinton and Bernice Park, McGovern Park, Washington Park, Wilson Park, And Lawrence P. Kelly Senior Centers | Interfaith Older Adult Programs, Inc. | 1,258,867 |
| 3. | Outreach In Public Housing | S. E. T. Ministry, Inc. | 67,500 |

In addition to services targeted to specific minority groups, all Department on Aging contracted vendors must submit a written description of the efforts they will make to serve persons of color.

The Department further targets contractual services by locating them in areas with high concentrations of elder persons of color. For example, 8 of the Senior Meal Program's 28 meal sites are located in the African-American community and 1 in the Hispanic community. Of the 65 senior apartments receiving weekly group grocery shopping transportation, 17 are located in the African-American community. Of the 17 groups receiving transportation to Senior Meal Program nutrition sites or Senior Centers, 5 are predominately African American, 1 Hispanic or Latino, 2 Asian and 1 Native American.

II. Summary of Changes from 2010 to 2011 in Program Allocations and Vendor Awards

The attached table summarizes the changes from 2010 in the Department's contract award recommendations for 2011. Explanations are provided for changes greater than 5.0%.

**Milwaukee County Department on Aging
2010 - 2011 Contract Changes**

| | Program/Service | 2010 Provider | 2010 Award | 2011 Provider | 2011 Award | % Change | Reason for Change |
|----|---|---|------------|---|------------|----------|-------------------|
| 1. | Telephone Reassurance Services | Interfaith Older Adult Programs, Inc. | \$13,500 | Interfaith Older Adult Programs, Inc. | \$13,500 | 0.0% | |
| 2. | Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation | Hmong/American Friendship Association, Inc. | \$32,850 | Hmong/American Friendship Association, Inc. | \$32,850 | 0.0% | |
| 3. | Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Education and Recreation | Milwaukee Christian Center, Inc. | \$53,550 | Milwaukee Christian Center, Inc. | \$53,550 | 0.0% | |
| 4. | Nutrition Site Supervision at Hart Park Senior Center | YMCA of Metropolitan Milwaukee, Inc. | \$20,000 | YMCA of Metropolitan Milwaukee, Inc. | \$20,000 | 0.0% | |
| 5. | Nutrition Site Supervision at Milwaukee Christian Center | Milwaukee Christian Center, Inc. | \$40,000 | Milwaukee Christian Center, Inc. | \$40,000 | 0.0% | |
| 6. | Nutrition Site Supervision at Lakeside Senior Enrichment Program | Prospect Congregate Housing, Inc. | \$20,000 | Prospect Congregate Housing, Inc. | \$20,000 | 0.0% | |
| 7. | Outreach and Services to Lesbian, Gay, Bisexual and Transgender Elderly | SAGE Milwaukee, Inc. | \$10,000 | SAGE Milwaukee, Inc. | \$10,000 | 0.0% | |
| 8. | Benefit Specialist/Legal Services | Legal Action of Wisconsin, Inc. | \$406,209 | Legal Action of Wisconsin, Inc. | \$406,209 | 0.0% | |

**Milwaukee County Department on Aging
2010 - 2011 Contract Changes**

| | Program/Service | 2010 Provider | 2010 Award | 2011 Provider | 2011 Award | % Change | Reason for Change |
|-----|--|---|-------------|---|-------------|----------|---|
| 9. | Alzheimer's Counseling and Community Support Services | Alzheimer's Association of Southeastern Wisconsin, Inc. | \$50,000 | Alzheimer's Association of Southeastern Wisconsin, Inc. | \$50,000 | 0.0% | |
| 10. | Family Support for Aging and Persons with Developmental Disabilities | ARC Milwaukee, Inc. | \$15,075 | ARC Milwaukee, Inc. | \$15,075 | 0.0% | |
| 11. | Programs in Minority Senior Centers | Bethesda Community Senior Citizens Center, Inc. | \$85,000 | Bethesda Community Senior Citizens Center, Inc. | \$85,000 | 0.0% | |
| 12. | Programs in Minority Senior Centers | Project Focal Point, Inc. | \$60,000 | Project Focal Point, Inc. | \$60,000 | 0.0% | |
| 13. | Programs in United Community Center Senior Center | United Community Center, Inc. | \$373,189 | United Community Center, Inc. | \$373,189 | 0.0% | |
| 14. | Nutrition Site Supervision Services (Nine Sites) | | | Interfaith Older Adult Programs, Inc. | \$180,000 | NA | Site Supervision at O.A.S.I.S. returned to responsibilities of this vendor. |
| 15. | Nutrition Site Supervision Services (Twelve Sites) | Goodwill Industries of Southeastern Wisconsin, Inc. | \$240,000 | Goodwill Industries of Southeastern Wisconsin, Inc. | \$240,000 | 0.0% | |
| 16. | Specialized Elderly Transportation Services | Transit Express, Inc. | \$1,382,945 | Transit Express, Inc. | \$1,382,945 | 0.0% | |
| 17. | Late Life Counseling Services | Jewish Family Services, Inc. | \$33,000 | Jewish Family Services, Inc. | \$33,000 | 0.0% | |

**Milwaukee County Department on Aging
2010 - 2011 Contract Changes**

| | Program/Service | 2010 Provider | 2010 Award | 2011 Provider | 2011 Award | % Change | Reason for Change |
|-----|--|---|-------------|---|-------------|----------|-------------------|
| 18. | Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Senior Centers | Interfaith Older Adult Programs, Inc. | \$1,268,867 | Interfaith Older Adult Programs, Inc. | \$1,268,867 | 0.0% | |
| 19. | Services to Asian-American Elderly | Asian-American Community Center, Inc. | \$37,500 | Asian-American Community Center, Inc. | \$37,500 | 0.0% | |
| 20. | Services to Native American Elderly | Indian Council of the Elderly, Inc. | \$84,572 | Indian Council of the Elderly, Inc. | \$84,572 | 0.0% | |
| 21. | Employment, Training and Placement Services | Interfaith Older Adult Programs, Inc. | \$40,500 | Interfaith Older Adult Programs, Inc. | \$40,500 | 0.0% | |
| 22. | Coordination of Neighborhood Services | Interfaith Older Adult Programs, Inc. | \$271,232 | Interfaith Older Adult Programs, Inc. | \$271,232 | 0.0% | |
| 23. | Family Caregiver Support and Alzheimer's Direct Services | Interfaith Older Adult Programs, Inc. | \$472,000 | Interfaith Older Adult Programs, Inc. | \$472,000 | 0.0% | |
| 24. | Shopping and Errand Services | Goodwill Industries of Southeastern Wisconsin, Inc. | \$87,300 | Goodwill Industries of Southeastern Wisconsin, Inc. | \$87,300 | 0.0% | |
| 25. | Case Management and Delivery Services for Home Delivered Meals | Goodwill Industries of Southeastern Wisconsin, Inc. | \$829,000 | Goodwill Industries of Southeastern Wisconsin, Inc. | \$829,000 | 0.0% | |
| 26. | Outreach in Public Housing | S.E.T. Ministry, Inc. | \$67,500 | S.E.T. Ministry, Inc. | \$67,500 | 0.0% | |

**Milwaukee County Department on Aging
2010 - 2011 Contract Changes**

| | Program/Service | 2010 Provider | 2010 Award | 2011 Provider | 2011 Award | % Change | Reason for Change |
|---|---|--|------------|--|------------|----------|--|
| 27. | After Hours Telephone Coverage for ElderLink | IMPACT Alcohol and Other Drug Abuse Services, Inc. | \$20,000 | IMPACT Alcohol and Other Drug Abuse Services, Inc. | \$20,000 | 0.0% | |
| 2010 Contractual Programs Redefined, Consolidated Within Other Contracts, or Discontinued for 2011 | | | | | | | |
| 1. | Nutrition Site Supervision at O.A.S.I.S. | Milwaukee Public Schools (MPS) | \$15,000 | | | -100.0% | See item 2 below |
| 2. | Nutrition Site Supervision Services (Eight Sites) | Interfaith Older Adult Programs, Inc. | \$160,000 | | | -100.0% | Interfaith to resume managing the O.A.S.I.S meal site because MPS Department of Recreation chose not to apply for a 2011 contract, changing the number of nutrition sites Interfaith will manage from eight to nine. |
| 3. | Advocacy | Coalition of Wisconsin Aging Groups | \$20,000 | | | -100.0% | Relationship with this vendor has ended due to policy differences; MCDA considering other options. |

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RESOLUTION

WHEREAS, the 2011 Adopted Budget for the Milwaukee County Department on Aging allocates revenues and expenditures for the purchase of a variety of supportive programs and services for Milwaukee County's older adults during 2011; and

WHEREAS, the Milwaukee County Commission on Aging was created by Chapter 53 of the General Ordinances of Milwaukee County as the designated Area Agency on Aging for the County under the Older Americans Act; and

WHEREAS, at it's meeting on November 12, 2010, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2011:

| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|----|---|---|-----------------------------------|
| 1. | Interfaith Older Adult Programs, Inc. | Telephone Reassurance Services | \$ 13,500 |
| 2. | Hmong/American Friendship Association, Inc. | Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation | 32,850 |
| 3. | Milwaukee Christian Center, Inc. | Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Education and Recreation | 53,550 |
| 4. | YMCA of Metropolitan Milwaukee, Inc. | Nutrition Site Supervision at Hart Park Senior Center | 20,000 |
| 5. | Milwaukee Christian Center, Inc. | Nutrition Site Supervision at Milwaukee Christian Center | 40,000 |
| 6. | Prospect Congregate Housing, Inc. | Nutrition Site Supervision at Lakeside Senior Enrichment Program | 20,000 |

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| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|----|---------------------------------|---|-----------------------------------|
| 7. | SAGE Milwaukee, Inc. | Outreach and Services to Lesbian, Gay, Bisexual and Transgender Elderly | 10,000 |
| 8. | Legal Action of Wisconsin, Inc. | Benefit Specialist/Legal Services | 406,209 |

; and

WHEREAS, at its meeting on November 12, 2010, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2011, with the provision that, contingent upon the acceptable performance of the vendor and the inclusion of sufficient funds in the County Budget, the contracts may be extended for one additional year without Requests for Proposals [File No. 98-197 (a)(a)]:

| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|-----|---|--|-----------------------------------|
| 9. | Alzheimer's Association of Southeastern Wisconsin, Inc. | Alzheimer's Counseling and Community Support Services | \$ 50,000 |
| 10. | ARC Milwaukee, Inc. | Family Support for Aging and Persons with Developmental Disabilities | 15,075 |
| 11. | Bethesda Community Senior Citizens' Center, Inc. | Programs in Minority Senior Centers | 85,000 |
| 12. | Project Focal Point, Inc. | Programs in Minority Senior Centers | 60,000 |
| 13. | United Community Center, Inc. | Programs in United Community Center Senior Center | 373,189 |
| 14. | Interfaith Older Adult Programs, Inc. | Nutrition Site Supervision Services (9 Sites) | 180,000 |

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| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|-----|--|--|-----------------------------------|
| 15. | Goodwill Industries of Southeastern Wisconsin Inc. | Nutrition Site Supervision Services (12 Sites) | 240,000 |

; and

WHEREAS, at its meeting on November 14, 2008, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2009, with the provision that, contingent upon the acceptable performance of the vendor and the inclusion of sufficient funds in the County Budget, the contract may be extended for two additional one-year contracts without Requests for Proposals [File No. 98-197 (a)(a)], and

WHEREAS, because the following vendors performed satisfactorily under the requirements of their 2009 contract and that sufficient funds were included in the Department's Adopted Budget for 2010, the Department recommended extending these contracts for year one of the two one-year extension options for the period January 1, through December 31, 2010; and

WHEREAS, because the following vendors performed satisfactorily under the requirements of their 2010 contract and with sufficient funds included in the Department's Adopted Budget for 2011, the Department recommends extending these contracts for year two of the two one-year extension options for the period January 1, through December 31, 2011; and

| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|-----|------------------------|-------------------------------|-----------------------------------|
| 16. | Jewish Family Services | Late Life Counseling Services | \$ 33,000 |

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| | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Recommended Contract Award</u> |
|-----|---|---|-----------------------------------|
| 17. | Interfaith Older Adult Programs, Inc. | Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park and Lawrence P. Kelly Senior Centers | 1,258,867 |
| 18. | Asian-American Community Center, Inc. | Services to Asian-American Elderly | 37,500 |
| 19. | Indian Council of the Elderly, Inc. | Services to Native American Elderly | 84,572 |
| 20. | Interfaith Older Adult Programs, Inc. | Employment, Training and Placement Services | 40,500 |
| 21. | Interfaith Older Adult Programs, Inc. | Coordination of Neighborhood Services | 271,232 |
| 22. | Interfaith Older Adult Programs, Inc. | Family Caregiver Support and Alzheimer's Direct Services | 472,000 |
| 23. | Goodwill Industries of Southeastern Wisconsin, Inc. | Shopping and Errand Services | 87,300 |
| 24. | Goodwill Industries of Southeastern Wisconsin, Inc. | Case Management and Delivery Services for Home Delivered Meals | 829,000 |
| 25. | S. E. T. Ministry, Inc. | Outreach in Public Housing | 67,500 |
| 26. | IMPACT Alcohol and Other Drug Abuse Services, Inc. | After Hours Telephone Coverage to Aging Resource Center | 20,000 |

; and

WHEREAS, at it's meeting on November 12, 2010, the Commission on Aging recommended awarding the following program and service contract for the period January 1, through December 31, 2011, with the provision that, contingent upon the

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194 acceptable performance of the contractor and the inclusion of sufficient funds in the
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196 County Budget, the contracts may be extended for two additional years without a
197 Request for Proposal [File No. 98-197 (a)(a)]:
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| 199 | | | Recommended |
|-----|---------------------------|-------------------------|-----------------------|
| 200 | <u>Provider Agency</u> | <u>Program/Service</u> | <u>Contract Award</u> |
| 201 | | | |
| 202 | | | |
| 203 | 27. Transit Express, Inc. | Specialized Elderly | 1,382,945 |
| 204 | | Transportation Services | |
| 205 | | | |

206 WHEREAS, the above recommended contracts require authorization by the
207
208 County Board of Supervisors; now, therefore,
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210 BE IT RESOLVED, that the Director, Milwaukee County Department on Aging,
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212 is hereby authorized to enter into contracts (including contract extensions) for 2011 with
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214 the above named providers for the programs, services, amounts, and contract periods
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216 indicated.
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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 23, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to execute 2011 program and service contracts

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | |
| | Revenue | 0 | |
| | 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.

This resolution authorizes the Director, Department on Aging, to execute twenty-seven (27) purchases of service contracts for 2011 that provide a wide range of programs and services to Milwaukee County older adults. All funds required to execute the contracts authorized herein involve Federal and State grants and County Tax Levy included in the revenue and expenditure allocations for the Department on Aging in the 2011 Adopted Budget.

This resolution has no fiscal impact on 2010 other than the allocation of staff time required to prepare the accompanying report and resolution.

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 Department on Aging / Gary W. Portenier, Program Planning Coordinator



Authorized Signature

Did DAS-Fiscal Staff Review? Yes No

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: November 16, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), REQUESTING AUTHORIZATION TO EXECUTE A CONTRACT WITH THE WISCONSIN DEPARTMENT OF HEALTH SERVICES (DHS) TO OPERATE THE DISABILITY RESOURCE CENTER UNDER THE FAMILY CARE PROGRAM FOR THE PERIOD JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 AND TO ACCEPT \$2,074,753 IN REVENUE

Issue

Milwaukee County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Interim Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the DHHS Disabilities Services Division (DSD) to serve as the Disability Resource Center (DRC) of Milwaukee County under the Family Care program for the period January 1, 2011 through December 31, 2011, and to accept \$2,074,753 in revenue.

Background and Rationale

Over the past several years, state DHS has been engaged in a statewide effort to redesign the state's long-term care programs for the elderly and younger persons with disabilities by expanding the Family Care program. The result of that planning initiative in Milwaukee County is the expansion of Family Care to individuals with disabilities ages 18 through 59. The major purpose of Family Care is to provide publicly funded long-term care services to eligible persons with disabilities and older persons in order to provide them with a community-based living option, rather than expensive publicly funded nursing homes or other institutional settings.

One essential component of Family Care enables counties to serve as a Disability Resource Center (DRC). In June 2009, the Milwaukee County Board of Supervisors authorized DHHS to participate as the DRC of Milwaukee County beginning August 2009.

The Resource Center is responsible for providing information and assistance; and benefits counseling that includes access to Supplemental Security Income (SSI), Supplemental Security

Income Exceptional Expense (SSI-E), Medicaid and Food Share. It also provides emergency response services; adult protective services; transitional services; prevention and early intervention services; long-term care options counseling; and access to the Family Care benefit or other publicly funded long term care options [i.e. partnership or PACE service models].

The base award of \$2,074,753 in general purpose revenue is allocated to Milwaukee County to operate the DRC for the period January 1, through December 31, 2011.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director, DHHS, or designee, to enter into a contract with DHS to operate the Disability Resource Center in the amount of \$2,074,753 for the period January 1, 2011 through December 31, 2011 and to accept any addenda to this contract.

Fiscal Effect

The state's general purpose revenue (GPR) of \$2,074,753 provided under the contract will be matched by federal Medicaid revenue of \$1,920,000 for a total base contract of \$3,994,753. In addition, the 2011 Recommended Budget for the DRC includes tax levy of \$266,357, which is also matched by 48 percent Federal revenue of \$245,867. The total anticipated revenue including the State GPR and Federal match amounts is \$4,240,620 for 2011. This amount is \$4,838 higher than the total revenue contained in the 2011 Recommended Budget for the DRC.

The amount of federal match applied is determined by 100 percent time reporting activity of staff assigned to the DRC. The 2010 calendar year-to-date time reporting has reflected a 48 percent Medicaid match rate on average. Consistent with actual time reporting activity, the federal portion of the State contract and 2011 recommended budget assume a 48% rate.



Gerri Lyday, Interim Director
Department of Health and Human Services

Attachments

cc: County Executive Scott Walker
Cindy Archer, Director - DAS
Antoinette Thomas-Bailey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

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5 (ITEM) From the Interim Director, Department of Health and Human Services (DHHS),
6 requesting authorization to execute a contract with the Wisconsin Department of Health
7 Services (DHS) enabling the DHHS Disabilities Services Division (DSD) to operate as
8 the Disability Resource Center of Milwaukee County (DRC) under the Family Care
9 Program for the period January 1, 2011 through December 31, 2011, and to accept
10 \$2,074,753 by recommending adoption of the following:

11
12 **A RESOLUTION**
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14

15 WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a
16 comprehensive initiative to redesign Wisconsin's Long Term Support services for the
17 elderly and persons with disabilities; and

18
19 WHEREAS, the result of that initiative is the Family Care Program; and

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21 WHEREAS, a major purpose of Family Care is to divert persons requiring long-
22 term care from expensive publicly-funded nursing homes to more appropriate
23 community-based forms of care; and

24
25 WHEREAS, one component of Family Care enables counties to serve as a
26 Disability Resource Center (DRC); and

27
28 WHEREAS, the DRC of Milwaukee County is responsible for providing the
29 following services: Information and Assistance; Benefits Counseling; Access to
30 Supplemental Security Income (SSI), Supplemental Security Income Exceptional
31 Expense (SSI-E), Medicaid, and Food Share; Emergency Response; Adult Protective
32 Services; Transitional Services; Prevention and Early Intervention Services; Long-Term
33 Care Options Counseling; and Access to the Family Care Benefit; and

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35 WHEREAS, the Milwaukee County Board of Supervisors authorized DHHS DSD
36 to participate as the DRC of Milwaukee County in June of 2009; and

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38 WHEREAS, the DHHS DSD is seeking authorization to continue to serve as the
39 DRC of Milwaukee County for the period January 1 through December 31, 2011; and

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41 WHEREAS, the State of Wisconsin has allocated \$2,074,753 to pay for the
42 services to be provided by the DRC of Milwaukee County during 2011; now, therefore,

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44 BE IT RESOLVED, that the Interim Director of the Department of Health and
45 Human Services, or designee, is hereby authorized to enter into a contract with the
46 Wisconsin Department of Health Services to operate the DRC for the period January 1
47 through December 31, 2011, and to accept \$2,074,753 and any addendum thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/17/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO EXECUTE A CONTRACT WITH THE WISCONSIN DEPARTMENT OF HEALTH SERVICES (DHS) FOR THE DISABILITIES SERVICES DIVISION TO OPERATE AS THE DISABILITY RESOURCE CENTER OF MILWAUKEE COUNTY UNDER THE FAMILY CARE PROGRAM FOR THE PERIOD JANUARY 1, 2011 THROUGH DECEMBER 31, 2011, AND TO ACCEPT \$2,074,753 AND OTHER REVENUES DHS MAY AWARD TO OPERATE THE DISABILITY RESOURCE CENTER IN 2011

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 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"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input checked="" 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 | 0 |
| | Revenue | 0 | 4,838 |
| | Net Cost | 0 | -4,838 |
| 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 the Department's request will authorize the DHHS Interim Director to sign a 2011 contract with the State to operate a Disability Resource Center (DRC) under the state's Family Care program.

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.

B. Approval to enter into the contract will enable the DHHS Disabilities Services Division to draw down revenue included in its 2011 Budget to fund the costs of operating the DRC. The State's general purpose revenue (GPR) of \$2,074,753 provided under the contract will be matched by Federal Medicaid revenue of \$1,920,000 for a total base contract of \$3,994,753. In addition, the 2011 Recommended Budget for the DRC includes tax levy of \$266,357, which is also matched by 48 percent Federal revenue of \$245,867. The total anticipated revenue including the State GPR and Federal match amounts is \$4,240,620 for 2011. This amount is \$4,838 higher than the total revenue contained in the 2011 Recommended Budget for the DRC.

The amount of Federal match applied is determined by 100 percent time reporting activity of staff assigned to the DRC. The 2010 calendar year-to-date time reporting has reflected a 48 percent Medicaid match rate on average. Consistent with actual time reporting activity, the Federal portion of the State contract and 2011 Recommended Budget assume a 48 percent rate.

C. There is no budgetary impact to 2010 by approving the State DRC contract. The 2011 contract anticipates a nominal \$4,838 more in revenue for 2011.

D. The fiscal note assumes the DRC will be able to earn 48 percent Federal match dollars based on time reporting activity of staff in the DRC. If time reporting results do not translate into a 48 percent match rate, actual revenue reimbursement will be less than budgeted.

Department/Prepared By Clare O'Brien, Budget Analyst for DHHS

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

**MILWAUKEE COUNTY
Inter-Office Memorandum**

DATE: November 23, 2010

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

FROM: Geri L. Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 DISABILITIES SERVICES DIVISION PURCHASE OF SERVICE CONTRACTS FOR THE DISABILITY RESOURCE CENTER, CHILDREN'S PROGRAMS AND ADULTS WITH DISABILITIES

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from non-governmental vendors. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 purchase-of-service (POS) contracts for the Disabilities Services Division (DSD).

Background and Rationale

Each year, DSD submits requests to the County Board to purchase community-based services from non-governmental vendors. The contract amounts shown on Attachment 1 reflect 2011 proposed DSD contracts. Approval of the recommended contract allocations will allow DSD to provide a broad range of rehabilitation treatment and support services to children and adults with disabilities in Milwaukee County in 2011.

Due to the expansion of Family Care to persons 18 through 59 years of age, numerous key decisions were made in CY 2010 and approved by the County Board concerning the continuation of existing DSD POS contracts, the eligibility of the consumers, and how they are integrated in the new publicly funded managed care models. These decisions were reflected in the recommendations to allocate contracts in the 2010 budget and resulted in decreased allocations reflective of reduced numbers of persons served. Funding allocated in CY 2011 to each agency will support individuals who are not Family Care eligible due to their financial or functional status. It continues to be the ongoing policy of DSD that all persons who are Family Care eligible will be provided options counseling and enrollment into that program. Remaining POS funding in DSD POS contracted programs will be used to purchase services that may not be offered under the Family Care benefit, but are identified as having a high priority in assisting persons with disabilities to achieve their maximum independence.

Therefore, DSD is recommending the following allocations for the adult and children's POS contracts in 2011. DSD has made it a high priority to maintain the integrity of the existing service delivery system as the transition to Family Care is completed during CY 2011 and 2012.

The following information highlights the 2011 POS contract recommendations and program changes for DSD by disability and program areas.

Children's Programs

Birth- to-Three/Early Intervention

Milwaukee County will receive the same amount of state Birth To Three funding for 2011 as in 2010. While this contract level continues to be slightly below previous years, there continues to be American Reinvestment and Recovery (ARRA) funding awarded to providers through the end of the current State of Wisconsin Biennial Budget (June 30, 2011). It should be noted that while these funds cannot be used to supplant existing services, they are being utilized to augment service delivery and provide additional resources to families served by the Birth To Three programs.

Birth To Three services continue to be invaluable to families who have a child with a developmental delay. These programs are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and normal development.

Wisconsin has a long-standing history and commitment to quality services for young children and their families. County agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and community providers.

As reported to the County Board in previous years, during 2007, the Office of Special Education Programs (OSEP) in the U.S. Department of Education took stronger actions to enforce the Individuals with Disabilities Education Act (IDEA) by issuing the first set of state-level determinations for Part C, Birth-to-Three Program, and Part B, 3-21 year old Special Education Programs. The determinations were based on 14 federally defined indicators and are required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities. Possible determinations awarded by OSEP include 1) Meets Requirements; 2) Needs Assistance; 3) Needs Intervention; or 4) Needs Substantial Intervention.

OSEP has required states to enforce the IDEA by making local determinations annually on the performance of each early intervention program under Part C. States are required to monitor a county's performance on compliance indicators, valid, reliable and timely data, non-compliances, audit and issue status determinations on Federal requirements.

In October and November of 2007, the Milwaukee County Birth-to-Three program was evaluated by the State. Milwaukee County DSD received a local determination of "needs assistance" on indicators 2, 7, 8A, 8B, 8C, and 14. Additionally, Milwaukee County was also determined to need assistance in accurate and timely reporting of data to the State. During 2008

and 2009, Milwaukee County took steps to improve data reporting to the State and worked with providers to meet all compliance indicators.

While the Milwaukee County Birth to Three program appears to have made continued progress with previously identified Federal Indicators that needed improvement during the 2009/2010 Federal Fiscal Year, the State has not yet issued its final report for the period 2009/2010. Preliminarily, the results of the current indicators show continued improvement in all identified areas where there were issues previously (See Attachment 2). It should be noted that indicators 1 and 8b showed a marked decrease, but these scores represent incomplete data. DSD anticipates these scores to change once the final letter from DHS is issued.

Given the continued progress and satisfactory performance of all Birth To Three agencies, DSD is recommending new contracts in 2011 at the 2010 funding level with the following providers:

- Penfield Children's Center
- Easter Seals
- Center for Communication, Hearing & Deafness, Inc.
- Badger Association of the Blind and Visually Impaired, Inc.
- Curative Care Network
- St. Francis Children's Center
- Milwaukee Center for Independence (MCFI)
- Next Door Foundation
- Lutheran Social Services

The State Birth-to-Three Program introduced several new initiatives that were approved by the State Legislature last year. DSD is working with DHS to clarify the timeframes for implementation of the new initiatives and is hopeful the new programs will assist counties and programs with some additional revenue during 2011/2012.

These State initiatives include:

- 1) Full cost reporting of allowable Medicaid expenditures for the Birth-to-Three program.
- 2) Medicaid coverage of Special Education Services.
- 3) A Birth-to-Three Medicaid Home and Community Based Waiver program to assure complete coverage of costs for children with complex needs.

Birth To Three American Reinvestment and Recovery Act (ARRA) Funding

ARRA funds were awarded in 2009 to the Milwaukee County Birth To Three program to be expended over a two-year period ending June 30, 2011. In April 2010, DSD received authorization from the County Board to transfer \$540,838 to a fiscal agent for distribution to the Birth To Three agencies and to allow for timely payments of funds allocated to DSD. The funding is being expended per the adopted plans and is on target to expend the balance of those funds by June 30, 2011 as anticipated. The existing contract with M. L Tharps runs from April To December 31, 2010. DSD is requesting that the existing contract be extended to June 20, 2011 so that the remaining balance can be expended.

For 2011, DSD is seeking authorization to transfer a portion of the previously allocated dollars to the Division in the amount of \$55,000 to M. L. Tharps for fiscal agent services and award a new contract, for the period December 31, 2010, to June 30, 2011. This will support additional ongoing outreach activities and training for current County and Birth to Three staff from the various agencies. The transfer of funds to the fiscal agent increases the amount available to the agencies of the existing part of the ARRA funds.

Therefore, DSD is recommending a new contract with M.L. Tharps and Associates for the period January 1, 2011 through June 30, 2011 to complete the scheduled expenditure of the ARRA funding in the amount of \$273,349 and recommending an increase in the contract in the amount of \$55,000 to ensure timely expenditure and tracking as required by DHS. This will bring the total ARRA funds to \$328,349.

Children's Long Term Support Medicaid Waiver (CLTS)

The Fiscal Agent Program, administered by M. L. Tharps and Associates provides services to families served by the CLTS Waiver Program. These services provide families the ability to employ caregivers and other service providers to come into the home and offer critical support to children with disabilities. The fiscal agent pays for the federal, state and unemployment taxes on behalf of the providers. They are paid a per check fee of \$17.50 to cover their administrative expenses. The total amount earned by the fiscal agent is \$20,370.

The CLTS program is currently working with DHS on a project to implement a third-party administrator (TPA) payment system. Once implemented early in 2011, this system will be the mechanism used to reimburse the fiscal agent for services. As a result, it will no longer be necessary for DSD to provide this funding mechanism and the POS contract will not be needed. Therefore, DSD is requesting a partial year dollar amount to permit a contingency should the DHS third-party payment system project experience delays. As a critical service delivery funding mechanism, it is imperative that services to families remain available and consistent. If there were delays in the DHS project implementation and DSD was unable to utilize the fiscal agent services, there may be service disruptions to children and families.

In order to accommodate the current implementation schedule for the TPA project, DSD is recommending a new contract for M.L. Tharps and Associates to provide CLTS Fiscal Agent services for the Division.

ANew Health Care Services, who also formerly provided fiscal agent services for adult programs, did not submit a proposal to provide these services in 2011 and is therefore not recommended for a new contract in this service area.

No new applications were received in this area.

Adult Programs

DSD began Family Care expansion last year and at that time presented contract recommendations that reflected the anticipated decreased need for program capacity due to conversion of all those individuals who were eligible for expanded Family Care program. In addition, those services funded through the fiscal agent program have decreased significantly and represent the majority of the change in contract allocation from CY 2010 to CY 2011.

During CY 2010, individuals previously funded by purchase of service contracts have converted to Family Care funding and are being served through that program. It is now clear which individuals do not have Family Care eligibility and those individuals are continuing to receive services through the purchase of services contract funding. Many of the contracts that are not recommended for 2011 have transferred all individuals served to Family Care and have discontinued providing services while other agencies have experienced decreased need for funding due to smaller numbers of individuals being served.

Day Services

Curative Care Network is recommended for a new 2011 contract in the Day Services program at a reduced funding level from their 2010 allocation due to consumers transitioning to Family Care. Easter Seals, who was funded last year, is not recommended for funding in 2011 because all of their participants have been provided services through Family Care.

Work Services

This program area has also experienced change over the past year due to additional attrition of those individuals eligible for Family Care. Two agencies are recommended for new contracts in 2011 with allocations that reflect the number of consumers who could not be transferred to Family Care. They are as follows:

- Goodwill Industries
- Milwaukee Center for Independence

There were no new applications received in the work and day service program area.

Employment Options

Creative Employment Opportunities, Milwaukee Center for Independence and Goodwill Industries, Inc. are recommended for new 2011 contracts with the same allocations as in 2010. Curative Care network and United Cerebral Palsy are recommended for contract reductions due to attrition in these programs and individuals who converted to Family Care funding.

Community Support Living Services

This program area addresses services that complement families as they maintain adult members with disabilities in their homes and communities with emphasis on quality of life through recreational activities, personal safety and support to caregivers from respite services.

Recreation

Easter Seals has provided recreation services for DSD and is recommended for a new contract in 2011 at the 2010 funding level. This agency provides recreational services to hundreds of children and adults with disabilities at the Wil-O-Way sites in conjunction with the Milwaukee County Office of Persons with Disabilities and at integrated community events and outings. This program area is recommended for funding at the same level, because it currently is not a covered service under the Family Care benefit. DSD will continue to explore how recreation services can be covered for consumers who desire to continue participation in recreation activities. This service is in high demand by families who depend on it as respite and consumers who enjoy the opportunity for fun and relaxation with their friends.

Respite

United Cerebral Palsy is recommended for a new contract in 2011 at the same funding level as 2010. Respite continues to be in high demand particularly by families on the DSD waiting list which is anticipated to be eliminated by November 2012. Respite services support both adults and families with children who have disabilities. We anticipate the strong continued need for respite until the waiting list is ended.

ANEW did not submit an application for 2011 and is not recommended for a new contract.

Two new applications were received in this area and St. Ann's Intergenerational Center is recommended for a new contract in 2011. They operate a respite service that many families on the waiting list have expressed interest in utilizing. The model allows families the opportunity to take one/three day vacations by having available a secure respite home option. The other applicant, Children's Society of Wisconsin is not recommended for a new contract. DSD will work with this vendor to explore opportunities to provide services under the Children's Long Term Support Medicaid Waiver program during 2011.

Targeted Case Management

ARC Milwaukee is recommended for a new contract in 2011 at the same funding allocation in 2010. There has been a decrease in the demand for Targeted Case Management services due to Family Care expansion and individuals being taken off the DSD waitlist. Consequently, Midwest Community Services, who did not apply to provide services, is not recommended for a new contract. All individuals from their caseload have been transitioned to Family Care.

The Targeted Case Management program currently assists individuals on the DSD wait list who have complicated community living issues and who lack strong family supports. The service provides professional targeted case management support to individuals who need intermittent or ongoing intervention with a variety of community living challenges such as obtaining benefits, working with utility companies, housing assistance, assistance with health care; and decision-making in typical community, family or relationship experiences. It is anticipated that these activities would be partially offset by T-19 revenue. It should also be noted that services provide support to individuals who also might otherwise be interfacing with the criminal justice system or the Behavioral Health Division.

One new application was received in this program area but is not recommended for a new contract in 2011 at this time. The agency, Alianza Latina Aplicando Soluciones is recommended for a new contract in the Advocacy program area.

Assertive Case Management (Intervention)

The Milwaukee Center For Independence is recommended for a new contract in 2011 at the same funding level from 2010. Assertive case management/intervention services provides short and long-term intervention for adults who are experiencing behavioral/mental health challenges in the community. Professional assistance with health care or social programming is available to reduce the risk for an acute admission to the Behavioral Health Division (BHD) or loss of community living residence due to instability. This service currently assists individuals on a monthly basis and is closely linked to community programs, therapies, or counseling services.

No new applications were received in this program area.

Person-Centered Planning Services

Curative Care Network is recommended for a new contract in 2011 at the 2010 funding level. This contract has assisted the Division with crisis situations of individuals and families on the waiting list who face challenges during the year. It also helps families managing difficult situations and planning for future crisis. They manage between 40 to 50 individuals at any point in time. The program has been an invaluable service to the Disability Resource Center and Division and provides an important function as the waitlist continues to be eliminated and needs arise for individuals on a temporary basis.

Advocacy

Four existing agencies are recommended for new 2011 contracts at the same funding level as 2010 for the provision of advocacy service. The agencies include:

- The Epilepsy Foundation of Southeast Wisconsin
- ARC Milwaukee
- Easter Seals
- Wisconsin Facets, Inc

These agencies will work in conjunction with the DSD Disability Resource Center to identify individuals eligible for Family Care and to fill in the gaps with information and short-term counseling for families until Family Care becomes available. It should be noted that while it was anticipated that funding would be reduced in 2011 because many of these functions were to be absorbed by the new certified Disability Resource Center, it is recommended that these services continue to be provided by the contract agencies for an additional year. This continued function will help provide supports and referrals to the Disability Resource Center as continued implementation occurs in 2011/2012 and the DRC begins to implement outreach activities to move these services to the DRC.

One new application was received in this program area and is recommended for a new contract in 2011. Alianza Latina Aplicando Soluciones is recommended for a contract to augment the existing service delivery area by providing bilingual advocacy services to individuals and families. This has been an under served population in the disability program area. We believe the addition of this contract will increase the outreach and advocacy efforts in the Latino community.

Supported Living Options

Five agencies are recommended for new contracts in 2011 for supported living option services. These agencies currently provide vital daily living skills training and community living assistance to approximately 83 individuals with disabilities. Several agencies did not apply for contracts in 2011 due to decreased volume of individuals served as Family Care expansion continues. Three agencies elected to discontinue providing services who were supporting a small caseload. These cases will transition to United Cerebral Palsy and Dungarvin for 2011 to provide continuous services and a corresponding increase to those contracts is recommended for 2011.

The agencies recommended for 2011 contracts are as follows:

- Center for Communication, Hearing & Deafness, Inc. (Adult Day)
- Dungarvin-Wisconsin
- Milwaukee Center for Independence (Supported Parenting)
- Phoenix Care Systems (Bell Therapy)
- United Cerebral Palsy

No new applications were received for this program area.

Disability Resource Center (DRC)

The DRC provides Information and Assistance, Options/Enrollment Counseling to individuals eligible for Family Care including those on the DSD waitlist and Disability Benefits Specialist services. The DRC also acts as the front door to the expanding Family Care program and other long-term managed care options.

Disability Benefits Specialist

As one of the primary services provided by the DRC, the Disability Benefits Specialist (DBS) program is a required service for all State funded DHS certified Aging and Disability Resource Centers throughout Wisconsin. The DBS program assists all Milwaukee County residents who are interested in seeking and obtaining private or public benefits such as Family Care, Family Care Partnership, Supplementary Security Income (SSI), Social Security Disability Income (SSDI), Medicaid or other benefits for which they are eligible. The Disability Benefit Specialists are supported by a DHS contract with Disability Rights Wisconsin attorneys who provide the legal backup. The program provides valuable support and assistance to consumers who need assistance with accessing benefits and navigating the extremely complex system of public benefits, as well as assisting consumers with the development of appeals for benefits.

During the planning process for the DRC implementation, it was decided that a request for proposals would be issued to seek interested vendors to provide this critical service on behalf of the DRC. DSD decided to RFP this program due to the experience of certain community agencies with benefits counseling and the opportunity to leverage that experience. Several vendors applied and were reviewed by a panel and Independence First was awarded the contract to provide these services.

After the first year of operation, DSD is now able to re-examine the DBS program and review the initial experience of operating this program under a contract relationship. It has been concluded that operating the program utilizing County staff would be a better option due to program oversight concerns, closer working relationships with economic support staff, continuity of communication and team building with other DRC staff and functions as well as the interface issues with the program attorney backup agency. Operating this program within the County would also be consistent with other counties that have elected to staff this function with County staff in other ADRCs statewide.

DSD is therefore, recommending a six-month contract not to exceed \$186,875, or one half the annual budgeted amount for this program, with Independence First to permit time for recruitment and training of County staff and a transition period to ensure continuous operations of this critical DRC function.

Wait List

For several years, DSD has funded a Wait List Initiative providing current information about individuals on the DSD wait list and assess those individuals for continued need of services. DSD has utilized St. Ann Center for Intergenerational Care (SAC) to manage this function. SAC has also provided other services, including access to the Milwaukee Community Services Bank. This agreement has been providing assistance to the DRC with the process of removing individuals from the DSD waitlist by updating information and preparing the cases for the options counseling and enrollment process.

This service has also provided critically needed goods and services to help individuals remain independent in the community. It should be noted that SAC has donated these goods and services at no cost to Milwaukee County.

It is recommended that a new 2011 contract be approved for St. Ann Center for Intergenerational Care in the amount of \$45,000 to continue this important initiative to provide services until the DSD wait list is eliminated by Family Care expansion.

Crisis Respite Home

The 2011 adopted budget continues to include \$250,000 to fund crisis respite services for Long-Term Support (LTS) individuals in need of urgent levels of service that exceed the capacity of existing supports available in their current environment.

Crisis is defined as a situation requiring the removal of an individual from the current living environment. Examples may include the death of the primary caregiver or the development of physically aggressive behaviors resulting in the individual becoming a danger to self or others. The Crisis Respite Service provides DSD the resources needed to temporarily place an individual in crisis in an environment that is safe, therapeutically appropriate, and cost-effective (relative to institutional placement costs) while DSD staff work to defuse the crisis and arrange for a permanent placement in the least restrictive setting suitable to the individual's long-term needs.

No new applications were received for Crisis Respite Services and therefore a new 2011 contract is recommended for Phoenix Care Systems at the 2010 funding level.

Disability Resource Center Implementation

As described above, DSD plans to continue expansion of Family Care for persons under age 60 in Milwaukee County during 2011 as the DRC works to eliminate the lengthy waitlist for services. The remaining key DSD implementation tasks include continued enrollment coordination during the waitlist elimination period, additional policy and procedure development, coordination of financial eligibility determination as well as development of youth transition processes for young adults leaving the school systems.

In an effort to complete outstanding project implementation tasks, DSD is seeking authorization to contract with ARC Milwaukee to provide these consultation services to support: enrollment coordination to facilitate the timely enrollment of individuals from the DSD waitlist while meeting state monthly targets; financial eligibility determination coordination; implementation of policy and procedures; and development of youth transition processes. It should be noted that the youth transition process development and coordination has been funded by a Medicaid Infrastructure Grant in partnership with DHS and UWM. It is anticipated that the full cost of this function would be offset by this continued grant in 2011 in the amount of approximately \$73,000. The remaining funding in this area was included in the 2011 adopted DSD budget.

Given ARC's experience and past history of providing quality services and assisting with these functions, DSD is recommending a new contract with ARC Milwaukee to provide these critical consulting services.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to enter into 2011 purchase-of-service contracts with community-based provider agencies per the narrative above and in the amounts specified in Attachment 1 and the accompanying resolution.

Fiscal Effect

Funding for these POS contracts includes federal, state and local property tax levy appropriations as approved in the 2011 DHHS adopted budget. There is no additional tax levy impact associated with this request. A fiscal note form is attached.

Respectfully Submitted:



Gerri L. Lyday, Interim Director
Department of Health and Human Services

Attachments

cc: County Executive Scott Walker
Tom Nardelli, Deputy Chief of Staff - County Exec's Office
Cindy Archer, Director - DAS
Antionette Thomas-Bailey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 Disabilities Services Division purchase of service contracts for the Disability Resource Center, Children’s Programs and Adults with Disabilities, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 purchase of service contracts with community agencies for the Disabilities Services Division (DSD); and

WHEREAS, approval of the recommended contract allocations will allow DSD to provide a broad range of rehabilitation/treatment and support services to children and adults with disabilities in Milwaukee County in 2011; and

WHEREAS, the 2011 Adopted Budget for the DHHS DSD includes sufficient funding for the recommended allocations; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Interim Director of the Department of Health and Human Services, or her designee, to enter into DSD purchase of service contracts for the period of January 1 through December 31, 2011, or as otherwise indicated in the report, with the agencies and in the amounts listed below:

| | AGENCY | 2010 PROPOSED CONTRACT |
|----|--|---------------------------------------|
| 1 | Alianza Latina Aplicando Soluciones | \$30,000 |
| 2 | ARC – Milwaukee | \$341,666 |
| 3 | Badger Association for Blind & Visually Impaired, Inc. | \$80,719 |
| 4 | Center for Communication, Hearing & Deafness, Inc. | \$87,930 |
| 5 | Creative Employment Opportunities, Inc. | \$13,219 |
| 6 | Curative Care Network | \$1,405,880 |
| 7 | Dungarvin, Inc. | \$92,811 |
| 8 | Easter Seals | \$670,651 |
| 9 | Epilepsy Foundation of Southeastern Wisconsin | \$20,000 |
| 10 | Goodwill Industries of Southeastern Wisconsin | \$238,861 |

| | | |
|----|---|--------------------|
| 11 | Independence First | \$186,875 |
| 12 | Lutheran Social Services | \$231,530 |
| 13 | Milwaukee Center for Independence | \$668,348 |
| 14 | M. L. Tharps | \$751,350 |
| 15 | Next Door Foundation | \$142,779 |
| 16 | Penfield Children's Center | \$1,125,597 |
| 17 | Phoenix Care Systems, Inc. (Bell Therapy) | \$260,000 |
| 18 | St. Ann's Center for Intergenerational Care | \$77,489 |
| 19 | St. Francis CAAC | \$430,169 |
| 20 | United Cerebral Palsy | \$400,997 |
| 21 | WI Facets | \$20,000 |
| | Total | \$7,276,871 |

1

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/23/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into 2011 Disabilities Services Division Purchase of Service Contracts for the Disability Resource Center, Children's Programs and Adults with Disabilities.

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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 | 0 |
| | Revenue | 0 | 0 |
| | 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 the Department of Health and Human Services (DHHS) requests authorization to execute Purchase of Service Agreements with a variety of community vendors for the provision of services to persons with disabilities and others with special needs within the DHHS-Disabilities Services Division (DSD).

B. Approval of this request will result in an expenditure of \$7,276,871 for calendar year 2011. Approximately \$328,350 of these funds will be requested for carryover into 2011 because they are American Reinvestment and Recovery Act (ARRA) funds. These funds were issued by the State Department of Health Services under a contract term of July 1, 2009 to July 31, 2011.

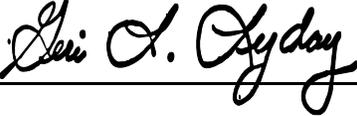
¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

The Disabilities Services Division is requesting allocation of these funds to M.L. Tharps, a fiscal agent responsible for distributing the Birth to 3 ARRA funds to individual agencies. A fund transfer will be done in early 2011 to recognize the expenditure and revenue carryover associated with these funds.

C. The revenue necessary to fund this request has been included as part of the 2011 Adopted Budget. As a result, there is no additional fiscal impact arising from approval of this request.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, Budget Analyst, DHHS

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Disabilities Services Division
2011 Contract Allocation Recommendations
by Provider
(Attachment 1)

| # | Agency | Disability Area | Service | 2010 Allocation | 2011 Proposed | Inc./((Decr.)) |
|----|---|----------------------------|--|-----------------|--------------------|--------------------|
| 1 | Alianza Latina Apilcando Soluciones | Developmental Disabilities | Advocacy | \$0.00 | \$30,000.00 | \$30,000 |
| 2 | ANEW Home Health Care | Developmental Disabilities | Community Support Living Services (Respite Care) | \$32,489 | \$0 | (\$32,489) |
| | | Physical Disabilities | Fiscal Agent Services | \$2,108,112 | \$0 | (\$2,108,112) |
| | | Total Agency | | | \$2,140,601 | \$0 |
| 3 | ARC Milwaukee | Developmental Disabilities | Advocacy | \$136,043 | \$136,043 | \$0 |
| | | Developmental Disabilities | Community Living Support (DRC Implementation) | \$97,500 | \$178,500 | \$81,000 |
| | | Developmental Disabilities | Community Support Living Services (TCM) | \$27,123 | \$27,123 | \$0 |
| | | Total Agency | | | \$260,666 | \$341,666 |
| 4 | Badger Association of the Blind and Visually Impaired, Inc. | Developmental Disabilities | Early Intervention-Birth to 3 | \$80,719 | \$80,719 | \$0 |
| 5 | Center for Communication, Hearing & Deafness, Inc. | Developmental Disabilities | Early Intervention-Birth to 3 | \$79,588 | \$79,588 | \$0 |
| | | Developmental Disabilities | Supportive Living Options (Adult Day) | \$8,342 | \$8,342 | \$0 |
| | | Total Agency | | | \$87,930 | \$87,930 |
| 6 | Creative Employment Opportunities, Inc. | Developmental Disabilities | Employment Options | \$13,219 | \$13,219 | (\$0) |
| 7 | Curative Care Network | Developmental Disabilities | Day Services | \$77,732 | \$18,603 | (\$59,129) |
| | | Developmental Disabilities | Early Intervention-Birth to 3 | \$1,329,846 | \$1,329,846 | \$0 |
| | | Developmental Disabilities | Employment Options | \$25,053 | \$5,850 | (\$19,203) |
| | | Developmental Disabilities | Community Support Living Services (PCP) | \$51,581 | \$51,581 | \$0 |
| | | Developmental Disabilities | Supportive Living Options | \$17,016 | \$0 | (\$78,332) |
| | | Total Agency | | | \$1,501,228 | \$1,405,880 |
| 8 | Dungarvin Wisconsin, Inc. | Developmental Disabilities | Supportive Living Options | \$75,795 | \$92,811 | \$17,016 |
| 9 | Easter Seals | Developmental Disabilities | Early Intervention-Birth to 3 | \$575,401 | \$575,401 | \$0 |
| | | Developmental Disabilities | Community Support Living Services (Rec) | \$85,250 | \$85,250 | \$0 |
| | | Developmental Disabilities | Advocacy | \$10,000 | \$10,000 | \$0 |
| | | Developmental Disabilities | Day Services | \$3,678 | \$0 | (\$3,678) |
| | | Total Agency | | | \$674,329 | \$670,651 |
| 10 | Epilepsy Foundation of Southeast WI | Developmental Disabilities | Advocacy | \$20,000 | \$20,000 | \$0 |
| 11 | Goodwill Industries of Southeastern WI | Developmental Disabilities | Work Services | \$309,791 | \$202,791 | (\$107,000) |
| | | Developmental Disabilities | Employment Options | \$36,070 | \$36,070 | \$0 |
| | | Total Agency | | | \$345,861 | \$238,861 |
| 12 | Independence First | Disability Resource Center | Disability Benefits Specialist | \$342,604 | \$186,875 | (\$171,302) |
| 13 | Lutheran Social Services | Developmental Disabilities | Early Intervention-Birth to 3 | \$231,530 | \$231,530 | \$0 |
| | | Developmental Disabilities | Supportive Living Options | \$13,358 | \$0 | (\$13,358) |
| | | Total Agency | | | \$244,888 | \$231,530 |
| 14 | Midwest Community Services | Developmental Disabilities | Community Support Living Services (TCM) | \$27,123 | \$0 | (\$27,123) |

Disabilities Services Division
2011 Contract Allocation Recommendations
by Provider
(Attachment 1)

| # | Agency | Disability Area | Service | 2010 Allocation | 2011 Proposed | Inc./(Decr.) | |
|--------------------------|---|----------------------------|--|--------------------|---------------------|----------------------|----------------------|
| 15 | Milwaukee Center for Independence | Developmental Disabilities | Work Services | \$101,306 | \$101,306 | \$0 | |
| | | Developmental Disabilities | Early Intervention-Birth to 3 | \$338,970 | \$338,970 | \$0 | |
| | | Developmental Disabilities | Employment Options | \$61,994 | \$61,994 | \$0 | |
| | | Developmental Disabilities | Community Support Living Services (ACI) | \$26,338 | \$26,338 | \$0 | |
| | | Developmental Disabilities | Supportive Living Options (Supported Parenting) | \$139,740 | \$139,740 | \$0 | |
| | | | Total Agency | \$668,348 | \$668,348 | \$0 | |
| 16 | ML Tharps & Associates | Physical Disabilities | Fiscal Agent Services - CLTS | \$6,657,105 | \$423,000 | (\$6,234,105) | |
| | | | Fiscal Agent Services - Birth to 3 ARRA ¹ | \$540,838 | \$328,350 | (\$212,488) | |
| | | | Total Agency | \$7,197,943 | \$751,350 | (\$6,446,593) | |
| 17 | Next Door Foundation | Developmental Disabilities | Early Intervention-Birth to 3 | \$142,779 | \$142,779 | \$0 | |
| 18 | Penfield Children's Center | Developmental Disabilities | Early Intervention-Birth to 3 | \$1,125,597 | \$1,125,597 | \$0 | |
| 19 | Phoenix Care Systems, Inc. (Bell Therapy) | Developmental Disabilities | Supportive Living Options | \$10,000 | \$10,000 | \$0 | |
| | | Developmental Disabilities | Community and Crisis Residential | \$250,000 | \$250,000 | \$0 | |
| | | | Total Agency | \$260,000 | \$260,000 | \$0 | |
| 20 | REM-Wisconsin II, Inc. | Developmental Disabilities | Supportive Living Options | \$34,809 | \$0 | (\$34,809) | |
| 21 | St. Ann's Center for Intergenerational Care | Resource Center | Wait List Initiative | \$45,000 | \$45,000 | \$0 | |
| | | Developmental Disabilities | Community Living Support Services (Respite Care) | \$0 | \$32,489 | \$32,489 | |
| | | | Total Agency | \$45,000 | \$77,489 | \$32,489 | |
| 22 | St. Francis Children's Center | Developmental Disabilities | Early Intervention-Birth to 3 | \$430,169 | \$430,169 | \$0 | |
| 23 | United Cerebral Palsy of Southeastern WI | Developmental Disabilities | Employment Options | \$82,235 | \$14,235 | (\$68,000) | |
| | | Developmental Disabilities | Community Support Living Services (Respite Care) | \$311,095 | \$311,095 | \$0 | |
| | | Developmental Disabilities | Supportive Living Options | \$27,500 | \$75,667 | \$48,167 | |
| | | | Total Agency | \$420,830 | \$400,997 | (\$19,833) | |
| 24 | WI Facets | Developmental Disabilities | Advocacy | \$20,000 | \$20,000 | \$0 | |
| 24 Total Agencies | | | | TOTALS: | \$16,160,438 | \$7,276,871 | (\$8,899,140) |

Footnote:

¹M.L. Tharps was awarded \$540,838 of which \$267,489 will be expended in 2010. The 2011 proposed allocation includes the remaining funds of \$273,350 plus the additional \$55,000 recommended for a total of \$328,350.

Disabilities Services Division
 Birth To Three
 Federal Indicator Summary

| Monitoring Priorities and Indicators | Criteria | Data Used | Indicator Determination | State Target | State Result | County Result 2006/2007 | County Result 2007/2008 | County Result 2008/2009 | County Result 2009/2010 |
|--------------------------------------|--|------------------------------------|-------------------------|--------------|--------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 2. | Percent of infants and toddlers with IFSP's who primarily receive early intervention services in the home or programs for typically developing children. | Program Participation System (PPS) | Needs Assistance | 95.68% | 95.10% | 81.30% | 76.13% | 90.31% | 99.63 |
| | <p>Meets Requirements (4) 95%-100% of children received services in natural environments</p> <p>Needs Assistance (3) 75%-95% of children received services in natural environments</p> <p>Needs Intervention (2) 51%-75% of children received services in natural environments</p> <p>Needs Substantial Intervention (1) Below 51% of children received services in natural environments</p> | | | | | | | | |
| 7. | Percent of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator] | Program Participation System (PPS) | Needs Assistance | 100% | 74.60% | 80.39% | 88.35% | 97.41% | 98.18 |
| | <p>Meets Requirements (4) 95%-100% occurred within 45 days</p> <p>Needs Assistance (3) 75-95% occurred within 45 days</p> <p>Needs Intervention (2) 51-75% occurred within 45 days</p> <p>Needs Substantial Intervention (1) Below 51% occurred in 45 days</p> | | | | | | | | |
| 8C. | Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: Transition conference, if child potentially eligible for Part B. [Compliance Indicator] | Program Participation System (PPS) | Needs Assistance | 100% | 66.19% | 47.53% | 87.18% | 95.93% | 96.34 |
| | <p>Meets Requirements (4) 95% - 100% of children had a transition conference, if child potentially eligible for Part B</p> <p>Needs Assistance (3) 75%-95% of children had a transition conference, if child potentially eligible for Part B</p> <p>Needs Intervention (2) 51%-75% of children had a transition conference, if child potentially eligible for Part B</p> <p>Needs Substantial Intervention (1) Below 51% of children had a transition conference, if child potentially eligible for Part B</p> | | | | | | | | |

Disabilities Services Division
Birth To Three
Federal Indicator Summary

| Monitoring Priorities and Indicators | Criteria | Data Used | Indicator Determination | State Target | State Result | County Result 2006/2007 | County Result 2007/2008 | County Result 2008/2009 | County Result 2009/2010 |
|---|--|---|-------------------------|--------------|--------------|--|-------------------------|-------------------------|-------------------------|
| 14. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. [Compliance Indicator] | Meet Requirements (4) County submitted accurate and timely data for child count with a difference of no more than +/- 1 between HSRS and county reported child count Needs Assistance (3) County did not submit accurate and timely data for child count; a count of greater than +/-1 existed between HSRS and county reported child count | This indicator was not evaluated during this period although Milwaukee County continues to work on improvements in this area. | Needs Assistance | | | County did not submit accurate and timely data for child count; a count of greater than +/- 1 existed between HSRS and county reported child count | | No Data | No Data |

Other areas that Milwaukee County demonstrated improvement from the list of 14 indicators are as follows:

| | | | | | | | | | |
|---|---|--|----------------|-----------------|------------------------|----------------|--------------------|---------------------------------|------------------------|
| 1. Percent of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner. [Compliance Indicator] | Meets Requirements (4) 95% - 100% of children had a transition conference, if child potentially eligible for Part B Needs Assistance (3) 75%-95% of children had a transition conference, if child potentially eligible for Part B Needs Intervention (2) 51%-75% of children had a transition conference, if child potentially eligible for Part B Needs Substantial Intervention (1) Below 51% of children had a transition conference, if child potentially eligible for Part B | Program Participation System (PPS) | N/A | 100% | | 89.66% | 93.41% | 99.37% | 96.45 |
| 4. Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights; C. Help their children develop and learn. [Results Indicator] | Meets Requirements (4) 95% - 100% of children had a transition conference, if child potentially eligible for Part B Needs Assistance (3) 75%-95% of children had a transition conference, if child potentially eligible for Part B Needs Intervention (2) 51%-75% of children had a transition conference, if child potentially eligible for Part B Needs Substantial Intervention (1) Below 51% of children had a transition conference, if child potentially eligible for Part B | Program Participation System (PPS) | N/A N/A | 85% 92% | Unknown Unknown | 78% 84% | 83.7 90.63% | No Data No Data | No Data No Data |
| 5. Percent of infants and toddlers birth to one with IFSP's compared to birth rate: | 1.13 % of births. | Program Participation System (PPS)/Birth Records Wisconsin | N/A | 1.13% of births | 1.15 | 1.03 | 1.08 | No Data Available at this time. | No Data |

Disabilities Services Division
 Birth To Three
 Federal Indicator Summary

| Monitoring Priorities and Indicators | Criteria | Data Used | Indicator Determination | State Target | State Result | County Result 2006/2007 | County Result 2007/2008 | County Result 2008/2009 | County Result 2009/2010 | |
|--------------------------------------|--|---|------------------------------------|--------------|--------------|-------------------------|-------------------------|-------------------------|-------------------------|-------|
| 8a. | Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSP's with transition steps and services [Compliance Indicator] | Meets Requirements (4) 95% - 100% of children had a transition conference, if child potentially eligible for Part B Needs Assistance (3) 75%-95% of children had a transition conference, if child potentially eligible for Part B Needs Intervention (2) 51%-75% of children had a transition conference, if child potentially eligible for Part B Needs Substantial Intervention (1) Below 51% of children had a transition conference, if child potentially eligible for Part B | Program Participation System (PPS) | N/A | 100% | Unknown | 57.38% | 83.87% | 97.65% | 98.29 |
| 8b. | Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community service by their third birthday including: Notification to LEA, if child potentially eligible for Part B. | Meets Requirements (4) 95% - 100% of children had a transition conference, if child potentially eligible for Part B Needs Assistance (3) 75%-95% of children had a transition conference, if child potentially eligible for Part B Needs Intervention (2) 51%-75% of children had a transition conference, if child potentially eligible for Part B Needs Substantial Intervention (1) Below 51% of children had a transition conference, if child potentially eligible for Part B | Program Participation System (PPS) | N/A | 100% | 72.63% | 87.18% | 95.51% | 88.4 | |

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

12

DATE: November 23, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, DHHS
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO APPLY FOR \$3,000,000 FROM THE STATE TRUST FUND LOAN PROGRAM FOR THE PUPOSES OF FUNDING VARIOUS SPECIAL NEEDS HOUSING DEVELOPMENTS.

Policy Issue

County Board approval is required to apply for funds from the State Trust Fund through the Commissioners of Public Lands. The Interim Director, DHHS, requests Board approval for the Housing Division to apply for \$3 million to support the development of various special needs housing programs.

Background

In February of 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund has been financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program. The 2007, 2008 and 2009 adopted county budgets each authorized borrowing of \$1 million from this state fund.

Wisconsin school districts and municipalities, as defined by Section 67.01(5) of the Wisconsin Statutes, are eligible to borrow from the Trust Fund, as well as counties, cities, villages, towns, technical college districts, metropolitan sewerage districts, town sanitary districts, public inland lake protection and rehabilitation districts, and drainage districts.

The Board has approved resolutions committing CHTF financial support for seven permanent supportive housing developments since the fund was created. Those developments and their CHTF amounts funding are:

- United House, a 24-unit permanent supportive housing development at 25th & Center Sts., which opened in late August 2008. This project is a joint initiative of Cardinal Capital Management and Our Space, a service provider. The project received \$348,450 of CHTF funding.

- Prairie Apartments, a 24-unit permanent supportive housing development at 12th St. & Highland Ave. which opened in April of 2009. This project is a joint initiative of Heartland Housing and Guest House of Milwaukee, a service provider. The project received \$157,544 in CHTF financing.
- Washington Park Apartments, a 24-unit permanent supportive housing development for families located in the 3900 block of West Lisbon Ave. This project is an initiative of United Methodist Children's Service, a developer and the project's service provider. The project opened in December 2009 and received \$277,000 of CHTF funding.
- Johnston Center Residences, a 91-unit permanent supportive housing development located at 13th St. and Windlake Ave. This project is a joint initiative of Mercy Housing Lakefront and Hope House, a service provider. The project is currently under construction and has been approved to receive \$750,000 of CHTF funding over two years.
- Empowerment Village-National, a 35-unit permanent supportive housing development located at 1527 W. National Ave. This project is a joint initiative of Cardinal Capital Management and Our Space, a service provider. The project is currently under construction and has been approved to receive \$500,000 of CHTF funding.
- Empowerment Village-Lincoln, a 30-unit permanent supportive housing development located at 525 W. Lincoln Ave. This project is a joint initiative of Cardinal Capital Management and Our Space, a service provider. The project is currently under construction and has been approved to receive \$500,000 of CHTF funding.
- Capuchin Apartments, a 38-unit permanent supportive housing development located at 2500 W. Fond du Lac Ave. This project is a joint initiative of Heartland Housing Inc. and St. Ben's Meal, a service provider. The project is currently under construction and has been approved to receive \$375,000 of CHTF funding.

These projects account for a total of \$2,907,994 in CHTF commitments since the CHTF was created and has assisted in the development of 266 supportive housing units. The remaining balance of \$92,006 is currently unallocated.

This report seeks approval to apply for an additional \$3 million in funds from the State Trust Fund. This would bring the total borrowing from the State Trust Fund to \$6 million. The additional \$3 million is needed to fund four more housing developments. The requests for funding are included in four separate reports to the County Board this December cycle. The funding requests include \$625,000 to Community Advocates (Autumn West), \$2,250,000 to Jewish Family Services (Deerwood Crossings Housing Development), \$92,000 to Phoenix Care Systems (Crisis Respite) and \$100,000 to United Methodist Children's Services (UMCS Phase III).

These funding requests total \$3,067,000 and would be funded by the new \$3 million loan from the State Trust Fund and \$92,006 in remaining funds from the existing \$3 million loan. The allocation of funding is contingent upon these agencies securing the full financing from other sources in order to develop the housing developments.

The supportive housing developments that have received funding from the CHTF have proven to be very beneficial not only to the recovery efforts of tenants of supportive housing, but they have made a dramatic impact on the use of public services. United House, Milwaukee County's first supportive housing development, has had excellent outcomes with the assistance of on-site services through Our Space. From their initial annual outcome report, all 24 residents avoided being arrested or incarcerated while involved in the United House Supportive Housing program. Ninety-two percent of participants did not require any hospitalization stays.

Due to the downturn in the economy, it has become increasingly difficult for developers to find the required financing necessary to fund supportive housing. Without gap financing mechanisms such as housing trust funds or other local funding options to provide low-interest loans, many developments are not able to move forward. To encourage the development of supportive housing, the Wisconsin Housing and Economic Development Authority (WHEDA) had a 10 % set-aside of Low Income Housing Tax Credits (LIHTC) in the previous year's Qualified Allocation Plan. Due to economic conditions, there were no supportive housing developers that applied for tax credits. It remains important that the County work with developers and service providers to offer creative financing mechanisms to encourage supportive housing projects to apply for WHEDA funding.

In previous years, Milwaukee County has used State Trust Fund Loan dollars to give grants to developers for supportive housing developments that housed consumers from the Milwaukee County Behavioral Health Division. Developments needed to meet the limited criteria for the Milwaukee County Special Needs Housing Trust Fund. The Housing Division is proposing to diversify the way that Trust Fund Loan dollars are allocated. This would include offering certain projects low-interest loans instead of grants to offset the County's interest payments to the State Trust Fund. The Housing Division is also proposing to allow projects to receive State Trust Fund dollars that do not meet the initial criteria of the County Housing Trust Fund if they are found to be meeting the recovery needs of consumers from the Behavioral Health Division or Disabilities Services Division.

Recommendation

The Interim Director, DHHS, or designee recommends approval to authorize the Housing Division to apply for an additional \$3 million from the State Trust Fund Loan Program for the purposes of funding various special needs housing developments.

The Interim Director, DHHS, or designee also recommends authorization to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions governing the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Respectfully Submitted,

A handwritten signature in black ink that reads "Geri A. Lyday". The signature is written in a cursive style with a large, prominent initial "G".

Gerri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director – DAS
Antionette Thomas-Bailey - DAS
Glenn Bultman – County Board Staff
Linda Durham – Committee Clerk

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

File No.
(Journal,)

1
2
3
4 (ITEM) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY
5 BOARD APPROVAL TO APPLY FOR \$3,000,000 FROM THE STATE TRUST
6 FUND LOAN PROGRAM FOR THE PUPOSES OF FUNDING VARIOUS SPECIAL
7 NEEDS HOUSING DEVELOPMENTS by adoption of the following:

A RESOLUTION

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11 WHEREAS, in February of 2007, the County Executive proposed and the County
12 Board approved receiving initial funding from the State Trust Fund Loan Program to
13 provide gap financing to assist in developing units of supportive housing in Milwaukee
14 County; and

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16 WHEREAS, Trust Fund financing has led to 266 units of permanent supportive
17 housing in Milwaukee County; and

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19 WHEREAS, Milwaukee County continues to have an unmet need in developing
20 special needs housing; and

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22 WHEREAS, Milwaukee County can expand the type of developments that are
23 funded by offering grants as well as low interest loans; and

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25 WHEREAS, supportive housing developments continue to require gap financing to
26 be successful. Now, therefore,

27
28 BE IT RESOLVED, that the Milwaukee County Board of Supervisors approves
29 and authorizes the Milwaukee County Housing Division to apply for \$3,000,000 from the
30 State Trust Fund Loan Program for the purposes of funding various special needs housing
31 developments; and be it

32
33 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized
34 to negotiate and execute an agreement with the developer which ensures compliance with
35 the terms and conditions governing the use of Trust Fund monies and which accom-
36 plishes such other objectives as will best serve the county and the housing needs of our
37 behavioral health system's consumers; and be it

38
39 FURTHER RESOLVED, that the allocation of Trust Fund dollars is contingent on
40 the developer providing evidence to the satisfaction of Department staff that the devel-
41 oper has received or will receive funding and subsidies sought from other sources and
42 identified in the development proposal.

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO APPLY FOR \$3,000,000 FROM THE STATE TRUST FUND LOAN PROGRAM FOR THE PUPOSES OF FUNDING VARIOUS SPECIAL NEEDS HOUSING DEVELOPMENTS

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | 3,000,000 |
| | Revenue | 0 | 3,000,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to apply for \$3,000,000 from the County's Allocation of State Trust Fund dollars for the purpose of funding various Special Needs Housing Developments.

Due to the downturn in the economy, it has become increasingly difficult for developers to find the required financing necessary to fund supportive housing. Without gap financing mechanisms such as housing trust funds or other local funding options to provide low-interest loans, many developments are not able to move forward.

Beginning in 2011, the Housing Division is proposing to diversify the way that Trust Fund Loan dollars are allocated, including offering certain projects low-interest loans instead of grants to offset the County's interest payments to the State Trust Fund. The Housing Division is also proposing to allow projects to receive State Trust Fund dollars that do not meet the initial criteria of the County Housing Trust Fund if they are found to be meeting the recovery needs of consumers from the Behavioral Health Division or Disabilities Services Division.

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.

B. This expenditure of \$3,000,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

C. There is no tax levy impact associated with approval of this request.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

13

DATE: November 22, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, Department of Health & Human Services
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$2,250,000 OF FINANCING FROM THE STATE TRUST FUND TO JEWISH FAMILY SERVICES FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS DEERWOOD CROSSINGS

Policy Issue

County Board approval is required for expenditures of funds from the State Trust Fund through the Commissioners of Public Lands. The Interim Director, DHHS, requests Board approval for an allocation of 2,250,000 from the Fund to Jewish Family Services for the partial financing of the supportive housing development to be known as Deerwood Crossings.

Background

In February 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund has been financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program.

JFS Project Description

Project Name: Deerwood Crossings

Location: W Bradley Rd. and Sherman

Service Provider: Jewish Family Services

Units: 60

Total Project Cost: \$11,270,000 (est.)

Tax Credits: \$8,520,000

County Loan Contribution: \$2,250,000 (recommended)

Interest Rate: County cost of funds + .25%

Term: 20 years (right to repay without penalty)

Amortization: 35 years (balloon principal payment due year 20)

Fee: .25% of total loan amount

Other Potential Assistance:

- Milwaukee County HOME funds
- Milwaukee County Section 8 vouchers for BHD consumers

Project Description

General Capital and Jewish Family Services are proposing to develop a new 60-unit residential facility in the Bradley Village neighborhood. The layout of the building, parking, and industrial facilities will continue to reinforce the Traditional Neighborhood Development concept previously approved for Bradley Village. The development will sit immediately adjacent to Bradley Road. Primary vehicular drop-off, surface parking, and access to underground parking will be south of the Development. A residential courtyard will be created, framed by a shopping center to the east of the Development. The courtyard will include a gazebo, trellis structure, and other outdoor amenities for resident use.

The new building will contain 60 one-bedroom and two-bedroom units. Each apartment will have a full kitchen, as all residents will live independently and cook for themselves. Each floor will include community areas, laundry and amenity rooms (e.g. fitness and business centers). The building will be three stories plus underground parking and fully served by two elevators. The east end of the ground floor will include offices for JFS and potentially a new senior center for the Village of Brown Deer. These uses will be completely separate from the apartments with secure entries.

The new 60-unit facility will serve individuals with a variety of needs. The Development will serve individuals with developmental disabilities, consumers with mental illnesses served by the Behavioral Health Division, and market rate units. Those with special needs will be served by JFS with support services, such as financial management assistance, employment training, and case management services. JFS's services will stress socialization and interaction as the primary goal of the facility will be to integrate persons with disabilities in independent environments.

The mission of Jewish Family Services is to provide supportive services that will strengthen families, children and individuals throughout the life cycle within the context of their unique needs and traditions. The Exceptional Needs program at Jewish Family Services assures that individuals with developmental disabilities and serious mental illness are given the opportunity to achieve their fullest potential. Last year, more than 100 families received professional services through case management, conservatorship, and advocacy work. The mission of this pro-

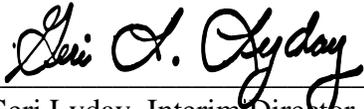
gram is to provide a continuum of services from preschool through the teenage years and into adulthood.

Recommendation

The Interim Director, DHHS, or designee recommends that the Board approve an allocation of \$2,250,000 from the State Trust Fund to JFS to support development of this project. The actual allocation of funds from the Fund will occur only when the developer provides evidence to the county indicating that it has obtained all other commitments of financial resources for the project.

The Interim Director, DHHS, or designee also recommends authorization to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions governing the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Respectfully Submitted,



Gerri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director – DAS
Antionette Thomas-Bailey - DAS
Glenn Bultman – County Board Staff
Jennifer Collins – County Board Staff
Linda Durham – Committee Clerk

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

File No.
(Journal,)

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3
4 **(ITEM) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY**
5 **BOARD APPROVAL TO ALLOCATE \$2,250,000 OF FINANCING FROM THE**
6 **STATE TRUST FUND TO HEARTLAND HOUSING FOR THE SUPPORTIVE**
7 **HOUSING DEVELOPMENT TO BE KNOWN AS DEERWOOD CROSSINGS**

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A RESOLUTION

WHEREAS, in February of 2007, the County Executive proposed and the County Board approved receiving funding from the State Trust Fund Loan Program to provide gap financing to assist in developing units of supportive housing in Milwaukee County; and

WHEREAS, Trust Fund financing in the amount of \$2,250,000 has been requested to support the development of 60 units of decent, safe, affordable and permanent housing with support services in a project known as Deerwood Crossings; and

WHEREAS, this development project will, when completed, make units available to serve the housing needs of consumers in the county's behavioral health system; and

WHEREAS, this development will provide supportive services on-site for individuals catered to their specific recovery needs. Now therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors authorizes an allocation of \$2,250,000 from the Trust Fund to Jewish Family Services to support the development project known as Deerwood Crossings; and be it

FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized to negotiate and execute an agreement with the developer which ensures compliance with the terms and conditions governing the use of Trust Fund monies and which accomplishes such other objectives as will best serve the county and the housing needs of our behavioral health system's consumers; and be it

FURTHER RESOLVED, that the allocation of Trust Fund dollars is contingent on the developer providing evidence to the satisfaction of Department staff that the developer has received or will receive funding and subsidies sought from other sources and identified in the development proposal.

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Interim Director, Department of Health and Human Services, requesting County Board approval to allocate \$2,250,000 of Financing from the County's Allocation of State Trust Fund dollars to Jewish Family Services for the Supportive Housing Development to be known as "Deerwood Crossings"

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | 2,250,000 |
| | Revenue | 0 | 2,250,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to allocate \$2,250,000 of financing from the County's Allocation of State Trust Fund dollars to Jewish Family Services for the Supportive Housing Development to be known as "Deerwood Crossings".

Jewish Family Services is proposing to develop a new 60-unit residential facility in the Bradley Village neighborhood, with the new development continuing to reinforce the Traditional Neighborhood concept previously approved for Bradley Village.

The facility will serve individuals with a variety of needs including individuals with developmental disabilities and consumers with mental illnesses served by the Behavioral Health Division; units rented at market rates are also part of the development. Those with special needs will be served by JFS with support services, such as financial management assistance, employment training, and case management services. JFS's services will stress socialization and

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.

interaction, as the primary goal of the facility will be to integrate persons with disabilities into independent environments.

B. This expenditure of \$2,250,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

C. There is no tax levy impact associated with approval of this request.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski

Authorized Signature *Levi A. Syday*

Did DAS-Fiscal Staff Review? Yes No

DATE: November 22, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, DHHS
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$625,000 OF FINANCING FROM THE COUNTY'S ALLOCATION OF STATE TRUST FUND DOLLARS TO COMMUNITY ADVOCATES FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS "AUTUMN WEST".

Policy Issue

County Board approval is required for expenditures of funds from the State Trust Fund through the Commissioners of Public Lands. The Interim Director, DHHS, requests Board approval for an allocation of \$625,000 from the Fund to Community Advocates for the partial financing of the supportive housing development to be known as Autumn West.

Background

In February of 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund is currently financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program.

Autumn West Project Description

Project Name: Autumn West

Location: 3412 W. Lisbon Ave.

Service Provider: Community Advocates

Units: 21

Total Project Cost: \$2,600,000 (est.)

County Contribution: \$625,000 (recommended). This will be in the form of a no interest, deferred payment, 10 year loan

Other Assistance:

- \$1,500,000 in Community Development Block Grant Disaster Recovery Funds from the Wisconsin Department of Commerce
- Community Advocates has submitted an application for City of Milwaukee Housing Trust Fund dollars

Community Advocates is seeking to relocate the Autumn West and Transitional Housing Program from its current temporary quarters in the former Hillview nursing home at 1615 S. 22nd St, to a newly constructed facility. Community Advocates took over the operation of these programs from the American Red Cross. The Autumn West program is primarily funded by HUD to serve as an entry point into housing and the mental health system for individuals who are homeless and have a diagnosis of mental illness. This is accomplished by getting these individuals into housing as soon as possible, provide case management to assist them in applying for Social Security benefits, and to allow them to live as independently as possible. The Safe Haven program receives referrals from homeless shelters and outreach workers. This program admits individuals who do not have any source of income and who are not receiving case management.

The Transitional Housing Program (THP) is a seven bed transitional program that serves Milwaukee County Behavioral Health Division consumers. The intention of the program is to provide individuals with a temporary residence after they are discharged from the Milwaukee County Mental Health Complex. Once in the program, individuals are offered on-site assistance with activities of daily living and coordination with contracted case management agencies. Consumers successfully leave the program when they are placed into permanent housing.

Community Advocates has done extensive outreach in the neighborhood including community meetings. They have received letters of support for the proposed development, including Washington Park Partners (WPP). WPP is a collaborative group of stakeholders in the area that includes residents, businesses, organizations, and government officials.

On October 15 Community Advocates was granted a Special Use Permit and Variances from the Board of Zoning Appeals to construct this development to include a social service facility and transitional housing.

Recommendation

Staff recommends that the Board approve an allocation of \$625,000 from the County Housing Trust Fund to Community Advocates to support development of this project. The actual allocation of funds from the CHTF will occur only when the developer pro-

vides evidence to the county indicating that it has obtained all other commitments of financial resources for the project.

Staff further recommends that the Interim Director, DHHS, or designee be authorized to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions governing the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director – DAS
Steve Kreklow, Fiscal & Budget Administrator – DAS
Joseph Carey – DAS
Pamela Bryant – DAS
Glenn Bultman – County Board Staff
Jennifer Collins – County Board Staff
Linda Durham – Committee Clerk

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

File No.
(Journal,)

1
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4 **(ITEM) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD**
5 **APPROVAL TO ALLOCATE \$625,000 OF FINANCING FROM THE COUNTY SPE-**
6 **CIAL NEEDS HOUSING TRUST FUND TO COMMUNITY ADVOCATES FOR THE**
7 **SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS “Autumn West”**
8

A RESOLUTION

9
10
11 WHEREAS, in February of 2007, the County Executive proposed and the County Board
12 approved receiving funding from the State Trust Fund Loan Program to provide gap financing to
13 assist in developing units of supportive housing in Milwaukee County; and
14

15 WHEREAS, Community Advocates has operated the Autumn West Program for home-
16 less adults and the Transitional Housing Program in partnership with the County Housing Divi-
17 sion; and
18

19 WHEREAS, Trust Fund financing in the amount of \$625,000 has been requested to support
20 the development of 21 units of decent, safe, affordable housing with support services in a project
21 known as Autumn West; and
22

23 WHEREAS, this development project will, when completed, make 21 units available to
24 serve the housing needs of consumers in the county’s behavioral health system as well as the
25 emergency shelter system. Now, therefore,
26

27 BE IT RESOLVED, that the Milwaukee County Board of Supervisors approves and au-
28 thorizes an allocation of \$625,000 from the Trust Fund to Community Advocates to support the
29 development project known as Autumn West; and be it
30

31 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized to ne-
32 gotiate and execute an agreement with the developer which ensures compliance with the terms
33 and conditions governing the use of Trust Fund monies and which accomplishes such other ob-
34 jectives as will best serve the county and the housing needs of our behavioral health system’s
35 consumers; and be it
36

37 FURTHER RESOLVED, that the allocation of Trust Fund dollars is contingent on the de-
38 veloper providing evidence to the satisfaction of Department staff that the developer has received
39 or will receive funding and subsidies sought from other sources and identified in the develop-
40 ment proposal.

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Interim Director, Department of Health and Human Services, requesting County Board approval to allocate \$625,000 of Financing from the County's Allocation of State Trust Fund dollars to Community Advocates for the Supportive Housing Development to be known as "Autumn West".

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|--|---------------------|------------------------|
| Operating Budget | Expenditure | 0 | 625,000 |
| | Revenue | 0 | 625,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to allocate \$625,000 of Financing from the County's Allocation of State Trust Fund dollars to Community Advocates for the Supportive Housing Development to be known as "Autumn West".

Community Advocates is seeking to relocate the Autumn West and Transitional Housing Program from its current temporary quarters in the former Hillview nursing home at 1615 S. 22nd St, to a newly constructed facility. The Autumn West program serves as an entry point into housing and the mental health system for individuals who are homeless and have a diagnosis of mental illness.

B. This expenditure of \$625,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

C. There is no tax levy impact associated with approval of this request.

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.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

DATE: November 22, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, DHHS
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$100,000 OF FINANCING FROM THE COUNTY SPECIAL NEEDS HOUSING TRUST FUND TO UNITED METHODIST CHILDREN'S SERVICES FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS "UMCS PHASE III".

Policy Issue

County Board approval is required for expenditures of funds from the Special Needs County Housing Trust Fund (CHTF). The Interim Director, DHHS, requests County Board approval for an allocation of \$100,000 from the Fund to United Methodist Children's Services for the partial financing of the supportive housing development to be known as UMCS Phase III.

Background

In February 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund is currently financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program.

UMCS Phase III is a supportive housing development project of the United Methodist Children's Services (UMCS) of Wisconsin with the development assistance of Community Development Advocates. The project in its entirety will be comprised of 24 scattered site units of safe, affordable and permanent housing for families. As part of the development, UMCS will be constructing a ten unit multi-family apartment building that will be permanent supportive housing. UMCS will be setting aside four of the ten units for Milwaukee County Behavioral Health Division consumers. These two-bedroom supported apartments are in extremely short supply, and county gap financing of this project helps to address an especially critical need for supportive housing. This development is "Phase 3" of UMCS's overall housing development. Phase 2 included Washington Park Apartments, a 24 unit supportive housing development for families. Ten of those units were set aside for BHD consumers and their children. This development has been very successful in meeting the needs of these individuals and the units have been at 100 percent occupancy. Washington Park Apartments also had been previously awarded Milwaukee County Housing Trust Fund dollars.

UMCS will also be the service provider for this project. In addition to its housing development experience, UMCS has been providing a variety of social, housing and other support services to children and families since 1962. Its transitional living program provides safe, affordable housing, on-site social services and childcare, with a comprehensive program designed to enable low-income, single parent families to become economically self-sufficient. Community Development Advocates, LLC (CDA), located at 2212 N. Martin Luther King, Jr. Drive, has extensive experience both in directly developing and in assisting several non-profit organizations in developing affordable housing in the community. Community Development Advocates served as a development consultant on the United House, Prairie Apartments, and Washington Park Apartments projects mentioned above.

Project Name: UMCS Phase III

Location: 3800 W. Lisbon Ave.

Service Provider: UMCS

Units: 24 scattered site units

Total Project Cost: \$5,337,071 for all units. \$2,169,636 for the 10 unit supportive housing multi-family building

Tax Credits: \$4,031,159 (awarded previously)

CHTF (County) Contribution: \$100,000 (recommended)

Other Assistance:

- 4 County Project-Based rent assistance vouchers.
- Developer has applied for City of Milwaukee Neighborhood Stabilization Program funds.

All zoning requirements have been through the City of Milwaukee and occupancy is expected in June 2012.

Recommendation

The Interim Director, DHHS, or designee, recommends that the Board approve an allocation of \$100,000 from the County Housing Trust Fund to UMCS to support development of this project. The actual allocation of funds from the CHTF will occur only when the developer provides evidence to the county indicating that it has obtained all other commitments of financial resources for the project.

The Interim Director, DHHS, or designee also recommends authorization to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions gov-

erning the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Respectfully Submitted,

A handwritten signature in black ink that reads "Geri A. Lyday". The signature is written in a cursive style with a horizontal line underneath it.

Gerri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director – DAS
Pam Bryant - DAS
Antionette Thomas-Bailey, Analyst – DAS
Glenn Bultman, Analyst – County Board
Linda Durham, ECD Committee Clerk

County of Milwaukee
Inter-Office Communication

File No.
(Journal,)

1
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4 (ITEM *) From the Interim Director, DHHS, Requesting County Board Approval to Al-
5 locate \$100,000 of Financing from the County Special Needs Housing Trust Fund to
6 United Methodist Children's Services for the Supportive Housing Development to be
7 Known as "UMCS Phase III" by adoption of the following:
8
9

10 **A RESOLUTION**

11
12 WHEREAS, in February of 2007, the County Executive proposed and the County
13 Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to pro-
14 vide gap financing to assist in developing units of supportive housing in Milwaukee
15 County; and
16

17 WHEREAS, CHTF financing in the amount of \$100,000 has been requested to
18 support the development of 24 units of safe, affordable and permanent housing with sup-
19 port services in a project known as UMCS Phase III; and
20

21 WHEREAS, this development project will, when completed, make 4 units avail-
22 able to serve the housing needs of consumers in the County's behavioral health system;
23 and
24

25 WHEREAS, this project will be a continuation of UMCS's successful Washington
26 Park Apartments, which has successfully opened and is currently providing supportive
27 housing for 10 consumers of the Milwaukee County Behavioral Health Division. Now,
28 therefore,
29

30 BE IT RESOLVED, that the Milwaukee County Board of Supervisors authorizes
31 an allocation of \$100,000 from the County Housing Trust Fund to UMCS to support the
32 development project known as UMCS Phase III; and be it
33

34 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized
35 to negotiate and execute an agreement with the developer which ensures compliance with
36 the terms and conditions governing the use of County Housing Trust Fund monies and
37 which accomplishes such other objectives as will best serve the county and the housing
38 needs of our behavioral health system's consumers; and be it
39

40 FURTHER RESOLVED, that the allocation of County Housing Trust Fund dollars is
41 contingent on the developer providing evidence to the satisfaction of Department staff
42 that the developer has received or will receive funding and subsidies sought from other
43 sources and identified in the development proposal.

County of Milwaukee
Inter-Office Communication

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Interim Director, DHHS, Requesting County Board Approval to Allocate \$100,000 of Financing from the County Special Needs Housing Trust Fund to United Methodist Children's Services for the Supportive Housing Development to be Known as "UMCS Phase III"

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | 100,000 |
| | Revenue | 0 | 100,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to allocate \$100,000 from the County's Allocation of State Trust Fund dollars to United Methodist Children's Services for the Supportive Housing Development to be known as "UMCS Phase III".

The UMCS Phase III supportive housing development will be comprised of 24 scattered site units of safe, affordable and permanent housing for families. As part of the development, UMCS will be constructing a 10 unit multi-family apartment building that will be permanent supportive housing. UMCS will be setting aside 4 of the 10 units (40%) for Milwaukee County Behavioral Health Division consumers. These two-bedroom supported apartments are in extremely short supply, and county gap financing of this project helps to address an especially critical need for supportive housing.

B. This expenditure of \$100,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

C. There is no tax levy impact associated with approval of this request.

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.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski

Authorized Signature

Teri A. Sydnor

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

16

DATE: November 22, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, DHHS
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$92,000 OF FINANCING FROM THE COUNTY'S ALLOCATION OF STATE TRUST FUND DOLLARS TO PHOENIX CARE SYSTEMS FOR THE REHABILITATION OF CRISIS RESPITE.

Policy Issue

County Board approval is required for expenditures of funds from the State Trust Fund through the Commissioners of Public Lands. The Interim Director, DHHS, requests Board approval for an allocation of \$92,000 from the Fund to Phoenix Care Systems for the partial financing of the supportive housing development to be known as Crisis Respite.

Background

In February of 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund is currently financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program.

Crisis Respite Project Description

The request for financing will cover a variety of rehabilitation needs for the facility. Funds will be used for a new sprinkler system and for covering costs related to a variety of accessibility options necessary for licensure. These funds will be given to Phoenix Care systems in the form of a grant.

DSD and BHD's vision of the CRH is to provide services that address inappropriate, dysfunctional and high-risk behaviors presented by an individual with a disability residing in a community-residential setting where feasible. Addressing the behaviors in homes will provide the stability needed and offer the caregiver(s) support, respite and an opportunity to develop strategies which address behavioral difficulties. The goal of the community intervention is to return the individual to their home or primary residence.

Currently, these behaviors present barriers to the individual continuing occupancy in their home, thus an out-of-home alternative is pursued often seeking services from BHD Psychiatric Crisis

Services (PCS). Offering an out-of-home short-term support arrangement and diverting individuals from institutional care is the primary goal of this initiative. When successful, the crisis plan resulting from admission to the Crisis Respite Home will be utilized as an intervention and not a conduit to a change of residence.

The CRH is an intervention/prevention service model of delivery. By offering a community home location to de-escalate exacerbated behavioral difficulties with experienced staff and supervision, both DSD and BHD view this arrangement as the most optimum in addressing behaviors and supporting caregivers through a difficult period. The plan for a team approach will enable professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes. The consumer will return to their home as quickly as possible with strategies to alter challenging behaviors.

Important elements for this Crisis-Respite Home service are:

- Close collaborative, professional relationships with all parties on behalf of the person and primary home site;
- Accurate data gathering review for fine-tuning services, and tracking program outcomes;
- Participation by parties in reviewing the crisis and future planning with the caregiver, family or significant others; and
- Periodic follow-up to assist with maintaining client stability in the home and community.

The primary objectives of the community-based CRH service are threefold:

1. Develop a home and support model that provides a community residential option paired with experienced professional guidance to address crises.
2. Develop a residential component to the existing services designed to divert individuals from inpatient care and create a consultative support model.
3. Create a new service that offers short-term stay for adults as a new addition to the service network.

TARGET GROUP

Consumers to be considered for the CRH by design are developmentally disabled with secondary conditions of mental health diagnosis or current patterns of emotional instability. The conditions/characteristics typically seen are:

- Impulsive behavioral outburst patterns
- Physical aggression
- Self-abusive behavior
- Property destruction
- Threatening behavior toward others
- Running away from home setting
- Striking others
- Refusal to go to appointments

- Withdrawal from participating in the home programming socializing with others

Individuals may reside with family, significant others or in DSD supported homes including group homes, adult family homes or apartment settings. Candidates to be served in this home may be active in the DSD Long Term Support system, transition school services (18 to 21) or wait-listed for services.

Individuals admitted to the CRH will be reviewed by DSD and BHD, screened by the residential treatment provider and receive formal authorization for admission from DSD. In addition to having a developmental disability, the candidate must meet and pass the State of Wisconsin Long-Term Care Functional Screen for DD-level of care to receive on-going support.

Service Outcomes to be achieved by the CRH:

1. Reduce the number of adult admissions in PCS, Acute inpatient or Observation services.
2. Reduce the length of stay of adults who are inpatient at mental health/psychiatric hospitals.
3. Expand residential support service in the network of community-based resources by providing a facility offering short-term stays for stabilization.
4. Provide linkage and follow-up services for adults admitted to the home and their respective home and caregiver.

The request for financing will cover a variety of rehabilitation needs for the facility.

Recommendation

The Interim Director, DHHS, or designee, recommends that the Board approve an allocation of \$92,000 from the State Trust Fund to Phoenix Care Systems to support development of this project. The actual allocation of funds from the Trust Fund will occur only when the developer provides evidence to the county indicating that it has obtained all other commitments of financial resources for the project.

The Interim Director, DHHS, or designee, further recommends authorization to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions governing the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director – DAS
Joseph Carey – DAS
Pamela Bryant – DAS
Glenn Bultman – County Board Staff
Jennifer Collins – County Board Staff
Linda Durham – Committee Clerk

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

File No.
(Journal,)

1
2
3
4 (ITEM) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD AP-
5 PROVAL TO ALLOCATE \$92,000 OF FINANCING FROM THE COUNTY'S ALLOCA-
6 TION OF STATE TRUST FUND DOLLARS TO PHOENIX CARE SYSTEMS FOR THE
7 REHABILITATION OF CRISIS RESPITE by adoption of the following:
8

A RESOLUTION

9
10
11 WHEREAS, in February of 2007, the County Executive proposed and the County Board
12 approved receiving funding from the State Trust Fund Loan Program to provide gap financing to
13 assist in developing units of supportive housing in Milwaukee County; and
14

15 WHEREAS, Trust Fund financing in the amount of \$92,000 has been requested to sup-
16 port the rehabilitation of the project known as Crisis Respite; and
17

18 WHEREAS, the rehabilitation will fund a new sprinkler system and various accessibility
19 requirements necessary for licensure; and
20

21 WHEREAS, Crisis Respite provides clinical services and housing for developmentally dis-
22 abled consumers with secondary conditions of mental health diagnosis; and
23

24 WHEREAS, this development project will, when completed, will continue to make 8 units
25 available to serve the treatment and housing needs of consumers in the county's behavioral
26 health system. Now, therefore,
27

28 BE IT RESOLVED, that the Milwaukee County Board of Supervisors approves and au-
29 thORIZES an allocation of \$92,000 from the Trust Fund to Heartland Housing to support the devel-
30 opment project known as Crisis Respite; and be it
31

32 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized to ne-
33 gotiate and execute an agreement with the developer which ensures compliance with the terms
34 and conditions governing the use of Trust Fund monies and which accomplishes such other ob-
35 jectives as will best serve the county and the housing needs of our behavioral health system's
36 consumers; and be it
37

38 FURTHER RESOLVED, that the allocation of Trust Fund dollars is contingent on the de-
39 veloper providing evidence to the satisfaction of Department staff that the developer has received
40 or will receive funding and subsidies sought from other sources and identified in the develop-
41 ment proposal.

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$92,000 OF FINANCING FROM THE COUNTY'S ALLOCATION OF STATE TRUST FUND DOLLARS TO PHOENIX CARE SYSTEMS FOR THE REHABILITATION OF CRISIS RESPITE

FISCAL EFFECT:

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

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|--|---------------------|------------------------|
| Operating Budget | Expenditure | 0 | 92,000 |
| | Revenue | 0 | 92,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to allocate \$92,000 of financing from the County's Allocation of State Trust Fund dollars to Phoenix Care Systems for the Rehabilitation of the Crisis Respite facility.

Crisis Respite is an intervention/prevention service model of delivery, offering a community home location (thereby diverting individuals from more costly institutional care) to de-escalate exacerbated behavioral difficulties with experienced staff and supervision. The team approach enables professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes.

This \$92,000 in financing will be used for the purchase and installation of a new fire-suppression sprinkler system and a variety of accessibility upgrades necessary for the Crisis Respite facility to retain licensure.

B. This expenditure of \$92,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

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.

C. There is no tax levy impact associated with approval of this request.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Department of Health & Human Services
INTER-OFFICE COMMUNICATION

17

DATE: November 22, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: James Mathy, Special Needs Housing Manager, Housing Division

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 PURCHASE-OF-SERVICE CONTRACTS FOR THE PROVISION OF VARIOUS EMERGENCY COUNSELING, SHELTER, TEMPORARY AND SUPPORTIVE HOUSING SERVICES IN THE AMOUNT OF \$1,489,355

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval of contracts and amendments to contracts for the purchase of human services from non-governmental vendors.

Background

The Housing Division within the Department of Health and Human Services (DHHS) was created as part of the 2008 county budget, consolidating a number of housing-related programs from the Behavioral Health Division (BHD) and the Economic and Community Development Department. The 2009 county budget adopted by the board completed the consolidation of housing-related functions by transferring to the Housing Division, several housing-related purchase-of-service contracts and their funding formerly located in BHD and in the Disability Service Division.

The information that follows describes the service(s) to be purchased. All contracts are being recommended for continued funding in 2010 with additional contracts for new supportive housing developments.

Domestic Abuse Counseling

Two contracts are recommended to continue providing counseling services for women who are victims of domestic violence:

- Community Advocates

| | |
|-------------------|----------|
| 2010 Award: | \$15,353 |
| 2011 Recommended: | \$15,353 |

The Battered Women Counseling Program's overall goal and objective is to enhance safety and self-determination for the service recipients. To reach that goal, women receive screening, an

assessment, and individual and/or group therapy to assist in the process of recovering from abuse and trauma. This program was formerly operated as part of the Milwaukee Women's Center, which is now managed by Community Advocates.

- Soujourner Family Peace Center

2010 Award: \$15,000
2011 Recommended: \$15,000

Through their Ending Violence through Education (EVE) program, the Peace Center (formally known as Task Force on Family Violence) provides gender specific education and support to women with a history of sexual and/or physical abuse. EVE also houses the Peace Center's prevention programming. Course offerings include: 1) support groups for survivors; 2) intervention classes for same-sex abusers; 3) parenting classes for non-offending parents; 4) family-strengthening and prevention classes offered in partnership with the Wisconsin Humane Society. County funding supports these efforts.

Coordinated Community Housing

- Community Advocates

2010 Award: \$45,000
2011 Recommended: \$45,000

Community Advocates assists persons and families in obtaining and maintaining safe and affordable housing through a continuum of services. These services include assisting individuals to maintain current housing, finding shelter space or relocating into permanent housing from a shelter or substandard housing. Services are grouped into three main categories: Prevention, Intervention/Relocation and Advocacy/Coordination.

Emergency Shelter Care

Six contracts for emergency shelter care and related services are recommended for continuation. County funding has traditionally been provided to support the agency's general emergency shelter operations. Together, these contracts assist agencies in providing emergency shelter to an average of 337 persons every night. They are as follows:

- The Cathedral Center

2010 Award: \$175,000
2011 Recommended: \$175,000

The Cathedral Center offers shelter to 65 women and families, as well as comprehensive medical services to assist residents in reaching the goal of independence.

- Community Advocates

2010 Award: \$17,982
2011 Recommended: \$17,982

Community Advocates meets the basic needs of 24 women and their children for food, shelter, and clothing; models and teaches violence-free behaviors and options for managing conflict; encourages healthy bodies and minds; and prepares women and children for their return to the community. This program was formerly operated as part of the Milwaukee Women's Center, which is now managed by Community Advocates.

- Sojourner Family Peace Center

2010 Award: \$52,017
2011 Recommended: \$52,017

Funding is used to support operations of the Sojourner Truth House (STH). The mission is to provide shelter, safety, support, education, and advocacy to break the cycle of violence. The Peace Center operates a 37-bed shelter with services for battered women and their children, along with a 24-hour Domestic Violence Hotline.

- Salvation Army

2010 Award: \$54,406
2011 Recommended: \$54,406

The Salvation Army operates a 24-hour emergency shelter for 120 single adults and families with children. All residents receive housing, meals, health care, and case management services in an effort to end their homelessness and prevent future homelessness. Residents and case management work together to resolve conflicts, secure income, and secure appropriate permanent housing in the community.

- Hope House

2010 Award: \$20,482
2011 Recommended: \$20,482

Hope House is an emergency and transitional housing facility providing a safe, temporary refuge for 11 people needing a place to sleep. Hope House has evolved into a complete provider of services for homeless and low-income individuals. In addition to residential services, Hope House provides community outreach to individuals needing health care, food distribution, financial assistance, and educational opportunities for adults and children.

- Guest House

2010 Award: \$46,000
2011 Recommended: \$46,000

The Guest House provides shelter for 70-80 adult men per evening. It is the largest publicly funded emergency shelter in Milwaukee. Guest House also focuses on education, training, case management and treatment aspects associated with eradicating homelessness.

- Social Development Commission

| | |
|-------------------|----------|
| 2010 Award: | \$52,994 |
| 2011 Recommended: | \$52,994 |

The Social Development Commission's (SDC's) Family Support Center Emergency Shelter Program serves 450 homeless individuals and families annually. The Center also serves as an emergency shelter for families who have become homeless for reasons such as a domestic violence crisis, evictions or over-crowding.

Transitional Housing Program (THP)

- Community Advocates

| | |
|-------------------|----------|
| 2010 Award: | \$75,000 |
| 2011 Recommended: | \$75,000 |

The THP funding provides general staff support to manage seven beds designed to assist the Milwaukee County Behavioral Health Division inpatient units in discharging individuals who are psychiatrically stable and appropriate for independent community housing placement by making available a temporary place to live to those who would otherwise face homelessness. The goal of the THP is to 1) ease pressure on the BHD inpatient system by making it possible to move individuals out of inpatient care; and to 2) eventually connect these consumers with permanent housing that is decent, safe, and affordable.

Resident Manager - Hillview

- Community Advocates

| | |
|-------------------|----------|
| 2010 Award: | \$72,500 |
| 2011 Recommended: | \$72,500 |

This funding has supported a full-time resident manager at Hillview to assist staff and residents of the Autumn West Safe Haven Program and the THP program. The resident manager provides safety, on-site supervision, assistance with activities of daily living, recovery support planning and implementation, and group and individual interventions to all residents of the program

Peer Support Program-Supported Apartments

- Our Space

2010 Award: \$ 97,134
2011 Recommended: \$ 97,134

In September 2004, Social Rehabilitation and Residential Resources (SRRR) and Our Space collaborated to create a supported apartment program that promotes recovery and offers prevocational and employment opportunities to Our Space members, consumers of other agencies, and potentially to individuals living in the supported apartment facility. Our Space's Supported Apartment Program assists consumers in living independently, offering them the individual supports to promote independence and move them forward in their personal journey of recovery. There are currently 38 individuals in the Supported Apartment Program. These funds provide a peer support presence and involvement with the residents of the apartments. Our Space is uniquely positioned to provide this support because it trains and certifies all peer support specialists in the county.

Supported Apartment Program

- Transitional Living Services (TLS)

2010 Award: \$177,273
2011 Recommended: \$177,273

TLS operates Supported Apartments at two different locations. Main Street Apartments provides housing for 16 individuals and Oklahoma Apartments has a capacity of twelve. These apartments provide the needed support for consumers to live semi-independently. Individuals residing in supported apartments typically have impairment in several areas of daily functioning. The supported Apartments are considered transitional so the consumer and their treatment team will identify criteria that will identify discharge goals that are contained in their Individualized Service Plan.

- Matt Talbot Recovery Services, Inc.

2010 Award: \$ 87,072
2011 Recommended: \$ 87,072

The Matt Talbot Supported Apartment Program is a two-year program designed to assist consumers in developing skills needed to live independently; establishing a residential track record; and moving in on their recovery. After orientation, consumers sign a sub-lease agreement with Matt Talbot. Matt Talbot is reimbursed through the lease agreement for all utility charges, initial furniture and household goods outlay, and the security deposit if required. Consumers are then provided with a fully furnished apartment. This program had been previously operated by Social Rehabilitation and Residential Resources (SRRR). Matt Talbot is legally assuming all contracts from SRRR beginning on January 1, 2011.

Housing Development Support Services

- Our Space, Inc.

| | |
|-------------------|-----------|
| 2010 Award: | \$110,000 |
| 2011 Recommended: | \$275,000 |

Our Space, Inc. was selected by Cardinal Capital Management as the support service provider for the 24-unit supportive housing development known as United House, located at 25th and Center Streets. Cardinal Capital is the developer of United House and manages the property. This development officially opened at the end of August of 2008. The Milwaukee County Housing Trust Fund also supported this project. Due to its success, Cardinal Capital has been awarded tax credits at two new developments opening in 2011. Empowerment Village-National will open in January 2011 providing 35 units of supportive housing at the location of a previous community based residential facility, Oakton Manor. The new facility will also be the location for Our Space's new offices, drop-in center, and the Price Is Right shop. Empowerment Village-Lincoln will be open in July 2011 and will provide 30 units of supportive housing at Our Space's previous location. The increase in this contract covers the staffing at each new development which will include their successful peer support model.

- Guest House, Inc.

| | |
|-------------------|-----------|
| 2010 Award: | \$ 49,000 |
| 2011 Recommended: | \$ 49,000 |

Guest House, Inc. provides on-site management and support services at Prairie Apartments, a joint supportive housing development with Heartland Housing, which Opened in April, 2009. Heartland Housing's ability to receive tax credit financing from the Wisconsin Housing and Economic Development Authority (WHEDA) and additional financing from other sources for this development was predicated on its partnership with Guest House. The Milwaukee County Housing Trust Fund also supported this project.

- Mercy Housing Lakefront

| | |
|-------------------|-----------|
| 2010 Award: | \$ 97,142 |
| 2011 Recommended: | \$ 97,142 |

Mercy Housing Lakefront, the developer and manager of the Johnston Center Residences supportive housing development, opened this development in September 2011. The services provided at the Johnston Center are linked to rental subsidies funded through a grant from the Department of Housing and Urban Development's (HUD's) Shelter + Care program. Under the development agreement and HUD's regulations governing the program, Mercy Housing is the primary party responsible for obtaining these support services, and Hope House of Milwaukee will partner with Mercy Housing to provide them. The Milwaukee County Housing Trust Fund also supported this project.

- Stay In Balance

2011 Recommended: \$ 65,000

Stay In Balance will operate an 18 unit supportive housing development on Farwell Avenue scheduled to open February 2011. Stay In Balance has ran support groups for families coping with mental illness in Waukesha County and will bring that model to Milwaukee as well as provide employment for peer support specialists on-site. Acquisition of the foreclosed property was funded though the Recovery Act's Neighborhood Stabilization Program and Stay In Balance will have partial ownership.

2011 TOTAL – All Contracts: \$1,489,355

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director, Department of Health and Human Services, or designee, to enter into purchase-of-service contracts with agencies as described above and enumerated in the resolution accompanying this Board report.

Fiscal Effect

The \$1,489,355 needed to fund these contracts at the 2011 recommended levels is included in the Housing Division's approved 2011 budget. Accordingly, there is no budgetary impact.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
 Lee Holloway, County Board Chairman
 Cindy Archer, Director – DAS
 Steve Kreklow, Fiscal & Budget Administrator - DAS
 Joseph Carey, Fiscal Analyst – DAS
 Pamela Bryant – DAS
 Glenn Bultman – County Board Staff
 Jennifer Collins, County Board Staff
 Linda Durham, Committee Clerk

| Agency | Service | 2010 Req. | 2011 Rec. |
|----------------------------------|-------------------------------------|------------------|------------------|
| Community Ad- vocates | Domestic Abuse Counseling | \$ 15,353 | \$ 15,353 |
| Sojourner Family Peace Center | Domestic Abuse Counseling | \$ 15,000 | \$ 15,000 |
| Community Ad- vocates | Coordinated Com- munity Housing | \$ 45,000 | \$ 45,000 |
| The Cathedral Center | Emergency Shelter | \$175,000 | \$175,000 |
| Salvation Army | Emergency Shelter | \$ 54,406 | \$ 54,406 |
| Sojourner Family Peace Center | Emergency Shelter | \$ 52,017 | \$ 52,017 |
| Guest House | Emergency Shelter | \$ 46,000 | \$ 46,000 |
| Hope House | Emergency Shelter | \$ 20,482 | \$ 20,482 |
| Community Ad- vocates | Emergency Shelter | \$ 17,982 | \$ 17,982 |
| Social Develop- ment Comm. | Emergency Shelter | \$ 52,994 | \$ 52,994 |
| Community Ad- vocates | Transitional Housing Program | \$ 75,000 | \$ 75,000 |
| Community Ad- vocates | Resident Manager | \$ 72,500 | \$ 72,500 |
| Our Space, Inc. | Peer Support – Sup- ported Apts. | \$ 97,134 | \$ 97,134 |

| Agency | Service | 2010 Rec. | 2011 Req. |
|------------------------------|-----------------------------------|------------------|------------------|
| Transitional Living Services | Supported Apts. | \$177,273 | \$177,273 |
| Matt Talbot | Supported Apts. | \$ 87,072 | \$ 87,072 |
| Our Space, Inc. | Housing Development Support Svcs. | \$110,000 | \$275,000 |
| Guest House | Housing Development Support Svcs. | \$ 49,000 | \$ 49,000 |
| Mercy Housing | Housing Development Support Svcs. | \$ 97,142 | \$ 97,142 |
| Stay In Balance | Housing Development Support Svcs. | N/A | \$ 65,000 |
| Total | | \$1,259,355 | \$1,489,355 |

REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 PURCHASE-OF-SERVICE CONTRACTS FOR THE PROVISION OF VARIOUS EMERGENCY COUNSELING, SHELTER, TEMPORARY AND SUPPORTIVE HOUSING SERVICES IN THE AMOUNT OF \$1,489,355

A RESOLUTION

WHEREAS, the Housing Division within the Department of Health and Human Services (DHHS) desires to obtain services from private, non-profit community providers to serve the needs of persons in the community; and

WHEREAS, those services include emergency counseling, emergency shelter, and temporary and supportive housing services; and

WHEREAS, the Division has obtained proposals from providers qualified to perform the desired services; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors authorizes the Interim Director, DHHS, or her designee, to enter into purchase-of-service contracts with the agencies named, for the services indicated and in the amounts specified as follows:

| Agency | Service | 2011 Rec. |
|-------------------------------|-------------------------------|------------------|
| Community Advocates | Domestic Abuse Counseling | \$ 15,353 |
| Sojourner Family Peace Center | Domestic Abuse Counseling | \$ 15,000 |
| Community Advocates | Coordinated Community Housing | \$ 45,000 |
| Cathedral Center | Emergency Shelter Care | \$175,000 |
| Community Advocates | Emergency Shelter Care | \$ 17,982 |
| Sojourner Family Peace Center | Emergency Shelter Care | \$ 52,017 |
| Salvation Army | Emergency Shelter Care | \$ 54,406 |
| Hope House | Emergency Shelter Care | \$ 20,482 |
| Guest House | Emergency Shelter Care | \$ 46,000 |
| Social Development Comm. | Emergency Shelter Care | \$ 52,994 |

| | | |
|-------------------------------|--------------------------------------|--------------------|
| Community Advocates | Transitional Housing Program | \$ 75,000 |
| Community Advocates | Resident Manager | \$ 72,500 |
| Our Space, Inc. | Peer-Support - Supported Apartments | \$ 97,134 |
| Transitional Living Services | Supported Apartments | \$ 177,273 |
| Matt Talbot Recovery Services | Supported Apartments | \$ 87,072 |
| Our Space, Inc. | Housing Development Support Services | \$275,000 |
| Guest House | Housing Development Support Services | \$ 49,000 |
| Mercy Housing Lakefront | Housing Development Support Services | \$ 97,142 |
| Stay In Balance | Housing Development Support Services | \$ 65,000 |
| | TOTAL | \$1,489,355 |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 18, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to enter into 2011 Purchase-of-Service Contracts for the Provision of Various Emergency Counseling, Shelter, Temporary and Supportive Housing Services in the amount of \$1,489,355.

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"/> 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 | 0 | 0 |
| | Revenue | 0 | 0 |

| | | | |
|-----------------------------------|-------------|---|---|
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director, Department of Health and Human Services, is requesting County Board approval to enter into 2011 Purchase-of-Service Contracts for the Provision of Various Emergency Counseling, Shelter, Temporary and Supportive Housing Services in the amount of \$1,489,355.

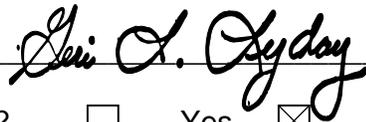
¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

B. Total planned expenditures in 2011 are \$1,489,355.

C. There is no tax levy impact associated with execution of the recommended contracts in 2011 as funds sufficient to cover associated expenditures are included as part of Housing's 2011 Adopted Budget.

D. No assumptions are made.

Department/Prepared By DAS - Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 16, 2010

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

FROM: Geri Lyday, 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 solicitation for proposals requirement and enter into a professional service contract with the Boys and Girls Club of Greater Milwaukee.

Background

Since 1970, DHHS has supported a social service delivery system comprised of provided and purchased services. Partnerships with community vendors have allowed DHHS to cooperate and collaborate with various community partners and resources. These partnerships further the opportunities for community participation regarding delinquency response.

In August 2009, the Division applied for and subsequently received 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. The Division has now been awarded \$79,632 in year two DMC funding. 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.

The above grant award included \$57,708 to support an existing contract with the Boys and Girls Club of Greater Milwaukee's (BGCGM). This contract supports the BGCGM's targeted reentry program. The grant award period is 1/1/2011 – 12/31/2011. The balance of grant funds has been approved to support the Division's project addressing the use of secure detention for failing to appear for court. There is no local match required.

Service Summary – Targeted Reentry Program

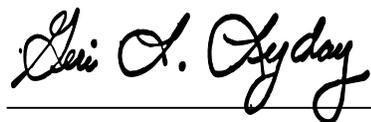
Since 2004, in partnership with the Department of Corrections – Division of Juvenile Corrections, BGCGM has provided reach-in and reentry case management services to over 150 youth returning to Milwaukee County from the Ethan Allen School for Boys. This involves participation in the transition planning 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 for 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 successful transition back to the community. In addition, this case manager will be responsible for club programming offered at the Ethan Allen Boys Club. 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.

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 2011 professional service contract with Boys and Girls Club of Greater Milwaukee in the amount of \$57,708 for the period of 1/1/2011 - 12/31/2011.

Fiscal Effect

Approval of this request will have no tax levy impact in 2011. All expenses associated with this contract will be reimbursed with grant funding from the aforementioned grant. A fiscal note form is attached.



Geri Lyday, Interim Director
Department of Health & Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Antionette Bailey-Thomas, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

1
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4
5 (ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization
6 to enter into a 2011 professional service contract with Boys and Girls Club of Greater Milwaukee, by
7 recommending adoption of the following:
8

9
10 A RESOLUTION

11 WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the
12 Director of the Department of Health and Human Services (DHHS) has requested authorization to waive
13 the DHHS Request for Proposal requirement and enter into a 2011 professional service contract; and
14

15 WHEREAS, in the past several years, DCSD has entered into a series of professional service
16 contracts to support essential activities, functions, or initiatives; and
17

18 WHEREAS, the DCSD has received a grant award in the amount of \$79,632 from the WI –
19 Office of Justice Assistance to address issues of Disproportionate Minority Contact which includes
20 funding for the targeted reentry services currently provided by Boys and Girls Club of Greater
21 Milwaukee; and
22

23 WHEREAS, the Boys and Girls of Greater Milwaukee has five years experience working within
24 Ethan Allen School for Boys and has developed valuable relationships with the Division of Juvenile
25 Corrections which would be difficult to replicate in a timely manner; and
26

27 WHEREAS, DCSD is recommending a contract in the amount of \$57,708 to Boys and Girls Club
28 of Greater Milwaukee for the continuation and provision of reach-in and reentry case management
29 services, now, therefore,
30

31 BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or
32 designee, is hereby authorized to enter into professional service contract for the period January 1 through
33 December 31, 2011 in the amount of \$57,708.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/14/10

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 a 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"/> Existing Staff Time Required <input type="checkbox"/> Increase Operating Expenditures (If checked, check one of two boxes below) <input type="checkbox"/> Absorbed Within Agency's Budget <input type="checkbox"/> Not Absorbed Within Agency's Budget <input type="checkbox"/> Decrease Operating Expenditures <input type="checkbox"/> Increase Operating Revenues <input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures <input type="checkbox"/> Decrease Capital Expenditures <input type="checkbox"/> Increase Capital Revenues <input type="checkbox"/> Decrease Capital Revenues <input type="checkbox"/> Use of contingent funds |
|---|--|

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | 57,708 |
| | Revenue | 0 | 57,708 |
| | 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 a Professional Service Contract with the Boys and Girls Club of Greater Milwaukee for the continuation and provision of Targeted Reentry Case Management Services for the period beginning January 1, 2011 and extending through December 31, 2011.

B. Total planned expenditures in 2011 are \$57,708. Offsetting revenue of \$57,708 results in no budgetary impact.

C. There is no tax levy impact associated with execution of the recommended contract in 2011.

D. No assumptions are made.

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 Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature *Teri A. Syday*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

DATE: November 16, 2010

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

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

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 DELINQUENCY AND COURT SERVICES DIVISION PROFESSIONAL SERVICE CONTRACTS WITH COMMUNITY VENDORS FOR DELINQUENCY AND COURT SERVICES PROGRAMS

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts \$50,000 or greater. Per Section 56.30, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into various professional service contracts for Delinquency and Court Services Division (DCSD) services for 2011.

Discussion

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 cooperate and collaborate with various community partners and resources. These partnerships further the opportunities for community participation regarding delinquency response.

In addition to Section 56.30 of the County Ordinances, the Department conforms to the DHHS request for proposal (RFP) process to ensure objectivity and fairness in the awarding of professional service contracts. Using authority granted by the County Board, DCSD has contracts that allow for second and third-year contracts without a Request for Proposals based on an agency's performance during the previous year.

Detention Medical Services

A request for proposal was issued in 2008 for three-year renewable contract beginning in 2009. The Medical College of Wisconsin (MCW) has been responsible for medically screening all adolescents housed in the secure detention center facility. Health physicals are also given to youth that remain in detention for more than 24 hours, along with any necessary follow-up care. This contract provides 29 hours of coverage per week (Monday through Friday), consisting of 24 hours of coverage by a nurse practitioner, and five hours of coverage by a physician. MCW has previously provided these services utilizing a certified subcontractor to meet the Disadvantage

Business Enterprise program goals. The CBDP office has approved the DBE plan of 17%. MCW has exceeded this goal in past years.

The Department is recommending that the Medical College of Wisconsin receive a contract in the amount of \$139,162. This is an increase from the 2010 contract amount of \$129,901. The contract was not increased in 2010. The Division will seek solicitations in 2011 to ensure that the County is receiving the best value.

Detention Mental Health Services

A request for proposal were issued in 2008 for three-year renewable contract beginning in 2009. Alternatives in Psychological Consultation (APC) provide mental health services for the Detention Center. The contract provides 80 hours of coverage per week (Monday through Sunday), consisting of psychiatric nursing services, mental health screenings and follow-up services as necessary. APC has previously provided these services utilizing a certified subcontractor to meet the Disadvantage Business Enterprise program goals. The CBDP office has approved the DBE plan of 17%.

The Department is recommending that Alternatives in Psychological Consultation receive a contract in the amount of \$129,901. This is an increase from the 2010 contract amount of \$159,096. The contract was not increased in 2010. The Division will seek solicitations in 2011 to ensure that the County is receiving the best value.

Safe Alternatives for Youth

The 2011 Adopted Budget includes a budget allocation of \$100,000 to support the Safe Alternatives for Youth program to be administered by the Milwaukee Urban League. The CDBP office has approved a waiver of the DBE goal. The contract limits the allowable administrative costs to the contractor not to exceed \$8,000.

Youth Sports Authority

The 2011 adopted budget includes a budget allocation of \$100,000 to support the Sports Authority (SA) for Youth program. The Division must coordinate with the SA board to determine if any changes are required relative to the fiscal and administrative agent contract elements prior to recommending a contract. The most recent fiscal and administrative agent is Fighting Back, which merged with Jewish Family Services in January 2010. The SA board last presented allocation recommendations to the Board in April 2010 for Spring 2010 activities. The Division is not recommending any action at this time with the expectation of returning to the Board in January 2011.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director of DHHS, or her designee, to enter into 2011 professional service contracts with the following provider agencies: (1) Medical College of Wisconsin, Inc., in the amount of \$139,162; (2) Alternatives in Psychological Consultation, S.C., in the amount of \$159,096; and (3) Milwaukee Urban League in the amount of \$100,000. Approval of these contracts will enable the Division to

continue necessary services within the juvenile Detention Center and execute the release of funds for the Safe Alternatives for Youth.

Fiscal Effect

Sufficient funds have been allocated in the 2011 adopted budget to cover the proposed professional service contracts. A fiscal note form is attached.

Respectfully Submitted:

A handwritten signature in black ink that reads "Geri A. Lyday". The signature is written in a cursive style and is positioned above a horizontal line.

Gerri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Antionette Bailey-Thomas, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 Delinquency and Court Services Division professional service contracts with community vendors for Delinquency and Court Services programs, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2011 professional service contracts for the Delinquency and Court Services Division (DCSD); and

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

WHEREAS, the DCSD is responsible for providing for the care and safety of youth placed in the County Detention facility; and

WHEREAS, subsequent to a Request for Proposals process, the providers, Medical College of Wisconsin and Alternatives in Psychological Consultation, are being recommended to provide their respective services during 2011; and

WHEREAS, DCSD is recommending a contract in the amount of \$139,162 to Medical College of Wisconsin for the provision of medical services, and is recommending a contract in the amount of \$159,096 to Alternatives in Psychological Consultation for the provision of mental health services; and

WHEREAS, the DCSD budget contains funding for the Safe Alternatives for Youth program in the amount of \$100,000 and limits the amount of allowable administrative costs to not exceed \$8,000; and

WHEREAS, the County Board has identified the Milwaukee Urban League to be the administrator of such program; now, therefore,

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or their designee, is hereby authorized to enter into professional service contracts for the period January 1 through December 31, 2012 (unless otherwise specified) in the amounts listed and under the terms stated below:

| <u>PROVIDER</u> | <u>SERVICE/ PROGRAM</u> | <u>AMOUNT</u> |
|--|-----------------------------|---------------|
| Medical College of Wisconsin | Medical and Nursing | \$139,162 |
| Alternatives in Psychological Consultation | Mental Health | \$159,096 |
| Milwaukee Urban League | Safe Alternatives for Youth | \$100,000 |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/14/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request from the Interim Director, Department of Health and Human Services, Requesting Authorization to enter into Professional Service Contracts with community vendors for Detention Center Medical and Mental Health Services and Safe Alternatives for Youth program.

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"/> 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 | 0 | 0 |
| | Revenue | 0 | 0 |
| | 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 Contracts with the Medical College of Wisconsin. Alternatives in Psychological Consultation, S.C, and Milwaukee Urban League for the provision of Detention Center Medical and Mental Health Services to ensure necessary care and safety, support for the Safe Alternatives for Youth program, and support for the Youth Sports Authority program for the period beginning January 1, 2011 and extending through December 31, 2011.

B. Total planned expenditures in 2011 are \$398,258.

C. There is no tax levy impact associated with execution of the recommended contracts in 2011 as funds sufficient to cover associated expenditures are included as part of DCSD's 2011 Adopted Budget

D. No assumptions are made.

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 Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature *Eeri A. Syday*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 22, 2010

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

FROM: Geri Lyday, 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 ENTER INTO 2011 DELINQUENCY AND COURT SERVICES DIVISION PURCHASE OF SERVICE CONTRACTS WITH COMMUNITY AGENCIES FOR A VARIETY OF DELINQUENCY AND COURT SERVICES PROGRAMS.

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 purchase of service contracts with community agencies for the Delinquency and Court Services Division (DCSD).

Discussion

Since 1970, DHHS has supported a social service delivery system comprised of provided and purchased services. Partnerships with community vendors have allowed DHHS to cooperate and collaborate with various community partners and resources. These partnerships further the opportunities for community participation regarding delinquency response.

In addition to Section 46.30 of the County Ordinances, the Department conforms to the DHHS Request for Proposal (RFP) process to ensure objectivity and fairness in the awarding of professional service contracts. Using authority granted by the County Board, DCSD has contracts that allow for second and third-year contracts without a Request for Proposals based on an agency's performance during the previous year.

The 2011 adopted budget for DCSD contains \$8,005,571 for purchased services for pre- and post-dispositional youth. The recommended contract award requests are detailed in the following chart:

Mid-Cycle 2011 Purchase of Contracts

For 2011, DCSD is requesting approval to enter into a one-year contract with the referenced providers listed below for the identified service/ program. All providers were previously awarded the listed contracts in either 2009 or 2010 as part of a three-year cycle process.

| Program/ Service Area | Provider | RFP Year | 2010 Contract Allocation | 2011 Contract Allocation Recommended |
|--|--|-----------------|---------------------------------|---|
| Day Treatment Program* | Lad Lake | 2008 | \$244,534 | \$244,534 |
| Day Treatment Program* | St. Charles Youth and Family Services | 2008 | \$489,067 | \$489,067 |
| Day Treatment Program* | Wisconsin Community Services | 2008 | \$489,067 | \$489,067 |
| First Time Juvenile Offender Program Tracking* | Milwaukee Christian Center | 2008 | \$215,000 | \$215,000 |
| First Time Juvenile Offender Program Tracking* | New Concept Self Development | 2008 | \$215,000 | \$215,000 |
| Foster Care Licensing and Case Management* | La Causa | 2008 | \$100,000 | \$85,000 |
| Group Care* | St. Charles Youth and Family Services | 2008 | \$302,032 | \$302,032 |
| Group Care* | Nehemiah Project | 2008 | \$302,032 | \$302,032 |
| Group Care* | Southeastern Youth and Family Services | 2008 | \$302,032 | \$302,032 |
| Group Care* | Servant Manor | 2008 | \$302,032 | \$302,032 |
| Re-Entry Coordination Services** | St. Charles Youth and Family Services | 2009 | \$150,000 | \$150,000 |

*These providers are in their third year of the three-year cycle.

**This provider is in its second year of a three-year cycle.

Solicited and Proposed 2011 Purchase of Service Contracts

For 2011, DCSD issued requests for proposals (RFPs) for the following programs and is requesting approval to enter into one-year contracts.

Adolescent Sex Offender Treatment

This service was included in the RFP for 2011. Applicants included the Counseling Center of Milwaukee, Inc. d/b/a Pathfinders. A community panel reviewed and scored the proposal and the

Department concurs with their recommendation that the Counseling Center of Milwaukee, Inc. d/b/a Pathfinders be awarded the contract in the amount of \$134,912. This service provides targeted group treatment for about 70 adolescents adjudicated delinquent of inappropriate sexual behavior. This is the same amount as 2010.

Level II In-Home Monitoring Services

This service was included in the RFP for 2011. Applicants included St. Charles Youth and Family Services and Southwest Key. A community panel reviewed and scored the proposal and the Department concurs with their recommendation that St. Charles Youth and Family Services and Southwest Key, continue as the service providers for this program. It is recommended that St. Charles Youth and Family Services receive a contract in the amount of \$480,746 for 46 slots and that Southwest Key receive a contract in the amount of \$664,690 for 62 slots. This is the same amount as 2010.

This services monitors youth released from detention while they are pending further action by the court and includes day-to-day monitoring at home and school, anger management services and crisis intervention services.

Targeted Monitoring Services – Firearm and Serious Chronic Offenders

This service was included in the RFP for 2011. Applicants included Running Rebels Community Organization. A community panel member reviewed and scored the proposal and the Department concurs with their recommendation that Running Rebels Community Organization be awarded the contract in the amount of \$1,450,944 for 105 slots. This is the same amount as 2010.

This service provides supervision and support services to youth involved with firearms and serious chronic offenders.

The total contract amount includes \$60,000 in program enhancement funds that are itemized and reimbursed separately to support pre-employment job preparation, family assistance, parent assistance, and on-site childcare to ensure parent and youth participation. In addition, the total contract amount includes \$140,000 to support extended accountability and support services beyond the supervision period and to engage siblings of enrolled youth as a prevention program to serve about 80 youth annually.

Shelter Care

This service was included in the RFP for 2011. Applicants included St. Charles Youth and Family Services and New Horizon Center. A community panel reviewed and scored the proposals.

Both providers submitted strong proposals. St. Charles has provided this service for over ten years. The Department values the benefit of involving a wide-variety of youth-serving agencies to support our division. The department recommends that contract be divided in an effort to allow a new provider the opportunity to work with the Delinquency and Court Services Division network. This agency has a 20-year history of providing group home services in the community. It is recommended that St. Charles Youth and Family Services receive a contract in the amount of \$1,554,438 to serve male youth (1/1/2011-12/31/2011), and female youth (1/1/2011-1/31/2011). It is recommended that New Horizon Center receive a contract in the amount of \$624,045 to serve female youth (2/1/2011-12/31/2011). This will allow for the development and implementation of a transition plan. This is the same total amount as was available in 2010.

These contracts will provide 24-hour shelter care for 64 pre-dispositional youth.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director of Health and Human Services, or designee, to execute purchase of service contracts for 2011 for a variety of services and programs for the time period of January 1 through December 31, 2011 (except as otherwise noted) with the contractors listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for youth being served by the Delinquency and Court Services Division.

Fiscal Effect

Sufficient funds have been budgeted in the 2011 adopted budget to cover the proposed contracts. A fiscal note form is attached.

Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

Attachment

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Antionette Bailey-Thomas, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 Delinquency and Court Services Division purchase of service contracts and or fee for service agreements with community agencies for a variety of Delinquency and Court Services programs, by recommending adoption of the following:

A RESOLUTION

WHEREAS, Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors; and

WHEREAS, per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2011 purchase of service contracts with community agencies for the Delinquency and Court Services Division (DCSD); and

WHEREAS, the recommended contracts will ensure an integrated delivery system for delinquent youth of both provided and purchased services in the community; and

WHEREAS, the contract recommendations are within the limits of the 2011 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Interim Director of the Department of Health and Human Services, or her designee, to enter into 2011 Delinquency and Court Services Division Purchase of Service contracts and or Service Agreements, effective January 1, 2011 to December 31, 2011 (unless otherwise stated), with the agencies and in the amounts listed below:

| <u>PROVIDER</u> | <u>SERVICE/ PROGRAM</u> | <u>AMOUNT</u> |
|---|--------------------------------------|----------------------|
| The Counseling Center of Milwaukee d/b/a Pathfinders | Adolescent Sexual Abuse Treatment | \$134,912 |
| St. Charles Youth and Family \$489,067 | Day Treatment | |
| Wisconsin Community Services \$489,067 | Day Treatment | |

| | | | |
|----|-------------------------------|--------------------------------|-------------|
| 1 | Lad Lake | Day Treatment | |
| 2 | \$244,534 | | |
| 3 | | | |
| 4 | La Causa, Inc. | Foster Care Lic. | \$85,000 |
| 5 | | | |
| 6 | St. Charles Youth and Family | Group Care | \$302,032 |
| 7 | | | |
| 8 | Southeastern Youth and Family | Group Care | \$302,032 |
| 9 | | | |
| 10 | Servant Manor | Group Care | \$302,032 |
| 11 | | | |
| 12 | Nehemiah Project | Group Care | \$302,032 |
| 13 | | | |
| 14 | St. Charles Youth and Family | Level II In-Home Monitoring | \$480,746 |
| 15 | | | |
| 16 | Southwest Key Program | Level II In-Home Monitoring | \$664,690 |
| 17 | | | |
| 18 | St. Charles Youth and Family | Re-entry Coordination Services | \$150,000 |
| 19 | | | |
| 20 | Running Rebels | Targeted Monitoring | \$1,450,944 |
| 21 | | | |
| 22 | New Horizon Center | Temporary Shelter Care | \$624,045 |
| 23 | | (2/1/2011-12/31/2011) | |
| 24 | | | |
| 25 | St. Charles Youth and Family | Temporary Shelter Care | \$1,554,438 |
| 26 | | | |
| 27 | Milwaukee Christian Center | Tracking | \$215,000 |
| 28 | | | |
| 29 | New Concept Self Development | Tracking | \$215,000 |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request to authorize execution of 2011 Delinquency and Court Services Division purchase of service contracts community vendors.

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"/> 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 | 0 | 0 |
| | Revenue | 0 | 0 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.⁰ 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 request will allow the Director of DHHS to execute purchase of service contracts and fee for service contracts to continue provision of contracted services in the Delinquency and Court Services Division (DCSD) in 2011.

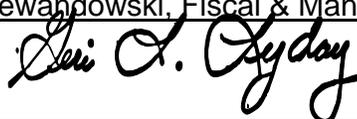
B. Total planned expenditures in 2011 are \$8,005,571.

C. There is no tax levy impact associated with execution of the recommended contracts in 2011 as funds sufficient to cover associated expenditures are included as part of DCSD's 2011 Adopted Budget

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature _____



Did DAS-Fiscal Staff Review? Yes No

⁰ 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
INTEROFFICE COMMUNICATION

DATE: November 16, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Dennis Buesing, Administrator, DHHS Contract Administration

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO A 2011 PROFESSIONAL SERVICE AGREEMENT FOR SPECIALIZED ACCOUNTING SERVICES WITH QUICK FINANCIAL SOLUTIONS, LLC, IN THE AMOUNT OF \$272,262

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service agreements 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 enter into a professional service agreement with Quick Financial Solutions, LLC, in the amount of \$272,262 for 2011 for specialized accounting and fiscal management services.

Background

Each year, DHHS enters into purchase contracts and fee-for-service agreements for the provision of human services totaling hundreds of millions of dollars. Under state law and federal guidelines, the county is required to review CPA audits of all agencies that receive state funding in the amount of \$25,000 or greater, or federal funding in the amount of \$500,000 or greater effective January 1, 2005. In addition, DHHS is required to conduct other forms of sub-recipient monitoring that may include desk reviews, on-site reviews, and audits of provider agencies. DHHS' 2011 adopted budget includes \$87,262 for accounting services to provide audit review and monitoring services of provider agencies and the department's fee-for-service networks.

The county would face a significant loss of federal and state revenue if it failed to review audits per federal and state requirements. Furthermore, the audit reviews and monitoring of provider agencies allows the county to ensure that human service purchase agencies are not paid in excess of allowable costs, and that agencies maintain adequate financial systems, records, and practices.

In addition, DHHS' 2011 adopted budget includes \$120,000 for accounting services to enhance Children's Long Term Support (CLTS) Medicaid waiver and Family Care wait lists and Disability Resource Center fiscal management to maximize the Disabilities Services Division's (DSD) ability to draw down state and federal revenue.

In large measure, the need for these services is due to the growth in DSD's Children's Long-Term Support program as well as state initiatives to significantly reduce CLTS and Family Care wait lists and DSD participation in the CLTS Third Party Administrator (TPA) pilot project initiated by the Wisconsin Department of Health Services (DHS).

Additionally, DHHS' Disabilities Services Division has also allocated \$65,000 for professional consulting services for the Children's Long Term Support Redesign Expansion of the CLTS fee-for-service provider network in 2011.

Professional services to be provided include analysis and review of the components of the CLTS Medicaid Waiver Program, including creation and preparation of monitoring tools for program staff to manage the CLTS Medicaid Waiver program of the state more efficiently and effectively. Additional accounting and monitoring are required to prepare timely fiscal projections and make appropriate claims for state reimbursement.

In addition, the DSD commenced operation of a Disability Resource Center (DRC) in 2009, providing enrollment services to Medicaid waivers and wait list clients transitioning to Family Care CMOs and the IRIS self-directed program. In November of 2009, clients between the ages of 18 and 59 that were being served through the Medicaid waivers programs and wait list clients began to transition to Family Care. The continuing Family Care wait list enrollment and closing out of the Medicaid waivers programs will require additional monitoring and state reporting and will be one of the required tasks under this contract.

It has been determined that, in order to perform these accounting and auditing functions appropriately, it is necessary for DHHS to secure the experience and expertise of a professional consulting firm with current experience in both governmental and non-profit accounting and auditing.

In 2009, the DHHS Management Services Division initiated a Request for Proposals (RFP) for competitive bidding for accounting services to provide audit review and monitoring services of provider agencies and to enhance Long Term Support Medicaid waivers and Family Care conversion fiscal management. The RFP contained provisions for a one-year contract, with two one-year options to renew the contract in subsequent years if agreed to by both parties. Subsequent rate increases would be limited to the rate of inflation in the prior calendar year, if funding were continued in future years. The applicant awarded the contract was Quick Financial Solutions, LLC, a certified Disadvantaged Business Enterprise (DBE).

Recommendation

It is recommended that the Interim Director of the Department of Health and Human Services, or her designee, be authorized to enter into a professional service agreement with Quick Financial Solutions, LLC, in the amount of \$272,262 for the period January 1, 2011 through December 31,

2011. Approval of this contract recommendation will allow the Department to maintain its required review of provider agency audits and monitoring activities, enhance Children's Long Term Support

Medicaid Waiver and Family Care conversion fiscal management, and maximize DSD's Disability Resource Center's ability to draw down state and federal revenue.

Fiscal Effect

There is no budgetary impact associated with this request, as funding for this professional service contract is included in the 2011 Adopted Budget. A fiscal note form is attached.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Analyst, County Board Staff

Attachment

1
2
3
4 (ITEM) Report from the Interim Director, Department of Health and Human Services,
5 Requesting Authorization to Enter into a 2011 Professional Services Agreement for Specialized
6 Accounting Services with Quick Financial Solutions, LLC, in the Amount of \$272,262, by
7 recommending adoption of the following:
8
9

10 **A RESOLUTION**
11
12

13 WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances,
14 the Interim Director of the Department of Health and Human Services (DHHS) is requesting
15 authorization to enter into a 2011 professional service agreement with Quick Financial Solutions,
16 LLC, in the amount of **\$272,262**; and
17

18 WHEREAS, under state law and federal guidelines, the county is required to review CPA
19 audits of all its contract agencies that receive state funding in the amount of \$25,000 or greater,
20 or federal funding in the amount of \$500,000 or greater; and
21

22 WHEREAS, the county would face a significant loss of federal and state revenue if it
23 failed to review audits per federal and state requirements, and the audit reviews and monitoring
24 of provider agencies also allows the county to ensure that human service purchase agencies are
25 not paid in excess of allowable costs, and that agencies maintain adequate financial systems,
26 records, and practices; and
27

28 WHEREAS, DHHS' 2011 adopted budget includes \$87,262 for accounting services to
29 provide audit review and monitoring services of provider agencies; and
30

31 WHEREAS, in addition, DHHS' 2011 adopted budget includes \$120,000 for accounting
32 services to enhance Children's Long-Term Support (CLTS) Medicaid Waiver and Family Care
33 conversion fiscal management and to maximize the Disabilities Services Division's (DSD)
34 ability to draw down state and federal revenue; and
35

36 WHEREAS, DHHS' Disabilities Services Division has also allocated \$65,000 for
37 professional consulting services for the Children's Long Term Support Redesign Expansion of
38 the CLTS Fee-For-Service Provider Network in 2011; and
39

40 WHEREAS, professional services to be provided include analysis and review of the
41 components of the CLTS Medicaid Waiver program, including creation and preparation of
42 monitoring tools for program staff to more efficiently and effectively manage the CLTS
43 Medicaid Waiver program of the State of Wisconsin; and
44

45 WHEREAS, in 2009, the Disability Services Division commenced operation of an
46 ADRC-Disability Resource Center and additional accounting and monitoring are required to
47 make the appropriate claims for reimbursement, and

48
49 WHEREAS, in 2009, clients between the ages of 18 and 59 that were being served
50 through the Medicaid Waivers programs and Wait List clients began to transition to Family
51 Care, and that this will require additional monitoring and state reporting in 2011, and
52

53 WHEREAS, it has been determined that in order to appropriately perform these
54 accounting and auditing functions, it is necessary for DHHS to secure the experience and
55 expertise of a professional consulting firm with current experience in both governmental and
56 non-profit accounting and auditing; and
57

58 WHEREAS, In 2009 DHHS Management Services Division initiated a Request for
59 Proposals (RFP) for competitive bidding to award this contract, and the applicant awarded the
60 contract was Quick Financial Solutions, LLC, a certified Disadvantaged Business Enterprise
61 (DBE); and
62

63 WHEREAS, this is the second year of a RFP cycle, with two one-year options to renew
64 the contract in subsequent years, and Quick Financial Solutions, LLC is being recommended for
65 the award of a one-year contract for each function with a one-year option to renew the contract
66 in the subsequent year, if agreed to by both parties; now, therefore,
67

68 BE IT RESOLVED, that the Interim Director of the Department of Health and Human
69 Services, or her designee, is hereby authorized to enter into a professional service agreement
70 with Quick Financial Solutions, LLC, in the amount of \$272,262 for the period January 1, 2011
71 through December 31, 2011.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 23, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2011 Professional Services Agreement for Specialized Accounting Services with Quick Financial Solutions, LLC, in the Amount of \$272,262

FISCAL EFFECT:

No Direct County Fiscal Impact

Increase Capital Expenditures

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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 | 0 |
| | Revenue | 0 | 0 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |

| | | | |
|--|----------|--|--|
| | Net Cost | | |
|--|----------|--|--|

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Interim Director of DHHS is requesting authorization to enter into a Professional Service Agreement with Quick Financial Solutions, LLC for the period January 1, 2011 through December 31, 2011. The agreement would allow the DHHS to perform required auditing and monitoring activities that ensure compliance with state law and federal guidelines, as well as specialized accounting services in support of the Disabilities Services Division's Children's Long-term Support (CLTS) program and Family Care conversion process.

B. The amount of the 2011 Professional Service Contract with Quick Financial Solutions, LLC, is \$272,262.

C. Sufficient funding is available in the 6000 account series within the budgets for the Disabilities Services and Management Services Divisions. Approval of the request will result in a zero tax levy impact.

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.

D. No assumptions utilized.

Department/Prepared By Clare O'Brien, DAS

Authorized Signature

Levi A. Syday

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 17, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO THE 2011 CONTRACTS WITH THE STATE OF WISCONSIN FOR SOCIAL SERVICES AND COMMUNITY PROGRAMS

Issue

Sections 46.031 and 49.33 of the Wisconsin Statutes require counties to execute annual contracts with the state departments of Health Services (DHS) and Children and Families (DCF) for “Social Services and Community Programs.” The contracts, also referred to as Community Aids, provide State and Federal funding for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by state and/or federal law. Beginning in 2010, Income Maintenance Administration and related revenue is now included in a separate contract with DHS and is no longer a part of the Social Services and Community Programs allocation.

County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Interim Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2011 contracts with DHS and DCF for the provision of social services and community programs mandated by state law. The county cannot receive 2011 revenues from the state until this contract is signed.

Background

The single largest revenue source for DHHS are state and federal funds that are forwarded to the Department under the Social Services and Community Programs state contract, commonly referred to as “Community Aids.”

While DHHS and the Department on Aging have a number of revenue sources in common (e.g. Community Aids), separate contracts are executed with the State for each department. This report only covers the contract with the Department of Health and Human Services. Revenues allocated to DHHS under this contract fund programs in the Behavioral Health, Disabilities Services, and Delinquency and Court Services Divisions.

In 2011, Milwaukee County also will have separate contracts with the state Department of Administration for administration of the Wisconsin Home Energy Assistance Program and the Department of Corrections for Youth Aids. In addition, there will be separate contracts with

State DHS and DCF for reimbursement of county employees supervised by the state and working in Income Maintenance and Child Care programs.

At this time, DHHS has not received the actual 2011 “Community Aids” contract from the State. However, DHHS has received an advisory notification of 2011 allocations, and this has been utilized to identify the fiscal effect of the expected contract (allocations are posted at <http://www.dhs.wisconsin.gov/sca/>).

State Allocations and Fiscal Effect (See Attachment 1)

Community Aids – Basic County Allocation (BCA)

The Basic County Allocation (BCA) is a type of block grant provided to counties that is not earmarked to serve a specific target population. Counties are able to determine how much funding to provide to each of the populations eligible to be served with these funds: persons with mental illness, developmental disabilities, physical disabilities, substance abuse problems, and delinquent children.

Under the state’s reorganization into separate Departments of Health Services and Children and Families, each county’s BCA has been split between the two state departments. The State’s Advisory Notification of the 2011 BCA funding level is \$43,261,666 (\$36,488,696 from DHS and \$6,772,970 from DCF).¹

The 2011 County Executive Recommended Budget includes \$34,923,331 of BCA for BHD, DSD and DCSD. The County budget is approximately \$8.3 million lower than the state notice since the DSD budget anticipates a required reduction of BCA due to the implementation of its Disability Resource Center (DRC) as part of Family Care expansion.

Under a separate DRC state contract approved by the County Board in June 2009, the state will reduce DHHS’s BCA by \$8,305,873 at year-end bringing the net BCA to \$34,955,793. This amount is \$32,462 higher than the BCA amount of \$34,923,331 in the 2011 recommended Budget.

Attachment 1 to this report includes a summary of all the funding provided under the state contract.

Social Services Revenue Sources

Children’s Long Term Support Programs (CLTS)

As shown in attachment 1, the state allocation for the Children’s Long-Term Support program, administered in the Disabilities Services Division, is \$9,759,930, which is \$193,513 lower than the \$9,953,443 contained in the county’s 2011 recommended budget. However, all expenditures incurred in the program are 100 percent offset with revenue so this variance will not negatively

¹ This amount does not include the \$38.8 million in County BCA funding that is transferred each year to the State Bureau of Child Welfare per State legislation that was adopted when the State assumed responsibility for the Child Welfare function in Milwaukee County.

impact the budget. In addition, DHHS anticipates amendments to the CLTS funding in 2011. According to the DHS Advisory Notification dated August 18, 2010, the estimated 2011 CLTS funding was based upon slots assigned to counties as of July 15, 2010. Any additional slots utilized by counties in the second half of the year will be reflected in a revised funding allocation in early 2011. This is a very common procedure in the administration of the Long Term Support Waiver Programs.

Recommendation

It is recommended that the County Board of Supervisors authorize the DHHS Interim Director to execute the 2011 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2011 Social Services and Community Programs contracts provide total revenue of approximately \$66.7 million.

Fiscal Impact

DHHS staff has compared revenues in the State's Advisory Notification to revenues that were anticipated in the 2011 Recommended Budget. Based on the notification, the contract is expected to include net revenue of \$66,734,587 (Community Aids of \$34,955,793 and earmarked revenues of \$31,778,794) after adjusting for a Family Care intercept amount of \$8,305,873. The total anticipated revenue is consistent with the 2011 Recommended Budget. A fiscal note form is attached.



Geri Lyday, Interim Director
Department of Health and Human Services

Attachments

cc: Scott Walker, County Executive
Cindy Archer, Director, DAS
Steve Kreklow, Fiscal and Budget Administrator, DAS
Antoinette Thomas-Bailey, Fiscal and Management Analyst, DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

1
2
3
4 (ITEM) From the Interim Director, Department of Health and Human Services, requesting
5 authorization to enter into 2011 contracts with the State of Wisconsin for Social Services and
6 Community Programs, by recommending adoption of the following:
7

8 A RESOLUTION
9

10 WHEREAS, Sections 46.031 and 49.33 of the Wisconsin Statutes require that Milwaukee
11 County enter into contracts with the state departments of Health Services and Children and
12 Families for social services and community programs (otherwise referred to as “Community
13 Aids”); and
14

15 WHEREAS, while formal contracts have not yet been submitted by the State, the State
16 has provided an advisory notification of funding for 2011 for social services and community
17 programs; and
18

19 WHEREAS, DHHS staff have compared revenues in the State’s Advisory Notification to
20 revenues that were anticipated in the 2011 Budget, and based on the notification, the contract is
21 expected to include \$66,734,587 in total net revenues (Community Aids of \$34,955,793 and
22 earmarked revenues of \$31,778,794) after adjusting for a Family Care intercept amount of
23 \$8,305,873; and
24

25 WHEREAS, the total anticipated revenue is consistent with the revenue contained in the
26 2011 Recommended Budget; and
27

28 WHEREAS, it is in the County’s best interest to execute contracts in a timely manner to
29 improve cash flow and maximize interest earnings; and
30

31 WHEREAS, the County will not receive any State Community Aids revenue until the
32 County Board has authorized the DHHS Director to execute the contract; and
33

34 WHEREAS, in light of the above, the Interim Director of DHHS is requesting
35 authorization from the County Board to execute the contracts for social services and community
36 programs so that the contract can be executed in a timely manner once it is received from the
37 State of Wisconsin; now, therefore,
38

39 BE IT RESOLVED, that the Interim Director of the Department of Health and Human
40 Services, or designee, is hereby authorized to enter into contracts with the Wisconsin
41 Departments of Health Services and Children and Families covering Social Services and
42 Community Programs for the period January 1 through December 31, 2011, and any addendum
43 thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/17/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2011 Contracts with the State of Wisconsin for Social Services and Community Programs

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 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 checked="" type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input checked="" 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 | | -193,513 |
| | Revenue | | -161,051 |
| | Net Cost | | -32,462 |
| 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.⁰ 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. Authorization is requested to sign the 2011 Social Services and Community Programs contracts with the state Departments of Health Services and Children and Families. Approval will allow Milwaukee County to receive State revenue for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by State and/or Federal law.

B. The state's Social Services and Community Programs contracts include various separate revenues used to fund DHHS (including BHD). Approval to sign the 2011 contracts will allow Milwaukee County to receive funds.

C. DHHS staff has compared revenues in the State Advisory notification to revenues that were anticipated in the 2011 Recommended Budget. The state funding notice reflects a net reduction in revenue of \$161,051. This is the result of the State notice reflecting a slightly higher (\$32,462) net Basic Community Aids (BCA) revenue amount of \$34,955,793 compared to \$34,923,331 in the 2011 Recommended Budget. Although the State contract will reflect a gross BCA amount of \$43,261,666, the State will reduce this amount by the county's required Family

⁰ 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.

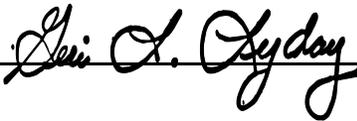
Care contribution amount of \$8,305,873 at the end of the year. This will bring the total net BCA amount to \$34,955,793.

In addition, the revenue in the Children's Long-Term Support Program is \$193,513 lower in the State notice compared to the 2011 Recommended Budget. However, all expenditures incurred in the program are 100 percent offset with revenue so this variance will not negatively impact the budget and DHHS anticipates amendments to the program.

The net effect of these variances is an expenditure reduction of \$193,513, net revenue reduction of \$161,051 and tax levy reduction of \$32,462 compared to the 2011 Recommended Budget.

D. No assumptions. Data based on State contract advisory notification.

Department/Prepared By Clare O'Brien, Budget Analyst for DHHS

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

CY 2011 Social Service/Community Programs State Notice Revenue Compared to 2011 Recommended Budget

| 2011 CARS # | State Contract Revenue Source | 2010 Final State Notice | 2011 Recommended Budget Revenues | | | 2011 DHHS/BHD Budget Total | 2011 Preliminary State Notice | 2011 State vs. DHHS/BHD Budget |
|-------------------|-------------------------------------|-------------------------------|----------------------------------|--------------------|---------------------|----------------------------------|-------------------------------------|--------------------------------------|
| | | | DCSD | DSD | BHD | | | |
| 561 | DHS Basic County Allocation (BCA) | \$31,918,380 | | | | \$0 | \$32,985,502 | |
| 681 | DHS State BCA Match | \$3,503,194 | | | | \$0 | \$3,503,194 | |
| 561 | DCF Basic County Allocation (BCA) | \$6,207,670 | | | | \$0 | \$6,269,782 | |
| 681 | DCF State BCA Match | \$681,321 | | | | \$0 | \$503,188 | |
| | Sub-Total DHS Community Aids | \$42,310,565 | \$6,910,913 | \$4,173,335 | \$23,839,083 | \$34,923,331 | \$43,261,666 | \$8,338,335 |
| | Adjustments to Match State Contract | | | | | | | |
| | Family Care Contribution | (\$5,100,842) | | | | | (\$8,305,873) | (\$8,305,873) |
| | Net BCA Revenue from DHS | \$37,209,723 | \$6,910,913 | \$4,173,335 | \$23,839,083 | \$34,923,331 | \$34,955,793 | \$32,462 |

CY 2011 Social Service/Community Programs State Notice Revenue Compared to 2011 Recommended Budget

| CARS # | State Contract Earmarked Revenues | 2010 Final State Notice | 2011 Recommended Budget Revenues | | | 2011 DHHS/BHD Budget Total | 2011 Preliminary State Notice | State Notice vs. DHHS/BHD Budget |
|--------|---|-------------------------|----------------------------------|---------------------|---------------------|----------------------------|-------------------------------|----------------------------------|
| | | | DCSD | DSD | BHD | | | |
| 579 | AODA JuvenileJustice | \$453,554 | \$453,554 | | | \$453,554 | \$453,554 | \$0 |
| 312 | Adult Protective Services | \$591,206 | | \$426,335 | | \$426,335 | \$426,335 | \$0 |
| 577 | Family Support-DD Children | \$870,728 | | \$852,668 | | \$852,668 | \$852,668 | \$0 |
| 550 | Birth - 3 Prog (incl former Ch 1) | \$2,700,671 | | \$2,700,671 | | \$2,700,671 | \$2,700,671 | \$0 |
| 338 | COP Waiver GPR | \$948,648 | | \$0 | | \$0 | \$0 | \$0 |
| 339 | COP Waiver Federal | \$720,748 | | \$0 | | \$0 | \$0 | \$0 |
| | COP Waiver sub-total | \$1,669,396 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 580 | CIP 1A Non Federal (GPR) | \$1,999,326 | | \$0 | | \$0 | \$0 | \$0 |
| 581 | CIP 1A Federal | \$3,181,988 | | \$0 | | \$0 | \$0 | \$0 |
| | CIP 1A sub-total | \$5,181,314 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 563 | CIP 1B federal (incl local match slots) | \$1,574,462 | | \$0 | | \$0 | \$0 | \$0 |
| 564 | CIP 1B Non-Federal (GPR) | \$1,895,653 | | \$0 | | \$0 | \$0 | \$0 |
| | CIP 1B sub-total | \$3,470,115 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 410 | FC TRANSITION CIP1B NON-FED | \$17,848 | | \$0 | | \$0 | \$0 | \$0 |
| 411 | FC TRANSITION CIP1B FED | \$11,065 | | \$0 | | \$0 | \$0 | \$0 |
| | FC TRANSITION CIP1B sub-total | \$28,913 | | \$0 | | \$0 | \$0 | \$0 |
| 348 | CIP 2 GPR | \$1,042,211 | | \$0 | | \$0 | \$0 | \$0 |
| 349 | CIP 2 Federal | \$1,575,094 | | \$0 | | \$0 | \$0 | \$0 |
| | CIP 2 sub-total | \$2,617,305 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 369 | CIP 2 CRI GPR | \$1,278,129 | | \$0 | | \$0 | \$0 | \$0 |
| 370 | CIP 2 CRI Fed | \$1,931,640 | | \$0 | | \$0 | \$0 | \$0 |
| | CIP 2 CRI sub-total | \$3,209,769 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 375 | CIP 2 Diversion GPR | \$283,218 | | \$0 | | \$0 | \$0 | \$0 |
| 376 | CIP 2 Diversion Fed | \$430,357 | | \$0 | | \$0 | \$0 | \$0 |
| | CIP 2 Diversion sub-total | \$713,575 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 506 | Brain Injury Waiver Non-Federal (GPR) | \$283,482 | | \$0 | | \$0 | \$0 | \$0 |
| 507 | Brain Injury Waiver Federal | \$527,852 | | \$0 | | \$0 | \$0 | \$0 |
| | Brain Inj Waiver sub-total | \$811,334 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 407 | ICFMR GPR | \$640,468 | | \$0 | | \$0 | \$0 | \$0 |
| 408 | ICFMR Fed | \$973,208 | | \$0 | | \$0 | \$0 | \$0 |
| | | \$1,613,676 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 427 | CLTS DD Autism Fed | \$4,061,529 | | | | \$0 | \$4,061,529 | |
| 428 | CLTS DD BCA Matched Fed | \$0 | | | | \$0 | | |
| 429 | CLTS DD Fed Other | \$422,407 | | | | \$0 | \$310,574 | |
| 437 | CLTS MH Autism Fed | \$1,215,040 | | | | \$0 | \$1,215,040 | |
| 438 | CLTS MH BCA Matched Fed | \$0 | | | | \$0 | | |
| 439 | CLTS MH Fed Other | \$136,644 | | | | \$0 | \$136,644 | |
| 448 | CLTS PD BCA Matched Fed | \$0 | | | | \$0 | | |
| 449 | CLTS PD Fed Other | \$178,147 | | | | \$0 | \$149,739 | |
| 450 | CLTS DD Autism Non-Fed | \$2,687,439 | | | | \$0 | \$2,687,439 | |
| 451 | CLTS MH Autism Non-Fed | \$803,969 | | | | \$0 | \$803,969 | |
| 460 | CLTS DD Non-Fed Other | \$279,498 | | | | \$0 | \$205,501 | |
| 461 | CLTS MH Non-Fed Other | \$90,415 | | | | \$0 | \$90,415 | |
| 462 | CLTS PD Other Non Fed | \$117,878 | | | | \$0 | \$99,080 | |
| | CLTS Total | \$9,992,966 | \$0 | \$9,953,443 | \$0 | \$9,953,443 | \$9,759,930 | (\$193,513) |
| 367 | Community Options Program (COP) | \$3,560,425 | | \$40,662 | \$1,485,011 | \$1,525,673 | \$1,525,673 | \$0 |
| 504 | CSP Wait List | \$93,910 | | | \$93,910 | \$93,910 | \$93,910 | \$0 |
| 517 | Certified Mental Health Program | \$312,500 | | | \$374,999 | \$374,999 | \$374,999 | \$0 |
| 535 | Subst Abuse Trtmt TANF | \$4,908,500 | | | \$4,939,000 | \$4,939,000 | \$4,939,000 | \$0 |
| 559 | IMD Regular Relocation | \$6,513,256 | | | \$6,546,319 | \$6,546,319 | \$6,546,319 | \$0 |
| 569 | Mental Health Block Grant | \$685,914 | \$50,000 | | \$635,914 | \$685,914 | \$685,914 | \$0 |
| 570 | AODA Block Grant | \$3,489,706 | | | \$2,431,021 | \$2,431,021 | \$2,431,021 | \$0 |
| 582 | AODA Day Care/Svces in Treatment | \$68,800 | | | \$68,800 | \$68,800 | \$68,800 | \$0 |
| 585 | IV Drug | \$920,000 | | | \$920,000 | \$920,000 | \$920,000 | \$0 |
| | Sub-Total DHS Earmarked Revenues | \$54,477,533 | \$503,554 | \$13,973,779 | \$17,494,974 | \$31,972,307 | \$31,778,794 | (\$193,513) |
| | GRAND TOTAL DHS Revenue | \$91,687,256 | \$7,414,467 | \$18,147,114 | \$41,334,057 | \$66,895,638 | \$66,734,587 | (\$161,051) |

¹The total BCA revenue of \$35,810,140 includes revenue of \$460,474 budgeted in Aging for Adult Protective Services. State DHS has provided a total of \$886,809 for APS - \$426,335 is budgeted in DHHS-DSD and the remaining \$460,474 is budgeted in Aging

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: November 16, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Dennis Buesing, Administrator, DHHS Contract Administration

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 PURCHASE-OF-SERVICE CONTRACTS FOR MANAGEMENT SERVICES DIVISION PROGRAMS

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 Purchase-of-Service Contracts with community vendors for the Management Services Division (MSD).

Background and Summary of 2011 Purchase-of-Service Contracts

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community vendors have helped DHHS make use of available community resources and expertise in carrying out its mission.

For 2011, MSD proposes two Purchase-of-Service contracts with community vendors for critical services and programs. The recommended vendors have been performing the relevant service for Milwaukee County, first with the Economic Support Division for multiple years and in 2010 for the Management Services Division, and have met or exceeded contract specifications. The proposed contracts for 2011 are summarized below.

A) Interim Disability Assistance Program (IDAP) Recovery

DHHS recommends that Community Advocates continue to assist Supplemental Security Income/Social Security Disability (SSI/SSD) applicants who are applying for or currently receiving IDAP, which provides financial assistance to disabled persons while their SSI application is pending. This contract is funded with \$45,000 in property tax levy, the same amount as 2010.

B) Community Information Line (211)

DHHS recommends that the existing contract with Impact Alcohol and Other Drug Abuse Services, Inc. (IMPACT) be continued for the 211 community information line. This contract provides 24-hour centralized information and referral service for residents seeking social services in Milwaukee County. The funding included in the 2011 budget remains unchanged from 2010. The 2011 allocation from DHHS and the Behavioral Health Division (BHD) is \$480,000, which reflects \$380,000 in tax levy and Wisconsin Home Energy Assistance Program (WHEAP) from MSD and \$100,000 from BHD.

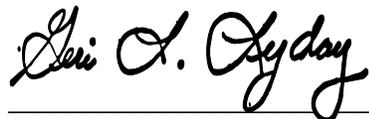
Funding amounts for recommended 2011 MSD Purchase-of-Service Contracts are summarized below:

| <u>Category</u> | <u>Agency</u> | <u>Recommended Amount</u> |
|-------------------------------|---------------------|---------------------------|
| A. IDAP | Community Advocates | 45,000 |
| B. Community Information Line | Impact | 480,000 |
| TOTAL | | \$525,000 |

Fiscal Impact

Approval of the recommendations delineated above would have no additional tax levy impact beyond what has been allocated in MSD's 2011 budget. A fiscal note form is attached.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Analyst, County Board Staff

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 Purchase-of-Service Contracts for Management Services Division programs, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2011 Purchase-of-Service Contracts with community vendors for the Management Services Division (MSD); and

WHEREAS, the recommended contracts will allow for provision of critical services within the community; and

WHEREAS, the contract recommendations are within limits of relevant 2011 State/County contracts and the 2011 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Interim Director, DHHS, or her designee, is hereby authorized to enter into contracts for the period of January 1 through December 31, 2011 with the following vendors in the following amounts:

| | |
|--|-----------|
| Community Advocates (IDAP) | 45,000 |
| Impact Alcohol and Other Drug Abuse Services, Inc. *\$380,000 MSD + \$100,000 BHD | 480,000* |
| TOTAL | \$525,000 |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/16/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into 2011 Purchase of Service Contracts for Management Services Division Programs

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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 | 0 |
| | Revenue | 0 | 0 |
| | Net Cost | 0 | 0 |
| Capital Improvement Budget | Expenditure | | |
| | Revenue | | |
| | Net Cost | | |

DESCRIPTION OF FISCAL EFFECT

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

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

A.) Approval of the request would permit the DHHS Management Services Division to enter into 2011 Purchase of Service contracts for the Community Information Line 211 Program - IMPACT and Interim Disability Assistance (IDAP) Program - Community Advocates.

B.) Approval of the requested purchase of service contracts would result in \$525,000 in total expenditures for 2011. This amount reflects a contract of \$480,000 with 211-IMPACT and a \$45,000 contract with Community Advocates for IDAP.

C.) Sufficient funds in the amount of \$525,000 are included in the 2011 Adopted Budget for these contracts. A total of \$480,000 is budgeted for IMPACT which reflects tax levy of \$338,162, \$41,838 in WHEAP revenue and \$100,000 in BHD AODA revenue. The \$45,000 contract with Community Advocates for IDAP is budgeted with tax levy.

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.

D. This fiscal note assumes expenditures cannot exceed the amounts authorized for the Purchase of Service contracts.

Department/Prepared By Clare O'Brien, Budget Analyst for DHHS

Clare O. O'Brien

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 23, 2010

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 PROFESSIONAL SERVICE CONTRACTS FOR THE BEHAVIORAL HEALTH DIVISION

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, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts for 2011.

Background

BHD uses several professional service contracts to support various essential staff activities, including specialized IT support, pharmacy services, and medical program planning. Each of these contracts support functions that are critical to patient care and are necessary to maintain hospital, Facility for Persons with Developmental Disabilities (FDD), nursing home, crisis services licensure and paramedic services monitoring and training. A discussion of all new or renewed 2011 contract recommendations follows.

Accenture, LLP

BHD contracts with Accenture, LLP for a variety of management information systems applications and technical assistance that, because of their specialized health care nature, have not been maintained, provided or supported by IMSD. The County Board approved this sole-source contract with Accenture, LLP in 1996, following the closure of Doyne Hospital and IMSD's decision to divest itself of health care systems support. Among other services, Accenture, LLP provides IT systems and support for patient registration, billing and hospital accounts receivables, HIPAA compliance and records management, clinical support systems, and developing new applications and reports as needed.

BHD is currently working on an Electronic Medical Record (EMR) project with the Department of Administrative Services, IMSD and the Office of the Sheriff. It is anticipated that the EMR initiative will include the majority of the functions currently performed by Accenture at BHD. That project will not be fully implemented in 2011, therefore, BHD is requesting a one-year extension to the current contract with Accenture. The contract recommendation for 2011 is \$2,139,500. Accenture has always met or exceeded the DBE subcontracting commitments required by county ordinance.

Bozora Fischer Consulting Services

Due to on-going staff psychiatry vacancies, BHD has been working with Bozora Fischer Consulting Services. Bozora Fischer Consulting Services provides fully trained consulting psychiatrist services on an as-needed basis. BHD is recommending a contract with them to provide psychiatry services for the 140-bed Rehabilitation Center Central and Hilltop units. This includes evaluation, diagnosis, treatment and other consultation services. This critical and immediate patient care need is the result of the high number of psychiatrist vacancies at BHD. The average time to recruit a full-time psychiatrist in the current market is six to eight months.

BHD is recommending a one-year contract for psychiatry services from Bozora Fischer Consulting Services, from January 1, 2011 through December 31, 2011 in a not-to-exceed amount of \$85,000. As soon as BHD is able to fill sufficient psychiatry position, the use of this contract will be discontinued.

iVisions Solutions, Inc.

iVisions Solutions, Inc, is a DBE certified, female-owned, minority business that specializes in system improvements, analyzing and managing data, and recommending solutions to effectively eliminate or rectify problem areas within information systems. Currently, iVisions Solutions, Inc. supports the EMS systems that scan, capture and store paramedic run data, maintain county-wide patient records, monitor and record paramedic dispatches and pages, and administer and manage paramedic training course enrollment, renewals and certifications.

The 2011 BHD Budget included a new initiative for Education Services and Quality Assurance. This is part of BHD's on-going effort to apply for Joint Commission Certification by 2012. iVisions will be assisting in implementation of the on-line training tool.

BHD is recommending a two-year contract addition for IT consulting and programming services from iVisions Solutions, Inc. related to Joint Commission Certification from January 1, 2011 through December 31, 2012 in a not-to-exceed amount of \$20,000 annually for Joint Certification. (The total iVisions contract is \$260,142 annually).

Medical College of Wisconsin

In the 2010 Budget, BHD realigned the house physician staffing, unfunding three positions in BHD and contracting for an additional 2.95 FTE positions through the residency program. Since residents have always filled these positions, moving the funding to MCW provides a more struc-

tured and streamlined approach to help maintain flexible and consistent staffing. This initiative continues in 2011 for a total cost of \$551,500.

The Medical Resident Psychiatry Service supports the efforts of both the MCW and the BHD clinical staff working in the Psychiatric Crisis Services area. In addition, BHD contracts with MCW for \$39,500 for required medical record discharge dictations and utilization review by a psychiatrist as required by the Federal Government for Medicare regulations, \$59,794 for a Residency Director and \$10,000 for bioethics consultation.

BHD recommends a two-year contract with MCW for \$660,794 for the time period from January 1, 2011 through December 31, 2012. MCW has established relationships with several DBE vendors during the prior contract period. Through these continued relationships, MCW has identified sufficient qualified DBE vendors to comfortably meet or exceed the 17% commitment goal in 2011.

Medical College of Wisconsin – Affiliated Hospitals

BHD contracts with the Medical College of Wisconsin – Affiliated Hospitals (MCWAH) for residency and fellowship stipends. The residents and fellows provide medical care in the hospital and long-term care areas of BHD, with oversight and direction from BHD psychiatry staff.

BHD is recommending a contract for the term from January 1, 2011 through December 31, 2012 in the amount of \$550,000 annually, which is the same as the 2010 amount. MCWAH has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract in 2011.

Roeschen's Omnicare Pharmacy

The pharmaceutical services contract was competitively bid in 2004, 2005, and 2008. Roeschen's Omnicare Pharmacy was the only company responding to BHD's Request for Proposal (RFP) on all three occasions.

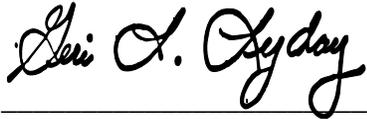
In 2009, a two-year contract with an option for two additional one-year terms was recommended. BHD is returning to extend the contract for two additional years, from January 1, 2011 to December 31, 2012. The contract amount for 2011 is recommended to be \$5,090,120, which is the same as the 2010 contract including the additional pharmaceutical costs for clients previously paid out of the Medical College outpatient purchase of service contract. Roeschen's has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract in 2011.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to execute the professional service agreements for 2011 identified in this report and for the amounts enumerated in the attached resolution.

Fiscal Effect

The total amount of \$8,785,556 recommended in these contracts has been budgeted in BHD's 2011 Adopted Budget. A fiscal note form is attached.



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal Management Analyst
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

(ITEM *) Report from the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 professional service contracts for the Behavioral Health Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 professional service contracts for the Behavioral Health Division (BHD); and

WHEREAS, in the past several years, the Behavioral Health Division has entered into a series of professional service contracts to support staff activities; and

WHEREAS, these contracts are essential to the day-to-day operation of the Behavioral Health Division; and

WHEREAS, approval of these recommendations will enable the Behavioral Health Division to receive necessary specialized IT support, pharmacy services, and medical program planning and consultative services to support the activities of staff; now, therefore,

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or her designee, is hereby authorized to enter into professional service contracts for the period January 1 through December 31, 2011 (unless otherwise specified) with the vendors listed and in the amounts stated below:

| <u>Agency</u> | <u>Type of Service</u> | <u>Term</u> | <u>2011 Contract</u> |
|---------------------------------------|------------------------------|-------------|----------------------|
| Accenture, LLP | IT Consulting Services | 1 of 1 | \$ 2,139,500 |
| Bozora Fischer Consulting Services | Psychiatry Services | 1 of 1 | \$85,000 |
| iVisions | IT Consulting Services | 1 of 2 | \$ 260,142 |
| MCW | Residency/Fellowship Program | 1 of 2 | \$ 660,794 |
| MCW-Affiliated Hospitals | Residency Program | 1 of 2 | \$ 550,000 |

| | | | | |
|----|---|-------------------------|--------|----------------------------|
| 45 | Roeschen's Omnicare | Pharmaceutical Services | 1 of 2 | \$ 5,090,120 |
| 46 | Pharmacy | | | |
| 47 | | | | |
| 48 | <u>Total – Professional Services</u> | | | <u>\$ 8,785,556</u> |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/15/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: BHD 2011 Professional Service Contracts

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"/> 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 | | |
| | Revenue | | |
| | Net Cost | | |
| 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) For many years, the Behavioral Health Division has entered into professional service contracts with other entities in order to provide services more efficiently and economically.

B) Total recommended funding for 2011 professional service contracts for BHD is \$8,785,556. There would be no budgetary impact associated with execution of the recommended contracts, as sufficient funds are included in BHD's 2011 Adopted Budget.

C) The contracts establish "not to exceed" amounts derived through solicitation of bids or through negotiation with the entities involved. These funds are budgeted in Organizational Unit 6300 - Accounts 6109, 6113, 6147, 6148, 7770 and 6149.

D. No assumptions/interpretations.

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 Alexandra Kotze, BHD

Authorized Signature

Leri A. Syday

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 29, 2010

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2011 PURCHASE-OF-SERVICE CONTRACTS FOR THE BEHAVIORAL HEALTH DIVISION FOR THE PROVISION OF ADULT AND CHILDREN MENTAL HEALTH SERVICES AND ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES

Policy Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 purchase-of-service (POS) contracts with community agencies for the Behavioral Health Division (BHD). Approval of the recommended contract allocations will allow BHD to provide a broad range of rehabilitation and support services to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances.

Discussion

Adult Community Services – Alcohol and Other Drug Abuse Services (AODA)

| | |
|---|--------------------|
| Total Adjusted 2010 Contract Allocation: | \$5,955,999 |
| Proposed 2011 Contract Allocation: | \$6,113,608 |

Contract allocations recommended for 2011 for individual organizations are itemized below and in the attached resolution. Earlier this year, DHHS received notification from the Substance Abuse and Mental Health Services Administration (SAMHSA) that Wisconsin was successful in its highly competitive Access to Recovery (ATR) grant proposal. This represents the third round of continuous ATR funding received by Wisconsin and BHD, and one of only eight states to achieve this award. However, SAMHSA has reduced the funding by almost one-third on annual basis and increased the number of individuals to be served. As mentioned in previous reports to the Board regarding ATR funding, the reductions in ATR significantly decrease the amount available for voucher services in 2011. However, Wisconsin and BHD continue to receive the highest national award from SAMHSA for ATR. The total ATR 3 award is \$13.1 million over the life of the grant, and \$3.35 million in the first year of the grant. Additionally, BHD applied for and received three separate SAMHSA grants last year for just over \$1 million and continues

to provide these services. Finally, BHD also applied for and received a TANF grant from the State that was put out for competitive bid, and the 2011 amount will see a slight increase to almost \$5 million per year, as well as two smaller State awards for prisoner re-entry services. All told, BHD has secured more than \$10 million on an annual basis in competitive grant awards. A portion of all of these grant funds are included in the proposed 2011 contract allocations for CIU services, training and co-occurring infrastructure development, and contract increases contained in this report are completely offset with grant revenues. The remaining grant funds are for administration costs, evaluation, and direct services through the Wiser Choice voucher network.

BHD is obligated to spend a minimum of 5% of the TANF allocation on evaluation. In order to meet this requirement, BHD recommends establishing a contract with The Bridge Health Clinics and Research Centers to perform process evaluation of the TANF system. BHD will also contract with NIATx to target through process improvement, supported in part through ATR funding along with TANF funding. The Vital Voices contract will also be increased by \$19,936 through TANF evaluation funds to conduct peer-operated consumer satisfaction surveys (increase contained in the mental health subsection). Included in the TANF evaluation component is collection of National Outcomes Measure (NOMS) data, responsibility for analyzing the data, supervision of data collection and recommending corrective actions based on the results of the evaluation, preparation of reports summarizing program results, and procedures to ensure privacy and confidentiality.

Genesis Behavioral Services Detoxification contract is reduced by \$200,000 consistent with the 2011 Adopted Budget. The American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) is the authoritative criteria for level of care decisions amongst substance abuse providers, and all certified providers are required by the State to use approved patient placement criteria. BHD has mandated the use of ASAM PPC since 2004. In 2010, ASAM published Supplement on Pharmacotherapies for Alcohol Use Disorders, which updated patient placement criteria for detoxification. The supplement refined the admitting criteria for social detoxification to include consideration of CIWA-Ar scores in the moderate withdrawal range. BHD will restructure the detoxification contract to more closely align with the ASAM PPC by expanding the social detoxification component to reduce expenditures without reducing the number of individuals that can be safely and appropriately served in that setting. Social detoxification provides supportive non-pharmacologic care. Simple interventions such as reassurance, reality orientation, monitoring of signs and symptoms of withdrawal, and general nursing care are effective. In controlled trials, these interventions were sufficient to manage 85% of emergency room patients and 60% of inpatients. However, the use of social detoxification always should include provisions for back-up medical evaluation and treatment (rescue protocols) for the introduction of pharmacologic therapies as needed.

The Central Intake Unit (CIU) contracts were released for competitive bid for the 2011 cycle. All applications were reviewed and scored by a community advisory panel. Based on the scoring from the community advisory panel, the CIU contracts will remain the same for all vendors as in 2010. M&S clinical Services and Wisconsin Community Services will serve the general population. Justice 2000 will serve the pre-trial and drug court specialty populations and

IMPACT will serve the general population, and subcontract with United Community Center for the monolingual Spanish speaking population.

BHD recommends an increase in the St. Charles contract to provide additional training coordination that is required under the TANF and ATR grants and offset by those grants. Also included is the \$150,000 identified in the approved 2011 Adopted Budget to take the lead for the coordination of the expanded clinical training for Trauma Informed Care.

The AODA contract allocations by agency are as follows:

| Agency | Adjusted 2010 Contract | Proposed 2011 Contract |
|---------------------------------|-----------------------------------|-----------------------------------|
| AIDS Resource Center | \$263,957 | \$263,957 |
| Bridge Health Clinics/Research | \$0 | \$92,310 |
| Faith Partnership Network | \$80,000 | \$80,000 |
| Fighting Back | \$753,220 | \$753,220 |
| Genesis Behavioral Services | \$3,072,145 | \$2,872,145 |
| Guest House | \$130,913 | \$130,913 |
| IMPACT | \$524,412 | \$479,412 |
| Justice 2000* | \$0 | \$45,000 |
| M&S Clinical Services | \$547,700 | \$547,700 |
| Meta House | \$68,800 | \$68,800 |
| NIATx | \$0 | \$38,522 |
| St. Charles Youth & Family Serv | \$206,563 | \$433,340 |
| Wisconsin Community Services | \$308,289 | \$308,289 |

*Was under sub-contract with IMPACT for CIU services in 2010

Adult Community Services - Mental Health (MH)

Total 2010 Adjusted Contract Allocation: \$15,093,672¹
Proposed 2011 Contract Allocation: \$10,514,725

Contract allocations recommended for 2011 for individual organizations are itemized below and in the attached resolution. 2011 will continue to be a transition year for BHD to convert purchase of service contracts to fee for service. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides Wisconsin with \$26 million and \$7 million in block grants for substance abuse and mental health services respectively. The two block grants ensure a base for community services and foster system transformation. There are reporting requirements under the federal block grant programs and the HSRS mental health and AODA modules contain required data that is reported to SAMHSA. HSRS is a 27 year-old legacy mainframe system using old programming code. The current HSRS can be cumbersome and expensive to change while newer

¹ The 2010 Purchase of Service amount includes \$4.2 million for residential services that was transitioned to the fee-for service network in 2011.

technology promises to be less expensive and more flexible. At the same time, the federal government is encouraging states to develop systems that collect claim-like, encounter-level data. Upgrading outdated HSRS components and permitting encounter-level data is now necessary. A two-year phase-in period is being planned by the State to comply with these changes. Fee for service agreements support the collection of encounter level detail that will be required under block grant reporting. In 2010, BHD converted mental health group homes from purchase of service to fee for service, which accounts for \$4.2 million less in the 2011 contract allocations for Bell Therapy and Transitional Living Services. The same number of people continues to be served through fee for service as were served under purchase of service for mental health group home services.

BHD is preparing to convert Target Case Management (TCM) contracts to fee for service by the beginning of the third quarter of 2011. At the same time, BHD will be developing the infrastructure and provider network identified in the 2011 Adopted Budget for additional outpatient capacity to purchase up to \$360,000 of psychotherapy services for trauma counseling and the related medication costs annually. All Outpatient and Community Support Program contracts will be converted to fee for service within the two year phase in period.

In 2011, the proposed recommended base amount for outpatient services for the Medical College of Wisconsin (MCW) is the same amount as in 2010, except that BHD now manages the cost of medication. BHD brought forth a fund transfer request earlier in 2010 identifying that the full amount of medication cost in the MCW contract will be managed by BHD to allow the vendor to focus solely on the provision of clinical services.

In addition, as reported to the Board in 2010, BHD was awarded a Crisis Grant from the State of Wisconsin. Mental Health America implements the grant program for BHD and the 2011 contract for them includes one year of Crisis Grant funding (\$228,300). The 2010 allocation included two years of grant funding due to the grant cycle.

Recommendations presented herein are all intended to preserve current clinical treatment capacity as delineated in the 2011 Adopted Budget.

| <u>Agency</u> | <u>Adjusted 2010 Contract</u> | <u>Proposed 2011 Contract</u> |
|---------------------------------------|--|--|
| Alternatives to Psychological Consult | \$338,223 | \$338,223 |
| Bell Therapy | \$4,680,025 | \$1,564,690 |
| Community Advocates | \$180,589 | \$180,589 |
| Grand Avenue Club | \$135,000 | \$135,000 |
| HealthCare for the Homeless | \$1,443,338 | \$1,443,338 |
| Medical College of Wisconsin | \$1,283,295 | \$1,072,045 |
| Mental Health America | \$500,600 | \$272,300 |
| Milwaukee Mental Health Associates | \$603,506 | \$603,506 |
| NAMI | \$30,000 | \$30,000 |
| Our Space | \$318,162 | \$318,162 |
| Project Access | \$601,855 | \$601,855 |
| Social Rehab & Residential Resources | \$224,112 | \$224,112 |

| | | |
|------------------------------|-------------|-------------|
| Transitional Living Services | \$2,966,376 | \$1,922,378 |
| Vital Voices | \$111,025 | \$130,961* |
| Wisconsin Community Services | \$1,677,566 | \$1,677,566 |

*Details regarding the increase is identified in the AODA subsection under TANF evaluation

All contract allocations are predicated on the assumption that Milwaukee County will receive its full allocation from the State of Wisconsin. The State released a memo in November 2010 stating that they are changing the schedule for distributing funding for select mental health and substance abuse services in calendar year 2011 and subsequent years to achieve savings required under Act 28, the 2009-2011 Biennial Budget. The State will provide 25% of the funding in January, and the balance in July. Should the July funding amount be changed, it will impact the contract allocation amounts identified in this report. BHD will return to the Board with changes, if necessary.

Child and Adolescent Services

| | |
|--|---------------------|
| Total 2010 Contract Allocations: | \$11,664,796 |
| Proposed 2011 Contract Allocations: | \$12,223,952 |

Overview

The Behavioral Health Division will continue to contract with community agencies for care coordination and other services that support the operation of the Wraparound Milwaukee Program, REACH Program (Reaching, Engaging and Assisting Children), FISS (Family Intervention and Support Services Program), and (MUTT) Mobile Urgent Treatment Teams. As a special managed care program under Medicaid, all remaining services are purchased on a fee-for-service basis through the Wraparound Milwaukee Provider Network. Individual Purchase of Service contract allocations being recommended are enumerated in the resolution.

Care Coordination Services

Wraparound Milwaukee desires to purchase care coordination services in 2011 from eight community agencies selected through a Request For Proposal process. Care coordination agencies facilitate the Wraparound care planning teams, help develop the individual plans, and arrange, provide and monitor services for children with serious emotional and mental health needs and their families. Screening or assessment services are provided by three of these agencies.

In 2010, the Wisconsin Department of Health Services-Division of Health Care Access and Accountability increased the Wraparound Milwaukee enrollment capacity by adding 100 additional slots to bring our total maximum capacity to 945 families. While this increase was appreciated, it was less than the 300 slots Milwaukee County requested. This resulted in some recommended contract decreases for AJA Counseling Center and Alternatives In Psychological Consultation who had been selected through the RFP process to be the next two agencies, after St. Aemilian-Lakeside and LaCausa, to receive additional enrollment slots for voluntary, non-

court involved youth coming to our REACH program. While the State did not grant us the 200 REACH slots requested, BHD-Wraparound was still able to give these agencies some additional funding for some additional REACH youth.

The expanded 100 enrollments will allow us to not only take some additional REACH youth but will allow us to target 19 and 20 year olds for the new Healthy Transitions Program. All of the additional capacity is covered by Medicaid and/or federal grant funds.

Variation in some care coordination contracts is based on the number of care coordinators the agency has chosen to operate with. Aurora Family Service has chosen to operate with a half contract.

The eight agencies providing care coordination services, screening, REACH and related services are:

| Care Coordination Type Services | Service | 2011 Recommended Amounts |
|---|-----------------------------|-------------------------------------|
| LaCausa | Regular Care Coordination | 1,043,900 |
| | REACH | 624,150 |
| | Care Coordination Screening | 280,549 |
| | | <u>1,948,599</u> |
| St. Aemilian-Lakeside | Regular Care Coordination | 949,000 |
| | REACH | 624,150 |
| | | <u>1,573,150</u> |
| AJA | Regular Care Coordination | 797,160 |
| | REACH | 416,100 |
| | | <u>1,213,260</u> |
| Alternatives In Psychological Consultation | Regular Care Coordination | 797,160 |
| | REACH | 277,400 |
| | | <u>1,074,560</u> |
| My Home Your Home | Regular Care Coordination | <u>797,160</u> |
| | | 797,160 |
| Aurora | Regular Care Coordination | <u>379,600</u> |
| | | 379,600 |
| St. Charles Youth and Family | Regular Care Coordination | 797,160 |
| | Healthy Transition | 208,574 |
| | Care Coordination Screening | 262,360 |
| | | <u>1,268,094</u> |

| | | |
|---------------------------|-----------------------------|---------------|
| Willowglen Community Care | Regular Care Coordination | 797,160 |
| | Care Coordination Screening | <u>65,000</u> |
| | | 862,160 |

Services Supporting Wraparound Milwaukee

For 2011, the BHD-Wraparound Program recommends continuing an agreement initiated with the Department of Health Services to have the Wisconsin Council on Children and Families provide or arrange for program evaluation, staff training and management information support necessary to maintain our Medicaid capitation contract with DHS.

The Behavioral Health Division proposes to renew an agreement with Families United of Milwaukee for advocacy and support for families served by Wraparound Milwaukee.

Families United was procured through the RFP process. This minority owned and operated agency continues to represent and advocate for our families. Families United also provides educational advocacy to help our youth obtain an Individual Education Plan (IEP), achieve school success and reduce the need for costly residential treatment and day treatment services. For 2011, the Bureau of Milwaukee Child Welfare has decided to contract with Wraparound Milwaukee for additional educational advocacy services to support foster families. These additional services will be fully funded by BMCW and results in an \$84,000 increase in the Families United contract.

The fiscal intermediary services support the purchase of services from relative care givers for youth and will continue to be provided in 2011 if approved, by MCFI.

| Support Services for Wraparound | Service | 2011 Recommended Amount |
|--|---|--------------------------------|
| Wisconsin Council on Children and Families | Program Evaluation, Training and Tier Assistance and IT | 620,319 |
| Families United of Milwaukee | Family Education Advocacy | 440,990 |
| Milwaukee Center for Independence | Fiscal Inter. | 25,000 |

Mobile Urgent Treatment Services to Foster Families and Milwaukee Public Schools

In 2010, the Department of Children and Family Services-Bureau of Milwaukee Child Welfare expanded funding for the dedicated Mobile Urgent Treatment Team for Foster Families (MUTT-FF). The MUTT-FF team has been effective at reducing the incidence of failed foster placements through the provision of 24-hour mental health crisis intervention services to foster care and now Kinship Care families. The State legislature allocated \$250,000 in new funding for 2010-2011 to expand staffing for the MUTT team. The additional staff allows the MUTT team to serve treatment foster families and court-ordered kinship care in addition to regular foster families. In addition to providing both regular MUTT services and a team for foster families in 2011, the Milwaukee Public Schools will contract with the Behavioral Health Division for a dedicated crisis team to respond to mental health crisis situations and to stabilize students with mental health issues in the Milwaukee Public School System. Besides the MUTT teams, crisis 1:1 stabilizers are able to work with these youth at home and in the schools for up to 30 days or more.

To support our county professional team of psychologists and psychiatric social workers assigned to the MUTT program, St. Charles Youth and Family Services will provide up to twelve crisis support workers for MUTT to ensure 24-hour, seven days per week coverage. St. Charles Youth and Family Services was also selected through the RFP process to provide eight crisis group home beds for boys for the MUTT team. They are again being recommended to provide those services for MUTT, through the Haven House Program.

| Support Services for Wraparound | Service | 2011 Recommended Amount |
|--|--|--------------------------------|
| St. Charles Youth and Family Services | Mobile Crisis Services for Child Welfare, Milwaukee Public Schools and Community | 1,223,066 |
| St. Charles Youth and Family Services | Crisis Group Home for SED Youth | 476,064 |

Family Intervention and Support Services (FISS)

For 2011, the Wisconsin Department of Children and Family Services will continue to contract with BHD to provide an array of case management and mental health services to an average of 60 families in the Family Intervention and Support Services Program (FISS). This program targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home and other issues of uncontrollability. FISS is a voluntary, early intervention alternative for parents who can receive a range of mental health and support services as an alternative to filing a formal CHIPS diversion. FISS is fully funded by the Bureau of Milwaukee Child Welfare.

St. Charles Youth and Family Services who received the highest score on the last RFP process is being recommended again, to provide those FISS case management services in 2011. These services will next be re-bid for 2012.

| Support Services for Wraparound | Service | 2011 Recommended Amount |
|--|------------------------------------|--------------------------------|
| St. Charles Youth and Family Services | Early Intervention/CHIPS Diversion | 321,930 |

The following are the totals contract recommendations for the Child and Adolescent Services Branch of BHD compared to 2010.

| Agency | Adjusted 2010 Contract | Proposed 2011 Contract |
|--|-------------------------------|-------------------------------|
| AJA Counseling Center | \$ 1,423,500 | \$ 1,213,260 |
| Alternatives in Psychological Consultation | \$ 1,423,500 | \$ 1,074,560 |
| Aurora Family Service | \$ 456,250 | \$ 379,600 |
| Families United | \$ 356,990 | \$ 440,990 |
| La Causa, Inc. | \$ 1,587,120 | \$ 1,948,599 |
| Milwaukee Center for Independence | \$ 25,000 | \$ 25,000 |
| My Home Your Home | \$ 766,500 | \$ 797,160 |
| St. Aemilian-Lakeside | \$ 1,423,500 | \$ 1,573,150 |
| St. Charles Youth & Family Services | \$ 2,794,917 | \$ 3,289,154 |
| Willowglen Community Care | \$ 836,500 | \$ 862,160 |
| Wisconsin Council on Children & Families | \$ 571,019 | \$ 620,319 |

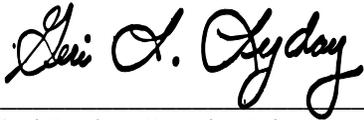
Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to enter into 2011 purchase-of-service contracts for mental health, AODA, and child and adolescent treatment services with provider agencies for the time period of January 1 through December 31, 2011 (except as otherwise noted) with the contractors listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for children and adults having serious and persistent mental illness, substance abuse problems, or other emotional needs.

Fiscal Effect

The amounts recommended in these contracts have been included in BHD's 2011 Adopted Budget. A fiscal note form is attached.

Respectfully Submitted:



Gerri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Allison Rozek, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board

(ITEM *) Report from the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 purchase of service contracts for the Behavioral Health Division for the provision of adult and children mental health services and alcohol and other drug abuse (AODA) services, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 purchase of service contracts with community agencies for the Behavioral Health Division (BHD); and

WHEREAS, approval of the recommended contract allocations will allow BHD to provide a broad range of rehabilitation and support services to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances; and

WHEREAS, approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for children and adults having serious and persistent mental illness, substance abuse problems, or other emotional needs; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2011 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, or her designee, is authorized to enter into 2011 purchase of service contracts with the following provider agencies for the time period of January 1 through December 31, 2011 (unless otherwise specified), in the amounts specified below

| Adult Agencies - Mental Health | Service | 2011 Contract |
|--|---|----------------------|
| Alternatives in Psychological Consultation | Targeted Case Management | \$ 338,223 |
| Bell Therapy | Community Based Residential Crisis Respite Community Support | \$1,564,690 |
| Community Advocates | Community Living Support | \$ 180,589 |
| Grand Avenue Club | Community Living Support Services | \$ 135,000 |
| Health Care for the Homeless | Community Support Programs Community Living Support Services Targeted Case Management Community Treatment-Outpatient | \$ 1,443,338 |
| Medical College of Wisconsin | Community Treatment-Outpatient | \$ 1,072,045 |

| | | | |
|----|--|--|-----------------------------|
| 1 | | | |
| 2 | Mental Health America | Service Access/Prevention | \$ 272,300 |
| 3 | | Crisis Grant Initiative | |
| 4 | | | |
| 5 | | | |
| 6 | Milwaukee Mental Health | Community Support | \$ 603,506 |
| 7 | Services | Targeted Case Management | |
| 8 | | | |
| 9 | National Alliance for | Service Access/Prevention | \$ 30,000 |
| 10 | Mental Illness | | |
| 11 | | | |
| 12 | Our Space | Community Living Support Services | \$ 318,162 |
| 13 | | | |
| 14 | Project Access | Community Support | \$ 601,855 |
| 15 | | Targeted Case Management | |
| 16 | | | |
| 17 | Social Rehabilitation and | Targeted Case Management | \$ 224,112 |
| 18 | Residential Resources | | |
| 19 | | | |
| 20 | Transitional Living Services | Community Residential | \$ 1,922,378 |
| 21 | | Targeted Case Management | |
| 22 | | Community Support Program | |
| 23 | | Community Living Support Services | |
| 24 | | Crisis Respite | |
| 25 | | Service Access/Prevention | |
| 26 | | Community Residential-Supported Apartments | |
| 27 | | | |
| 28 | Vital Voices (formerly | Service Access and Prevention | \$ 130,961 |
| 29 | Consumer Satisfaction Team) | | |
| 30 | | | |
| 31 | Wisconsin Community | Community Support-Intensive | \$ 1,677,566 |
| 32 | Services | Community Support-Forensic | |
| 33 | | Targeted Case Management | |
| 34 | | Service Access/Intake and Assessment | |
| 35 | | Jail Diversion/CSP | |
| 36 | | | |
| 37 | TOTAL Allocation – Adult Mental Health Services | | \$10,514,725 |
| 38 | | | |
| 39 | <u>Adult Agencies – Alcohol</u> | | |
| 40 | <u>and Other Drug Abuse</u> | <u>Service</u> | <u>2011 Contract</u> |
| 41 | | | |
| 42 | AIDS Resource Center | Service Access/Prevention | \$ 263,957 |
| 43 | | | |
| 44 | Bridge Health Clinics/Research | Process Evaluation | \$ 92,310 |
| 45 | | | |
| 46 | Faith Partnership Network | Service Access and | \$ 80,000 |
| 47 | | Prevention | |
| 48 | | | |
| 49 | Fighting Back | Prevention | \$ 753,220 |
| 50 | | | |

| | | | |
|----|--|--------------------------|---------------------|
| 1 | Genesis Behavioral Services | Detoxification | \$ 2,872,145 |
| 2 | | | |
| 3 | Guest House of Milw. | Case Mgmt.-Shelter+ Care | \$ 130,913 |
| 4 | | | |
| 5 | IMPACT | CIU - Service Access | \$ 479,412 |
| 6 | | | |
| 7 | Justice 2000 | CIU - Service Access | \$ 45,000 |
| 8 | | | |
| 9 | M&S Clinical Services | CIU - Service Access | \$ 547,700 |
| 10 | | | |
| 11 | Meta House | Child Day Care | \$ 68,800 |
| 12 | | | |
| 13 | NIATx | | \$ 38,522 |
| 14 | | | |
| 15 | St. Charles Youth | Community Living | \$ 433,340 |
| 16 | and Family Services | Support Services, TANF | |
| 17 | | Training | |
| 18 | | | |
| 19 | | | |
| 20 | WCS | CIU – Service Access | \$308,289 |
| 21 | | | |
| 22 | | | |
| 23 | TOTAL – Adult Alcohol & Other Drug Abuse Services | | \$ 6,113,608 |

| 26 | <u>Child and Adolescent</u> | | |
|----|------------------------------------|-------------------------------------|-----------------------------|
| 27 | <u>Agencies</u> | <u>Service</u> | <u>2011 Contract</u> |
| 28 | | | |
| 29 | AJA Counseling | Care Coordination | \$ 1,213,260 |
| 30 | | | |
| 31 | Alternatives In Psychological | Care Coordination | \$ 1,074,560 |
| 32 | Consultation | | |
| 33 | | | |
| 34 | Aurora Family Service | Care Coordination | \$ 379,600 |
| 35 | | | |
| 36 | Families United of Milwaukee | Family and Educational | \$ 440,990 |
| 37 | | Advocacy, Support | |
| 38 | | and Training | |
| 39 | | | |
| 40 | La Causa, Inc. | Care Coordination/ Regular Wrap | \$ 1,948,599 |
| 41 | | Care Coordination Staff Development | |
| 42 | | Care Coordination-Expansion Program | |
| 43 | | | |
| 44 | | | |
| 45 | Milwaukee Center For | Fiscal Intermediary | \$ 25,000 |
| 46 | Independence | | |
| 47 | | | |
| 48 | My Home/Youth Home | Care Coordination | \$ 797,160 |
| 49 | | | |
| 50 | | | |

| | | | |
|----|----------------------------|-----------------------------------|---------------------|
| 1 | St. Aemilian-Lakeside | Care Coordination | \$ 1,573,150 |
| 2 | | | |
| 3 | St. Charles Youth and | Care Coordination | \$ 3,289,154 |
| 4 | Family Services | FISS Services | |
| 5 | | Mobile Crisis Case Management for | |
| 6 | | Foster Care and MPS | |
| 7 | | Crisis Group Home | |
| 8 | | Assessment | |
| 9 | | | |
| 10 | Willowglen Community Care | Care Coordination | \$ 862,160 |
| 11 | Center | | |
| 12 | | | |
| 13 | Wisconsin Council on | Program Evaluation | \$ 620,319 |
| 14 | Children & Families | Training/Technical Assistance, | |
| 15 | | Information Technology and | |
| 16 | | Program Support Services | |
| 17 | | | |
| 18 | | | |
| 19 | TOTAL – Child & Adolescent | | \$ 12,223,952 |
| 20 | | | |
| 21 | | | |
| 22 | | TOTAL – BHD | \$28,852,285 |

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/15/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: BHD 2011 Purchase of Service Contracts

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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 | | |
| | Revenue | | |
| | Net Cost | | |
| 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.² 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) Milwaukee County Ordinance 46.09 requires County Board approval of Purchase of Service contracts to provide services under Sec. 51.42/437 Wis. Stats. Approval of the recommended contract allocations will allow the Behavioral Health Division of the Department of Health and Human Services to provide a broad range of rehabilitation and support services to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances in this community.

B) The total funding recommended for 2011 Purchase of Service contracts is \$28,852,285. Sufficient revenue and tax levy appropriations are included in the 2011 Behavioral Health Division budget to pay for the contracts recommended by the Division.

C) These funds are budgeted in BHD Org. 6300, in the BHD Community Services Orgs. 6402, 6422, 6423, 6424, 6425, 6426, 6426, 6429 and Org. 6474, Wraparound Services, account series #8100.

² 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.

D. No assumptions/interpretations.

Department/Prepared By Alexandra Kotze, BHD

Authorized Signature *Leri A. Sydney*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 18, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE ALCOHOL AND OTHER DRUG ABUSE (AODA) SYSTEM KNOWN AS WISER CHOICE (WISCONSIN SUPPORTS EVERYONE'S CHOICE) AND IMPLICATIONS OF FUNDING REDUCTIONS

Background

In 2003, the Behavioral Health Division (BHD) undertook a significant project of redesigning the public adult Alcohol and Other Drug Abuse (AODA) system. In May 2003 the AODA Re-Design Community Coalition was convened. This group, composed of individuals representing the AODA services provider network, BHD staff and consultants met through the fall of 2004 to analyze the system and recommend improvements in four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System.

In March 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR) grant, a \$100 million discretionary program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. In June 2004, the State of Wisconsin submitted an ATR application to SAMHSA, and in August 2004, the State received notice of a grant award from SAMHSA to fund its application for the Wisconsin Supports Everyone's Recovery (Wiser) Choice program. The State of Wisconsin selected Milwaukee County - Behavioral Health Division to serve as the contracted project management agency for Wiser Choice, and BHD was awarded a total of \$22,775,169 over the three-year grant period.

The original ATR grant ended in August 2007. BHD and the State of Wisconsin submitted the new ATR 2 application on June 7, 2007. The ATR 2 grant began Sep. 30, 2007 and even though Wisconsin received the highest national award, funding for the second ATR grant was reduced by approximately \$2.5 million per year compared to the first ATR grant because SAMHSA awarded more ATR 2 grants nationwide. This resulted in BHD reducing admissions and capacity during the transition between the two grants, to close out ATR 1 and implement ATR 2 because the grants had different requirements.

With the second round of ATR funding, BHD built on its highly successful implementation of ATR 1 by significantly expanding the scope of the criminal justice population served. Wiser Choice now covers the entire criminal justice continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison reentry), in addition to the general adult population served in ATR 1.

In January of this year, SAMHSA released the ATR 3 application and BHD with the State of Wisconsin once again applied. The ATR RFA identified a ceiling award of \$4,000,000 per year for 4 years, for a

maximum potential award of \$16,000,000. Wisconsin wanted to demonstrate geographic expansion to best position itself for a third round of funding and submitted the application in collaboration with Milwaukee County Behavioral Health Division, Waukesha County Department of Health and Human Services, the Veterans Administration Medical Center, the Wisconsin Department of Corrections and the Wisconsin National Guard.

In addition to serving the general adult and criminal justice populations in Milwaukee County, particularly vulnerable women and families, this year’s grant makes Veterans and members of the National Guard a priority population to be served. Some of the services include peer-to-peer services for veterans and Seeking Safety, a cognitive-behavioral intervention designed to simultaneously address early recovery from symptoms of Substance Use Disorder and Post Traumatic Stress Disorder, will be employed, particularly to address the needs of returning Operation Enduring Freedom/Operation Iraqi Freedom veterans.

SAMHSA notified Wisconsin that it was being awarded approximately \$13 million for a third round of ATR. Wisconsin and BHD once again received the highest award nationally, and is one of only eight grantees to receive funding for all three ATR cycles in this highly competitive discretionary grant program. The following chart compare the three different ATR funding cycles and it is important to note that all three are separate and distinct from one another, and not a continuation from one grant to the next:

| | Amount | Client count | Term |
|--------------|---------------|---------------------|-------------|
| ATR 1 | \$22,775,169 | 7,044 | 3 years |
| ATR 2 | \$14,490,000 | 7,626 | 3 years |
| ATR 3 | \$13,119,440 | 10,901 | 4 years |

The impact of ATR and Wiser Choice on Milwaukee County has been profound. As we have previously reported to Health and Human Needs Committee, Wiser Choice consistently has the best client outcome measures of any ATR grantee as measured by SAMHSA. There is also encouraging news from the latest Sub-State National Survey on Drug Use and Health (NSDUH), just released in November. The Sub-State NSDUH is released every two years and is based on data from 2006-2008.

The first sub-state report (2002-2004) showed that Milwaukee had the dubious distinction of having the highest rate (13.47%) of any urban area in the nation of persons (12 or older) with a past-year substance use disorder (alcohol or illicit drug abuse or dependence). This period was immediately pre-ATR and Wiser Choice. For 2004-2006, the rate had dropped to 12.47%, but Milwaukee still ranked #1 among urban areas. However, from 2006-2008, Milwaukee’s rate dropped 2.5 percentage points (or 20%) to 9.96%, which ranks it only 22nd among urban areas.

Highlights from the NSDUH report include:

- Milwaukee dropped from 1st among urban areas to 7th in binge drinking.
- Milwaukee dropped from 2nd to 20th among urban areas in past-year treatment gap for alcohol use disorders.
- Milwaukee’s rate dropped 20.1% from 2004 to 2008 in the rate of substance use disorders, compared to Wisconsin’ rate which dropped 8.6% (though obviously a large amount of that decrease is attributable to Milwaukee) and the nation’s rate as a whole decreased only 1.8%.

The NSDUH data, coupled with the positive National Outcome Measures, indicate that Wiser Choice is making a significant affirmative impact on AODA issues within Milwaukee County.

Discussion

BHD expects to close out ATR 2 before Thanksgiving, meaning the required number of individuals to be served under the grant (client count) will be completed and ATR 2 funds will be exhausted. Since ATR 3 is separate from ATR 2 and has different requirements, BHD is currently in the process of making the necessary infrastructure changes to support ATR 3. This includes development of new service descriptions unique to and required in ATR 3, provider training, making the necessary management information system changes, and creating new Central Intake Unit instructions to support the changes in ATR 3. BHD anticipates enrolling ATR 3 clients in mid to late December. There will be a gap of time between close out of ATR 2 and implementation of ATR 3 that new clients will not be brought into the system.

In order to prepare for ATR 3, a number of steps are being undertaken by BHD to facilitate its implementation. The first is to deauthorize Recovery Support Coordination (RSC) services for ATR 2 clients. RSC services are being replaced with Recovery Check Up (RCU) services, which are less expensive and fulfills the SAMHSA ATR 3 requirement of care coordination for each enrolled individual. Recovery Checkups include four components: initial contact; verification and monitoring of contact information; six-month GPRA follow-up and a satisfaction survey; and linkage with services (as necessary).

The first individuals converted to ATR 3 will be those currently enrolled in the BHD system and receiving services. This is approximately 600 people. The conversion requires completion of a disenrollment GPRA for ATR 2, disenrollment from Wiser Choice and re-enrollment under ATR 3 including a new assessment and intake GPRA to become eligible for the new funding. As part of the new intake GPRA for ATR 3, all clients will receive RCU services to comply with the six month follow up GPRA.

Given the reduced funding under ATR 3 and increased client count number that must be achieved, BHD will set up a system that will empower clients to exercise the choice of how to use funds most efficiently. A requirement of the ATR grants is that all services must be vouchered. A major rationale behind the use of vouchers for any service (*e.g.*, schools) is that the consumer will use the vouchers to get themselves the most cost effective service – the best “bang for their buck,” thereby encouraging providers to compete with each other to offer the best product at the lowest price. In ATR 3, Wiser Choice will issue clients vouchers up to a maximum of \$750. This may result in providers lowering their fees below those offered by BHD in order to attract a higher volume of clients. BHD intends to analyze data to compare outcomes for clients with ATR as their sole eligible funding source with those of individuals with eligibility for other funding sources, to see if this method may result in a more efficient use of public funding.

Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

WISER CHOICE

Page 4

cc: County Executive Scott Walker
Cynthia Archer, Director - DAS
Allison Rozek, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 22, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE 2010 BEHAVIORAL HEALTH DIVISION CAPITAL BUDGET PROJECT AND ISSUES REGARDING THE RECENT STATEMENT OF DEFICIENCY

BACKGROUND

On June 3, 2010 BHD received a Statement of Deficiency (SOD) from the State of Wisconsin as a result of a recent State Centers for Medicaid and Medicare Services (CMS) survey. This was BHD's routine four-year survey that encompasses a comprehensive review of the physical plant and its operations. The majority of the citations BHD received were regarding the physical building.

At the July 2010 meetings of the Committees on Health and Human Needs and the Finance and Audit, approved the expenditure authority for \$1,825,890 in 2010 BHD Capital Funds to address all SOD related capital conditions by April 1, 2011. BHD has been providing monthly updates to the County Board.

DISCUSSION

The first requirement of the SOD was to respond to the Conditions, or immediate citations listed in Table A below, by June 25, 2010. All Conditions were completed by BHD and reviewed by state surveyors during the week of June 28, 2010. At this time, BHD has no outstanding Conditions regarding the initial list for June 25, 2010. The Plan of Correction is a work-in-progress and the expectation by BHD and State surveyors is that continuous progress be made in correcting all cited conditions by April 1, 2011. The State has at least five opportunities to review citations and conduct site visits/inspections before the final inspection April 1, 2011.

The following is a list of Conditions that were met by the initial June 25, 2010 deadline:

| TABLE A | |
|---|---------------|
| Conditions/Citations | Status |
| Maintain clear access to exits by removing storage | Completed |
| Remove various shelving | Completed |
| Clean and dust various office closets, storage spaces and ventilation grills | Completed |
| Flush floor and shower drains | Completed |
| Lock unused rooms and maintain log | Completed |
| Adjust waste storage per guidelines | Completed |
| Seal all holes, penetrations throughout BHD | Completed |
| Replace metal plate in Crisis | Completed |
| Replace tissue dispenser | Completed |
| Remove bed rails | Completed |
| Replace missing heat guards | Completed |
| Remove dust/lint in laundry room | Completed |
| Change various locks | Completed |
| Replace various dietary equipment | Completed |
| Replace insulation on some water pipes | Completed |
| Caulk various locations throughout BHD | Completed |
| General adjustments and fixes for doors including install of push/pull door releases, replacement of door hardware, removal of some doors, adjustments of door guides etc | Completed |
| Seal various walls for smoke barrier | Completed |
| Replace lighting in various closets/storage areas, replace aluminum plates and adjust other burnt out lighting | Completed |
| Remove storage from various areas and adjust to meet fire code | Completed |
| Replace damaged escutcheon sprinkler rings | Completed |
| Seal ceiling holes due to misaligned tiles | Completed |
| Electrical clearance issues | Completed |
| Replace damaged astragal | Completed |
| Adjust doors to have positive latches, repair self-closure mechanisms and change fire plan accordingly | Completed |
| Repair damaged floor areas in bathrooms | Completed |
| Replace gate in stairwell | Completed |
| Replace cover on heater | Completed |
| Replace refrigerator on CAIS | Completed |
| Replace door on fire hose container | Completed |

Due to the extremely short timeframe mandated by the state for responding to the Conditions listed in Table A, BHD Administration determined that applicable purchases and maintenance staff overtime were emergency costs that needed to be incurred immediately. This action was taken to ensure compliance with state regulations and avoid risk of decertification that could result in the loss of state Medicaid reimbursement to BHD.

The cost estimate for year-to-date supplies/commodities and additional contract work (such as deep cleaning, moving vans, and dumpsters etc.) is \$496,535 through November 15, 2010. The BHD maintenance overtime to date related to the SOD is \$83,489. Additional Department of Transportation and Public Works (DTPW) skilled trades costs for labor and overtime is estimated at \$190,348 YTD- bringing the total spent on corrective actions for SOD issues out of BHD operating funds to \$770,372. A thorough review of all expenditures is being conducted by accounting and DAS to determine if any of these expenditures are allowable under the capital budget.

In addition to the immediate (conditional) items that have been completed, there are a number of citations requiring a longer timeframe for completion. These citations are displayed below and grouped as bond-eligible projects, Table B, and cash-financed projects, Table C. While the cost estimates are the most accurate available to date, they should be considered preliminary estimates as plans are still being finalized and some bids have not yet been received. BHD continues to work with the Department of Administrative Services (DAS); the DTPW – Architectural, Engineering and Environmental Services (A&E); and Zimmerman Architectural Studios Inc, to obtain refined quotes. BHD is required to have all work, which addresses the citations completed by April 1, 2011 as documented in the SOD report.

TABLE B
Bondable Items (based on information available November 15, 2010)

| Issue | Cost Estimate* | Due Date Per Plan of Correction |
|---|-----------------------|--|
| Remove and replace Library Halon System | \$35,000 | Completed on 10-25-10 |
| Door Replacement | \$54,000 | November 18, 2010 - Completed as of 10-31-10 |
| Additional Sprinkler Heads | \$13,750 | Completed on 9-30-10 |
| Construct 100,000 sq ft of seamless ceilings | \$575,000 | April 1, 2011 |
| Repair 300 feet of foundation | \$26,500 | Completed on 10-1-10 |
| Replace damaged window sills | \$125,000 | Completed on 10-1-10 (BHD will complete other damaged sills in 2011) |
| Determine hazardous storage rooms and create smoke barriers | \$324,000 | November 1, 2010 – In process |

| | | |
|--|--------------------|--|
| Replace milk cooler and installation | \$25,000 | April 1, 2011 – Equipment ordered in Nov. 2010 |
| Dish Room, Tray Line Tiles and Laundry Repairs | \$200,000** | April 1, 2011 |
| Materials and labor (DTPW, BHD and Time and Materials Contractors) | \$281,650 | On-going |
| Contingency (10%) | \$165,990 | |
| Total | \$1,825,890 | |

**Items above represent initial quotes and have preliminarily been determined to be bond eligible. DAS- capital staff will continue to review and work with BHD staff to solidify actual costs and ensure all items are bond-eligible. If the scope of a project changes, it may be determined that cash financing needs to fund certain portions of the above listed projects. A 10% contingency has been included in the cost sub-total to account for any fluctuations that may occur as hard costs are obtained.*

***The Dish Room and Laundry facility repairs are a significant project within the SOD citations and are based on conceptual plan only. BHD is working on a plan and is considering consolidating space within the complex to streamline operations. This cost estimation will likely fluctuate based on the final plan and has been included in this request as a place holder to ensure all compliance costs were included in this request for County Board consideration.*

TABLE C

Cash Items (based on information available November 15, 2010)

| Issue | Cost Estimate* | Time Frame |
|--|---|----------------------|
| Seal bathrooms to be water tight | \$75,000 | March 1, 2011 |
| Replace sidewalks | \$28,200 | Completed on 10-1-10 |
| Exit Lighting | \$4,550 | Completed on 9-13-10 |
| Roof repair at Food Service Building and Hospital | Included in YTD purchases | Completed on 8-1-10 |
| Electrical Upgrades | Included in DTPW OT estimates and YTD purchases | Completed on 7-1-10 |
| Install Door Closers | Included in YTD purchases | Completed on 7-15-10 |
| Ventilation Addition | \$53,250 | December 1, 2010 |
| Medical Records Room fire walls and ventilation | \$12,000 | March 1, 2011 |
| Materials and labor (DTPW, BHD and Time and Materials Contractors) | \$38,144 (Preliminary estimate) | On-going |
| Contingency (10%) | \$22,887 | |
| Total | \$234,031 | |

**All estimates are based on the best information available as of November 15, 2010 and are subject to change based on scope of the project and information gained from more detailed reviews. DAS staff will continue to review and work with BHD staff to solidify actual costs based on additional quotes. A 10% contingency has been included in the cost sub-total to account for any fluctuations that may occur as hard costs are obtained.*

BHD has worked diligently to address immediate SOD Conditions and continues to move forward with the long-term projects to ensure all corrections are completed by the State deadline of April 1, 2011. The items included in Tables A, B, and C include all current citations noted in the SOD. BHD and DAS will provide the Board with informational reports as work progresses.

RECOMMENDATION

This is an informational report. No action is necessary.

Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

Cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Allison Rozek, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Steve Cady, Analyst – County Board
Carol Mueller, Committee Clerk – County Board

Date: November 18, 2010

To: Supervisor Peggy West, Chairperson – Health & Human Needs Committee

From: Geri Lyday, Interim Director– Department of Health & Human Services

Subject: **INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES REGARDING THE DEPARTMENTAL COMPLETION OF SECURITY ENHANCEMENT SUBSEQUENT TO THE BEHAVIORAL HEALTH DIVISION’S COLLABORATION WITH THE MILWAUKEE COUNTY SHERIFF’S OFFICE**

Issue

On September 22, 2010 the Committee on Health and Human Needs adopted a resolution directing the Behavioral Health Division (BHD) to continue collaboration with the Office of the Sheriff and where possible, to enhance policies and procedures addressing facility safety. BHD reported back to the Committee at their October meeting. At that time, the Committee requested monthly updates on the completion of the enhancements made to the BHD facility.

Discussion

The Behavioral Health Division has been implementing a number of measures to advance the safety and security of the facility. The recommendations from the report from the Office of Sheriff have been incorporated into the overall 2010 planning efforts at BHD. The following table indicates the progress of the strategies set forth in 2010 to improve the overall safety and security of the facility.

| Enhancement | Progress |
|--|---|
| Assign parking for BHD staff | BHD employees have received new parking assignments as of July 1, 2010 |
| Assign security in BHD parking lot | Security has been assigned to survey the parking lot on a daily basis as of July 1, 2010 |
| Full Inter-Operability between St. Charles security system and BHD/county system | St. Charles has installed card readers on their access doors, which BHD security/staff utilize |
| Inform visitors of prohibited items within the facility. | Signs were installed at the entrances as of November 1, 2010. |
| Install security cameras in common areas and parking lots. | Effective Oct 1, 2010, 18 cameras have been installed in the following areas; (a) (4) Acute Units (b) (3) Psychiatric Crisis Services (c) (3) South Visitors Entrance (d) (2) Main Entrance Info. Desk (e) (1) Hallway of Acute Unit |

| | |
|--|--|
| | (f) (1) Administration Hallway (g) (1) Outside Psych. Crisis Services (h) (3) Employee Parking Lots |
| Improve communication in the hospital | Effective Oct 1, 2010 radios have been deployed to Security, Parking, Maintenance and Operations Staff. Fifteen radios are currently in use, with another seven to be added to the units once proper policies and procedures are complete. |
| Full accountability of visitors | There is increased accountability of visitors through the use of visitor badges that are issued at the main entrance and entrance to the 9201 building. Visitors using the south entrance during the hours of 5:00 to 8:00 p.m. are also accounted for by hospital security. All other entrances are locked. BHD has developed a plan to use visitor badge readers to account for visitors leaving the facility, which will be in place by January 2011. |
| Loading dock secured | Effective Oct 1, 2010, the loading dock doors are locked unless accepting deliveries. The pedestrian door keypad lock was installed. |
| Duress alarms fully functioning | The alarms were checked and fully operational pursuant to the inspection by County electricians on July 15, 2010. |
| Improve exterior and parking lot lighting | Effective Oct 1, 2010, County electricians have replaced the exterior building parking lot lighting. |
| Access control-lock all employee entrances and implement employee key card access throughout the building | Hospital staff met on August 25, 2010 to determine, which doors require key card access. The specification of needs and a detailed plan have been developed along with a quote for the equipment and installation. Implementation will be complete by January 2011. |
| Set up employee entrance where all employees must show their I.D. | BHD security is currently challenging employees for I.D. within the facility. |
| Add a tracking number to the incident reports as part of the system. | Orion security, the contracted security agency for the hospital has implemented the tracking system for all reported incidents. |
| Staff the main entrance reception desk with a security officer and install visitor lockers at the main entrance. | Currently the reception desk staff registers all visitors and has direct communication with security. Those individuals that are in question are challenged by security either by being summoned or responding to video cue. There are four lockers available in the reception area. |
| Screen all visitors to the courtroom and install a remote "buzzer" unlocking system to/from | The architect is evaluating possible solutions. The State Surveyor has requested a formal plan |

| | |
|--|---|
| the court. | for locking the doors. |
| Develop a comprehensive security plan | The Operations and Security staff have met with Children’s Hospital and Froedtert Hospital to discuss their security plans. They have also met with the Joint Commission staff and have a copy of their security plan guidelines. The BHD Operations, Administration and Safety Director will develop a Comprehensive Plan by the first quarter of 2011. |
| Direct the Central Walk in Clinic patients to use the Psychiatric Crisis Service entrance so they can be screened. | The State Regulations HHS 124 for Psychiatric Hospitals, HHS 134 for Long-term care facilities and HHS 132 for Nursing Home regulate the level of security measures as part of Environment of Care. BHD Administration will work with Medical Staff to improve accountability while maintaining the dignity of patients under the State and Federal governing body regulations. |

There is one recommendation from the Sheriff’s report that remains under further investigation, which is the screening of all new visitors coming into BHD with a wand. There are pros and cons to instituting this procedure, which are currently under review.

Recommendation

This is an informational report. No action is necessary.

Respectfully submitted:



Geri Lyday, Interim Director
Department of Health & Human Services

Attachment

- cc: County Executive Scott Walker
- Cindy Archer, Director – DAS
- Allison Rozek, Analyst – DAS
- Jennifer Collins, Analyst – County Board
- Jodi Mapp, Committee Clerk – County Board

**System Changes are Needed to
Help Ensure Patient and Staff
Safety at the Milwaukee County
Behavioral Health Division**

October 2010

Committee on Finance and Audit

Elizabeth M. Coggs, Chairwoman
Johnny L. Thomas, Vice-Chair
Michael Mayo, Sr.
Jim 'Luigi' Schmitt
Willie Johnson, Jr.
Peggy West
Patricia Jursik

Milwaukee County Department of Audit



Jerome J. Heer, Director of Audits
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Department of Audit

Milwaukee County

Jerome J. Heer • Director of Audits
Douglas C. Jenkins • Deputy Director of Audits

October 25, 2010

To the Honorable Chairman
of the Board of Supervisors
of the County of Milwaukee

We have completed an audit of patient safety at the Milwaukee County Behavioral Health Division (BHD).

The report provides examples of a small number of patients whose particularly aggressive behavior makes placement in the community difficult, whose treatment in BHD Adult Acute Inpatient units can be disruptive to the therapeutic environment for other patients, and whose behavior can pose a threat to their own safety as well as that of other patients and staff at the facility. Such patients can be caught up in a vicious cycle of aggression, arrest, court-ordered evaluation/placement at a state institution, and a 'not competent' court finding that ultimately returns the patient to BHD. The report notes that there are no 'easy fixes,' but identifies a limited number of options to address this issue.

A response from the Behavioral Health Division is included as Exhibit 6. We appreciate the complete and timely cooperation extended by administrators and staff of BHD during the course of this audit.

Please refer this report to the Committee on Finance and Audit.

A handwritten signature in black ink, appearing to read "Jerome J. Heer".

Jerome J. Heer
Director of Audits

JJH/cah

Attachment

cc: Milwaukee County Board of Supervisors
Scott Walker, Milwaukee County Executive
Cynthia Archer, Director, Department of Administrative Services
Terrance Cooley, Chief of Staff, County Board Staff
Geri Lyday, Interim Administrator, Behavioral Health Division
Steven Kreklow, Fiscal and Budget Director, DAS
Steve Cady, Fiscal and Budget Analyst, County Board Staff
Carol Mueller, Chief Committee Clerk, County Board Staff

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System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division

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Summary

On March 10, 2010 the *Milwaukee Journal Sentinel* reported that in February the federal Centers for Medicare and Medicaid Services (CMS) had cited the Milwaukee County Mental Health Complex for regulatory violations related to a failure to protect a female psychiatric inpatient from sexual contact with another patient. The female patient became pregnant as a result of sexual contact while at the facility. On April 30, 2010 the Milwaukee County Board Chairman directed the Department of Audit to conduct an audit of the Behavioral Health Division to address patient safety.

BHD has implemented corrective measures to address findings of a CMS review that resulted in notification of an Immediate Jeopardy to patient health and safety.

In response to a complaint, the CMS investigated conditions at the Milwaukee County Behavioral Health Division (BHD) in January 2010. Staff from the State of Wisconsin Department of Health Services, Division of Quality Assurance (DQA), conducted an on-site survey on behalf of the CMS from January 19 through January 21, 2010.

Key Survey Findings

Violations of the Code of Federal Regulations were cited in three areas:

- **Condition of Participation: Patient Rights (CFR 482.13)**
Surveyors concluded that the “hospital failed to ensure that 11 patients were safe from inappropriate sexual contact in their environment.” A finding of Immediate Jeopardy (IJ) to patient health and safety was communicated to BHD staff on January 21, 2010. The findings placed BHD at risk of losing approximately \$15 million in federal and state Medicare and Medicaid funding received annually by BHD for acute inpatient treatment. The surveyors described eight separate incidents involving sexual contact among the 11 patients, and identified several instances in which policies were not followed or documented in the medical records. One of the 11 patients included in the surveyors’ citations was involved in five of the eight sexual contact incidents. In addition, surveyors received the acknowledgement of BHD management that “it became clear to them that the front line staff was not aware the hospital had a ‘no sexual contact policy.’”
- **Condition of Participation: Governing Body (CFR 482.12)**
Surveyors concluded that “...the governing body failed to be effective in its responsibility for managing the hospital.” Numerous instances are noted by the surveyors of incomplete medical records.
- **Condition of Participation: Nursing Services (CFR 482.23)**
Surveyors cited instances of shortcomings in several aspects of patient records whose completion fall under the responsibility of Registered Nurses (RNs).

BHD Corrective Actions

A plan of correction was submitted by BHD on January 29, 2010 to address the IJ finding and a subsequent plan of correction was submitted on February 18, 2010 to address all remaining issues. Subsequent documentation from the CMS and State indicates acceptance of BHD's plans of correction. Details of the plans of correction are provided in the body of this report.

Adherence to Plan of Correction

Our review of BHD's adherence to the corrective action plans and correspondence from regulators indicates substantial compliance with the plans, but the need for continued diligence on the part of the BHD administration to monitor and measure staff compliance. In addition, we believe legislative oversight of BHD's progress in attaining and sustaining compliance is an important aspect of holding administrators accountable for results.

Patient acuity, including aggressive behavior, drives BHD staffing needs and is a critical factor affecting the institution's ability to maintain a safe environment for patients and staff.

Professional nursing staff at BHD has been vocal in expressing concerns about the level of staffing, particularly in the Adult Acute Inpatient units. In a member survey of 98 BHD nurses conducted in May and June of 2010 by the nurses' collective bargaining unit, 66% of respondents rated their units "very unsafe" (22%) or "somewhat unsafe" (44%). BHD administration notes that in the third quarter of 2010, 43% of nursing staff (including Registered Nurses and Certified Nursing Assistants) were referred for disciplinary action for excessive absenteeism. Unscheduled absences create additional coverage challenges for staff on duty.

BHD Staffing Levels

Total nursing staff hours worked has remained fairly stable in recent years, increasing a small amount (about 7%) from 2007 to 2008 and decreasing slightly (less than 2%) in 2009. Overtime hours as a percentage of total time worked was also stable, ranging between approximately 15% and 16% during the three-year period. During the same three-year period, total patient census days decreased nearly 10%. As a result, patient to nursing staff ratios declined during the three-year period, from four patients to every Registered Nurse (RN) or Certified Nursing Assistant (CNA) on duty in 2008 to 3.5 patients for every RN/CNA on duty in 2009. While the patient to staff ratios showed modest declines from 2007 to 2009, patient to staff ratios alone do little to provide insight into their adequacy in providing a safe environment for patients and staff. Rather, the complexity of the level of care needed by patients, known as patient acuity, has vital staffing level implications.

Heightened Patient Observations

Standard practice on the Adult Acute Inpatient units is that every patient must be monitored by nursing staff (typically a CNA) once every 30 minutes. However, an attending psychiatrist or psychologist may order behavior observation checks for a patient every 15 minutes to monitor for the effects of changes in medication, for inappropriate behaviors, or for other specific reasons. Further, when a patient exhibits behaviors that are deemed dangerous to the patient or others, an attending psychiatrist or psychologist may place a one-to-one (1:1) observation order to monitor patient behavior on a constant, around-the-clock basis. The frequency of such orders fluctuates with the mix of patients and patient behaviors, and can quickly skew patient-to-staff ratios by placing all of one CNA's attention on one patient in the unit.

While there is no summary data on the frequency of 15-minute behavior observation checks, our review of medical records for 42 patients receiving care in the Adult Acute Inpatient units during two days in August 2010 indicated 30 (71%) had been under 15-minute behavior observation checks in recent days. BHD has recently begun compiling summary data to track staff hours devoted to 1:1 observations. During the 10-month period tracked, 1:1 observations required an average of 2.5 FTE staff per month, or an annual rate of 29.5 FTEs devoted solely to 1:1 observations.

Incident Reports

Data for the five-year period 2005—2009 reflects an upward trend in the rate of incidents reported per 1,000 patient-days, for incidents in categories that are reflective of a high level of patient acuity. That trend spiked in 2009 (up 51% from the previous year) and is projected to subside by about 16% in 2010.

Data on the rate of incidents indicating aggressive patient behavior reflects a similar pattern, again documenting a significant spike in 2009. In 2009, the rate of incidents reported for these categories reflected a 55% increase over the previous year. Incidents reported in these same categories in 2010 are projected to be nearly 20% lower than in 2009. This is likely due, in part, to increased scrutiny of patient behaviors prompted by events leading to the January 2010 CMS survey findings and plans of corrective action. Another potential explanation for the reduction in reported incidents is the implementation of a 'zone system' for deploying CNA staff.

Base Staffing Levels and the Zone System

BHD base staffing levels for Adult Acute Inpatient units have been a source of controversy between management and nursing staff in recent years. Prior to 2006, Adult Acute Inpatient units routinely

operated with a bed capacity of 31. In recent years, bed capacity was gradually reduced; first down to 29, then to 27, and since May 2009, BHD operates with a bed capacity of 24 beds per unit. Since operating under the reduced bed capacity, management has considered base staffing per unit to be three RNs, rather than four. This did not affect all shifts for all units, however; there are frequently either three or four nurses scheduled at the beginning of a shift. There has been concern expressed by some nursing staff that, given the patient acuity level at BHD, a base staffing level of four RNs is needed.

Under the zone system, a CNA is given responsibility for one of three zones established on each unit. By assigning exclusive responsibility for monitoring each zone, accountability for surveillance of the entire unit is enhanced. The zone system was phased in during the past year. With implementation of the zone system, base CNA staffing was increased from two to three.

We reviewed detailed nursing staff schedules for the month of July 2009. Four RNs were on duty during the day (1st) shift about 65% of the shifts, with the base level staffing of three RNs about 33% of the shifts. For the evening (2nd) shift, four RNs were on duty about 49% of the shifts, while the base level of three RNs were on duty about 50% of the shifts. In a separate analysis in which we compared categories of Incident Reports indicative of an unsafe environment filed during the month of July against these staffing levels, we found that 46% were filed when three RNs were on duty, 50% were filed when four RNs were on duty, and 6% were filed when two RNs were on duty.

Staffing ranged from two to four CNAs for about 77% of the day shifts; about 84% of the evening shifts; and about 97% of the overnight shifts. A frequent criticism expressed by nursing staff, and a problem acknowledged by BHD administration, is the lack of a relief factor for lunch breaks or patient escort duties built into the scheduling of CNAs under the zone system. Our analysis of additional CNA hours necessary to provide a relief factor for the 1st and 2nd shifts indicates an additional 18 FTEs contained in the County Executive's Proposed 2011 Budget would be sufficient for that purpose.

Unsafe Staffing Forms

The collective bargaining unit that represents RNs at BHD, has developed a form called an Unsafe Staffing Form. A union official told the Milwaukee County Board's Health and Human Needs Committee at its May 19, 2010 meeting that there had been an alarming increase in the number of Unsafe Staffing Forms filed by its members at BHD, citing inadequate staffing and an increase in the number of patients needing one-to-one observation as concerns.

We plotted all Adult Acute Inpatient hospital Unsafe Staffing Forms on file with the union for the six-month period July through December 2009 and compared them to nine categories of Incident Reports indicative of unsafe patient or staff behavior during the same period. The results indicate that Unsafe Staffing Forms alone are not a reliable predictor of incidents indicative of unsafe conditions. Incident Reports were filed in only about 14% of the shifts in which an Unsafe Staffing Form was filed by an RN. Conversely, Unsafe Staffing Forms were filed in only about 3% of the shifts during which an Incident Report was filed.

While this analysis suggests that Unsafe Staffing Forms cannot be used to reliably document unsafe conditions, they document RN's perceptions of an unsafe environment. Further, based on our analysis, along with interviews with nursing staff and observation of the units, those perceptions are based on the reality of an environment that can be volatile and can rapidly deteriorate.

Current Model Not Suited for Particularly Aggressive Patients

This report details three examples of a small number of patients whose particularly aggressive behavior makes placement in the community difficult, whose treatment in the Adult Acute Inpatient units can be disruptive to the therapeutic environment for other patients, and whose behavior can pose a threat to their own safety as well as that of other patients and staff at the facility. Such patients can be caught up in a vicious cycle of aggression, arrest, court-ordered evaluation/placement at a state institution, and a 'not competent' court finding that ultimately returns the patient to BHD.

To help place the number of particularly aggressive patients in context, we utilized the database of Incident Reports maintained by the Quality Improvement unit at BHD. During a 44-month period ending September 10, 2010 there were a total of 2,746 Incident Reports filed pertaining to the Acute Adult Inpatient units. From this total, there were 808 incidents, involving 411 unique patients, in categories indicating dangerous patient behaviors. During that same time period, there were a total of 5,328 unique patients admitted to the Adult Acute Inpatient hospital.

Of the 411 patients exhibiting potentially aggressive/assaultive behavior in reported incidents, there were 19 patients that appeared five or more times as the primary person involved. Of those 19 patients, 10 had been found by the court to be not competent to stand trial due to mental defect or disease on one or more occasions. While relatively few in number, particularly aggressive patients require greater attention from staff and can agitate other patients on the Adult Acute Inpatient units.

Nurses we interviewed at BHD expressed frustration with the current environment. Suggestions for improvement included increased security presence on the inpatient units, and a greater effort on the part of law enforcement to hold patients that understand right from wrong accountable for acts of violence. Discussion with staff from the Milwaukee County District Attorney's Office, the Milwaukee County Sheriff's Office and BHD administrators confirmed there are no readily available, 'easy fixes' to address the needs of these small number of patients.

Options

A limited number of options were identified to address the problems involving the accommodation of particularly aggressive/assaultive patients.

- **Development of Community Support Infrastructure.**

One potential option identified by BHD administrators in discussing the issue of particularly aggressive/assaultive patients was developing community support infrastructure to provide intense, close supervision of very small numbers of patients, such as a specialized group home for four to eight residents.

- **Single-Gender Wards.**

An option that BHD administrators were instructed by the Milwaukee County Board of Supervisors to review was the potential implementation of single-gender, rather than mixed-gender, acute inpatient units. That review is underway. BHD administrators concluded that mixed gender wards for psychiatric hospitals are the norm in Wisconsin, and that there is a lack of evidence-based literature on the implications of single-gender wards in the U.S. BHD continues its review; a survey of patient attitudes with regard to such a change was recently completed, and a survey of staff attitudes is underway.

- **Secure Unit.**

Both State Mental Health Institutes (Mendota and Winnebago) operate secure units for high-risk patients. However, unless placement is court-ordered, the State institutes must agree that the placement is therapeutically appropriate, and the County of origin must pay a daily fee (currently approximately \$1,000 per patient per day). Available space for such voluntary placements fluctuates, but is limited.

Milwaukee County formerly operated a secure unit, but it was discontinued in 1996 due to budgetary constraints and in accordance with a movement to downsize institutional care in favor of community based services. According to BHD staff, there was also concern that practices at the secure unit could adversely affect Joint Commission accreditation. Estimating the additional cost of operating a high-risk secure ward would require detailed analysis but could easily reach \$2 million annually, would incur additional start-up capital costs, and would be inefficient to operate due to a high staff-to-patient ratio.

Federal and state regulators provide system accountability; personal accountability of medical staff is generally left to confidential internal processes.

A key question arising out of the incidents highlighted in the 2010 Center for Medicare and Medicaid Services survey at the Behavioral Health Division is that of accountability within the system.

System Accountability

BHD administration assumes primary responsibility for ensuring that appropriate policies and procedures are in place to provide a safe and healthy environment for the appropriate treatment of mental health patients at County facilities. Accountability at this systemic level is achieved through the federal CMS and the State Division of Quality Assurance, which routinely survey BHD and other health providers to ensure compliance with applicable federal and state regulations. These same agencies investigate individual complaints of substandard care or abuse, the January 2010 survey of BHD being a case in point.

Personal Accountability

With certain exceptions, CMS and State DQA surveys generally do not directly enforce personal accountability for staff performance. (Referrals can be made to other state agencies to investigate specific incidents of caregiver and medical staff improprieties). Rather, BHD relies on two mechanisms to achieve personal accountability for medical staff performance. The first, and most commonly used mechanism, is the regular human resource/supervisory relationship and disciplinary process practiced by every Milwaukee County department.

The second mechanism to establish personal accountability for medical staff performance, used by BHD as well as all other hospitals in the United States, is a system of internal review and corrective action that includes enforcement actions up to and including reporting to professional licensing authorities.

We requested that BHD administration provide evidence that any disciplinary procedures were applied by the Medical Staff Peer Review Committee to any BHD medical staff relative to incidents and findings highlighted in the January 2010 CMS survey. Alternatively, we requested affirmation that no disciplinary action was warranted in that regard.

However, BHD administrators are prohibited from providing documentation regarding any Medical Staff Peer Review activities that may have been conducted in conjunction with the incidents highlighted in the January 2010 CMS survey. They noted that shielding such activity from public disclosure is critical to encourage frank and open participation in the critical incident review process, as well as to encourage future reporting of events. They note that the Medical Staff Peer Review function includes careful analyses of root causes of weaknesses in systems and processes, as well as individual practitioner performance. We confirmed that such confidentiality is standard practice in the medical field, and that Wis. Stat. s. 146.38 protects the confidentiality of records and conclusions of Medical Peer Review Committees.

Consequently, we agree that BHD administration is prohibited from disclosing whether or not Medical Staff Peer Review disciplinary actions were applied, or not warranted, with regard to the incidents highlighted in the January 2010 CMS survey. We acknowledge that this important safeguard to protect the integrity of the peer review process conflicts with the concept of absolute public accountability. It is a matter of public record that, in the aftermath of extensive media coverage of issues related to the January 2010 CMS survey, the BHD Administrator was demoted to a position of lesser responsibility in another County division, and a BHD staff psychiatrist has been recommended to the County Personnel Review Board for discharge.

Reported Falsification of Records

Elected officials have publicly demanded that individuals be held accountable for any known instances of BHD employees falsifying records, as was widely reported in the media. It is possible to infer, solely from the CMS survey comments, that County staffers allowed a patient to repeatedly leave the ward unsupervised, then falsified documents to say the patient was being checked every 15 minutes.

However, based on our review of the CMS survey document, an examination of pertinent medical records, security logs and other BHD documents, as well as interviews with multiple BHD staff members (including those interviewed by the surveyors), we conclude that none of the findings or comments contained in the 2010 CMS survey of BHD, upon further scrutiny, support a conclusion that BHD employees falsified records.

Professional Credentials Check

As part of our audit work, we checked with the Wisconsin Department of Regulation and Licensing and verified that all 68 psychiatrists, psychologists and physicians currently on staff at BHD have current licenses. None were operating with current orders of restriction on their licenses. We also verified there were current licenses on file for all 255 Registered Nurses on staff at BHD. None of the 255 nurses had current orders of restriction on their licenses.

BHD has implemented most of the corrective measures recommended by the Milwaukee County Sheriff's Office to enhance physical security at the institution.

On June 28, 2010 a safety survey performed by the Milwaukee County Sheriff's Office regarding the Behavioral Health Division's Charles W. Landis Mental Health Complex was issued. The report identified various safety issues and provided recommendations to improve the overall safety of the complex. The County Executive's 2011 Proposed County Budget contains \$80,000 for security

cameras and \$30,000 for electronic card readers to facilitate implementation of the recommendations in the Sheriff's Office report. We verified that all the recommendations have been implemented or are in the process of being implemented, with the exception of the recommendation to screen individuals using the Walk-In Clinic. BHD administration continues to take the position that the screening of individuals who wish to use the Walk-In Clinic would have an adverse effect on voluntary participation--individuals would be apprehensive about a weapons screening process and therefore may not seek the treatment that they need.

We wish to acknowledge the complete and timely cooperation of staff from BHD throughout the audit process. A response from BHD management is presented as **Exhibit 6**.

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Background

The Milwaukee County Department of Health and Human Services Behavioral Health Division (BHD) is a public sector system for the integrated treatment and recovery of persons with serious behavior health disorders. The Adopted 2010 Budget indicates that BHD administers and coordinates the following programs:

- **Management/Support Services** is comprised of centralized programs, services and related costs necessary for the overall operation of the Behavioral Health Division. Management/Support Services section is responsible for maintenance and housekeeping, including other management support services. Expenditures are allocated to the Inpatient Services/Nursing Facility, Inpatient Services/Acute Adult/Child, Adult Community, AODA, Adult Crisis and Child and Adolescent Programs, according to Medicare and Medicaid cost allocation methodologies and reflective of the services consumed by the programs.
- **Inpatient Services: Nursing Facility Services** are Title XIX certified facilities that provide long-term, non-acute care to patients who have complex medical, rehabilitative, psychosocial needs and developmental disabilities. BHD operates two facilities. The Rehabilitation Center-Central is a 70-bed skilled-care licensed nursing home that serves individuals with complex and interacting medical, rehabilitative and psychosocial needs. The Rehabilitation Center-Hilltop is a 72-bed facility for the developmentally disabled that provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavior health conditions.
- **Inpatient Services: Acute Adult/Child Services** provide hospital inpatient services in five licensed, 24-bed units. One unit specializes in programs for children and adolescents age 18 and under, and four acute adult units provide inpatient care to individuals over age 18 who require safe, secure short-term or occasionally extended hospitalization.
- **Adult Community Services: Mental Health** is composed of community-based services for persons having a serious and persistent mental illness and for persons having substance abuse problems or a substance dependency. The majority of services in the mental health program area are provided through contracts with community agencies. The mental health program is composed of several major program areas for the medical and non-medical care of consumers in the community including Community Support Programs, Community Residential, Targeted Case Management, Outpatient Treatment and Prevention and Intervention services.
- **Adult Community Services: Alcohol and Other Drug Abuse (AODA)**, which is now called Wiser Choice AODA services provides a range of service access, clinical treatment, recovery support coordination (case management) and recovery support services. The target populations include: 1) the general population including adults seeking assistance in addressing their substance abuse disorder; 2) a population involved with the State correctional system; and 3) a population involved in the local, Milwaukee County correctional system, with the two priority sub-populations being pregnant women and women with children.

- **Child and Adolescent Community Services** branch of the Behavior Health Division functions as a purchaser and manager for the mental health services system for Milwaukee County youth through the Wraparound Milwaukee Program and the Family Intervention Support Services (FISS) Program, and provides mental health crisis intervention services to the Milwaukee Public School System, Child Welfare System and to all Milwaukee County families in need of the services.
- **Crisis Services** function is composed of multiple programs that assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkage.
- **Emergency Medical Services (EMS) Program (Paramedics)** is a Milwaukee County-managed and sponsored program designed to benefit the entire community.

Table 1 presents recent expenditure and revenue figures for the division, along with the number of funded Full Time Equivalent (FTE) positions.

| Table 1 BHD Budget Highlights 2008—2010 | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| | <u>2008 Actual</u> | <u>2009 Budget</u> | <u>2010 Budget</u> | <u>2009/2010 Change</u> |
| Total Expenditures | \$241,918,557 | \$187,598,123 | \$186,388,758 | (\$1,209,365) |
| Total Revenue | \$186,060,122 | \$130,761,942 | \$130,296,449 | (\$465,493) |
| Direct Total Tax Levy | \$55,858,435 | \$56,836,181 | \$56,092,309 | (\$743,872) |
| Position Equivalents (Funded) | 890.9 | 893.2 | 827.7 | (65.5) |

Source: Milwaukee County 2010 Adopted Budget.

On March 10, 2010 the *Milwaukee Journal Sentinel* reported that in February the federal Centers for Medicare and Medicaid Services (CMS) had cited the Milwaukee County Mental Health Complex for regulatory violations related to a failure to protect a female psychiatric inpatient from sexual contact with another patient. The female patient became pregnant as a result of sexual contact while at the facility.

A threat of sanctions, including the withholding of federal funding, was lifted after a corrective action plan was submitted and approved by the CMS.

On April 30, 2010 the Milwaukee County Board Chairman directed the Department of Audit to conduct a performance audit of the Behavioral Health Division to address patient safety. The directive included the following language:

“I believe that an audit of the Division would be a useful tool in understanding whether we have the appropriate procedures in place to ensure patient safety, whether those procedures are being followed and, if not, what is needed to improve the Division’s performance. Therefore, I am directing your staff to conduct a performance audit to address patient safety. In addition to any items related to policies and procedures, I trust that you will examine staffing, training or any other factors that you deem relevant to this issue.”

Given the nature of the concerns that prompted the call for an audit, we focused our audit efforts on the safety of patients and staff of the Adult Acute Inpatient units at BHD.

BHD administration includes senior management positions in various disciplines and functional areas. Key organizational units impacting the Adult Acute Inpatient hospital include the following:

- Division Administrator;
- Crisis Services;
- Acute Inpatient Services;
- Medical Services;
- Nursing Administration;
- Environment of Care Compliance;
- Environmental and Support Services; and
- Fiscal/Budget Services.

In discussing a draft version of this report, BHD administrators noted that there were vacancies in key management positions at BHD during all or portions of the period under review include:

- Division Administrator;
- Medical Director of Adult Acute Inpatient Services;
- Chief Psychologist;
- Assistant Director of Nursing;
- Director of Education; and
- Several unit manager positions overseeing nursing staff.

Section 1: BHD has implemented corrective measures to address findings of a CMS review that resulted in notification of an Immediate Jeopardy to patient health and safety.

In response to a complaint, the federal Centers for Medicaid and Medicare Services investigated conditions at the Milwaukee County Behavioral Health Division in January, 2010. Staff from the State of Wisconsin Department of Health Services, Division of Quality Assurance (DQA), conducted an on-site survey on behalf of the CMS from January 19 through January 21, 2010.

Key Survey Findings

Violations of the Code of Federal Regulations were cited in three areas.

Violations of the Code of Federal Regulations were cited in three areas:

- **Condition of Participation: Patient Rights (CFR 482.13)**

Surveyors reviewed the medical records of 11 patients who had, according to BHD incident reports, been involved in suspected and/or confirmed instances of sexual contact. In addition, the medical records of six other patients were selected at random, resulting in a universe of 17 patients whose medical records were scrutinized. Surveyors also reviewed policies and procedures, BHD incident reports and conducted interviews with staff at BHD.

Surveyors concluded that the “hospital failed to ensure that 11 patients were safe from inappropriate sexual contact in their environment.” The surveyors also concluded that the “hospital failed to maintain safety for 11 patients.” A finding of Immediate Jeopardy (IJ) to patient health and safety was communicated to BHD staff on January 21, 2010. The findings placed BHD at risk of losing approximately \$15 million in federal and state Medicare and Medicaid funding received annually by BHD for acute inpatient treatment.

The surveyors described eight separate incidents involving sexual contact among the 11 patients, and identified several instances in which policies were not followed or documented in the medical records. One of the 11 patients included in the surveyors’ citations was involved in five of the eight incidents.

In addition, surveyors received the acknowledgement of BHD management that “it became clear to them that the front line staff was not aware the hospital had a ‘no sexual contact policy.’”

Excerpts from the CMS Statement of Deficiencies relating to a finding of Immediate Jeopardy are included as Exhibit 2.

Excerpts from the CMS Statement of Deficiencies relating to the finding of Immediate Jeopardy are organized in summary form by the Department of Audit and included as **Exhibit 2**.

Our review of notes from the attending psychiatrist in the medical record of one of the patients casts doubt on whether sexual contact occurred between two of the patients cited by the surveyors. That incident involved an allegation by one patient that his roommate had sexually assaulted him the previous night. The attending psychiatrist concluded that no sexual contact had occurred, based on the patient’s initial claim that his roommate had held him down and sexually assaulted him, then during the same interview stated that five of his roommate’s friends had come in through the window (the room is on the 4th floor) and held him down while his roommate pointed a gun in his side.

Notes indicate the attending psychiatrist asked the patient twice during the interview if the episode could have been a nightmare/dream, to which the patient responded yes on both occasions. The discharge summary in the patient’s medical record indicates the attending psychiatrist concluded the episode was a delusion based on the lack of a realistic story.

A surveyor’s comments indicate that a BHD Medical Director acknowledged that in an allegation of sexual assault, a physical examination should have been done, and that it was not normal during a sexual assault interview for the interviewer to ask an alleged victim if it were a dream.

- **Condition of Participation: Governing Body (CFR 482.12)**

Surveyors concluded that “based on review of patient and personnel records, pertinent policies and incident report reviews, and staff interviews, the governing body failed to be effective in its responsibility for managing the hospital.”

Numerous instances are noted by the surveyors of incomplete medical records.

Numerous instances are noted by the surveyors of incomplete medical records, including a lack of information about sexual activity and birth control on a form documenting a medical history and physical exam; failure to document a patient’s inappropriate sexual behavior, for which she spent considerable time on 15-minute behavior observation, in a discharge summary; and failure to note another patient’s inappropriate sexual contact with a peer in the patient’s discharge summary.

Additional survey findings under this citation relate to BHD's failure to properly document and/or enforce contracted service provisions. For instance, one survey comment indicated that a form in a patient's medical record documenting an overnight pass for possible placement in a group home did not include information about the patient's recent inappropriate sexual behavior or that the patient was on 15-minute behavior observation for that purpose. BHD administrators told us that this particular patient has a Family Care case worker for the Developmentally Disabled who had previously provided a thick reference package to the group home, and that the group home was well aware of the problematic behaviors of this particular patient. However, the administrators acknowledged to the CMS surveyors that BHD did not document a specific communication to the group home outlining the scope of supervision required to keep other group home members safe.

- **Condition of Participation: Nursing Services (CFR 482.23)**

Surveyors cited instances of shortcomings in several aspects of patient records that fall under the responsibility of Registered Nurses (RNs).

Surveyors cited instances of shortcomings in several aspects of patient records that fall under the responsibility of Registered Nurses (RNs).

For instance, there is a form (Behavior Observation Flow Sheets—see **Exhibit 3**) to document compliance with a physician's order that a patient be observed every 15 minutes for certain behaviors. Often times, RNs delegate this responsibility to Certified Nursing Assistants (CNAs). Every 15 minutes, a CNA provides a check-mark attesting to whether or not the patient has exhibited a behavior for which s/he has been placed on 15 minute behavior observation status. The CNA initials each check-mark as it is made. When one CNA hands off responsibility to another (for a break, a change in duties or at the end of a shift), the CNA signs the back of the form. The form is segregated into three shifts, with a line at the bottom of each shift for signature by an RN. Surveyors identified a small number of interludes, ranging from 30 minutes to 90 minutes, in which no check-marks, or check-marks with no CNA initials, are present. Additionally, surveyors identified a small number of shifts in which no RN signature appears at the bottom of the form.

Other examples of non-compliance provided by surveyors include instances in which care/treatment plans were not developed and kept current with specific behaviors exhibited by patients, such as failure to include risk of elopement (unauthorized departure from the hospital) in a patient's care plan and failure to document sexually inappropriate behaviors exhibited by another patient in his treatment plan.

The DQA surveyors simultaneously cited violations of the Wisconsin Administrative Code in two areas:

- Governing Body (DHS 124.05)
- Nursing Services (DHS 124.13)

Those citations were based on the same or similar findings as those documented for the CMS survey. The CMS makes final decisions with regard to Medicare/Medicaid provider certification, with input from state agencies conducting the surveys.

BHD Corrective Actions

The finding of Immediate Jeopardy in the area of patient health and safety was verbally communicated to BHD administrators on January 21, 2010 and required a plan of correction within 10 days. An IJ plan of correction was submitted by BHD on January 29, 2010 and a subsequent plan of correction was submitted on February 18, 2010 to address all remaining issues. On February 9, 2010 and on March 22, 2010, the hospital was resurveyed by the State Division of Quality Assurance, on behalf of the CMS. In the first follow-up survey, the finding of Immediate Jeopardy to patient health and safety was removed. After the second survey, in a letter dated April 14, 2010, the CMS notified BHD that "...your psychiatric hospital continues to meet the requirements for participation in the Medicare program (Title XVIII of the Social Security Act). Subsequent documentation from the State also indicates acceptance of related BHD plans of correction.

In a follow-up survey, the finding of Immediate Jeopardy to patient health and safety was removed.

BHD's corrective action plans were designed to include the following:

Inpatient assessments were modified to include detailed assessment of special risks, including risk for sexually inappropriate behavior during hospital stay.

- **Enhanced Assessment Procedures.** These modifications were implemented to heighten awareness and communication of risk behaviors, with appropriate supervision and interventions provided during the hospital stay.
 - Inpatient assessments were modified to include detailed assessment of special risks, including risk for sexually inappropriate behavior during hospital stay.

Increased efforts were taken to ensure that staff monitor patient behaviors and complete documentation in accordance with policy.

Patients are informed at the time of admission and in daily Community Meetings that sexual contact is prohibited during hospitalization.

- Patient transfer process and History and Physical examination procedures were modified to include consideration of special risks.
- **Enhanced Care Planning, Behavior Monitoring and Team Communication.**
 - Treatment Plans were individualized for patients with risk for sexual behavior to address specific problems, treatment objectives and methods.
 - Physician orders were updated to ensure specificity for behaviors to be monitored, and increased efforts were taken to ensure that staff monitor patient behaviors and complete documentation in accordance with policy.
 - Resource document *Specific Risk Behaviors to Look For* was developed so all team members are on the same page when communicating information about patient risk.
 - Off Ward Privilege assessment procedures were modified to ensure persons at risk remain on the inpatient unit.
 - Treatment Team Reports and Nursing Cross Shift Reports were revised to ensure communication of patient behaviors between treatment teams and across changes in shifts.
- **Revised Patient Education.**
 - Patients are informed at the time of admission and in daily Community Meetings that sexual contact is prohibited during hospitalization.
 - Patients are surveyed at regular intervals by the Client Rights Specialist and Peer Support Specialists to ensure teaching methods are effective and rights are understood and protected.
- **Mandatory Staff Training.**
 - Mandatory training on *Providing Care in a Safe Setting: Prevention, Identification and Management of Sexual Behavior* was provided to more than 600 clinical, support and contracted staff at BHD.
 - Pocket reference cards (see **Exhibit 3**) reinforcing the facility's policy prohibiting any sexual contact between patients, various reporting requirements when sexual contact is known or suspected, and other specific remedies to shortcomings noted in the January 2010 CMS survey.

- Post training management audits and assessments are conducted to measure staff compliance and to demonstrate working knowledge of the policy.

- **Increased Environmental Surveillance.**

- Community bathrooms, where some incidents of patient to patient sexual contact is known to have occurred, are locked at all times when not in use.
- Video monitoring. Although not part of the plan of correction submitted to the CMS, BHD has added video cameras for surveillance by BHD Security. The cameras are located to provide coverage of areas that are out of the view of nurses' stations (patient rooms are not equipped with video cameras).
- Unit zone surveillance. Although not part of the plan of correction submitted to the CMS, BHD has implemented a change in staffing patterns whereby each Acute Inpatient unit is divided into three zones, with a Certified Nursing Assistant assigned to each zone to monitor for safety. The unit zone system is discussed in greater detail in **Section 2** of this report.

BHD has added video cameras that provide coverage of areas that are out of the view of nurses' stations.

- **Post-Incident Investigation and Follow-Up.**

- A post-incident protocol was developed (see **Exhibit 4**) to ensure uniformity in performing proper assessment, notifications, care and follow-up in the event of a known or suspected incident of sexual contact. The protocol calls for reporting all cases of known or suspected patient sexual contact to the Sheriff's Office.

A post-incident protocol calls for reporting all cases of known or suspected patient sexual contact to the Sheriff's Office.

- **Compliance Plan.**

- The Acute Executive Committee was assigned responsibility for monitoring and sustaining compliance with the plan of correction. The Acute Executive Committee is comprised of managers from various disciplines within the division, including Acute Inpatient Services, Medical Services, Clinical Operations, Nursing Administration, Recovery and Peer Support Advocacy, and Security.

Adherence to Plan of Correction

As part of its plan of correction, BHD instituted mandatory training regarding its patient sexual contact policy for all staff and contractors with direct patient contact. We examined training records of 198 staff involved in direct patient care at the Adult

Acute Inpatient hospital as of February 2010 to verify that each person attended and/or attested to receiving and understanding the policies regarding patient sexual contact. We verified that signatures on attendance logs for training sessions were on file for 173 staff members and that 16 staff members signed attestations that they had received and understood the training material. Four members were on leave or had terminated employment prior to the training sessions. No signatures were on file for five staff members. The results of this verification were provided to BHD management for follow-up to ensure the small number of employees identified as exceptions have received the appropriate training.

Minutes of the Acute Executive Committee reflect significant management attention to monitoring plan of correction efforts.

In addition, we reviewed minutes of the Acute Executive Committee to verify that BHD administrators were following through with efforts to monitor compliance with measures contained in its corrective action plan. Minutes reflect significant management attention to monitoring plan of correction efforts, including detailed internal audits and reports by individuals that are assigned responsibility for ensuring improved staff compliance. For instance, the April 21, 2010 minutes contained the following entries:

- *The current focus is on units 43-C and 43-D, as the data suggest lower and inconsistent scores. Review of the audit summary reflects an audit of units 43-C/D by sample size, problems written, objectives written, method written and percentage complete by team by all special risk factors. Refer to audit summary for details.*

The risks identified most often in charts (out of 223 audits completed over 5 weeks) are self-harm and violence, not surprising as these behaviors may result in admission. Auditors continue to provide individual feedback to unit staff and managers, as to sustain improvements.

DECISION/ACTION TAKEN: Audits continue on units 43-C/D on a bi-weekly basis.

- *...the last audit of the psychiatric/psychological inpatient assessment was above 96%. There were some irregularities noted in the plan. Another audit will be completed and will*

incorporate all areas of risk. A target rate of compliance should be fairly high, most likely well above 90%, probably 95%. If the next audit remains high, probable recommendations will be to discontinue audit, complete a random audit every other month or target those practitioners until their rates are higher.

DECISION/ACTION TAKEN: Additional audit of the psychiatric-psychological inpatient assessment to be completed.

- *Another area in need of monitoring included the nursing cross reports to include communication of those patients identified at an increased risk for sexual behavior, monitoring cross shifts to verify the above and team representation at morning report. Audits suggested compliance. Future random audits to ensure continued compliance are indicated. The Associate Administrator for Nursing indicated the nursing department would conduct some spot checks on the above. Further monitoring of the above has been referred to the Nursing Executive Team for continued audit and improvements.*

The Director of Acute Inpatient Services will continue to ensure compliance with the sexual contact policy and adherence to the post incident protocol checklist. The Director will continue to review any suspected or known instances or allegations of sexual behavior and monitor policy compliance.

DECISION/ACTION TAKEN: Director of Acute Inpatient Services to follow-up.

We noted evidence that continued vigilance is necessary to ensure staff compliance with BHD's plan of correction.

Despite documented management attention to implementing and sustaining staff compliance with its plan of correction, we noted evidence that continued vigilance is necessary. For instance, the June 2, 2010 minutes from the Acute Executive Committee contains the following entry:

- The Associate Administrator for Nursing reported that she has conducted face-to-face interviews with RNs and CNAs regarding their knowledge of BHD policies and expectations addressing sexual contact. She reports that the responses have been good, but has also found that new staff and CNAs picking up hours from other hospital areas need prompting/reminders.

DECISION/ACTION TAKEN: Audits will continue.

Behavior Observation Flow Sheets are used by nursing staff to document compliance with orders to monitor patients for exhibiting specific problematic behaviors.

Our review of numerous medical records from 2009 confirmed that in almost every instance, RNs signed the sheets at the beginning of their shifts.

Behavior Observation Flow Sheet Signatures

We also conducted a review of the Behavior Observation Flow Sheets used by nursing staff to document compliance with orders to monitor patients for exhibiting specific problematic behaviors. We performed the review to determine if the common practice of RNs signing the form at the beginning of their shifts, as noted in the January 2010 CMS survey, had been remedied. The survey contained the following observation:

“The RNs are completing the behavior check form at the beginning of each shift and would be unable to account for behavior during times that show documentation as incomplete.”

Our review of numerous Behavior Observation Flow Sheets in medical records of patients in the Adult Acute Inpatient units during 2009 confirmed that in almost every instance, RNs signed the sheets at the beginning of their shifts.

During a two-day period in August 2010, we randomly selected medical records for current patients in each of the four Adult Acute Inpatient units at BHD to review nurses' signature information recorded on the Behavior Observation Flow Sheets. Results of that review are summarized in **Table 2**.

**Table 2
Behavior Observation Flow Sheets
RN Signature Review**

| | | |
|---|--|---|
| Patient files viewed | 42 | |
| Patients with observation sheets | 30 | |
| Total Number of signature lines* | 632 | |
| | No. of Signature <u>Lines</u> | % Total Signature <u>Lines</u> |
| Observation sheets signed at the start of the shift | 18 | 2.8% |
| Observation sheets signed during the shift | 20 | 3.2% |
| Observation sheets signed at the end of the shift | 509 | 80.5% |
| Observation sheets that listed the start and ending time of shifts (time of signature was indeterminate): | 38 | 6.0% |
| No signature after shift was completed: | 33 | 5.2% |
| Signed but no time listed: | 13 | 2.1% |
| Unable to read time listed: | 1 | 0.2% |
| Total | 632 | 100.0% |

*One line for each shift a patient is on behavior observation status.

Source: Department of Audit BHD file review.

RNs were properly signing the Behavior Observation Flow Sheets at the end of each shift in more than 80% of the instances in our August 2010 sample.

As shown in **Table 2**, RNs were properly signing the Behavior Observation Flow Sheets at the end of each shift in more than 80% of the instances in our August 2010 sample. Less than 3% of the signatures were recorded at the beginning of a shift. However, signatures were absent from about 5% of the shifts, and the time of signature was absent from or indeterminate for about 8% of the shifts.

Subsequent CMS Survey

The January 2010 CMS survey was conducted in response to a specific complaint. In its capacity as the regulatory and oversight

agency for the federal Medicare program, the CMS regularly conducts unannounced full surveys of hospitals certified to receive federal funds, typically on a four-year cycle. In May, 2010, a full CMS survey was conducted of the Milwaukee County BHD Acute Inpatient hospital. Once again, the survey was conducted by the State Division of Quality Assurance on behalf of the CMS.

In a May 2010 survey, BHD was found to be out of compliance with Medicare Conditions of Participation for Hospitals in seven areas.

In the May 2010 survey, BHD was found to be out of compliance with Conditions of Participation for Hospitals at 42 CFR 482 in seven areas: Patient Rights, Medical Records, Pharmacy, Infection Control, Maintenance, Physical Plant (Environment), and Governing Body. Included in those findings were items requiring maintenance, repair and/or modification of infrastructure.

In response to the full survey Statement of Deficiencies, BHD submitted multiple plans of correction and was resurveyed. A letter from the CMS to the BHD Administrator dated September 9, 2010 stated, in part:

“...the Wisconsin Department of Health Services, Division of Quality Assurance (DQA) conducted a revisit survey on September 2, 2010 to determine Milwaukee County Behavioral Health Division’s compliance with the applicable Medicare Conditions of Participation. Based on the findings of the revisit survey, we have determined that Milwaukee County Behavioral Health Division is now in compliance with all Conditions of Participation except the Condition of Participation for Physical Environment (42 CFR 482.41).

We have reviewed your August 24, 2010 plan of correction for the deficiencies cited under this Condition and the schedule for the corrections. We find the plan acceptable. Therefore, the termination of your Medicare provider agreement has been postponed.

We have also accepted your plan for the temporary measures that are being taken to protect the health and safety of the patients while the deficiencies are

being permanently corrected. The State agency will revisit your hospital to monitor these measures as well as the progress made on the implementation of the plan of corrections.

We expect that your hospital will be in full compliance with the Conditions of Participation for Physical Environment by April 1, 2011, as specified in your plan. After your hospital has corrected the deficiencies and we have determined that it again meets all Medicare Conditions of Participation...your hospital will no longer be subject to State agency surveys. ...Your Medicare provider agreement will be terminated effective May 1, 2011 if the deficiencies are not corrected as outlined in your plan."

In a September 2010 report to two County Board committees, BHD reported spending an estimated \$550,000 in operating funds, on an emergency basis, to implement immediate corrective action related to the May 2010 CMS survey. The same report estimated additional cash expenditures related to corrective actions of \$234,000. Also in September 2010, the Milwaukee County Board of Supervisors approved the release of \$1.8 million in capital funding to pay for infrastructure repairs and equipment replacements necessary to address the remainder of the deficiencies cited in the May 2010 CMS survey. The \$1.8 million was released from \$12.6 million that had been placed in the allocated contingency fund of the 2010 Adopted Capital Budget for planning, design and construction of a new BHD facility and/or the renovation of the current facility.

The plans of corrective actions developed by BHD management have been accepted and remain subject to monitoring by the State Division of Quality Assurance on behalf of the federal Center for Medicare and Medicaid Services.

Recommendations

BHD management developed plans of corrective action to address deficiencies that threatened Medicare and Medicaid funding for the Adult Acute Inpatient hospital. The plans of corrective action have been accepted and remain subject to monitoring by the State Division of Quality Assurance on behalf of the federal Center for Medicare and Medicaid Services.

Our review of BHD's adherence to the corrective action plan related to the January 2010 survey and subsequent surveys and correspondence from regulators indicate substantial compliance with the plans, but the need for continued diligence on the part of the BHD administration to monitor and measure staff compliance. In addition, we believe legislative oversight of BHD's progress in attaining and sustaining compliance is an important aspect of holding administrators accountable for results. Therefore, we recommend BHD management:

- 1. Continue monitoring and measuring compliance with key aspects of its corrective action plans related to the January 2010 and May 2010 CMS and DQA surveys.*
- 2. Report results of its ongoing compliance measurements to the County Board Committee on Health and Human Services on a regular basis.*

However, problems identified in **Section 2** of this report show that ensuring the safety of patients treated at the Milwaukee County Behavioral Health Division Adult Acute Inpatient hospital will require more than complying with the corrective action plans resulting from the CMS surveys.

Section 2: Patient acuity, including aggressive behavior, drives BHD staffing needs and is a critical factor affecting the institution's ability to maintain a safe environment for patients and staff.

As previously noted, the January, 2010 CMS survey that led to a finding of Immediate Jeopardy with regard to patient health and safety at the BHD Adult Acute Inpatient hospital was initiated by the federal agency in response to a specific complaint regarding sexual contact among patients. However, concern for the safety of both patients and staff at BHD has been a matter of public record in recent years as the local mental health provider community has struggled to match rising demand for effective treatment with scarce resources.

Professional nursing staff at BHD has been vocal in expressing concerns about the level of staffing, particularly in the Adult Acute Inpatient units.

Professional nursing staff at BHD has been vocal in expressing concerns about the level of staffing, particularly in the Adult Acute Inpatient units. In a member survey of 98 BHD nurses conducted in May and June of 2010 by the Wisconsin Federation of Nurses and Health Professionals, 66% of respondents rated their units "very unsafe" (22%) or "somewhat unsafe" (44%).

BHD administration notes that in the third quarter of 2010, 43% of nursing staff (including Registered Nurses and Certified Nursing Assistants) were referred for disciplinary action for excessive absenteeism. Unscheduled absences create additional coverage challenges for staff on duty.

BHD Staffing Levels

We examined staffing levels at the Adult Acute Inpatient units for the period 2007 through 2009 to identify recent trends in patient census and total nursing hours worked. For nursing hours, we performed two separate analyses. One included both Registered Nurses (RNs) and Certified Nursing Assistants

(CNAs), the other included only RNs. The combined data for both positions are shown in **Table 3**.

| | <u>2007</u> | <u>2008</u> | <u>2009</u> |
|---|----------------|----------------|----------------|
| Combined RN & CNA Total Hours Worked | 215,586 | 230,231 | 226,262 |
| Total patient-days for Acute Inpatient | 36,069 | 35,917 | 32,573 |
| Number of Days | 365 | 366 | 365 |
| Average Daily Census | 98.8 | 98.1 | 89.2 |
| Average Daily Census Per Unit (4 Units) | 24.7 | 24.5 | 22.3 |
| Average Daily RNs & CNAs on duty (3 shifts) | 73.8 | 78.6 | 77.5 |
| Average Daily RNs & CNAs on duty per shift* | 24.6 | 26.2 | 25.8 |
| Average Daily RNs & CNAs on duty per shift per unit | 6.2 | 6.6 | 6.5 |
| Patient to Nursing Staff (RNs and CNAs) Ratio | 4.0 : 1 | 3.7 : 1 | 3.5 : 1 |
| % of Total Hours Worked Straight Time Basis | 85.1% | 84.1% | 84.6% |
| % Total Hours Worked Overtime Basis | 14.9% | 15.9% | 15.4% |
| * For illustrative purposes. Actual staffing patterns vary by unit and by shift. For example, the overnight shift is typically staffed at a lower rate than the two day shifts. | | | |
| Note: Includes time for staff assigned to Adult Acute Inpatient units. Time worked from other units on a 'fill-in- basis not available. | | | |
| Source: Ceridian system payroll records and BHD census data. | | | |

Total nursing staff hours worked has remained fairly stable from 2007 to 2009.

As shown in **Table 3**, total nursing staff hours worked has remained fairly stable, increasing a small amount (about 7%) from 2007 to 2008 and decreasing slightly (less than 2%) in 2009. Overtime hours as a percentage of total time worked was also stable, ranging between approximately 15% and 16% during the three-year period.

During the same three-year period, total patient census days decreased nearly 10%.

During the same three-year period, total patient census days decreased nearly 10%, from about 36,000 in 2007 to just under 32,600 in 2009. As a result, patient to nursing staff ratios

declined during the three-year period, from four patients to every RN/CNA on duty in 2008 to 3.5 patients for every RN/CNA on duty in 2009.

Table 4 presents the same information for RN staff only.

| Table 4 Average Daily Census and RN Staff Levels BHD Adult Acute Inpatient Units 2007--2009 | | | |
|---|--------------------|--------------------|--------------------|
| | <u>2007</u> | <u>2008</u> | <u>2009</u> |
| RN Total Hours Worked | 100,330 | 107,128 | 108,970 |
| Total patient-days for Acute Inpatient | 36,069 | 35,917 | 32,573 |
| Number of Days | 365 | 366 | 365 |
| Average Daily Census | 98.8 | 98.1 | 89.2 |
| Average Daily Census Per Unit (4 Units) | 24.7 | 24.5 | 22.3 |
| Average Daily RNs on Duty (3 Shifts) | 34.4 | 36.6 | 37.3 |
| Average Daily RNs on Duty per Shift* | 11.5 | 12.2 | 12.4 |
| Average Daily RNs on Duty per Shift per Unit | 2.9 | 3.0 | 3.1 |
| Patient to RN Ratio | 8.6 : 1 | 8.0 : 1 | 7.2 : 1 |
| % of Total Hours Worked Straight Time Basis | 91.5% | 89.8% | 92.4% |
| % Total Hours Worked Overtime Basis | 8.5% | 10.2% | 7.6% |
| * For illustrative purposes. Actual staffing patterns vary by unit and by shift. For example, the overnight shift is typically staffed at a lower rate than the two day shifts. | | | |
| Note: Includes time for staff assigned to Adult Acute Inpatient units. Time worked from other units on a 'fill-in- basis not available | | | |
| Source: Ceridian system payroll records and BHD census data. | | | |

As shown in **Table 4**, total RN staff hours worked has increased somewhat (about 9%) from 2007 to 2009. Overtime hours increased as a percentage of total time worked from 8.5% in 2007 to 10.2% in 2008 (a relative increase of 20%), but returned to under 8% in 2009.

In conjunction with the previously-noted decrease of about 10% in patient census days, the modest increase in RN staff hours worked resulted in the patient to RN staff ratios decreasing from 8.6 patients for every RN on duty in 2008 to about 7.2 patients for every RN on duty in 2009.

Patient to staff ratios alone do little to provide insight into their adequacy in providing a safe environment for patients and staff.

The complexity of the level of care needed by patients, known as patient acuity, has vital staffing level implications.

BHD administrators note that staffing levels have never been cited as a concern during numerous surveys conducted by regulators in recent years. But, they acknowledge that patient acuity at BHD is higher than most psychiatric facilities in the State.

While the patient to staff ratios showed modest declines from 2007 to 2009, patient to staff ratios alone do little to provide insight into their adequacy in providing a safe environment for patients and staff. Rather, the complexity of the level of care needed by patients, known as patient acuity, has vital staffing level implications. That is why there are no prescribed levels of patient to staff ratios specified in state or federal regulations governing acute mental health inpatient hospitals. Rather, according to Wis. Adm. Code DHS 124.13(1)(c):

Staffing.

1. *An adequate number of registered nurses shall be on duty at all times to meet the nursing care needs of the patients. There shall be qualified supervisory personnel for each service or unit to ensure adequate patient care management.*
2. *The number of nursing personnel for all patient care services of the hospital shall be consistent with nursing care needs of the hospital's patients.*
3. *The staffing pattern shall ensure the availability of registered nurses to assess, plan, implement and direct the nursing care for all patients on a 24-hour basis.*

BHD administrators note that staffing levels have never been cited as a concern during numerous surveys conducted by the federal CMS and state DQA in recent years. However, they acknowledge that patient acuity at BHD is higher than most psychiatric facilities in the State. As a public facility, BHD's patient mix is largely indigent, including patients that have exhausted private insurance benefits. As one BHD administrator put it, this results in BHD serving the sickest of the sick.

Indicators of Patient Acuity

We examined two indicators to provide some insight into the level of patient acuity at BHD: the frequency with which heightened levels of patient observation are ordered by attending psychiatrists and psychologists, and the number of incidents involving certain patient behaviors recorded by BHD staff.

Heightened Patient Observations

One indicator of BHD's high level of patient acuity is the frequency with which patients must be placed on heightened behavior observations.

One indicator of BHD's high level of patient acuity is the frequency with which patients must be placed on heightened behavior observations. For instance, standard practice on the Adult Acute Inpatient units is that every patient must be monitored by nursing staff (typically a CNA) once every 30 minutes. However, an attending psychiatrist or psychologist may order behavior observation checks for a patient every 15 minutes to monitor for the effects of changes in medication, for inappropriate behaviors, or for other specific reasons. Further, when a patient exhibits behaviors that are deemed dangerous to the patient or others, an attending psychiatrist or psychologist may place a one-to-one (1:1) observation order to monitor patient behavior on a constant, around-the-clock basis. The frequency of such orders fluctuates with the mix of patients and patient behaviors, and can quickly skew patient-to-staff ratios by placing all of one CNA's attention on one patient in the unit.

Our review of medical records for 42 patients receiving care in the Adult Acute Inpatient units during two days in August 2010 indicated 30 (71%) had been under 15-minute behavior observation checks in recent days.

While there is no summary data on the frequency of 15-minute behavior observation checks, our review of medical records for 42 patients receiving care in the Adult Acute Inpatient units during two days in August 2010 indicated 30 (71%) had been under 15-minute behavior observation checks in recent days. BHD has recently begun compiling summary data to track staff hours devoted to 1:1 observations. **Table 5** shows staff hours devoted to 1:1 observations in the Adult Acute Inpatient units from November 2009 through August 2010.

**Table 5
Total Staff Hours Devoted to
One-to-One Observations
BHD Adult Acute Inpatient Units
November 2009—August 2010**

| <u>Year</u> | <u>Month</u> | <u>Hours</u> | <u>FTE*</u> |
|------------------------|--------------|---------------|-------------|
| 2009 | November | 3,984 | 2.2 |
| 2009 | December | 2,688 | 1.5 |
| 2010 | January | 4,536 | 2.5 |
| 2010 | February | 6,228 | 3.5 |
| 2010 | March | 5,752 | 3.2 |
| 2010 | April | 4,340 | 2.4 |
| 2010 | May | 3,880 | 2.2 |
| 2010 | June | 5,152 | 2.9 |
| 2010 | July | 4,272 | 2.4 |
| 2010 | August | 3,069** | 1.7 |
| 10-Month Total | | 43,901 | 24.6 |
| Monthly Average | | 4,390 | 2.5 |
| Annual Rate | | 52,681 | 29.5 |

* Full Time Equivalent positions based on 1,784 annual work hours (excludes off time).

**Projected based on data through August 16, 2010.

Source: BHD Quality Improvement records and Department of Audit calculations.

During the 10-month period tracked, 1:1 observations required an average of 2.5 FTE staff per month, or an annual rate of 29.5 FTEs devoted solely to 1:1 observations.

The data collected to date demonstrate the volatility in demand for staff time devoted to around-the-clock observations of seriously ill patients. As shown in **Table 5**, staffing demands devoted solely to 1:1 observations of patients on the Adult Acute Inpatient units ranged from a low of 1.7 Full Time Equivalent (FTE) positions in August 2010 to a high of 3.5 FTEs in February 2010. During the 10-month period tracked, 1:1 observations required an average of 2.5 FTE staff per month, or an annual rate of 29.5 FTEs devoted solely to 1:1 observations.

Incident Reports

Another source of data maintained by BHD Quality Improvement staff that can provide insight regarding the severity of the mental health problems treated at BHD is the number of incidents

recorded that are reflective of patient aggression or behavior that requires close observation/attentiveness.

BHD policy states that "...any significant incidents and exposure to risk will be reported, monitored, and investigated if indicated. Serious incidents involving patients/residents, staff, students, volunteers, security or contracted personnel, and visitors will be reported on an Incident/Risk management Report Form." An Incident Report form is presented as **Exhibit 4**).

BHD Quality Improvement staff maintains a database of all Incident Reports. **Table 6** shows totals in all categories for the period 2005 through 2009, along with projected 2010 figures based on data through September 10, 2010.

**Table 6
BHD Reported Incidents—All Categories
Acute Adult Inpatient Units
2005—2010**

| <u>Incidents</u> | <u>2005</u> | <u>2006</u> | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2010**</u> |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| Falls | 155 | 146 | 150 | 161 | 218 | 175 |
| Altercations – PT/PT | 101 | 120 | 105 | 82 | 125 | 71 |
| Altercations – PT/EMP | 67 | 50 | 66 | 64 | 78 | 75 |
| Injuries – Accidental | 59 | 58 | 49 | 58 | 69 | 36 |
| Injuries – Self Inflicted | 27 | 13 | 30 | 42 | 57 | 36 |
| Code 4 (Medical Emergencies) | 38 | 76 | 98 | 41 | 51 | 58 |
| Missing Property | 14 | 19 | 9 | 27 | 32 | 19 |
| Caregiver Misconduct Allegation | 1 | 2 | 8 | 11 | 26 | 16 |
| Contraband | 9 | 7 | 20 | 40 | 26 | 14 |
| Property Damage | 9 | 8 | 15 | 19 | 26 | 14 |
| Sexual Contact* | - | - | 7 | 8 | 11 | 7 |
| Sexually Inappropriate Behavior | 19 | 16 | 11 | 4 | 10 | 19 |
| Elopement (Fleeing) from a Locked Unit | 102 | 41 | 28 | 28 | 19 | 7 |
| Failure to Return to Unit | - | 30 | 45 | 32 | 11 | 1 |
| Suicide Attempt | 10 | 15 | 1 | 3 | 8 | 7 |
| Seclusion & Restraint Injury | 1 | 13 | 29 | 6 | 6 | 10 |
| Confidentiality Breach | - | 1 | - | 1 | 5 | 3 |
| Exposure to Infection | 3 | 6 | 3 | 6 | 2 | 4 |
| Fires | 2 | - | 3 | 3 | 1 | - |
| Haz.Mat./Environmental Contamination | 2 | - | - | 2 | 1 | 1 |
| Choking | 1 | - | 1 | 4 | - | 3 |
| Elopement (Fleeing from Escort) | 1 | 1 | 6 | - | - | - |
| Medical Device | 1 | 2 | 1 | - | - | 1 |
| Other | 39 | 38 | 54 | 71 | 74 | 53 |
| Total Incidents | 661 | 662 | 739 | 713 | 856 | 630 |
| Total Patient-Days | 35,855 | 35,259 | 36,069 | 35,917 | 32,573 | 30,818 |
| Incidents per 1,000 Patient-Days | 18.4 | 18.8 | 20.5 | 19.9 | 26.3 | 20.4 |
| Annual % Change in Incidents per 1,000 Patient-Days | -- | 2.2% | 9.0% | -2.9% | 32.2% | -22.4% |

* Data in sexually inappropriate behavior category prior to 2007.

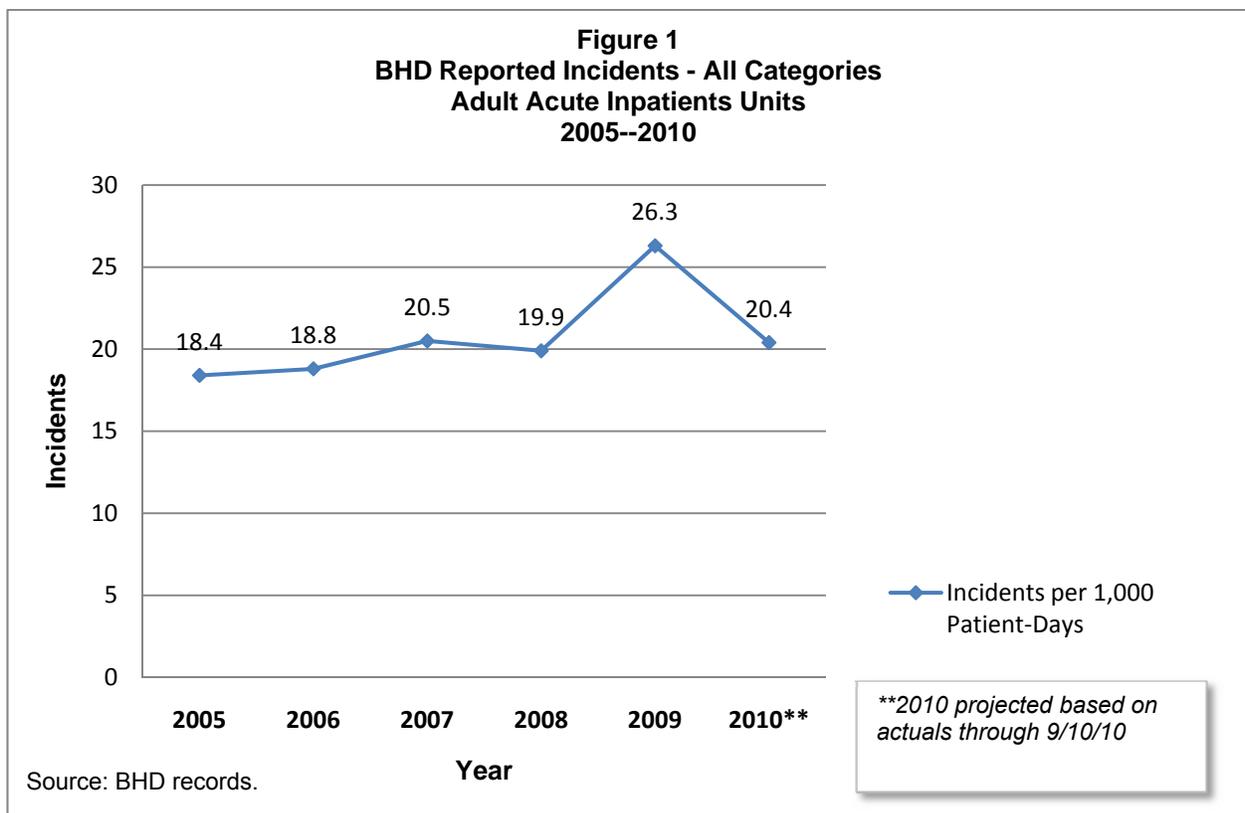
*** 2010 Projected based on actuals through 9/10/10.

Source: BHD records.

For 2009, the rate of incidents reported per 1,000 patient-days was 32% higher than the previous year, and 43% higher than in 2005.

As shown in **Table 6**, after adjusting for a gradual decline in patient-days, the rate of incidents reported is trending somewhat up over the period, with a substantial spike in 2009. For 2009, the rate of incidents reported per 1,000 patient-days was 32% higher than the previous year, and 43% higher than in 2005. For 2010, the rate is projected to fall back in line with more recent experience, but remains about 11% higher than in 2005.

Figure 1 illustrates the annual change in the rate of incidents per 1,000 patient-days from 2005—2010 in a line graph.



To focus on trends in patient acuity, we selected categories of incidents that are more reflective of patient behavior that requires close observation/attentiveness. These include incidents that involve patient aggression, sexually inappropriate behavior, medical emergencies and other categories as shown in **Table 7**.

**Table 7
Selected Incident Categories for Patient Acuity
BHD Acute Adult Inpatient Units
2005—2010**

| <u>Incidents</u> | <u>2005</u> | <u>2006</u> | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2010**</u> |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| Falls | 155 | 146 | 150 | 161 | 218 | 175 |
| Altercations – PT/PT | 101 | 120 | 105 | 82 | 125 | 71 |
| Altercations – PT/EMP | 67 | 50 | 66 | 64 | 78 | 75 |
| Injuries – Self Inflicted | 27 | 13 | 30 | 42 | 57 | 36 |
| Medical Emergencies | 38 | 76 | 98 | 41 | 51 | 58 |
| Property Damage | 9 | 8 | 15 | 19 | 26 | 14 |
| Sexual Contact* | -- | -- | 7 | 8 | 11 | 7 |
| Sexually Inappropriate Behavior | 19 | 16 | 11 | 4 | 10 | 19 |
| Suicide Attempt | 10 | 15 | 1 | 3 | 8 | 7 |
| Seclusion & Restraint Injury | 1 | 13 | 29 | 6 | 6 | 10 |
| Total Incidents re: Acuity | 427 | 457 | 512 | 430 | 590 | 472 |
| Total Patient-Days | 11.9 | 13.0 | 14.2 | 12.0 | 18.1 | 15.3 |
| Incidents per 1,000 Patient-Days | 35,855 | 35,259 | 36,069 | 35,917 | 32,573 | 30,818 |
| Annual % Change in Incidents per 1,000 Patient-Days | -- | 9.2% | 9.2% | -15.5% | 50.8% | -15.5% |

* Data in sexually inappropriate behavior category prior to 2007.

*** 2010 Projected based on actuals through 9/10/10.

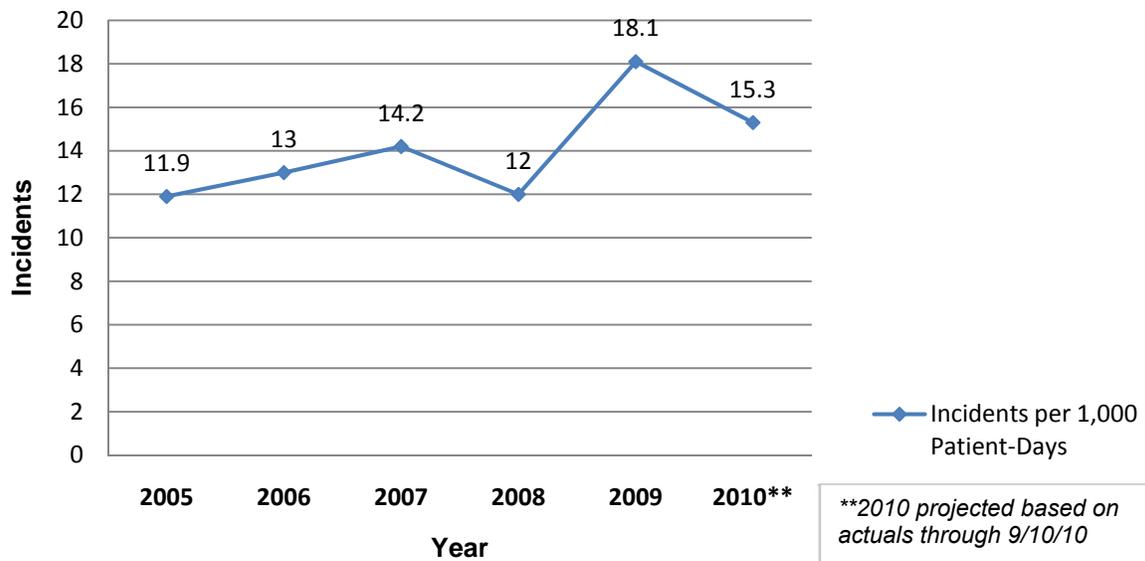
Source: BHD records.

The data also reflects an upward trend in the rate of incidents reported in categories that are reflective of a high level of patient acuity.

The data in **Table 7** also reflects an upward trend in the rate of incidents reported per 1,000 patient-days, for incidents in categories that are reflective of a high level of patient acuity. Once again, that trend spiked in 2009 (up 51% from the previous year) and is projected to subside about 16% in 2010.

Figure 2 illustrates the annual change in the rate of incidents reflecting patient acuity per 1,000 patient-days from 2005—2010.

Figure 2
BHD Reported Incidents
Selected Categories for Patient Acuity
Adult Acute Inpatients Units
2005–2010



Source: BHD records.

We further refined our trend analysis by focusing only on those categories of incidents that involve acts of patient aggression, violence or inappropriate sexual behavior. **Table 8** shows the data for 2005 through 2010 in those categories.

Table 8
Selected Incident Categories for Patient Aggression
BHD Acute Adult Inpatient Units
2005—2010

| <u>Incidents</u> | <u>2005</u> | <u>2006</u> | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2010*</u> |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| Altercations – PT/PT | 101 | 120 | 105 | 82 | 125 | 71 |
| Altercations – PT/EMP | 67 | 50 | 66 | 64 | 78 | 75 |
| Property Damage | 9 | 8 | 15 | 19 | 26 | 14 |
| Sexual Contact* | - | - | 7 | 8 | 11 | 7 |
| Sexually Inappropriate Behavior | 19 | 16 | 11 | 4 | 10 | 19 |
| Seclusion & Restraint Injury | 1 | 13 | 29 | 6 | 6 | 10 |
| Total Incident re: Aggression | 197 | 207 | 233 | 183 | 256 | 196 |
| Total Patient-Days | 35,855 | 35,259 | 36,069 | 35,917 | 32,573 | 30,818 |
| Incidents per 1,000 Patient-Days | 5.5 | 5.9 | 6.5 | 5.1 | 7.9 | 6.4 |
| Annual % Change in Incidents per 1,000 Patient-Days | -- | 7.3% | 10.2% | -21.5% | 54.9% | -19.0% |

* Data in sexually inappropriate behavior category prior to 2007.

*** 2010 Projected based on actuals through 9/10/10.

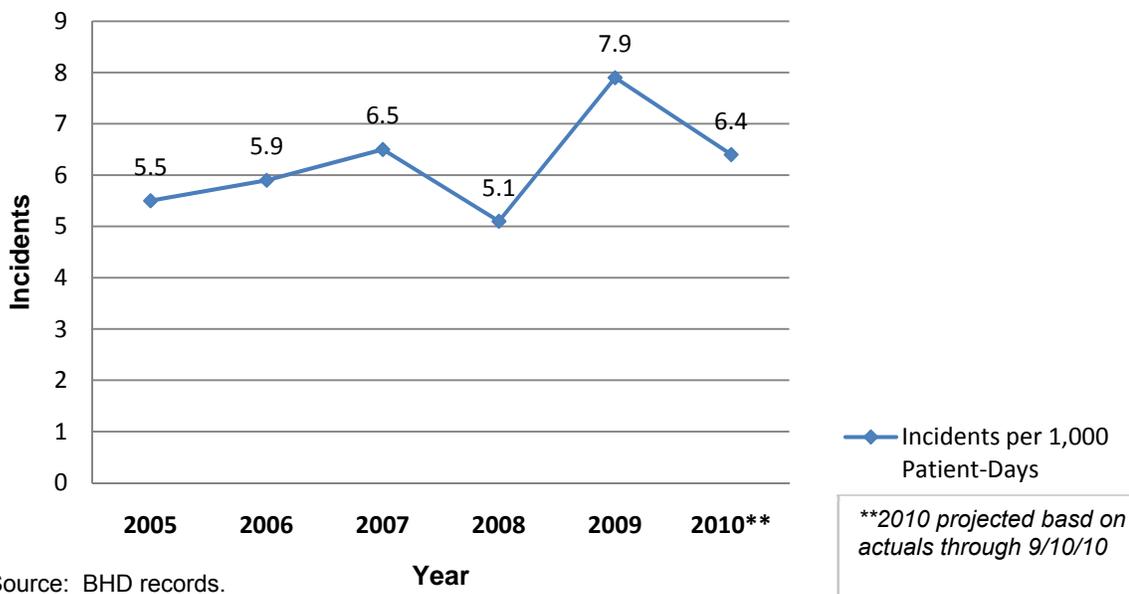
Source: BHD records.

In 2009, the rate of incidents reported for categories of patient aggression reflected a 55% increase over the previous year.

The data in **Table 8** shows a similar pattern in the rate of increase for categories of incidents reflecting aggressive patient behavior over the six-year period as for the broader categories of incidents, again documenting a significant spike in 2009. In 2009, the rate of incidents reported for these categories reflected a 55% increase over the previous year. For 2010, the rate is projected to decline 19% from the 2009 level, but remains 16% higher than the 2005 rate.

Figure 3 illustrates the annual change in the rate of incidents reflecting aggressive patient behavior per 1,000 patient-days from 2005—2010.

Figure 3
BHD Reported Incidents
Selected Categories for Patient Aggression
Adult Acute Inpatients Units
2005--2010



Incident Reports may not fully document the extent of problems involving potentially dangerous patient behaviors.

Although a clear policy exists with regard to when an Incident Report should be completed, there is judgment involved and therefore some degree of subjectivity. Further, there is separate required documentation for the medical record if a patient is placed in seclusion and/or restraints. In such cases, if there is no injury to patient or staff, and no property damage, an Incident Report might not be filed, even though a patient's behavior might be so volatile that s/he is considered a danger to himself or others. Therefore, Incident Reports may not fully document the extent of problems involving potentially dangerous patient behaviors.

This was corroborated in our fieldwork. We reviewed the medical records of all 21 patients that had been hospitalized in one of the four Adult Acute Inpatient units on October 3, 2009. Within a 16-day period surrounding that date, we identified seven items in progress notes indicating a disturbance that may have resulted in the filing of an Incident Report. We verified there

were Incident Reports on file in five of the seven instances; the two instances that did not result in an Incident Report involved episodes of Seclusion and Restraint, which were properly documented on special forms within the medical record.

With one exception, there is a steadily increasing trend in the rate of incidents indicative of potentially dangerous patient behavior at the BHD inpatient units from 2005 through 2009.

Incidents reported in these categories in 2010 are projected to be substantially lower than in 2009.

Despite the potential for variation in reported data, the Incident Report database maintained by the Quality Improvement section of BHD is the best available data from which to review trends in hospital incidents. With one exception, there is a steadily increasing trend in the rate of incidents indicative of potentially dangerous patient behavior at the BHD inpatient units from 2005 through 2009. The only annual decline in these categories of incidents occurred in 2008, which was followed by the highest annual total for these categories of incidents in the five-year period. Incidents reported in these categories in 2010 are projected to be nearly 20% lower than in 2009. This is likely due, in part, to increased scrutiny of patient behaviors prompted by events leading to the January 2010 CMS survey findings and plans of corrective action. Another potential explanation for the reduction in reported incidents is the implementation of a 'zone system' for deploying CNA staff.

Base Staffing Levels and the Zone System

BHD base staffing levels for Adult Acute Inpatient units have been a source of controversy between management and nursing staff in recent years. Prior to 2006, Adult Acute Inpatient units routinely operated with a bed capacity of 31. This was eight more than it's licensed capacity of 24, but was permitted under a federal waiver. In recent years, bed capacity was gradually reduced; first down to 29, then to 27, and since May 2009, BHD operates without a waiver and within its licensed capacity of 24 beds per unit.

While operating under the higher bed capacities, base staffing for each unit included four RN positions and two CNA positions, with adjustments made based on patient acuity and other

considerations such as the need for additional staff to escort patients off ward for court appearances.

Since operating under the reduced bed capacity of 24 per unit, management has considered base staffing per unit to be three RNs, rather than four. This did not affect all shifts for all units, however, as nursing staff is permitted to self-schedule (subject to management revision and approval) and there are frequently either three or four nurses scheduled at the beginning of a shift. However, there has been concern expressed by some nursing staff that, given the patient acuity level at BHD, a base staffing level of four RNs is needed.

A zone system was phased in during 2010 to facilitate staff supervision of patients and surveillance of the environment so as to monitor and maintain patient safety.

While not a formal inclusion in BHD's plan of corrective actions in response to the CMS surveys, a zone system was developed to facilitate staff supervision of patients and surveillance of the environment so as to monitor and maintain patient safety. Under the system, a CNA is given responsibility for one of three zones established on each unit. Each unit is configured in a floor plan that resembles a 'V,' with two hallways of patient rooms converging at the central nursing station. Between the two hallways that form the 'V' is a common area. For each unit, one hallway comprises one zone, the common area comprises a second zone, and the other hallway comprises the third zone. By assigning exclusive responsibility for monitoring each zone, accountability for surveillance of the entire unit is enhanced. The zone system was phased in during the past year. With implementation of the zone system, base CNA staffing was increased from two to three.

By assigning exclusive responsibility for monitoring each zone, accountability for surveillance of the entire unit is enhanced.

We reviewed detailed nursing staff schedules for the month of July 2009. Results of that review are shown in **Table 9**.

Table 9
BHD Nursing Staff Levels
Acute Adult Inpatient Units
July 2009

| | <u>1st Shift</u> | <u>2nd Shift</u> | <u>3rd Shift</u> |
|---------------|-----------------------------|-----------------------------|-----------------------------|
| RNs | | | |
| One | 0.0% | 0.0% | 99.2% |
| Two | 0.8% | 0.8% | 0.8% |
| Three | 33.9% | 50.0% | 0.0% |
| Four | 64.5% | 49.2% | 0.0% |
| Five | 0.8% | 0.0% | 0.0% |
| Total | 100.0% | 100.0% | 100.0% |
| CNAs | | | |
| One | 4.8% | 3.2% | 0.8% |
| Two | 24.2% | 29.0% | 24.2% |
| Three | 29.9% | 30.7% | 57.3% |
| Four | 22.6% | 24.2% | 15.3% |
| Five | 11.3% | 8.9% | 2.4% |
| Six | 4.8% | 4.0% | 0.0% |
| More than Six | 2.4% | 0.0% | 0.0% |
| Total | 100.0% | 100.0% | 100.0% |

Source: BHD nursing staff schedules for July 2009.

We found that 44% of Incident Reports indicating an unsafe environment were filed when three RNs were on duty, 50% were filed when four RNs were on duty, and 6% were filed when two RNs were on duty.

As shown in **Table 9**, four RNs were on duty during the day (1st) shift about 65% of the shifts, with the base level staffing of three RNs about 34% of the shifts. For the evening (2nd) shift, four RNs were on duty about 49% of the shifts, while the base level of three RNs were on duty about 50% of the shifts. In a separate analysis in which we compared categories of Incident Reports indicative of an unsafe environment filed during the month of July against these staffing levels, we found that 44% were filed when three RNs were on duty, 50% were filed when four RNs were on duty, and 6% were filed when two RNs were on duty.

Table 9 reflects a broader range of staffing levels for CNAs. In some instances, there were six or more CNAs on duty in a unit. Staffing ranged from two to four CNAs for about 77% of the day shifts; about 84% of the evening shifts; and about 97% of the overnight shifts.

Some nurses we interviewed indicated they felt a base staffing level of three RNs and three CNAs was safe when there were no 1:1 observations or a high number of 15-minute behavior observation checks ordered. Our interviews with nursing staff and surveys conducted by BHD administration indicate the zone system is viewed positively by staff and an improvement over the prior model. However, a frequent criticism expressed by nursing staff, and a problem acknowledged by BHD administration, is the lack of a relief factor built into the scheduling of CNAs under the zone system. For instance, there is no ‘floater’ CNA scheduled to relieve any of the three assigned CNAs for lunch breaks or patient escort duties.

The County Executive’s Proposed 2011 Budget for BHD includes an additional 18 Full Time Equivalent CNA positions dedicated to the Adult Acute Inpatient units.

The County Executive’s Proposed 2011 Budget for BHD includes an additional 18 Full Time Equivalent CNA positions dedicated to the Adult Acute Inpatient units. Our analysis of additional CNA hours necessary to provide a relief factor for the 1st and 2nd shifts indicates an additional 18 FTEs would be sufficient for that purpose.

Unsafe Staffing Forms

The collective bargaining unit that represents RNs at BHD has developed a form called an Unsafe Staffing Form.

The Wisconsin Federation of Nurses and Health Professionals, the collective bargaining unit that represents RNs at BHD, has developed a form called an Unsafe Staffing Form. The top of each form contains the following statement:

“The purpose of this form is to notify hospital supervision that you have been given an assignment, which you believe is unsafe for the patients or staff. This form will document the situation. Your union may use it to address the problem.”

A union official told the Milwaukee County Board’s Health and Human Needs Committee at its May 19, 2010 meeting that there had been an alarming increase in the number of Unsafe Staffing Forms filed by its members at BHD, citing inadequate staffing

and an increase in the number of patients needing one-to-one observation as concerns.

The forms contain a section for RNs to fill in the following information (a blank Unsafe Staffing Form is presented as **Exhibit 5**):

- Normal staffing numbers
- Number at beginning of shift
- Number at end of shift

Despite BHD administration's contention that the base staffing level for Adult Acute Inpatient units is three RNs for the first and second shifts, in most of the Unsafe Staffing Forms we reviewed, RNs at BHD identify four RNs as the normal staffing level. The Unsafe Staffing Form is not recognized by BHD administration and is not addressed in the nurses' labor agreement.

**Unsafe Staffing
Forms alone are not
a reliable predictor of
incidents indicative
of unsafe conditions.**

We obtained all Adult Acute Inpatient hospital Unsafe Staffing Forms on file with the union for the six-month period July through December 2009, and an additional six forms BHD management had been given, which were not on file with the union. We compared them to Incident Reports in nine categories, that are indicative of unsafe patient or staff behavior, during the same period. Unsafe staffing reports are filled out by RN; Incident Reports are typically filled out by either RNs or CNAs. The results of our comparison, as shown in **Table 10**, indicate that Unsafe Staffing Forms alone are not a reliable predictor of incidents indicative of unsafe conditions.

**Table 10
Comparison of Unsafe Staffing Forms
and Incident Reports at BHD
July—December 2009**

| <u>Month</u> | <u>Shifts with Incident Report</u> | <u>Shifts with Unsafe Staffing Forms</u> | <u>Match</u> |
|--------------|--|--|--------------|
| July | 40 | 13 | 3 |
| August | 36 | 10 | 0 |
| September | 36 | 6 | 0 |
| October | 30 | 8 | 1 |
| November | 33 | 4 | 1 |
| December | 38 | 9 | 2 |
| Total | 213 | 50 | 7 |

Percentage of shifts in which an Unsafe Staffing Form was filed and an Incident Report was also filed **14.0%**

Percentage of shifts in which an Incident Report was filed and an Unsafe Staffing Form was also filed **3.3%**

Source: BHD and Wisconsin Federation of Nurses and Health Professionals records.

As shown in **Table 10**, Incident Reports were filed in only about 14% of the shifts in which an Unsafe Staffing Form was filed by an RN. Conversely, Unsafe Staffing Forms were filed in only about 3% of the shifts during which an Incident Report was filed.

Unsafe Staffing Forms document RN's perceptions of an unsafe environment. Those perceptions are based on the reality of an environment that can be volatile and can rapidly deteriorate.

While this analysis suggests that Unsafe Staffing Forms cannot be used to reliably document unsafe conditions, they document RN's perceptions of an unsafe environment. Further, based on our review of the seven matches of Unsafe Staffing Forms and Incident Reports from our analysis, along with interviews with nursing staff and observation of the units, those perceptions are based on the reality of an environment that can be volatile and can rapidly deteriorate.

For example, one Unsafe Staffing Form listed three RNs and four CNAs on duty, along with one Unit Clerk (not trained nursing staff) shared with another unit. Patient census is listed as 24. The description of the situation noted the following:

- *Very high acuity—several patients with developmental disabilities and several dangerous patients. Three patients on 1:1 observation status. Two staff assigned to the 1:1 observations are on overtime.*
- *One CNA (not assigned to 1:1 observations) on floor not enough—not able to break all 1:1 staff.*
- *RNs have to do CNA work—rounds, pass trays, break 1:1's. RNs had no lunch breaks.*
- *Code 1 (general call for Security) for two patients fighting. 1:1 patient put in ambulatory restraints—needing constant supervision of at least two staff. No staff available to monitor showers.*

Another Unsafe Staffing Form listed three RNs and four CNAs on duty, along with one Unit Clerk shared with two other units. Patient census is listed as 23. This unit typically treats elderly and frail patients. The description of the situation noted the following:

- *12 patients are on 15-minute behavior observation checks and two patients on 1:1 observation status.*
- *There are four diabetic patients and four patients whose daily intake and output of fluids must be charted. Many need pills crushed or placed in applesauce with lots of coaxing.*
- *There are seven patients that require 1:1 observation during feeding to monitor for choking. There are 12 fall risks, eight total cares and at least six others who need assistance with care.*
- *There are at least five treatments including a couple of wound cares.*

Another Unsafe Staffing Form listed four RNs and five CNAs on duty, along with one Unit Clerk shared with another unit. Patient census is listed as 23. The description of the situation noted the following:

- *There were four patients on 1:1 observation status. The CNAs had to take lunch breaks, so there were mostly four CNAs on the unit with four 1:1's. Therefore, the nurses were working without any CNAs to do rounds or help on the floor.*

- *One of the 1:1 patients was put into four-point restraints and then into ambulatory restraints because he punched another patient in the face with a closed fist. We had to call the Sheriff's department for charges to be processed.*
- *We believe it was an unsafe, volatile environment to work and we should have had more CNAs on the unit to help us.*

This last example of an Unsafe Staffing Form documents the action of a particularly aggressive patient with a history of violent behavior.

A relatively small number of particularly aggressive patients pose a difficult challenge for BHD administrators to maintain a safe environment for patients and staff.

Current Model Not Suited for Particularly Aggressive Patients

A relatively small number of particularly aggressive patients pose a difficult challenge for BHD administrators to maintain a safe environment for patients and staff in an Acute Adult Inpatient setting. Three examples illustrate this point.

Patient A

Records show that this patient had been a long term recipient of BHD treatment and had been placed in the Rehabilitation Center—Hilltop (Hilltop), where the patient was engaged in several episodes of sexual contact. According to BHD staff, the patient was transferred to Rehabilitation Center—Central (Central) in 2005 in conjunction with a downsizing of Hilltop. The patient remained at Central until 2008, when the patient attacked and seriously injured another patient. The patient was transferred to the Adult Acute Inpatient hospital and was discharged to the custody of the Sheriff soon thereafter to face a battery charge in connection with the incident at Central.

The patient remained at Central until 2008, when the patient attacked and seriously injured another patient.

According to Wisconsin Circuit Court Access summary records, the court suspended proceedings and ordered the defendant examined by the State to determine competency to stand trial. The "...Court finds the defendant is not competent to proceed and not likely to regain competency within time limits. Court orders the defendant discharged from this criminal case and

The defendant was found guilty of actually committing the crime charged, but was also found not be legally responsible because of the defendant's mental condition. As a result, the patient was returned to BHD.

orders defendant taken into custody and transported to the appropriate treatment center.” The defendant “...was found not guilty by reason of mental disease or defect. The defendant was found guilty of actually committing the crime charged, but was also found not to be legally responsible under Wis. Stats. 971.65 for committing the crime because of the defendant's mental condition.” As a result, the patient was returned to BHD.

Placement of the patient at BHD was complicated by a recent finding of Immediate Jeopardy (IJ) with regard to protecting patients at the Rehabilitation Center—Central from mistreatment by other patients. That IJ finding was issued on October 30, 2008 and was removed shortly thereafter. According to BHD staff, a key to resolving the IJ finding was an abatement plan that included transferring the assaultive patient, along with another patient who had participated in the incident, from Rehabilitation Center—Central to the Adult Acute Inpatient hospital. Consequently, the patient remained at the Adult Acute Inpatient facility from late 2008 well into 2009, at which time the patient was once again discharged to the custody of the Sheriff to face felony charges stemming from the patient's conduct in the hospital. The defendant's competency to stand trial was the subject of legal challenges but the patient was ultimately judged competent. That case is ongoing. It is the defendant's fifth criminal court case, encompassing two misdemeanor and four *felony charges, since 2005. BHD records show the patient was involved in at least 13 incidents involving aggressive behavior during a total of about 400 days of Adult Acute Inpatient care from 2007 through 2009.*

BHD records show the patient was involved in at least 13 incidents involving aggressive behavior during a total of about 400 days of Adult Acute Inpatient care from 2007 through 2009.

The BHD Adult Acute Inpatient hospital is designed to treat and stabilize acutely mentally ill patients. The median length of stay in 2009 was approximately seven days. The acute inpatient model is not intended to operate as a long-term residential facility and clearly is not an appropriate venue for this patient.

Patient B

Another example of a BHD patient with particularly aggressive behaviors is an individual who was initially admitted to the Acute Adult Inpatient hospital for a brief stay in 1987; for an approximately five-month stay in 1990-91; and for another brief stay in 1999. Records indicate the patient was receiving services under community support programs throughout the mid-1990s through 2005.

This individual was charged with felony arson in the fall of 2002. For more than a year, the defendant was alternately placed in the custody of the Milwaukee County Sheriff and the State Department of Health and Family Services for evaluation at a State Health Institute for competency to stand trial. In 2003 the defendant was found competent and a guilty plea was entered. A sentence of three years imprisonment and 12 years extended supervision was ordered and stayed, with the individual placed on probation for 15 years. Terms of the probation included placement in a community support program with a case manager.

Medical records indicate this patient was admitted to the BHD Adult Acute Inpatient hospital for another short stay in 2005 after starting a fire in the patient's apartment building.

Medical records indicate this patient was admitted to the BHD Adult Acute Inpatient hospital for another short stay in 2005 after starting a fire in the patient's apartment building. Notes indicate the patient was angry at the landlord for shutting off the air conditioning in the building. The patient reported a history of auditory and visual hallucinations.

In 2007, the same individual was charged with two serious felony counts, among other charges. The court ordered an evaluation of the defendant's competency, to be conducted at BHD.

In 2007, the same individual was charged with two serious felony counts, among other charges. The court ordered an evaluation of the defendant's competency, to be conducted at BHD. Based on that evaluation, the court found the defendant incompetent, but more likely than not to regain competency. The court ordered the defendant placed in the custody of the State at one of the Mental Health Institutes. During the next year, after several court appearances and reports from Mendota regarding

A third example of a BHD patient with particularly aggressive behavior illustrates how such individuals can become caught in a vicious cycle of repetitive encounters with the judicial and mental health systems.

BHD records show the patient was involved in at least 28 incidents involving aggressive behavior during a total of about 300 days of Adult Acute Inpatient care from 2007 through 2010.

Court records indicate that since 2007, this patient has been charged with various crimes and civil citations on eight separate occasions.

During this time, the defendant was frequently admitted to BHD for stabilization, then was discharged.

the defendant's competency, the court found in 2009 that the defendant was not likely to regain competency within the statutorily-prescribed time limit (generally up to one year for felonies) and suspended criminal proceedings. At that time, a conversion to a Civil Commitment was ordered and the patient was once again placed at the BHD Acute Adult Inpatient hospital. Most recently, in 2010, the patient violently struck a nurse on duty at BHD, resulting in the nurse losing nearly two weeks of work time. The patient was charged with misdemeanor battery but once again was found incompetent by the court and returned to BHD. BHD records show the patient was involved in at least 11 incidents involving aggressive behavior during a total of about 600 days of Adult Acute Inpatient care in 2009 and 2010.

Patient C

A third example of a BHD patient with particularly aggressive behavior illustrates how such individuals can become caught in a vicious cycle of repetitive encounters with the judicial and mental health systems. This individual was admitted to the BHD Acute Adult Inpatient hospital on more than 20 separate occasions from 2006 through 2010. BHD records show the patient was involved in at least 28 incidents involving aggressive behavior during a total of about 300 days of Adult Acute Inpatient care from 2007 through 2010.

Court records indicate that since 2007, this patient has been charged with various crimes and civil citations on eight separate occasions. One case, initiated in 2008, took two years to complete as the defendant was ordered for evaluation of competency at a State Health Institute (found not competent but likely to regain competency), was later found competent, and ultimately pleaded guilty. During this time, the defendant was frequently admitted to BHD for stabilization, then was discharged. During the two-year period this case remained open, the patient was charged on six additional occasions, with

the defendant's competency at issue in each instance. The defendant was found guilty on four misdemeanor charges, including 4th degree sexual assault; the other charges were dropped during periods in which the defendant's competency was questioned.

Conclusions and Context

Those are three examples of a small number of patients whose particularly aggressive behavior makes placement in the community difficult, whose treatment in the Adult Acute Inpatient units can be disruptive to the therapeutic environment for other patients, and whose behavior can pose a threat to their own safety as well as that of other patients and staff at the facility.

To help place the number of such patients in context, we utilized the database of Incident Reports maintained by the Quality Improvement unit at BHD. During the period January 2007 through September 10, 2010 there were a total of 2,746 Incident Reports filed pertaining to the Acute Adult Inpatient units. From this total we selected the following six incident codes within the database that would indicate potentially aggressive/assaultive patient behavior:

- Aggression—Patient/Patient
- Aggression—Patient/Employee
- Seclusion & Restraint Injury
- Known or Suspected Sexual Contact
- Property Damage
- Other Sexually Inappropriate Behavior

There were a total of 808 incidents, involving 411 unique patients, in the above categories during the 44 months from January 2007 through September 10, 2010. During that same time period, there were a total of 5,328 unique patients admitted to the Adult Acute Inpatient hospital.

Of the 411 patients exhibiting potentially aggressive/assaultive behavior that resulted in a reported incident, there were 19

Of 411 patients exhibiting potentially aggressive/assaultive behavior that resulted in a reported incident, there were 19 patients that appeared five or more times as the primary person involved.

patients that appeared five or more times as the primary person involved. Of those 19 patients, 10 had been found by the court to be not competent to stand trial due to mental defect or disease on one or more occasions.

While relatively few in number, particularly aggressive patients require greater attention from staff and can agitate other patients on the Adult Acute Inpatient units.

While relatively few in number, particularly aggressive patients require greater attention from staff and can agitate other patients on the Adult Acute Inpatient units. Nurses we interviewed at BHD expressed frustration with the current environment. Suggestions for improvement included increased security presence on the inpatient units, and a greater effort on the part of law enforcement to hold patients that understand right from wrong accountable for acts of violence.

Discussion with staff from the Milwaukee County District Attorney's Office, the Milwaukee County Sheriff's Office and BHD administrators confirmed there are no readily available, 'easy fixes.'

Discussion with staff from the Milwaukee County District Attorney's Office, the Milwaukee County Sheriff's Office and BHD administrators confirmed there are no readily available, 'easy fixes' to address the needs of a small number of patients that can be caught up in a vicious cycle of aggression, arrest, court-ordered evaluation/placement at a state institution, and a 'not competent' court finding that ultimately returns the patient to BHD.

Options

A limited number of options were identified to address the problems involving the accommodation of particularly aggressive/assaultive patients.

- **Development of Community Support Infrastructure.**
One potential option identified by BHD administrators in discussing the issue of particularly aggressive/assaultive patients was developing community support infrastructure to provide intense, close supervision of very small numbers of patients, such as a specialized group home for four to eight residents.
- **Single-Gender Wards.**
An option that BHD administrators were instructed by the Milwaukee County Board of Supervisors to review was the potential implementation of single-gender, rather than mixed-

gender, acute inpatient units. That review is underway. BHD administrators performed an exhaustive literature search on the clinical implications of such a change. They concluded that mixed gender wards for psychiatric hospitals are the norm in Wisconsin, and that there is a lack of evidence-based literature on the implications of single-gender wards in the U.S. Our own literature review, as well as a survey of local psychiatric hospital units, confirmed that conclusion. BHD continues its review; a survey of patient attitudes with regard to such a change was recently completed, and a survey of staff attitudes is underway.

- **Secure Unit**

Both State Mental Health Institutes (Mendota and Winnebago) operate secure units for high-risk patients. However, unless placement is court-ordered, the State institutes must agree that the placement is therapeutically appropriate, and the County of origin must pay a daily fee (currently approximately \$1,000 per patient per day). Available space for such voluntary placements fluctuates, but is limited.

Milwaukee County formerly operated a secure unit, but it was discontinued in 1996 due to budgetary constraints and in accordance with a movement to downsize institutional care in favor of community based services. According to BHD staff, there was also concern that practices at the secure unit could adversely affect Joint Commission accreditation. Estimating the additional cost of operating a high-risk secure ward would require detailed analysis but could easily reach \$2 million annually, would incur additional start-up capital costs, and would be inefficient to operate due to a high staff-to-patient ratio.

Recommendations

There appear to be few options to properly accommodate the needs of a small number of particularly aggressive/assaultive patients at the Milwaukee County Behavioral Health Division. Due to their tendencies toward violent behaviors, supervised placement in a community support program can be difficult if not impossible, and long-term placement in the BHD Adult Acute Inpatient hospital, where the mission is to diagnose and stabilize individuals in crisis mode, is not an appropriate setting for such individuals. The recently formed Community Advisory Board for Mental Health, created in the aftermath of the incidents exposed in the January 2010 CMS survey, is best suited to identify long-term strategies and resources needed to address this complex

The recently formed Community Advisory Board for Mental Health is best suited to identify long-term strategies to address this complex issue.

issue. BHD could also utilize the expertise of a management consulting firm it has recently engaged to assist in patient safety and other issues. In the short term, changes are needed to help ensure patient and staff safety at the Milwaukee County Behavioral Health Division. Therefore, we recommend BHD management:

3. *Fashion a short-term strategy to address the small number of particularly aggressive/assaultive, difficult-to-place patients under the care of the BHD Adult Acute Inpatient hospital at any given time. Options considered should include:*
 - A. *Re-configuring the present model of four mixed gender units (three general population and one for elderly/vulnerable patients) to include two single gender and one mixed gender units for the general population. While this would pose additional challenges to manage patient placements, it could help reduce the exposure of women with histories of sexual trauma to incidents of inappropriate sexual behaviors. The male-only unit would require enhanced security presence at an estimated additional cost of approximately \$175,000 annually.*
 - B. *Allocating additional funds to place such patients at one of the two State Mental Health Institutions (Winnebago or Mendota). The additional cost of placing a patient in one of the state facilities for a year is approximately \$365,000.*
 - C. *Re-establishing a high-risk secure ward for particularly aggressive/assaultive patients. Estimating the additional cost of operating a high-risk secure ward would require detailed analysis but could easily reach \$2 million annually, plus additional start-up capital costs.*
4. *Work with BHD's recently acquired management consulting firm and the Community Advisory Board for Mental Health to develop a long-term strategy for accommodating the treatment needs of particularly aggressive/assaultive, hard-to-place patients, with a goal of facilitating an appropriate alternative to extended periods of treatment in an acute inpatient facility.*
5. *Staff the Acute Inpatient units with enough pool or 'floater' Certified Nursing Assistants to provide both sufficient coverage for heightened patient monitoring duties (e.g., behavior observation checks and patient escorts to court*

appearances), as well as a relief factor for staff breaks. The County Executive's 2011 Proposed Budget includes 18 FTE CNA positions, which we believe is adequate for these purposes.

Section 3: Federal and state regulators provide system accountability; personal accountability of medical staff is generally left to confidential internal processes.

A key question arising out of the incidents highlighted in the 2010 Center for Medicare and Medicaid Services survey at the Behavioral Health Division is that of accountability within the system.

System Accountability

BHD administration assumes primary responsibility for ensuring that appropriate policies and procedures are in place to provide a safe and healthy environment for the appropriate treatment of mental health patients at County facilities. Accountability at this systemic level is achieved through the federal CMS and the State Division of Quality Assurance, which routinely survey BHD and other health providers to ensure compliance with applicable federal and state regulations. These same agencies investigate individual complaints of substandard care or abuse, the January 2010 survey of BHD being a case in point.

Accountability at the systemic level is achieved through the federal CMS and the State Division of Quality Assurance.

Personal Accountability

With certain exceptions, CMS and State DQA surveys generally do not directly enforce personal accountability for staff performance. (Referrals can be made to other state agencies to investigate specific incidents of caregiver and medical staff improprieties). Rather, BHD relies on two mechanisms to achieve personal accountability for medical staff performance. The first, and most commonly used mechanism, is the regular human resource/supervisory relationship and disciplinary process practiced by every Milwaukee County department.

Hospitals in the U.S. rely on a system of internal review and corrective action to establish personal accountability for medical staff performance.

The second mechanism to establish personal accountability for medical staff performance, used by BHD as well as all other hospitals in the United States, is a system of internal review and corrective action that includes enforcement actions up to and including reporting to professional licensing authorities.

According to Wis. Adm. Code DHS 124.12, which governs hospitals licensed in Wisconsin:

(2) GENERAL REQUIREMENTS.

(a) Organization and accountability.

The hospital shall have a medical staff organized under by-laws approved by the governing body. The medical staff shall be responsible to the governing body of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members.

(b) Responsibility of members. Members of the medical staff shall comply with medical staff and hospital policies. The medical staff by-laws shall prescribe disciplinary procedures for infraction of hospital and medical staff policies by members of the medical staff. There shall be evidence that the disciplinary procedures are applied where appropriate.

***“The medical staff by-laws shall prescribe disciplinary procedures for infraction of hospital and medical staff policies by members of the medical staff.”
(Wis. Adm. Code DHS 124.12).***

At BHD, this role is performed by the Medical Staff Peer Review Committee. According to BHD’s Medical Staff By-Laws:

“This committee shall be responsible for carrying out quality improvement activities including, but not limited to, the review of clinical performance of members of their discipline to assess compliance with discipline established standards of practice and codes of ethics, as well as the review of Medical Staff monitors and initiation of corrective action, when indicated. ...This committee may conduct a focused professional practice evaluation when questions arise regarding a practitioner’s quality of care, treatment and service, professional competence or professional ethics. When concerns regarding the provision of safe, high quality patient care are identified through clinical practice trends evidenced during the course of ongoing professional practice evaluation or are triggered by [a] single incident, the committee shall establish a monitoring plan and set a duration.”

The Medical Staff By-Laws also establish the Critical Incident Committee, a subcommittee of the Peer Review Committee, which duties include the following:

“This committee shall serve in a risk management capacity for the Behavioral Health Division and shall be responsible for review of sentinel events and lesser, but potentially significant, incidents involving physical or psychological injury, or risk thereof, or the variation in standard of care, policy or procedure for which a recurrence would result in risk of a serious adverse outcome. The committee shall determine possible causative factors and review compliance with applicable policy and procedure. It shall assign responsibility for any corrective recommendations and assure that appropriate action is taken. The committee shall report to the Administrator, Medical Director, Quality Improvement/Risk Manager and Corporation Counsel any incident, which could result in liability. Quality concerns about the individual performance of a member of the Medical Staff shall be referred to Medical Staff Peer Review for a focused review, as described in 5.3.3, or for initiation of corrective action, as described in Appendix I, Section 1.1 of these By-laws.”

We requested that BHD administration provide evidence that any disciplinary procedures were applied to any BHD medical staff by the Medical Staff Peer Review Committee relative to incidents and findings highlighted in the January 2010 CMS survey. Alternatively, we requested affirmation that no disciplinary action was warranted in that regard.

BHD administrators are prohibited from providing documentation regarding any Medical Staff Peer Review activities.

However, BHD administrators are prohibited from providing documentation regarding any Medical Staff Peer Review activities that may have been conducted in conjunction with the incidents highlighted in the January 2010 CMS survey. They noted that shielding such activity from public disclosure is critical to encourage frank and open participation in the critical incident review process, as well as to encourage future reporting of events. They note that the Medical Staff Peer Review function includes careful analyses of root causes of weaknesses in systems and processes, as well as individual practitioner performance. We confirmed that such confidentiality is standard

We confirmed that such confidentiality is standard practice in the medical field.

practice in the medical field, and that Wis. Stat. s. 146.38 protects the confidentiality of records and conclusions of Medical Peer Review Committees.

Consequently, we agree that BHD administration is prohibited from disclosing whether or not Medical Staff Peer Review disciplinary actions were applied, or not warranted, with regard to the incidents highlighted in the January 2010 CMS survey. We acknowledge that this important safeguard to protect the integrity of the peer review process conflicts with the concept of absolute public accountability.

It is a matter of public record that, in the aftermath of extensive media coverage of issues related to the January 2010 CMS survey, the BHD Administrator was demoted to a position of lesser responsibility in another County division, and a BHD staff psychiatrist has been recommended to the County Personnel Review Board for discharge.

Reported Falsification of Records

Elected officials have publicly demanded that individuals be held accountable for any known instances of falsifying records.

Elected officials have publicly demanded that individuals be held accountable for any known instances of BHD employees falsifying records, as was widely reported in the media. Based solely on the CMS survey comments, it is possible to infer that County staffers allowed a patient to repeatedly leave the ward unsupervised, then falsified documents to say the patient was being checked every 15 minutes.

The conclusion that County staffers falsified documents appears to be drawn from two survey comments:

- One comment related to BHD nurses signing behavior observation flow sheets (documentation of staff observing patient behavior every 15 minutes) at the beginning of their shifts. Specifically, the Statement of Deficiencies for the CMS survey completed January 21, 2010 contained the following comment:

The RNs are completing the behavior check form at the beginning of each shift and would be unable to account for behavior during times that show documentation as incomplete.

- Another comment indicated a patient was identified as confronting three visiting eight-year-old girls at a location off ward, when the patient's off ward privileges had been ordered discontinued, and the patient was supposed to be on 15-minute behavior observation status. Specifically:

On 7/27/09 Psychiatric Social Worker (PSW) 'Q' documented in Patient #7's clinical record that PSW 'Q' was approached by MD 'S' who reported that while on an OWP, Patient #7 was accused of approaching three 8 year old girls and was asking personal questions and blocked their escape.

Per interview with PSW 'Q' on 1/21/2010 at 10:50 a.m., PSW 'Q' told Surveyor that on 7/26/09 in the p.m. when MD 'S' approached PSW 'Q', he was quite upset about the OWP incident of Patient #7. According to PSW 'Q', MD 'S' was notified by an unknown nurse or security person that they had witnessed inappropriate behavior while Patient #7 was off the ward and on the 4th floor. According to PSW 'Q', Patient #7 "Was not in the right place."

PSW 'Q' stated when Patient #7 was on OWP, "He generally listened to his iPod, or whatever it was, and wandered all over the building with it. Because of his strong history of sociopathic behavior, he was probably up to no good when he ran into these girls."

Also present during this interview was Director 'H' who told Surveyor 326711, "The girls were most likely visitors as the nursing home is also on the 4th floor."

There is no indication in the clinical record that Patient #7's OWPs were re-ordered after being discontinued for inappropriate sexual behavior on 7/23/09 by MD 'R'. Patient #7 remained on every 15 minute behavior checks during the time period of this reported incident (7/26/09). Leaving the unit on every 15 minute behavior checks is in opposition to the hospital policies of Behavior Observation Status and Passes and Off Ward Privileges.

Review of Patient #7's Behavior Observation Flow Sheet reveals that the 15 minute behavior checks initiated on 7/23/09 through 8/7/09 showed that all checks were completed every 15 minutes. The 15 minute behavior checks do not indicate that Patient #7 was off ward on 7/26/09 when he approached the three 8 year old girls.

After conducting our own interviews with PSW 'Q,' MD 'S,' MD 'R' and Director 'H,' as well as other BHD administrators, we learned the following:

- PSW 'Q' was not approached by MD 'S' in the p.m. of 7/26/09. 7/26/09 was a Sunday, during which time PSW 'Q' worked from 10:10 a.m. to 01:55 p.m. MD 'S' did not work on Sunday 7/26/09. According to PSW 'Q,' he remembers clearly that MD 'S' contacted him by telephone on this issue, and that he wrote his note in Patient #7's medical record shortly after the telephone call because of its importance. PSW 'Q' was not sure what date or time the incident with the three 8-year-old girls occurred.
- MD 'S' said that he became aware of the incident with the three 8-year-old girls from a Safety Meeting, which is a meeting held daily (except for weekends) at noon among several different administrators, staff and security. MD 'S' said he was sure he found out about the incident after the 7/23/09 revelation that there was sexual contact between Patient #7 and Patient #2, but was not certain when the incident occurred, acknowledging it could have occurred a few days earlier.
- The only entry in Safety Meeting minutes remotely resembling the incident involving the three 8-year-old girls was discussed at the 7/27/09 Safety Meeting, the same day PSW 'Q' entered the note in Patient #7's medical record regarding the incident. The following entry is made in the Safety Meeting minutes (24-hour Staffing Report) for 7/27/09: *Pt. #7, reportedly confronting visitors in BHD lobby while on off-ward privileges.* The date of occurrence for this incident is 7/22/09, one day prior to the medical order from MD 'R' to discontinue OWP for Patient #7.
- PSW 'Q' told us that PSW 'Q' initially heard, "through gossip or whatever" that the incident had occurred in the lobby, "but later I was told it was on the fourth floor." PSW 'Q' does not recall who told him the incident occurred on the 4th floor, but he was sure it was not MD 'S,' who had initially telephoned him with the concern that was documented in Patient #7's file. Director 'H' told us that, based on the understanding that the incident occurred in the p.m. (which now comes into doubt because none of the principles seem to have first-hand knowledge of who observed and reported this incident, or what specific time it occurred), Director 'H' speculated that the girls were most likely visitors to the Nursing Home on the 4th floor because that is the only unit with unlimited visiting hours.

Based solely on the comments in the CMS survey, it is possible to infer that BHD staff falsified records to cover up mistakes.

Coupled with the earlier Statement of Deficiencies comment that nurses sign the Behavior Observation Flow Sheets at the beginning of their shifts, it is possible to infer that BHD staff falsified records to cover up mistakes. However, based on our access to medical records, we verified that nurses clearly documented the time of their signatures, and thus were not falsifying records to cover up mistakes in that manner. Further, our discussions with the above parties lead us to believe that the incident involving three 8-year-old girls occurred prior to the date that OWPs for Patient #7 were placed on hold.

Since there was no direct statement in the CMS survey document stating that BHD staff falsified records, we attempted to discuss our findings with the State DQA surveyors that conducted the survey. The Division Administrator refused to allow surveyors to discuss the matter or respond to written questions, offering the following comments by e-mail:

“...the Statement of Deficiency (SOD) is our position on the facility’s actions that warranted the violations. Our role ends with the SOD, unless there is an appeal. We do not get involved with 3rd party post-review analysis of the actions that warranted to the SOD. That would be highly inappropriate for us to do. Therefore, I again deny your access to my staff for your review, but will review the questions you have and respond to those to which DQA is able to respond.”

After placing questions in writing, the following response was provided:

“...After reviewing those questions, I regret to inform you that is not appropriate for me to provide a response to these questions other than reiterate that our position remains what’s been previously documented in the Statements of Deficiencies issued to the facility.”

We conclude that none of the findings or comments contained in the January, 2010 CMS survey of BHD, upon further scrutiny, support a conclusion that BHD employees falsified records.

Based on our review of the CMS survey document, an examination of pertinent medical records, security logs and other BHD documents, as well as interviews with multiple BHD staff members (including those interviewed by the surveyors), we conclude that, upon further scrutiny, none of the findings or

comments contained in the January, 2010 CMS survey of BHD support a conclusion that BHD employees falsified records.

Joint Commission Accreditation

The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission, or TJC) is an independent, non-profit organization that evaluates and accredits health care organizations and programs in the United States. To determine and bestow accreditation status, TJC evaluates an organization's compliance with standards in the areas of Quality, Safety, Leadership, Management and Staff Practices. Among benefits of TJC accreditation cited in a January, 2010 report prepared by the Department of Health and Human Services are the following:

- Strengthens community confidence in the quality and safety of care, treatment and services.
- Improves risk management and risk reduction.
- Helps organize and strengthen patient safety efforts.
- Provides education on effective practices to improve business practices.
- Provides a customized, intensive process of review, grounded in the mission and values of each specific organization.

BHD formerly maintained TJC accreditation, but discontinued participation in 2003.

BHD formerly maintained TJC accreditation, but discontinued participation in 2003, primarily for financial reasons. In 2009, preparations began to re-apply for TJC accreditation. Current planning targets 2012 for accreditation.

Due to its emphasis on continual self-assessment and improvement, BHD's achievement and maintenance of accreditation by The Joint Commission is desirable.

Due to its emphasis on continual self-assessment and improvement, we agree that BHD's achievement and maintenance of accreditation by The Joint Commission is desirable. Therefore, we recommend BHD management:

6. *Continue its efforts to pursue accreditation from The Joint Commission, and prepare a report for the June 2011 meeting of the County Board Health and Human Needs Committee on progress toward, and any impediments to, achieving accreditation in 2012.*

Professional Credentials Check

As part of our audit work, we checked with the Wisconsin Department of Regulation and Licensing and verified that all 68 psychiatrists, psychologists and physicians currently on staff at BHD have current licenses. None were operating with current orders of restriction on their licenses.

We also verified there were current licenses on file for all 255 Registered Nurses on staff at BHD. None of the 255 nurses had current orders of restriction on their licenses.

Section 4: BHD has implemented most of the corrective measures recommended by the Milwaukee County Sheriff's Office to enhance physical security at the institution.

A report from the Milwaukee County Sheriff's Office identified various safety issues at BHD.

On June 28, 2010 a safety survey performed by the Milwaukee County Sheriff's Office regarding the Behavioral Health Division's Charles W. Landis Mental Health Complex was issued. The report identified various safety issues and provided the following recommendations to improve the overall safety of the complex.

Sheriff's Office Security Review Recommendations

Security Duties, Alert and Response/Police Services

- Security log entries should include that an Incident Report was generated and, if possible, an Incident Report number.
- All duress alarms should be checked on a regular basis for accessibility and functionality. Staff training on the effective use of duress should be conducted.
- Handheld radios already in BHD's possession should be assigned to each nurse's station floor for effective communication between responding security officers and staff at the incident scene.

Parking Lot/Perimeter Security

- Lights and light coverings should be replaced to allow for a brighter, whiter light.
- Closed circuit cameras should be placed overtly in all parking areas and on the loading dock area.
- A security position should be added as a rover in the parking lots.

Entrances at BHD Complex

- BHD's plan to restrict access to entrances and areas by key card readers should be rapidly implemented.
- All public entrances should be closed except for the main entrance. All visitors should sign in, receive a badge, then sign out and return the badge. All employees should use the same door and show ID badge.

- The reception area should be staffed with a security officer to monitor additional cameras, parking lot and assist with ID checks and badge issuance.
- Lockers should be set up for visitors.
- If another entrance must be open for other inpatients to have access to the outside, the entrance should be staffed to direct visitors to the main entrance.
- Encourage and empower all staff to challenge anyone without a visitor's badge. This should be done on a daily basis.
- Direct those utilizing the Walk-In Clinic to use the Psych Crisis Service (PCS) door and be screened.

BHD Courtroom

- Everyone must be screened by security for weapons as they enter the courtroom.
- The door going into the courtroom from the waiting room should be locked from both sides.

We verified that all the recommendations have been implemented or are in the process of being implemented, with one exception.

We verified that all the recommendations have been implemented or are in the process of being implemented, with the exception of the recommendation to screen individuals using the Walk-In Clinic. BHD administration continues to take the position that the screening of individuals who wish to use the Walk-In Clinic would have an adverse effect on voluntary participation—individuals would be apprehensive about a weapons screening process and therefore may not seek the treatment that they need. As a result, BHD administration does not believe the use of a metal detector is indicated in an outpatient level of care.

Internal surveys of Walk-In Clinic staff and clients recently conducted by BHD show mixed results but support the administration's view that increased security measures at the clinic would discourage some clients from voluntarily seeking help. A survey of 17 staff members showed that 88% of respondents felt 'somewhat or generally safe,' but no staff member felt 'very safe' at the clinic. The same survey showed

that 12% of clinic staff members agreed that 'more security measures in the clinic would make people less likely to seek treatment.'

Perhaps more importantly, however, a survey of 111 clients showed that 26% agreed or strongly agreed that 'more security measures in the clinic would make people less likely to seek treatment.' The client survey also showed that 82% of respondents felt 'generally or very safe' in the clinic.

According to the Sheriff's Office report, the Sheriff ordered the security survey after a psychiatrist in the Walk-In Clinic contacted a Milwaukee County Board Supervisor over safety concerns at the BHD. The psychiatrist stated that there were instances of patients carrying weapons into the BHD facility, particularly the Walk-In Clinic. The psychiatrist had unsuccessfully raised the issue with BHD administration.

Staff queried the security reporting system for the past five years and were able to identify seven instances of weapons at the facility:

- Four instances in which knives were intercepted at the security checkpoint entrance to PCS.
- Two knives discovered by doctors during visits in outpatient areas.
- One knife discovered upon admission to the facility.

There was no documentation related to a weapon being brandished about at the Walk-In Clinic. According to BHD administration, there was documentation of three knives voluntarily handed over by clients at the clinic.

The County Executive's 2011 Proposed County Budget contains \$80,000 for security cameras and \$30,000 for electronic card readers to facilitate implementation of the recommendations in the Sheriff's Office report. To ensure all the recommendations of

the Sheriff's Office have been fully implemented, we recommend BHD management:

7. *Provide a report to the County Board Health and Human Needs Committee for its December 2010 meeting detailing the status of compliance with each of the recommendations contained in the June 2010 security review conducted by the Milwaukee County Sheriff's Office.*

Audit Department Observations of Security Presence on Adult Acute Inpatient Units

BHD contracts with a private vendor to provide security throughout the buildings composing the mental health campus.

BHD contracts with a private vendor to provide security throughout the buildings composing the mental health campus. When a security emergency occurs anywhere on the premises, a 'Code 1' is declared and security staff immediately converge to the locale of the incident. On a routine basis, one security 'rover' is assigned to rotate among the four Adult Acute Inpatient units to engage with staff and patients, thereby providing a security presence and acting as a deterrent to disruptive patient behavior.

During audit fieldwork we conducted observations of operations on each of the four Acute Adult Inpatient units. We queried nurses on the frequency of rounds conducted by the security floater. Two separate nurses indicated that, aside from Code 1 responses and specific requests for security staff to render assistance during the administration of medications to some patients, security typically walked through their units two or three times per shift.

With the close proximity of the five inpatient units, it would be reasonable to expect a rover security staff member to appear at least once or twice per hour.

With the close proximity of the five units (including a children's unit), it would be reasonable to expect a rover security staff member to appear at least once or twice per hour, with exceptions for specific call for assistance. During observations of at least one hour on each unit, totaling more than seven hours during the course of three days, we recorded four instances of a security staff rover walking through units, one instance of three security personnel walking briskly through a unit, and one instance of a security staff person looking in the window of a

door to a unit, but not entering the unit. During these observations, there were five separate instances in which security responded to a specific incident or request for assistance. There were additional observations of security personnel walking through the halls outside the units, but not entering.

When security personnel are assigned to make rounds of the perimeter of the BHD facilities, there are electronic checkpoints that record the time each post is checked. Security personnel wave an electronic device near electronic pads installed at various locations for this purpose.

To ensure security personnel assigned to roam the Adult Acute Inpatient units are making regular and timely rounds, we recommend BHD management:

8. *Install electronic monitoring devices on each inpatient unit to record the frequency with which security staff assigned as a rover among the units is completing assigned rounds.*

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Audit Scope

The Department of Audit conducted an audit of the Milwaukee County Behavioral Health Division (BHD). The audit focused on the policies and procedures related to safety of patients and staff at the Adult Acute Inpatient hospital. The audit primarily concentrated on the period 2009 to the present.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

During audit fieldwork, we experienced one instance which we reported separately as a scope impairment. We were denied, on the advice of the Milwaukee County Corporation Counsel's Office and outside counsel, access to a consultant's report that was prepared as part of an operational review and a legal defense strategy in relation to the death of a BHD patient in 2008. While that incident was outside the scope of this audit, we have reason to believe the consultant's report may have included material relevant to a review of patient safety at BHD. While it is impossible to know the impact of this restriction without seeing the requested document, we do not believe lack of access to the requested document in any way invalidates the findings and conclusions contained in this audit report.

We limited our review to the areas specified in this Scope Section. During the course of the audit, we:

- Reviewed Adopted Budget information and the proposed 2011 budget related to the Behavioral Health Division.
- Reviewed Milwaukee County Board and committee minutes and Milwaukee County Board Resolutions related to BHD safety issues.
- Obtained and reviewed applicable BHD policies and procedures, internal forms, reports and correspondence related to safety issues.
- Obtained and reviewed the results of and BHD's responses to the State of Wisconsin and Federal surveys conducted in January and May of 2010.
- Obtained and reviewed the Milwaukee County Sheriff's Office *Site Security Survey of the Charles W. Landis Mental Health Complex* dated June 28, 2010, and verified that the report's recommendations were implemented.

- Reviewed applicable Wisconsin State Statutes, Wisconsin Administrative Codes and Federal regulations.
- Met with Disabilities Rights Wisconsin representatives to obtain their perspectives on safety related issues.
- Interviewed the President of the Wisconsin Federation of Nurses and Health Professionals.
- Interviewed Milwaukee County Sheriff's Office staff
- Interviewed Milwaukee County District Attorney staff.
- Interviewed BHD administrative staff to obtain a clear understanding of the acute care operations.
- Interviewed acute care staff regarding staffing and safety issues.
- Conducted Internet search for studies related to mixed gender units.
- Obtained 2007 through 2009 BHD acute care census data.
- Obtained 2007, 2008 and 2009 BHD payroll data to conduct an analysis of hours worked on the acute care units by nurses and nursing assistants.
- Obtained Unsafe Staffing Forms submitted to the Wisconsin Federation of Nurses and Health Professionals and BHD.
- Obtained and reviewed the results of the 2010 survey conducted by the Wisconsin Federation of Nurses and Health Professionals regarding BHD safety and staffing issues.
- Obtained and analyzed BHD's Incident Report data from 2005 through September 10, 2010 and individual Incident Reports for 2009.
- Compared Unsafe Staffing Forms data to Incident Reports data.
- Obtained and reviewed training records related to BHD staff providing direct patient care.
- Reviewed the Behavior Observation Flow Sheets contained in the medical records of August 2010 patients.
- Obtained and analyzed One-to-One Observation data from November 2009 through August 2010.
- Obtained and analyzed acute care nursing and nursing assistant schedules for July 2009.
- Compared Incident Report occurrences to Unsafe Staffing Forms data for the period July 2009 through December 2009.
- Surveyed Milwaukee area hospital regarding the issue of patient gender separation.
- Identified Wisconsin circuit court cases related to various BHD patients.

- Contacted The Joint Commission regarding psychiatric hospitals internal review process.
- Contacted Mendota and Winnebago State Mental Health Institutes regarding occupancy levels and cost data.
- Reviewed the medical records of various BHD acute care patients.
- Verified that all 68 of the psychiatrist, psychologists, physicians at BHD and all 255 registered nurses assigned to the Adult Acute Inpatient units have current licenses through the State of Wisconsin, Department of Regulation and Licensing.
- Observed security staff on BHD acute care units.
- Determined whether there was any relationship between the number of nurses scheduled to work and incidents reported.

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Summary of CMS Statement of Deficiencies for Survey Ending January 21, 2010
 (Excerpted from and Paraphrased by Milwaukee County Department of Audit)

Charting of Statement of Deficiencies from 1/21/2010 Survey of BHD by WI DHHS for Centers for Medicare & Medicaid Services

| Prefix Tag | Date | Patient # | Contact? | Description (Excerpted and Paraphrased from Survey Comments) | |
|------------|-------|------------|----------|--|---|
| A-115 | | | Sexual | | |
| | | 2 | | 42 CFR 482.13 Condition of Participation: Patient Rights: NOT MET | |
| | | 7 | | 42 CFR 482.13(c) Standard: Privacy and Safety: NOT MET | |
| | | 9 | | Immediate Jeopardy determined 1/21/2010 | |
| | | 10 | | Universe (sample) of 17 patients. Hospital failed to maintain safety for 11 patients | |
| | | 11 | | See Tag A-144 | |
| | | 12 | | | |
| | | 13 | | | |
| | | 14 | | | |
| | | 15 | | | |
| | | 16 | | | |
| | | 17 | | | |
| | A-144 | | | | 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING Universe (sample) of 17 patients. Hospital failed to ensure that 11 patients were safe from inappropriate sexual contact in their environment. |
| | | Background | 2 | --- | Admitted 7/01/09. History of Seizure Disorder, Mood Disorder, Iron Deficiency Anemia and mild Mental Retardation. Pt. #2 has a legal guardian--found incapable of making decisions independently prior to admission. |
| | | Background | 7 | --- | Admitted 12/04/08. Diagnoses of Conduct Disorder, Disruptive Behavior Disorder, Impulse Control Disorder, Post Traumatic Stress Disorder, Learning Disability, and mild to moderate Mental Retardation. A Behavior Treatment Plan dated 10/24/08 indicates Pt. #7 had exhibited sexually inappropriate behavior with hospitalized peers since June of 2004 when pt. entered the hospital system, with transfers to different levels of care. Pt. #7 transferred to Acute Unit after #7 and a peer "Chased down and brutally physically assaulted another peer on the unit" on 10/11/08. Pt. #7 has a legal guardian--found incapable of making decisions independently prior to admission. |
| | | 7/1/2009 | 2 & 7 | Yes | CNA observed Pt. #2 leaving room of Pt. #7. Pt. #2 fully clothed; Pt. 7 in bathroom w/pants dropped. Both pts. Deny sexual contact. Pt. #2 put on 15 minute Behavioral Checks for inappropriate sexual behavior; Pt. #7 not put on Behavioral Checks. No update to Pt. #2's Recovery Plan; no contact of Pt. #2's Legal Guardian. No update to Pt. #7's Recovery Plan; no contact of Pt. #7's Legal Guardian. Progress Notes on 7/2/09 say Pr. #7 admitted Pt. #2 performed oral sex on him. Sexual History section in Pt. #7's History & Physical is not complete and does not reflect his history of sexually inappropriate behavior. Pt. #2 & Pt. #7 have separate treatment teams. |
| | | 7/23/2009 | 2 & 7 | Yes | During a Recovery Plan meeting Pt. #2 stated she had been having sex w/Pt. #7 for at least 3 weeks, said latest contact 7/20/09 in community BR, said latest contact was forced upon her. Pt. #2 taken to sexual Assault Treatment Center and transferred to another unit. On 7/23/09 Pt. #2's Recovery Plan updated to include inappropriate sexual behavior. Documented interviews conducted on 9/14/09 indicate Pt. #2's claim of forced sex changes between consensual & non-consensual. On 7/23/09 Pt. #7's Recovery Plan updated to include inappropriate sexual behavior. Progress notes indicate Pt. #7 admits having sex w/Pt. #2. Pt. #7 placed on 15-min. behavioral checks. Pt. #7's Off-Ward Privileges (OWP) were discontinued. |

Nursing Administrator 'D' acknowledged on 1/20/09 [sic] at 9:30 a.m. that the hospital had identified the lack of communication on the units and between the different teams. The teams on the same unit failed to protect Patient #2 and develop safeguards to prevent Patient #7 from continuing sexually inappropriate behavior for 22 days (7/01/09-7/23/09).

In an interview with Director 'A' on 1/19/10 at 11:55 p.m. [sic], the hospital completed an internal investigation and education was completed to the medical and management staff, and some social workers, between 9/14/09 and 9/24/09 regarding the duty of the staff to protect its patients. Director 'A' stated that it became clear to them that the front line staff was not aware the hospital had a "no sexual contact policy during the time the two patients (Patient #2 and #7) were on the unit."

On 01/21/10 at 11:30 a.m. during an interview RN 'O' told Surveyor #22198, that she was not aware of a policy related to sexual contact between patients.

| | | | |
|-----------|--------|--------|---|
| 7/26/2009 | 7 | --- | Notes in Pt. #7's file from Psychiatric Social Worker (PSW) indicate that on 7/26/09 PM a doctor reported that while OWP Pt. #7 was asking three 8-yr.-old girls personal questions and blocked their escape. Pt. #7 was on 15 minute Behavioral Checks at the time and no indication OWP suspension had been lifted. No indication that Pt. #7's Recovery Plan was updated to reflect the 7/26/09 incident of inappropriate sexual behavior. |
| 8/21/2009 | 7 & 9 | Yes | Incident report states that Pt. #9 reported to RN that she had consensual sexual contact with Pt. #7 "a couple of days ago" for cigarettes. Pt. #9 refused to speak w/police or file a complaint. No indication of this incident in Pt. #7's progress notes. Pt. #7 was out on an overnight pass from 8/21/09 thru 8/23/09 to a group home. |
| 8/24/2009 | 7 & 11 | Likely | 1:00 PM incident report states that RN redirected Pt. #11 from going in male hallway at 12:55 PM and at 1:00 PM found Pt. #11 in community BR w/Pt. #7. Pt. #7 was fully clothed and Pt. #11 had her pants down. Pt. #11 was unable to comprehend questioning re: pressing charges due to her current psychotic state. 8/24/09 entry at 1:47 PM in Pt. #7's record by PSW notes "had a good pass" (referring to 8/21/09--8/23/09 overnight pass). No mention of another inappropriate sexual contact. 8/26/09 there is a physician's order to discontinue OWPs for a 24-hr. pd. For Pt. #7 in light of 8/24 incident and Pt. #7 must follow strict guidelines to regain OWPs. 8/27/09 PSW reports 8/24/09 incident to Pt. #7's group home, legal guardian and disability case manager. |
| 8/28/2009 | 7 | --- | Pt. #7 gets a 2-day pass to the group home, accompanied by an escort. Returns to BHD 8/30/09. |
| 8/30/2009 | 7 & 10 | Yes | 8:15 PM incident report states Pt. #10 told 3 separate staff in 3 separate interviews that she had sexual intercourse with Pt. #7 on floor in Pt. #7's room. Pt. #7 placed on 1:1 observation until his incarceration on 9/22/09. |
| 9/14/2009 | 2 | --- | Director "A" notified of a positive pregnancy test on Pt. #2 after Pt. #2 was transferred out of Acute Unit to another unit at BHD. Pt. #2's clinical record did not reflect that a pregnancy test had been conducted six weeks after 7/23/09 incident as per BHD policy. |

| | | | |
|------------|---------|---------|---|
| 9/17/2009 | 14 | --- | 6:45 PM Pt. #14 was noted as dancing in his room with another pt. Pt. #14's clinical record indicates he has mild mental retardation and Impulse Control Disorder. |
| 9/17/2009 | 14 | --- | 9:00 PM Pt. #14 scared a female pt. By "touching her inappropriately--hugging and telling her he would come to her room during the night and take care of her." |
| 9/19/2009 | 14 | --- | 9:00 PM Pt. #14 asked RN "do you love me?" brushing his hand up against the RNs hand twice. The RN noted that Pt. #14 continued to be intrusive, needing constant redirection. |
| 9/20/2009 | 14 | --- | 9:00 PM Pt.#14 remains at desk constantly. Pt. #14 is intrusive and often breaks personal space of staff. Can be overly friendly, toucing and feeling others, then becomes angered by very minor problems. <i>Note: These appear to be notes of generalized observations; no specific incident cited.</i> |
| 9/23/2009 | 14 & 15 | Alleged | 10:45 AM Pt. #14 alleges that his roommate, Pt. 315, sexually assaulted him the previous night (anal penetration." Interviewed by psychiatrist, asked "if he could have had a nightmare/dream?" Pt. #14 responded "yes." Psychiatrist recorded as a "delusional episode and/or a dream." Pt. #14 was not physically examined; not note in Pt. #15's clincial record. |
| 9/23/2009 | 14 | --- | 2:20 PM Pt. #14 while at the nurses' station said he had marks on him and wanted to jump over the nurses' station beat beat the s**t out of a nurse. Notes indicate Pt. #14's hostile, agitated mood and threatening gestures and posturing required medication intervention. Pt. #14's treatment plans did not include his sexually inappropriate behaviors. Behavioral monitoring did not include Pt. #14's sexually inappropriate behavior. Psychiatry notes did not indicate the medical teeam had been informed of Pt. #14's inappropriate sexual behavior. Pt. #14 was discharged to a group home on 10/02/09 but group home not informed of his sexually inappropriate behavior. |
| 10/5/2009 | 16 & 17 | Yes | Incident report of a possible sexual contact between P. #16 and Pt. #17 when a CAN found the pts. In the bathroom. One pt. Had an obvious erection in his pants and a packet of Vaseline iin his hand, the other pt. Refused to come out the the BR for several minutes, but was clothed. Pt. #17 denied any contact but Pt. 16 stated he did have sexual contact with Pt. #17 but refused to elaborate. |
| 12/11/2009 | 12 & 13 | Yes | Incident report is filed regarding an oral sex act between Pt. #12 and Pt. #13. Both patients admint to the act being consensual. |

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Behavior Observation Flow Sheet Form

DATE _____

BEHAVIOR OBSERVATION:

1:1 15 MINUTE CHECKS

ORDER CHANGED: TIME: _____

| | |
|---|---|
| BEHAVIORS TO BE MONITORED: _____ _____ _____ _____ <input type="checkbox"/> See BTP, IPP or Recovery Plan _____ | SPECIAL PRECAUTIONS/NEEDS: _____ _____ _____ _____ <input type="checkbox"/> See BTP, IPP or Recovery Plan _____ |
|---|---|

| NIGHTS | | | | DAYS | | | | PM'S | | | |
|--------|-------------------------------|----|---------------------------------------|------|-------------------------------|----|---------------------------------------|------|-------------------------------|----|---------------------------------------|
| TIME | Monitored Behaviors Attempted | | INITIALS/ SIGNATURE* (see back) | TIME | Monitored Behaviors Attempted | | INITIALS/ SIGNATURE* (see back) | TIME | Monitored Behaviors Attempted | | INITIALS/ SIGNATURE* (see back) |
| | Yes | No | | | Yes | No | | | Yes | No | |
| | 2300 | | | | | | | | 0700 | | |
| 2315 | | | | 0715 | | | | 1515 | | | |
| 2330 | | | | 0730 | | | | 1530 | | | |
| 2345 | | | | 0745 | | | | 1545 | | | |
| 2400 | | | | 0800 | | | | 1600 | | | |
| 0015 | | | | 0815 | | | | 1615 | | | |
| 0030 | | | | 0830 | | | | 1630 | | | |
| 0045 | | | | 0845 | | | | 1645 | | | |
| 0100 | | | | 0900 | | | | 1700 | | | |
| 0115 | | | | 0915 | | | | 1715 | | | |
| 0130 | | | | 0930 | | | | 1730 | | | |
| 0145 | | | | 0945 | | | | 1745 | | | |
| 0200 | | | | 1000 | | | | 1800 | | | |
| 0215 | | | | 1015 | | | | 1815 | | | |
| 0230 | | | | 1030 | | | | 1830 | | | |
| 0245 | | | | 1045 | | | | 1845 | | | |
| 0300 | | | | 1100 | | | | 1900 | | | |
| 0315 | | | | 1115 | | | | 1915 | | | |
| 0330 | | | | 1130 | | | | 1930 | | | |
| 0345 | | | | 1145 | | | | 1945 | | | |
| 0400 | | | | 1200 | | | | 2000 | | | |
| 0415 | | | | 1215 | | | | 2015 | | | |
| 0430 | | | | 1230 | | | | 2030 | | | |
| 0445 | | | | 1245 | | | | 2045 | | | |
| 0500 | | | | 1300 | | | | 2100 | | | |
| 0515 | | | | 1315 | | | | 2115 | | | |
| 0530 | | | | 1330 | | | | 2130 | | | |
| 0545 | | | | 1345 | | | | 2145 | | | |
| 0600 | | | | 1400 | | | | 2200 | | | |
| 0615 | | | | 1415 | | | | 2215 | | | |
| 0630 | | | | 1430 | | | | 2230 | | | |
| 0645 | | | | 1445 | | | | 2245 | | | |

RN Signature: _____

RN Signature: _____

RN Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Addressograph

Milwaukee County Behavioral Health Division
Behavior Observation Flow Sheet

See Instructions on Back of Form

Form #309-R3

INSTRUCTIONS FOR COMPLETION OF BEHAVIOR OBSERVATION FLOW SHEET

- 1). RN will immediately delegate the monitoring of a patient placed on Behavior 1:1 or 15-minute checks to an appropriate staff member.
- 2). RN will initiate the Behavior Observation Flow Sheet when a patient is placed on Behavior Observation Status.
- 3). RN will complete top section of the Behavior Observation Flow Sheet including the behaviors to be monitored and any special precautions to be taken. Reference Recovery Plan, IPP, or BTP as appropriate.
- 4). RN will document any change in the physician order in the appropriate section at the top of the flow sheet (i.e. increase, decrease, discontinuation).
- 5). The assigned staff member will document every 15 minutes on the Behavior Observation Flow Sheet under the "Monitored Behaviors" section. A check mark will be placed in the "Yes" column if the patient attempted to engage in the monitored behavior. If the patient did not attempt to engage in the monitored behavior a check mark will be placed in the "No" column.
- 6). The assigned staff member will initial each entry.
- 7). The assigned staff member will document the date, his/her full printed name, signature, initials, and title on the back of the flow sheet.
- 8). The RN will direct and supervise the delegated Behavior Observation assignment per Nursing Standards. The RN will sign, date and record time on the Behavior Observation Flow Sheet at least once per shift.
- 9). Whenever there is a change in staff members assigned to the Behavior Observation monitoring, both the staff member ending the task and the staff member assuming the task will initial the "Initials/Signature" section at the time of transfer of responsibility.
- 10). The completed Observation Flow Sheet will be placed in the Flow Sheet section of the medical record at 2245 hours when a new Flow Sheet will be initiated.

NOTE: Minimum RN Evaluation Documentation in Nursing Progress Record:

- All patient every shift first 72 hour on Behavior Observation Status
- Acute Care & Crisis: Every shift thereafter
- Long Term Care: Every 24 hours thereafter

| DATE | Full Printed Name | Full Signature | Initials | Title |
|------|-------------------|----------------|----------|-------|
| | | | | |
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Addressograph

**Milwaukee County Behavioral Health Division
Behavior Observation Flow Sheet**

0:\NrsAdmin\NA\FORMS\2004\Behavior Observation Flow Sheet 6-12-04.doc

Form #309-R3

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION {PLEASE PRINT}
 INCIDENT/RISK MANAGEMENT REPORT 4310-1 R6 2010

Quality Management No. _____
 SEE INSTRUCTIONS ON BACK OF LAST PAGE

| | | | | | |
|--|---|-------------------------|--|------|---|
| 1. DATE of INCIDENT _____ | 2. TIME _____ | 3. LOCATION of INCIDENT | | | |
| | | Unit | Program | Room | Area |
| 4. NAME OF PERSON/S INVOLVED (Last, First, Initial) | 5. Patient(P) Employee(E) Visitor(V), Security/Contract (S/C) Student Volunteer | | 6. MEDICAL RECORD NUMBER | | 7. Visitors, Students or Volunteers: |
| | <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> S/C <input type="checkbox"/> V <input type="checkbox"/> Studnt <input type="checkbox"/> Volunteer | | | | A. Home Address _____ City _____ State _____ Phone _____ |
| | <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> S/C <input type="checkbox"/> V <input type="checkbox"/> Studnt <input type="checkbox"/> Volunteer | | | | B. Home Address _____ City _____ State _____ Phone _____ |
| | <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> S/C <input type="checkbox"/> V <input type="checkbox"/> Studnt <input type="checkbox"/> Volunteer | | | | For QA Use |
| 8. TYPE OF INCIDENT (Check all that apply / see back for description) | | | | | |
| <input type="checkbox"/> Adverse Drug Reaction <input type="checkbox"/> Called 454-4262 pharmacy hotline <input type="checkbox"/> Medication Variance Causing Harm <input type="checkbox"/> Caregiver Misconduct Allegation <input type="checkbox"/> Supervisor notified immediately <input type="checkbox"/> Code 4 Medical Emergency <input type="checkbox"/> Confidentiality Breach <input type="checkbox"/> Death <input type="checkbox"/> Exposure to Infection | | | <input type="checkbox"/> Fall (for patient fall complete blue Fall Incident Report) <input type="checkbox"/> Fire <input type="checkbox"/> Hazardous Material/Environmental Contam. <input type="checkbox"/> Injury <input type="checkbox"/> For employee injury Form 3676-1 sent to Human Resources <input type="checkbox"/> Medical Device/Equipment Problem <input type="checkbox"/> Missing Property/Money | | <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Damage <input type="checkbox"/> Sexual Contact <input type="checkbox"/> Suicide Attempt/Self Injury Unauthorized Patient Absence <input type="checkbox"/> Elopement from locked unit <input type="checkbox"/> Elopement from escort <input type="checkbox"/> Fail to return to unit (unlocked, pass, OWP) <input type="checkbox"/> Other _____ |
| 9. DESCRIPTION OF INCIDENT | | | | | |

10. DESCRIBE IMMEDIATE ACTION TAKEN

| | | |
|---------------|---|--|
| 11. WITNESSES | 12. NOTIFICATIONS (Complete for all immediate contacts) | TIME CONTACTED |
| | Physician/MOD _____ | <input type="checkbox"/> Spoke to person _____ |
| | RN _____ | <input type="checkbox"/> Spoke to person _____ |
| | Supervisor _____ | <input type="checkbox"/> Spoke to person _____ |
| | Attending/QMRP _____ | <input type="checkbox"/> Spoke to person _____ |
| | AR/NPC _____ | <input type="checkbox"/> Spoke to person _____ |
| | **Sheriff _____ | <input type="checkbox"/> Spoke to person _____ |
| | **Administrator _____ | <input type="checkbox"/> Spoke to person _____ |
| | Guardian/Family as appropriate _____ | <input type="checkbox"/> Spoke to person _____ |
| | **Supervisor, AR, NPC, QMRP, Administrator on call, medical staff will order notification unless emergency | |

13. REPORT COMPLETED BY

PRINT NAME AND TITLE _____ SIGNATURE _____ PHONE NUMBER _____ DATE & TIME _____

14. MANAGEMENT REVIEW
 Findings/Recommendations _____
 Administrator/Designee notified for Sentinel Event or possible Injury of Unknown Origin/Caregiver Misconduct

Print Name and Title _____ Signature _____ Phone Number _____ Date & Time _____

15. ADMINISTRATOR/DIRECTOR REVIEW
 No further review recommended Further Review Pending _____ Initials _____

INCIDENT/RISK MANAGEMENT REPORT GENERAL INSTRUCTIONS

LEASE PRINT all information being described/identified on this form.

O NOT put a copy of the Incident/Risk Management Report in the patient/resident's medical record.

COMPLETE this form and make sure that your supervisor or designee has received it **before the end of your shift and before you leave the premises.**

COMPLETE Employee Accident/Loss Report, Fire Alarm incident Report, P&T report or other required reports and send to appropriate persons.

EE Milwaukee County Behavioral Health Division Policy and Procedure for Incident Reporting for additional instructions.

O NOT complete this form for allegations of workplace violence or sexual harassment. Consult Milwaukee county policies for reporting procedure.

SPECIFIC INSTRUCTIONS FOR EACH ITEM

1: Print the date of incident.

2: Print the time incident occurred, use military (24-hour) time.

3a: Print the location of the incident, indicate program and unit.

3b: Record room, area or any other location.

4: Print the name of each person involved in the incident (do not list witnesses here). If more than three individuals are involved, use another form.

5: Check if patient/resident (P), employee (E), visitor (V), security or contract personnel(S/C), student(Studnt), or volunteer involved in the incident.

6: If a patient was involved, the medical record number must be listed.

7: If a visitor, student or volunteer was involved please record home address, city, state, and phone number here.

8: Check the type of incident. Check all that apply.

ADVERSE DRUG REACTION – A suspected or unintended physical and/or allergic reaction to a medication when prescribed and used in an approved manner. Call the BHD Pharmacy Hotline at 454-4262 and leave a message.

MEDICATION VARIANCE CAUSING HARM – Any medication action that is not consistent with routine medical operation or routine care of a particular patient which causes unintended physical consequences. Also complete the Medication Variance Report Form 472-1 and attach. For Medication Variance which does not cause harm complete Form 472-1 only and process as indicated in the Adverse Drug Reactions and Medication Variances Policy MS5.2.6.

CAREGIVER MISCONDUCT ALLEGATION - Report observed or reported physical, sexual, mental or emotional abuse, verbal abuse, and neglect of patients/residents. **Notify your supervisor immediately. Supervisor must notify Program Administrator/designee immediately.**

CODE 4/MEDICAL EMERGENCY– Serious medical emergency resulting in a "Code 4" being called. Follow Code 4 Policy for reporting.

CONFIDENTIALITY BREACH – Intentional or unintentional release of identifiable patient/resident information without consent. Before completing this form, consult with supervisor/designee or privacy officer to determine if violation of patient/resident confidentiality has actually occurred per HIPPA and chapter 51.

DEATH – File a report for all deaths. Follow sentinel event procedures.

EXPOSURE TO INFECTION – Direct contact with a communicable organism. Report exposures such as needle sticks, human bites, contact with blood and body fluids on non-intact skin (mouth, eyes, cuts, etc.) and contacts with patients diagnosed with active tuberculosis.

FALL – An individual is seen falling or reports having fallen. For Patient Fall, complete the Patient Fall Incident Report. Use this form for staff, visitor, non-pt.

FIRE – Report any fires or attempts at setting fires.

HAZARDOUS MATERIAL/ENVIRONMENTAL CONTAMINANT – Exposure to hazardous chemical substances, materials, or pollutants.

INJURY – Injury for which medical/nursing attention is required. Examples include accidents, self-injuries, and injuries during seclusion and restraint. For Patient/Resident injuries which have an unknown origin notify supervisor immediately. For employee injuries complete the Accident/Loss Report, Form 3676-1 give to supervisor and send to Human Resources.

MEDICAL DEVICE/EQUIPMENT PROBLEM – Failure of equipment involved with providing patient/resident care that results in injury.

MISSING PROPERTY/MONEY – Missing personal property, valuables, and money. **If caregiver theft alleged notify supervisor immediately.**

PHYSICAL AGGRESSION – An individual attempts to or causes bodily harm, such as when striking, hitting, kicking, biting, or grabbing another.

PROPERTY DAMAGE – Report damage of County property and private property.

SEXUAL CONTACT – Contact of a sexual nature between patients/residents or between a patient/resident and staff member, visitor, volunteer, or student. Consenting and non-consenting sexual contacts should be reported.

SUICIDE ATTEMPT/SELF INJURY – All attempts of self-injurious behavior such as overdose, hanging attempt, cutting, or burning self.

UNAUTHORIZED ABSENCE – Check one: 'elopement from locked unit', or 'elopement while patient/resident being escorted off unit', or 'failure to return to unlocked unit, or 30 minutes late from pass or OWP'.

OTHER - Report other incidents in which there was serious risk. Consult with supervisor before completing the form to determine if it should be reported.

9: Describe the incident. Report the facts only. Report what happened do not justify actions. Be concise and describe the incident completely. If necessary, attach an additional sheet of paper with one copy.

10: Describe the actions, which were taken. Detail exactly what was done. Report factually. Do not attempt to justify or give reasons.

11: Print the names of witnesses if any.

12: Notifications to complete as soon as possible after the incident.

-For Patient/Resident incidents, notify the physician/MOD, RN, and Attending psychologist during regular working hours, QMRP during regular working hours, NPC during regular working hours, and AR during other hours. Notify for all patient injuries, patient exposure to infection, patient sexual contacts, suicide attempts, unauthorized absences, allegations of caregiver misconduct, Code 4, and deaths.

-Notify the physician/MOD and RN for Adverse Drug Reaction(s), and Medication Variance Causing Harm.

-Notify your supervisor or designee for all incidents. For allegations of caregiver misconduct and injuries of unknown origin notify supervisor immediately

-Notify the Pharmacy using the BHD Pharmacy Hotline 454-4262 (or pharmacy director in person) for all adverse drug reactions.

-The Supervisor, AR, Administrator, or Medical Staff should notify the Sheriff (at the complex) or Community Police Department (off county grounds).

Staff should not notify the sheriff/police unless designated to do so or the situation is emergent. Notification is necessary for physical assaults, for sexual contact involving non-consenting individuals (sexual assault), for theft, fires, and destruction of property, and for unauthorized absences of involuntary patients and patients who have Sheriff's or Police holds.

-Notify the parent or legal guardian (including power of attorney) if appropriate, and if ward is a patient/resident document notification in progress note.

13: Print your name, title, sign, and put in your work phone number. Put in the date and time when report was completed. Keep the pink copy.

14: Supervisor/designee to review the outcome, comment on the need for further review, and send to the treatment team if there is a clinical issue. For allegations of caregiver misconduct, injuries of unknown origin, and Sentinel Events, check the box, and notify Administrator/Designee or Administrator on call immediately and begin investigation immediately. Consult the Caregiver Misconduct or Sentinel Event policy and procedure for reporting and investigation process. Send original and yellow copy of incident report to Program Administrator/Designee.

15: Program Administrator/Designee must review the incident within three working days of receiving the report, determine the need for additional review, and refer for further programmatic, departmental or BHD committee review(s). Program Administrator/Designee should send original incident report within three working days to Quality management, and when completed, send supplemental reviews and additional outcomes.

This form must be completed before the end of shift during which incident occurred and before leaving the premises. The original and yellow copy must be given to your supervisor or designee. If your supervisor/designee is unavailable leave in his/her mailbox and notify your supervisor and the program administrator by voice or e-mail. Remember to notify your supervisor immediately (or if unavailable any supervisor) for sentinel events, allegations of caregiver misconduct, and possible injuries of unknown origin.

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**COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION**

Date: October 25, 2010

To: Jerome J. Heer, Director of Audits

From: Geri Lyday, Interim Director, Department of Health and Human Services

Subject: Response to Audit of Behavioral Health Division Patient Safety

Thank you for the opportunity to provide additional clinical perspective to the BHD audit. Specifically addressed in the response is an examination of patient safety, including policies and procedures, training, staffing and other factors relevant to ensuring patient safety.

The response that follows is in two sections. In the first section, BHD responds to the contents of the report, and in the second section, BHD addresses the eight recommendations set forth in the audit. The responses include:

1. How the recommendations in the report will be implemented;
2. Who shall be responsible from the Behavioral Health Division for seeing that implementation is carried out;
3. When the implementation will be completed; and
4. Alternative solutions to problems noted in the report if the recommendations are not to be implemented.

I. Response to Contents of the Audit Report

Adherence to Plan of Correction

The Audit states, "*Our review of BHD's adherence to the corrective action plans and correspondence from regulators indicates substantial compliance with CMS and State Deficiencies.*" and the recommendation that, "*legislative oversight of BHD's progress in attaining and sustaining compliance is an important aspect of holding administrators accountable for results.*" Per statute, BHD's governing body is the Director Health and Human Services. The DHHS Director provides informational reports related to BHD's Plan of Correction to Milwaukee County's Health & Human Needs Committee on an ongoing basis and will continue to do so.

Patient acuity, including aggressive behavior, drives BHD staffing needs and is a critical factor affecting the institution's ability to maintain a safe environment for patients and staff.

Staffing Resource and Effectiveness

The present standard on the Acute Inpatient units is for each patient to be monitored by nursing staff every 30 minutes. Due to the consistently high numbers of patients that have physicians' orders to have behaviors monitored more frequently, the standard for monitoring patients will change to every 15 minutes. This policy revision will result in nursing staff more consistently monitoring all patients. BHD is near completion of this revision.

The report describes that *patient acuity, including aggressive behavior drives BHD staffing needs* and is a critical factor affecting the ability to maintain a safe environment for patients and staff. In addition to patient acuity, multiple additional factors are used in the healthcare industry to determine "effective staffing." The Joint Commission cautions that *staffing is not just about numbers* and recommends that facility staffing be evaluated through review of Staffing Effectiveness Indicators (SEI's). The Joint Commission evaluates a hospital's staffing effectiveness based on Clinical/Service Indicators, Quality Measures and Human Resource Indicators. The recommended Human Resource Indicators include:

- Overtime
- Sick time
- Staff vacancy and turnover rates (includes direct care, support and management staff)
- Staff injuries
- Understaffing as compared to the organization's staffing plan
- Staff satisfaction
- Competency and training of staff (Source: 2010 Joint Commission Comprehensive Accreditation Manual: SEI Chapter)

Human resources factors such as attendance, FMLA/intermittent FMLA use, recruitment and retention of qualified staff, compliance with labor agreements critically impact BHD staffing virtually every shift. These include:

- Employee absenteeism and effects of last minute call-ins on staffing for 24/7 operation;
- Number of staff on FMLA and number of staff utilizing *intermittent* FMLA taken without notice;
- Well-documented cycles of OT shifts followed by call-in; majority of highest direct care OT earners are in disciplinary process for attendance and/or performance;
- Retention of newly hired staff (2007 study: 50% of nurses hired left prior to 1 year related to "seniority issues," attendance and performance issues);
- Use of float staff across units and programs impacts quality and safety because non-regular/inconsistent staff assigned or moved based on bargaining unit agreements;
- Efforts to cap OT hours individuals work not successful (not able to limit OT based on safety concerns, poor attendance or performance);
- Medical orders for 1:1 supervision spiked with the citations and repeated visits by surveyors.

The report addresses the impact of employee absenteeism on staffing. For the 2010 Quarter 3-time period (6/13/10-9/4/10) just completed, 43% of BHD's 406 Nursing employees (nurses and CNA's) were referred for disciplinary action due to excessive absenteeism.

- 35% of BHD RN's are referred for discipline related to attendance for Q3.
- 51% of BHD CNA's are referred for discipline related to attendance for Q3.
- Impact of FMLA and Intermittent FMLA:
12% of BHD Nursing Staff (47) were on FMLA during Q3 2010 (20 nurses and 27 CNA's).
32 Nursing employees are currently approved for use of intermittent FMLA.

The County Executive's 2011 budget increased the overtime allocation by \$675,075 to reflect actual utilization. The majority of overtime use is to provide coverage for sick leave, vacation, FMLA and time off. Additionally, the County Executive's budget provided \$1,929,283 to directly address staff scheduling issues. The budget proposes to add 53.5 FTE clinical positions to provide consistent staffing, redeployment of clinical staff, increased surveillance, and address sick leave, vacation and FMLA.

Staff Competency and Training

Staff competency and training related to violence prevention and safety interventions for persons with challenging behavior is mandated by federal regulations. Staff training is an essential factor impacting patient and staff safety. Competent, well-trained, well-supervised caregivers are essential to ensuring patient safety. Patient centered care and best practice standards guide our commitment to the use of non-physical, non-coercive techniques as the preferred intervention in behavior management. This includes expertise regarding:

- Trauma Informed Care;
- Therapeutic Communication;
- Management of the Acute Inpatient Milieu;
- Understanding and managing psychiatric illness and symptoms.

BHD will continue efforts that are underway to ensure a workforce that is competent to deliver quality care and ensure patient safety. Additional staff training in best practices is a high priority for DHHS and will be studied after the work of Critical Management Solutions is completed.

Unsafe Staffing Forms

Culture of Safety includes Patient and Staff Perception that they are in a Safe Place

The report includes RN perceptions of safety. However, there are many different disciplines working within the Division, such as psychiatry, psychology, social work, occupational therapy, rehabilitation services, dietetics. In addition, Certified Nursing Assistants are the largest staff group and their views in the report would have provided a more balanced picture. The bargaining unit's staffing complaint forms were found to be an unreliable and often inaccurate indicator of staffing effectiveness and are not recognized by BHD, yet are featured prominently in the report to detail staffing concerns. Further as described in the report, they were not shown to be a reliable predictor of circumstances for an unsafe event or correlate directly with shifts in which incidents occurred. The industry standard for reporting staffing effectiveness concerns is chain-of-command notification. A recent survey of area hospitals confirmed that no other hospital in the Milwaukee area (except a facility represented by the same bargaining unit) utilized or described a form detailing, "unsafe staffing" as a facility safety indicator. Representatives at these facilities described required chain-of-command notifications to address concerns about staffing effectiveness.

BHD's process for communicating a concern or potentially unsafe situation is chain-of-command communication. In addition, BHD has a daily safety briefing led by the Medical Director at which any BHD employee may bring a safety concern. BHD will continue to sustain and monitor the significant safety enhancements that have been implemented.

Current Model Not Suited for Particularly Aggressive Patients

BHD also agrees with Audit's findings that:

- A few patients with particularly aggressive behavior sometimes disrupt the Acute Units and are often caught in a cycle between BHD, State Institutes, and the court system;
- These patients often require additional staff attention;
- There are no easy solutions to this problem.

While BHD agrees with the findings, comments on the corresponding recommendations are detailed in Section 2 of this response.

Accountability at all Levels and Supervision of Workforce

Accountability is an additional factor that is relevant to the scope of the review and essential for ensuring patient safety. BHD has key positions that were vacant during all or portions of the time frame being reviewed. BHD is continuing significant recruitment efforts that are underway.

Reported Falsification of Records

BHD endorses the Audit finding, *"that none of the findings or comments contained in the 2010 CMS survey of BHD, upon further scrutiny, support a conclusion that BHD employees falsified records."* This is extremely important, due to the fact that the local media widely reported on alleged falsification of records at BHD, which the audit found not to be true.

BHD has implemented most of the corrective measures recommended by the Milwaukee County Sheriff's Office to enhance physical security at the institution

BHD agrees with the findings that all recommendations of the Milwaukee County Sheriff's Office *"have been implemented or are in the process of being implemented, with the exception of the recommendation to screen individuals using the Walk-in Clinic."*

Adherence to Plan of Correction

BHD instituted mandatory training regarding its patient sexual contact policy for all staff and contractors with direct patient contact. Audit findings stated that there were: *“No signatures on file for five staff members.”* These signatures are now complete and all BHD staff has been trained.

Case Examples: Current Model Not Suited for Particularly Aggressive Patients

BHD Administration provided feedback to the auditors at the exit meeting and expressed concern that the disclosure of patient protected health information in the patient case examples described on pages 46 – 50 were protected under HIPAA.

II – Response to Recommendations

1. *Continue monitoring and measuring compliance with key aspects of its corrective action plans related to the January 2010 and May 2010 CMS and DQA surveys.*

The Milwaukee County Behavioral Health Division Acute Inpatient Administration will continue to monitor and measure compliance with key aspects of its corrective action plans related to the January 2010 and May 2010 CMS surveys. To ensure corrective actions are achieved and sustained, progress toward improvement actions will continue to be monitored by the Acute Executive Committee. The Director of Acute Inpatient Services will provide progress updates to the Milwaukee County Behavioral Health Division Leadership Team and Director of Health and Human Services.

2. *Report results of its ongoing compliance measurements to the County Board Committee on Health and Human Services on a regular basis.*

The Director of Health and Human Services will provide the Milwaukee County Board Committee on Health and Human Needs results of on-going compliance measurements.

3. *Fashion a short-term strategy to address the small number of particularly aggressive/assaultive, difficult-to-place patients under the care of the BHD Adult Acute Inpatient hospital at any given time. Options to consider should include:*

BHD concurs with the need to explore a multi-pronged strategy to address highly aggressive patients; however BHD would look at the short and long term solutions concurrently to ensure continuity of care and long-term success.

- A. *“Re-configuring the present model of four mixed gender units (three general population and one for elderly/vulnerable patients) to include two single gender and one mixed gender units for the general population...”*

BHD will rely on the expertise of its internal clinical team in consultation with qualified experts, including Critical Management Solutions, in the field and similar inpatient psychiatric facilities. A BHD work group has already been appointed and has embarked on a detailed study of the existing mixed-gender unit model and evaluation of the desirability of alternative gender unit configurations in regard to improving the sexual safety of acute inpatients. The report is due in December 2010. Should a reconfiguration along gender lines be recommended, BHD administrative and clinical leadership will need to carefully plan for implementation and the impact on patients, staff and system – clinically, financially and operationally.

- B. *“Allocating additional funds to place such patients at one of the two State Mental Health Institutions (Winnebago or Mendota). The additional cost of placing a patient in one of the state facilities for a year is approximately \$365,000.”*

BHD Administration acknowledges the challenges with the current system of addressing the needs of high-risk and difficult-to-place patients. High-risk patients who cannot be safely treated and managed within the BHD continuum of care shall continue to be evaluated on a case-by-case basis as to appropriateness for referral to one of the State Mental Health Institutes. The State Mental Health Institutes may not always be eager to accept admissions of such difficult patients, as length of stay is time-limited with expectation that the county of residence is responsible for eventual discharge disposition and placement.

- C. *“Re-establishing a high-risk secure ward for particularly aggressive/assaultive patients. Estimating the additional cost of operating a high-risk secure ward would require detailed analysis but could easily reach \$2 million annually, plus additional start-up capital costs.”*

BHD shall utilize the expertise of its internal team of medical staff, clinical discipline heads, program administrators, Critical Management Solutions, and direct care practitioners to objectively evaluate inpatient unit options and make recommendations. An existing internal work group has already been charged with formulating recommendations for unit configuration as it pertains to patient sexual safety, with their report due in December 2010. Information gleaned from outside experts and similar facilities in the Midwest shall be utilized to guide best practice decisions. BHD Administration appreciates the auditors’ recognition that cost estimates will require detailed analysis and must be well-grounded in specialized practices used by similar inpatient facilities in operating a high-risk unit when it comes to environmental modifications, capacity, programming and staffing (composition, skill set, number).

4. *Work with BHD’s recently acquired management consulting firm and the Community Advisory Board for Mental Health to develop a long-term strategy for accommodating the treatment needs of particularly aggressive/assaultive, hard-to-place patients, with a goal of facilitating an appropriate alternative to extended periods of treatment in an acute inpatient facility.*

BHD recommends that a work group be developed specifically to address this small number of particularly aggressive patients at the Division. Because issues related to the care and treatment of these individuals cross multiple systems, BHD will facilitate the formation of a work group that includes representatives from the District Attorneys Office, Office of the Sheriff, State Forensic Unit, State of Wisconsin Division of Behavioral Health, State of Wisconsin Division of Long Term Care, BHD Administrative and Medical Staff and Milwaukee County Disability Services Department. Any potential solutions would likely require the involvement of representatives from each of these Divisions and would be best suited to identify long-term strategies and long term resources needed to address this complex issue. BHD would also *“utilize the expertise of a management consulting firm that has been recently engaged to assist in patient safety and other issues.”*

5. *Staff the Acute Inpatient units with enough pool or “floater” Certified Nurse Assistants to provide both sufficient coverage for heightened patient monitoring duties (e.g., behavior observation checks and patient escorts to court appearances), as well as a relief factor for staff breaks. The County Executive’s 2011 Proposed Budget includes 18 FTE CNA positions, which we believe is adequate for these purposes.*

BHD’s goal is to predominantly use regular, full-time CNAs to provide this coverage, as having consistent staff on units is the best practice for patients and treatment.

6. *Continue its efforts to pursue accreditation from The Joint Commission, and prepare a report for the June 2011 meeting of the County Board Health and Human needs Committee on progress toward, and any impediments to, achieving accreditation in 2012.*

The Milwaukee County Department of Health and Human Services has retained the services of the consulting firm "Critical Management Solutions" to assist the Division in working towards the goal of Joint Commission accreditation. In addition, there is \$48,830 dedicated towards maintaining this initiative in the 2011 Recommended Budget. An initial visit to determine survey readiness is scheduled for the last quarter of 2010.

7. *Provide a report to the County Board Health and Human Needs Committee for its December 2010 meeting detailing the status of compliance with each of the recommendations contained in the June 2010 security review conducted by the Milwaukee County Sheriff's Office.*

BHD has submitted a full report on the status of the recommendations outlined in the Sheriff's report to the Health and Human Needs Committee for the October 27, 2010 meeting and will provide a follow up report at the December 2010 Health and Human Needs Committee.

8. *Install electronic monitoring devices on each inpatient unit to record the frequency with which security staff assigned as a rover among the units is completing assigned rounds.*

Each security guard assigned, as a rover is to walk onto each unit from the main entrance or from the nurses station back entrance and perform the following activities:

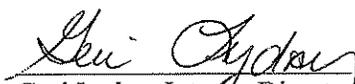
- Check in with nursing staff regarding any "potential hot spots/areas;"
- Walk down both hallways;
- Check that the community bathroom is locked along with other required locked doors;
- Observe the environment for any concerns and stand by while nursing staff assess the situation and take action as directed.

Each unit is currently equipped with an electronic touch pad at the nurse's station and at the end of the unit corridor. The contracted security company will purchase an additional wand for the rover, to use on a daily basis, by December 1, 2010. The data will be downloaded and reviewed by the security supervisor in conjunction with BHD Operations and Administration. Since the audit review was conducted, security cameras were installed on the Acute Adult units. These cameras cannot record data due to state and federal regulations but are viewed live by security personnel.

II. Conclusion

BHD would like to thank the Department of Audit for their work on this extensive project.

Respectfully submitted,


Geri Lyday, Interim Director

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 17, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health & Human Services

SUBJECT: **FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, AN INFORMATIONAL REPORT REFLECTING THE NUMBER OF PSYCHOLOGY DEPARTMENT POSITIONS EMPLOYED AT THE BEHAVIORAL HEALTH DIVISION, BUDGETED CAPACITY AND SALARY COMPARISION OF MILWAUKEE COUNTY VS. INDUSTRY TREND**

Background

The Behavioral Health Division (BHD) faces numerous challenges resulting in significant barriers for recruitment and retention of medical staff as indicated in the October 11, 2010 report to the Committee on Personnel. This report focuses on the Behavioral Health Division Psychology Department and issues related to vacancies, requirements, retention and turnover. Similar to psychiatrists, the same complicating factors exist for psychologists such as increasing demand for inpatient care and individuals seeking psychiatric crisis treatment; difficulty recruiting professional and executive-level personnel; cuts in state and federal Medicaid and Medicare funding; and competition with the private-sector market place.

Recruitment efforts remain a high priority for the Behavioral Health Division. Psychologists hold key leadership positions at BHD and perform patient care treatment and program director roles on Acute Adult Inpatient and various other branches. Over the past 10 years, 17 psychology positions have been vacated and nine have been filled. This report highlights the current issues related to recruitment and retention of staff psychologists between January 1, 2005 and October 1, 2010.

2010 Budget

The 2010 adopted budget provides a total of **18 doctoral level psychologists and 1.5 Master's level psychologist positions**. There are currently four vacant positions BHD is actively recruiting. Psychology positions provide coverage for Acute Adult and Child and Adolescent Inpatient, nursing home, Hilltop, Community Services Branch (SAIL), Day Treatment, and the Psychiatric Crisis Center (PCS).

Industry Trends

According to the 2009 American Psychological Association (APA) study there are vast differences among the salaries of psychologists working in direct human services positions at a Doctoral level. Table One demonstrates the salary differences based on an APA survey of almost 4,000 psychologists working in the human services field. For the purpose of this report, the following employment settings are summarized: city/county/ state psychiatric hospitals, VA medical centers, community mental health centers, state government agencies and local government agencies. This study also considers experience level as a factor in compensation ranges calculations. Table Two compares salaries of BHD to that of the Federal Veterans Administration.

TABLE ONE

| Setting and Experience | Median Compensation | Mean Compensation |
|--|---------------------|-------------------|
| <i>City/County/ State Psychiatric Hospital</i> | | |
| 20-24 years | \$66,000 | \$67,860 |
| 25-29 years | \$74,564 | \$78,834 |
| <i>VA Medical Centers</i> | | |
| 20-24 years | \$104,000 | \$99,556 |
| 25-29 years | \$106,424 | \$109,865 |
| <i>State Government Agency</i> | | |
| 15-19 years | \$81,000 | \$84,400 |
| <i>Local Government Agency</i> | | |
| 20-24 years | \$88,000 | \$85,940 |
| 30 plus years | \$93,000 | \$90,517 |
| <i>Community Mental Health Center</i> | | |
| 25-29 years | \$72,500 | \$90,488 |
| 30 plus years | \$75,132 | \$75,809 |

**Summarized from the 2009 APA Salary Study*

Table Two outlines a compensation comparison between the Federal Veterans Administration and Milwaukee County Behavioral Health Division. This table further defines salary ranges by specific employment classification that takes into consideration duty and level of authority within an organization. This data comparison also suggests that there is a significant difference in the compensation ranges offered by the VA and by Milwaukee County BHD.

TABLE TWO **Salary Range**

| | | |
|---|-----------|-----------|
| BHD Clinical Psychologist I (Pay Range 25) | \$47,465 | \$53,955 |
| VA Psychologist Grade II | \$59,389 | \$77,203 |
| BHD Clinical Psychologist III (Pay Range 31) | \$63,273 | \$75,342 |
| VA Psychologist Grade 13 | \$84,647 | \$110,040 |
| BHD Clinical Program Director-Psychology | \$67,516 | \$80,415 |
| VA Psychologist Grade 14 | \$100,000 | \$130,033 |
| BHD Chief Psychologist | \$75,857 | \$112,000 |
| VA Chief Psychologist | \$117,661 | \$152,960 |

**Summarized from the 2010 U.S. Office of Personnel Management and BHD Department of Human Resources Data.*

The above two sets of data may suggest that one barrier to recruitment and retention of psychologists is competitive compensation within the industry. The Milwaukee Clement Psychology Department consists of 46 doctoral level positions and is recruiting for six positions with a top compensation range that is \$49,618 above BHD's.

Recruitment and Retention

- Since June 2005, BHD successfully recruited and **appointed three Clinical Psychologists**. This included one Clinical Psychologist Program Director (Attending) for Acute Adult Inpatient, two Clinical Psychologists III for Psychiatric Crisis Services.
- Since January 2005, there has been six **Clinical Psychologists of various functions separated** from BHD. This includes three Clinical Psychologist Program Directors (Attending) for the Acute Adult Inpatient Service, one Chief Psychologist and two Clinical Psychologists.
- Currently there are **four vacancies** within the BHD Psychology Department. These include one Clinical Program Director and three Clinical Psychologist III. This can hinder retention since the remaining psychologists have to cover for these vacancies.

While recruitment and retention remains a high priority at BHD for licensed clinical staff, there continues to be a **20% vacancy rate in the Psychology Department**. There are several causal factors that could be affecting the Psychology Department at BHD's ability to recruit licensed professionals.

- Recruitment and retention of psychologists by BHD is directly impacted by local and state level competitors such as Aurora Healthcare, the VA Medical Center, Wheaton Franciscan Healthcare, Rogers Memorial Hospital, the Medical College of Wisconsin and

the State of Illinois. In the past five years, BHD has lost current licensed staff and potential staff to these facilities as well as to facilities in other nearby midwest states.

- In 2002, BHD APA Accredited Predoctoral Clinical Psychology Internship Program, one of the most sought after in the nation, was voluntarily placed on inactive status due to: the decrease in the number of programs provided by BHD limited the number of clinical rotations that were available to interns; decrease in the number of available psychologists in the department to train interns; and challenges with recruitment.
- Data in this report suggests that BHD compensation range for psychologists has not kept pace with the local market and recruiting the same candidates.

Policy Considerations

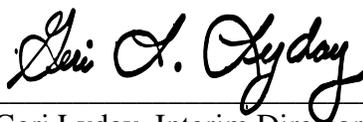
Below are potential policy changes that Milwaukee County could consider to enhance recruitment and retention efforts of psychologists at BHD. Each option would require a comprehensive compensation package review including both salary and benefits by Milwaukee County Department of Human Resources.

- Study converting psychologists from an hourly compensation plan to a salaried compensation plan.
- Adjust total compensation plans for psychologists, physicians and medical directors to be commensurate with total compensation plans in the current market place.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Gerri Lyday, Interim Director
Department of Health and Human Services

Attachments

cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Allison Rozek, Analyst – DAS

Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board