

1 By Supervisors Romo West and Biddle

File No.

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A RESOLUTION

opposing provisions in the proposed State budget reducing funding and setting program enrollment caps in the Family Care program

WHEREAS, Family Care was initiated in 1999 by Governor Tommy Thompson to provide greater choices to long-term care consumers, and to provide more cost-effective long-term care services; and

WHEREAS, an independent assessment by APS Healthcare in 2005 found that Family Care had a high consumer satisfaction rate, and saved the State’s Medical Assistance program on average \$452 per person per month; and

WHEREAS, a 2011 Legislative Audit Bureau report indicates that Family Care “has improved access to long-term care by allowing participants to avoid institutional care, and in many instances, to remain in their own homes...” and that “the implementation of this large, complex program has generally proceeded as planned...” ; and

WHEREAS, Governor Walker introduced his 2011-2013 State Budget in March, 2011, which included a \$500 million reduction in MA Program funding; and

WHEREAS, one of the many programs operated within the Milwaukee County, which would be affected by this funding reduction is the Family Care program; and

WHEREAS, the Milwaukee County Department of Family Care provides over 7,700 enrolled members with high quality, cost effective services; and

WHEREAS, the Milwaukee County Department of Family Care is fiscally solvent and operationally sustainable; and

WHEREAS, the Governor’s budget also included a provision capping enrollment to the Family Care program effective June 20, 2011; and

WHEREAS, the cap on long term care will result in cost-shifting in the form of increased nursing home admissions, hospitalizations, admissions to psychiatric facilities, admissions to correctional facilities, and Medicaid card costs; and

WHEREAS, Family Care holds the promise of eliminating waiting lists for people age 18-59 with physical and developmental disabilities, reducing institutional care, and reducing other Medical Assistance costs, such as hospitalization and emergency care use; and

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WHEREAS, should the provision capping the number of enrollees in Family Care pass as part of the final 2011-2013 State Budget, Milwaukee County will not be able to clear its waiting list of approximately 2,000 disabled individuals awaiting enrollment in Family Care and will have to implement a waiting list for seniors for the first time in nearly a decade; and

WHEREAS, Family Care continues to be a cost-effective model for long-term care reform in Wisconsin; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby opposes provisions in the Governor's Proposed 2011-2013 Budget cutting funding to, and capping enrollment in the Family Care program, and asks the Legislature to lift any caps and continue with the previously planned implementation of Family Care in Milwaukee County; and

BE IT FURTHER RESOLVED, that the Milwaukee County Board directs Intergovernmental Relations staff to communicate the Board's position on this topic to the Milwaukee County legislative delegation and other appropriate State officials.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: May 17, 2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A resolution opposing provisions in the proposed State budget reducing funding and setting program enrollment caps in the Family Care program.

FISCAL EFFECT:

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

This resolution opposes provisions in the proposed State budget that reduce funding to the Family Care program and set program enrollment caps. Milwaukee County Intergovernmental Relations staff are to communicate the Board's position on these topics to the Milwaukee County legislative delegation and other appropriate State officials.

There is no fiscal impact associated with this resolution other than existing staff time required to communicate the contents of this resolution to appropriate State legislators and officials.

Department/Prepared By Jennifer Collins, County Board

Authorized Signature

Jennifer Collins

Did DAS-Fiscal Staff Review? Yes No

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

1 By Supervisor Mayo

File No.

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A RESOLUTION

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endorsing a plan submitted by the Milwaukee County Department of Health and Human Services to implement a pilot project for treatment of individuals with a Developmental Disability/Mental Illness diagnosis in the community

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WHEREAS, at the May 18, 2011, meeting of the Milwaukee County Committee on Health and Human Needs, the Interim Director, Department of Health and Human Services (DHHS) and the Administrator, Behavioral Health Division (BHD), presented a report titled, *Informational report from the Interim Director, DHHS, presenting a proposal for a pilot project in the community to provide specialized services for a specific population of BHD clients*; and

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WHEREAS, the aforementioned report was a follow-up to a resolution (File No. 11-81/11-49) authored by then-County Executive Lee Holloway, and adopted by the County Board on March 17, 2011, which supported the concepts and objectives outlined in Chairman Holloway’s Mental Health Initiative, and directed DHHS to develop a report describing the details of a pilot project creating a model for a managed care system with small facilities located in the community; and

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WHEREAS, the aforementioned report is loosely based on the previously adopted resolution mentioned above (File No. 11-81/11-49), however, it deviates from the original directive by applying the pilot project to a specific BHD client population and providing services through an in-home intensive treatment model along with the development of a crisis/respite facility specifically for that client population; and

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WHEREAS, the original resolution (File No. 11-81/11-49) also directed the Interim Director, DHHS, to issue a Request for Proposals (RFP) for the managed care pilot program; and

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WHEREAS, at the May 18, 2011 meeting of the Committee on Health and Human Needs, the Interim Director, DHHS, and the Administrator, BHD, were not certain as to whether they would need to issue an RFP in order to proceed with the newly developed pilot program; and

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WHEREAS, the aforementioned report lays out the reasons why the Director, DHHS, and the Administrator, BHD, think it will be a successful treatment model for the selected population, individuals with a developmental disability and mental illness; and

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WHEREAS, the success of this model is predicated on utilizing, in part, future State and Federal funding, including the State’s long-term care programs (Family Care Program,

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45 Partnership, Pace), and Medicaid, which are altered significantly in the Governor's
46 proposed State Budget; and

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48 WHEREAS, the Governor's proposed State Budget includes both funding cuts, and a
49 proposed cap on individuals who can enroll in Family Care, both of which have the
50 potential to have a devastating effect on caring for individuals with both a developmental
51 disability and mental illness in the community; and

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53 WHEREAS, connecting the clients served by this model with additional community
54 supports such as transportation, including transit—both fixed route and paratransit
55 services—is critical to the success of this program; and

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57 WHEREAS, the University of Wisconsin Waisman Center for Excellence in
58 Developmental Disabilities in Madison has expertise in implementing models of care in the
59 community for this client population and can serve as an excellent resource to DHHS and
60 BHD staff as they pursue this initiative; now, therefore,

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62 BE IT RESOLVED, that the County Board hereby endorses the plan submitted by the
63 Interim Director, Department of Health and Human Services and the Administrator,
64 Behavioral Health Division, implementing a pilot project for treatment of individuals with a
65 Developmental Disability/Mental Illness diagnosis in the community, which is detailed in
66 the attached report; and

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68 BE IT FURTHER RESOLVED, that the Interim Director, Department of Health and
69 Human Services and the Administrator, Behavioral Health Division, are directed to
70 proceed with planning for this model, including the issuance of a Request for Proposal
71 (RFP), if needed; and

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73 BE IT FURTHER RESOLVED, that the Interim Director, Department of Health and
74 Human Services, and the Administrator, Behavioral Health Division, are directed to work
75 with community partners, the Milwaukee County Transit System, the State of Wisconsin
76 Department of Health Services, the Waisman Center, and all Care Management
77 Organizations managing State-funded long-term care for residents of Milwaukee County to
78 ensure sustainable funding and adequate community support; and

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80 BE IT FURTHER RESOLVED, that the Interim Director, Department of Health and
81 Human Services and the Administrator, Behavioral Health Division, shall return to the
82 Board via the Committee on Health and Human Needs with regular status reports detailing
83 progress on the initiative, along with copies of any RFPs, should issuance of an RFP be
84 necessary to execute the pilot program.

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**COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION**

DATE: May 1, 2011

TO: Chairman Lee Holloway, County Board of Supervisors

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

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, PRESENTING A PROPOSAL FOR A PILOT PROJECT IN THE COMMUNITY TO PROVIDE SPECIALIZED SERVICES FOR A SPECIFIC POPULATION OF BEHAVIORAL HEALTH DIVISION CLIENTS

BACKGROUND

On February 3, 2011 the County Board Adopted a Resolution (File No. 11-81/11-49) directing the Interim Director, Department of Health and Human Services (DHHS), to develop a report describing the details of a pilot project creating a model for the managed care system with small facilities located in the community to be included in a Request for Proposals. Since that time, DHHS and the Behavioral Health Division (BHD) convened a work group to discuss and develop a plan to move forward on this initiative. This report presents the recommendations of the work group.

DISCUSSION

The BHD staff welcomed an opportunity to create an innovative addition to our current community support programs. After looking at data and discussing various options with clinical experts at BHD, the workgroup decided to pursue a pilot project for a specific target population and approach this design in two phases.

The first phase proposes to develop an in-home intensive treatment model called ACT. The second phase establishes a 15-20 bed specialized residential treatment program utilizing managed care principles. This approach is being recommended because the goal is not only to pilot the 16-bed facility, but also provide stabilization services and crisis intervention to a small

group of individuals currently living in their own home. These individuals are frequent users of the Mental Health Complex whom we are currently not receiving any reimbursement for.

Below is a detailed summary of each aspect that was discussed at the work group and information for review.

Identification of Target Patient Population

BHD conducted a review of the Psychiatric Crisis Service (PCS) data, which revealed that there are 40 individuals with a Developmental Disability (DD)/Mental Illness (MI) diagnosis who each had four or more PCS encounters in 2010. Further review of these individuals revealed that they have a total of 294 or almost 3% of the total PCS admissions. Additional relevant information was collected related to this group of clients to help BHD determine if it was an appropriate group to consider for this initiative. This opportunity to focus on a specific group of high users is also a way to pilot craft an original solution.

After further review, BHD determined that 54% of this population lived in a structured living or home situation. This is exactly the group that BHD hopes to find ways to maintain in their environment and out of higher cost care. It is also interesting to note that only 10.5 percent of the visits resulted in actual admission to the hospital indicating that their PCS encounter was more of a crisis or short-term destabilization.

From a purely fiscal perspective, these consumers are the heaviest users of the most expensive resources. More importantly, they personally experience the most extreme and devastating consequences of having a serious mental illness. Traditionally, the mental health system has not been successful in engaging these consumers in effective treatment. However, some teams, specifically ACT which is discussed later, can successfully help consumers who have extensive needs to live safely and autonomously in the community.

Managed Care Approach

Managed care is a term utilized in health care financing to describe an approach of shifting risk. Managed care works best when the managed care organization focuses on assisting the client towards wellness with a focus on prevention and primary care and avoiding high cost "illness" care, which occurs in hospitals. At this point, most managed care organizations do not utilize their fundamental approach towards wellness to mental health care. Instead, most seek to limit their risk by limiting out-patient visits and hospital stay days.

By targeting the above-mentioned population, the proposed program seeks to shift the paradigm of mental health to a wellness model of care. BHD proposes to engage in a newly

defined level of community support for clients with co-occurring Mental Health and Development Disabilities diagnoses.

Co-Occurring Disorders: Core Values

Since the specific population that BHD plans to serve is a specialized group with a co-occurring disorder, the workgroup looked at the best practices for this specific group. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there are six guiding principles that serve as fundamental building blocks for programs in treating clients with co-occurring disorders:

1. Employ a recovery perspective
 - a) Develop a treatment plan that provides for continuity of care over time
 - b) Devise treatment interventions that are specific to the tasks and challenges faced at each stage of the co-occurring disorder recovery process
2. Adopt a multi-problem viewpoint
3. Develop a phased approach to treatment
4. Address specific real-life problems early in treatment
5. Plan for the client's cognitive and functional impairments
6. Use support systems to maintain and extend treatment effectiveness
 - a) Building community
 - b) Reintegration with family and community

Treatment and Support in the Community

Utilizing the concepts of managed care with a focus on prevention and primary care, BHD would like to plan care based on the Assertive Community Treatment (ACT) model that would work towards keeping this high PCS utilization group in the community and out of BHD. This is not an approach we currently have in place.

ACT is for a relatively small group of consumers who are diagnosed with serious mental illness, experience the most intractable symptoms, and, consequently, have the most serious problems living independently in the community. Because of the severe and recalcitrant nature of their symptoms, these consumers are more likely to frequently use emergency and inpatient medical and psychiatric services.

ACT is a way of delivering comprehensive and effective services to consumers who have needs that have not been well met by traditional approaches to delivering services. ACT teams directly deliver services to consumers instead of brokering services from other agencies or providers. For the most part, to ensure that services are highly integrated, team members are cross-trained in one another's areas of expertise. ACT team members collaborate on

assessments, treatment planning, and day-to-day interventions. Instead of practitioners having individual caseloads, team members are jointly responsible for making sure that each consumer receives the services needed to support recovery from mental illness.

ACT is characterized by:

- A team approach — Practitioners with various professional training and general life skills work closely together to blend their knowledge and skills
- In vivo services — Services are delivered in the places and contexts where they are needed
- A small caseload — An ACT team consists of a staff-to-consumer ratio of approximately 1 to 10
- Time-unlimited services — A service is provided as long as needed
- A shared caseload — Practitioners do not have individual caseloads; rather, the team as a whole is responsible for ensuring that consumers receive the services they need to live in the community and reach their personal goals
- A flexible service delivery — The ACT team meets daily to discuss how each consumer is doing and the team members can quickly adjust their services to respond to changes in consumers' needs
- A fixed point of responsibility — Rather than sending consumers to various providers for services, the ACT team provides the services that consumers need and if using another provider cannot be avoided (e.g., medical care), the team makes certain that consumers receive the services they need
- 24/7 crisis availability — Services are available 24 hours a day, 7 days a week. However, team members often find that they can anticipate and avoid crises

Core ACT services include:

- Crisis assessment and intervention;
- Comprehensive assessment;
- Illness management and recovery skills;
- Individual supportive therapy;
- Substance-abuse treatment;
- Employment-support services;
- Side-by-side assistance with activities of daily living;
- Intervention with support networks (family, friends, landlords, neighbors, etc);
- Support services, such as medical care, housing, benefits, transportation;
- Case management; and
- Medication prescription, administration, and monitoring.

In addition to this level of care management, we would propose to work with the Disability Services Division and the Department of Family Care to develop a facility that would provide crisis and respite care to these clients and others like them. In looking at models in Madison, this type of facility is designed for a short stay with intensive stabilization. It remains the goal

of returning the client to the community as soon as possible in a stabilized state with a plan for the future. We also have antidotal information that families do not have reasonable access to respite and resort to the emergency department to provide that care.

We would initially have discussions, in partnership with the Disability Services Division and Family Care, with community providers to develop the challenges and opportunities and then release a RFP for a community agency to create and manage this advance in our network of care.

Proposal

As a pilot, BHD proposes to first plan for an approach to care in the community for:

- An ACT approach to care treatment in the community for the target population
- Development of a quality monitoring plan to evaluate the pilot approach
- Document savings in unreimbursed care
- Identify challenges and opportunities in working with focused population that represents a high utilization of resources

Second, based on our current experience and learning from the pilot:

- Development of crisis/respite facility, specifically for the Developmentally Disabled population with mental illness or behavioral issues. For the second phase, we would work with DSD and Family Care to develop a model DD crisis/respite facility for 15-20 clients.
- The facility would provide short stay support for those in crises and for those families who need a respite occasionally.
- Care of the clients related to medical records and development of safety, respite and behavioral plans will be key to ensure a smooth continuity of care within the overall network.

Fiscal

In order to make this a sustainable component of the BHD system, funding needs to be reviewed especially in light of the shifting state and federal budget decisions. BHD is currently getting more data and information to help define and clarify funding sources for these clients.

BHD has reviewed the fiscal information for these clients from prior years. During 2010, across all clients, there were 2,254 acute inpatient admissions and 31,087 inpatient bed days. This patient group accounted for 31(1%) of these admissions and 682 (2%) of the bed days. BHD charges are based on cost. The inpatient per diem cost/charges in 2010 for this group of clients was \$688,675 for which payments of \$194,892 were received.

On the Observation Unit, there was a total of 2,143 admissions that accounted for 3,596 bed days. This group had 124 (6%) of the Observation Unit admissions and 557 (15%) of the bed days. Per diem rates for Observation are generally not reimbursed, although we do receive some payment for professional services. In 2010, the cost/charges for the Observation Unit for this client group were \$800,662 for which we were paid \$130,313.

In total, for the Emergency Room, the Observation Unit and inpatient care, BHD provided \$1,164,132 in non-reimbursed care and unrecognized revenue for this group of clients during 2010. This revenue gap only stands to increase as costs/charges have risen. The BHD cost of an emergency room visit in 2011 is \$604 and the cost of an acute inpatient day for an adult age 21-64 is \$1364, yet Medicaid pays only \$323 per visit/day.

The fiscal effect of such a change for BHD is difficult to quantify. Although these clients represent a significant number of visits to PCS each year, they would likely be replaced with other clients. It is almost impossible to know what type of clients with what payer source these additional clients would have.

BHD will continue to look at fiscal data to try to quantify the avoidance of PCS encounters and determine funding sources for these clients, the amount BHD could pay per client per month for this level of support and what agencies would be charged for any PCS visit.

NEXT STEPS AND RECOMMENDATION

BHD hopes to move forward with this initiative by:

1. Conducting a survey of families to better define the need and determine if they would be likely to utilize such a facility/resource. It is possible that other families would also utilize such a facility and that might allow them to care for their loved one in their home for a longer period of time.

2. Obtain more financial data, including working with Family Care and the Disability Services Division, to help determine the available funding sources for these clients and an appropriate per member rate.
3. Develop an approach to ACT in the community.
4. Draft a Request for Proposals to solicit bids for this population and return to the Board for approval.
5. Work with the Disability Services Division to develop the model that encompasses principles for both persons with developmental disability and mental illness.

This is an informational report so no action is necessary. BHD and DSD will return to the Board with a draft RFP and an updated report by the July board meeting.



Gerri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Chris Abele
Terrence Cooley, County Board Chief of Staff
CJ Pahl, Interim Fiscal & Budget Administrator - DAS
Antionette Thomas-Bailey, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Steve Cady, Analyst – County Board
Carol Mueller, Committee Clerk – County Board

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/23/11

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A resolution endorsing a plan submitted by the Milwaukee County Department of Health and Human Services to implement a pilot project for treatment of individuals with a Developmental Disability/Mental Illness diagnosis in the community.

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

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 has no direct fiscal effect, although existing staff time will be required to continue to plan for and execute the implementation of this treatment model. Should additional funding be necessary to carry out the implementation of this pilot project, the Interim Director, Department of Health and Human Services will have to return to the Board with an appropriation transfer request.

Department/Prepared By

Authorized Signature

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Did DAS-Fiscal Staff Review? Yes No

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

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: May 10, 2011

TO: Supervisor Lee Holloway, Chairman – Milwaukee Co. 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 2011 contracts with the State of Wisconsin for reimbursement for county staff performing Income Maintenance and Child Care program administration under State management**

Issue

The Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2011 contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for the Income Maintenance (IM) and Child Care Programs. In addition, the lease with DHS for the Marcia P. Coggs Center is included as an attachment to the DHS contract.

In 2009, section 49.825 of the Wisconsin Statutes authorized DHS to assume responsibility for managing the administration of the IM program in Milwaukee County. This involved the establishment of a Milwaukee County Enrollment Services unit (MILES) to determine eligibility and administer the Food Share and BadgerCare public assistance programs. Section 49.825 (2)(d)(1) provides for the reimbursement to the County of all approved, allowable costs related to the County staff assigned to this unit in excess of the county's minimum required contribution of \$2.7 million. In addition, subsection (2)(c) authorizes DHS to contract with the County for certain administrative functions under this subsection.

Similarly, 49.826 of the statutes authorized DCF to establish a child care provider services unit (Milwaukee Early Care Administration - MECA) to support the Wisconsin Shares child care subsidy program. Section 49.826 (2)(c) provides that DCF shall reimburse the county for all approved, allowable costs that are incurred by the county.

Background

During the January cycle, DHHS submitted an informational report to the County Board concerning the primary changes to the 2011 contracts and lease compared to 2010. At that time, outstanding issues still remained requiring further discussion with the State. These issues have now been resolved and the contracts and lease have been finalized.

The contracts reimburse Milwaukee County for the personnel costs of county staff managed by the State, shared services, Medical Assistance Transportation program and the actual lease.

Shared services are provided to the State by county employees in the areas of Human Resources, Record Center Services, Medical Transportation administration and Mail Services.

The following narrative highlights major changes to the 2011 contract and lease compared to 2010. These changes are also identified in Attachment 1.

State/County Lease Agreement

The proposed lease reflects 86,152 square feet of space in the Coggs Center and a term of January 1 through December 31, 2011. This reflects an increase in square footage of 11,652 compared to 2010. The lease anticipates a monthly payment from the State of \$141,763 for building operations or \$1,701,156 annually. This compares to \$131,917 per month or \$1,583,004 annually in 2010.

State DHS has verbally indicated that it will likely continue to lease space through the end of 2011 at the Coggs Center. However, in light of the 2011-2013 Governor's Budget which centralizes the Income Maintenance program statewide, DHS may require less space as the year progresses. If DHS decides to vacate space at the Coggs Center, the lease requires that the space vacated be contiguous, exceed 5,000 square feet and the State provide 90 days written notice to allow the county time and adequate space to secure new tenants.

DHS IM Contract Changes

IT Services: In 2010, Milwaukee County Information Technology Services Division (IMSD) provided Information Technology (IT) services to DCF and DHS at the Coggs Center. IMSD worked collaboratively throughout 2010 to adjust IT service levels based upon feedback from the state throughout the year. For 2011, IMSD has once again worked collaboratively with the State to devise a mutually agreeable IT support model, which is included in the overall contracts with each agency. IMSD anticipates charging \$3,799 per month to DCF and \$64,234 per month to DHS for a combined total monthly charge of \$68,033.

Medical Assistance Transportation: As part of the contract, DHHS will process invoices related to common carrier transportation services for Wisconsin Medicaid and BadgerCare Plus Standard Plan. This was done prior to the takeover and continues for the first six months of 2011 until State DHS implements a transportation broker as of July 1, 2011. The State will fully reimburse the County for all transportation provider costs incurred prior to July 1 as well as the county's administrative costs related to this service.

General Assistance Burials: As part of the 2010 contract, the county paid for a portion of the personnel costs associated with eligibility reviews for the county's General Assistance Burials program. For 2010, this cost was \$24,000 and will remain the same in 2011.

Interim Disability Assistance Program (IDAP): In 2010, the State provided eligibility services to the county for IDAP at no cost. The cost to the county for 2011 is \$50,000 for one dedicated FTE to the program.

DCF Child Care Contract Changes

The DCF proposed contract is a separate contract. There are no major changes to this contract for 2011 compared to 2010. Unlike the IM contract, which has a required county contribution, personnel costs are reimbursed 100% under the Child Care contract.

Fiscal Effect

The County is reimbursed based on monthly invoices submitted to the State for personnel costs for County employees, shared services, IT services and space rental. Please note that there are two fiscal notes attached to this report: one for revenues associated with DHHS and other for IT services provided by IMSD.

Recommendation

The Interim Director of the Department of Health and Human Services (DHHS) recommends approval of the 2011 contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for the Income Maintenance and Child Care Programs. This action will allow the County to begin receiving monthly reimbursement for costs related to County personnel, Medical Assistance Transportation, shared services and the lease.



Geri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Chris Abele
Terrence Cooley, Chief of Staff – County Board
Cynthia Pahl, DAS Interim Assistant Fiscal and Budget Administrator
Antionette Thomas-Bailey, Fiscal and Management Analyst, DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

Attachment 1 - Major Components of State DHS & DCF 2011 Contracts & Lease

	2010 Contract	2011 Contract	Variance 2011/'10 Contracts
1) County Personnel Costs			
Income Maintenance	\$21,309,824	\$21,309,824	\$0
County Portion for IM	(\$2,700,000)	(\$2,700,000)	\$0
Net IM	\$18,609,824	\$18,609,824	\$0
Child Care	\$5,098,241	\$6,202,859	\$1,104,618 ¹
County Portion	\$0	\$0	\$0
Net Child Care	\$5,098,241	\$6,202,859	\$1,104,618
Net State Reimb. for Personnel Costs	\$23,708,065	\$24,812,683	\$1,104,618
2) Shared Services²	\$557,843	\$531,853	(\$25,990)
3) Other Services			
MA Transportation (100% Reimb.)	\$6,000,000	\$6,000,000	\$0
Lease	\$1,583,004	\$1,701,156 ³	\$118,152
GA Burials Elig. State Charge	(\$24,000)	(\$24,000)	\$0
IDAP Elig. State Charge	\$0	(\$50,000)	(\$50,000)
Net Other Services Reimbursement	\$7,559,004	\$7,627,156	\$68,152
Grand Total Reimbursement	\$31,824,912	\$32,971,692	\$1,146,780

¹DCF funded 13 Child Care positions in 2011 that were unfunded in 2010.

²Shared Services reflects services provided by the County to the State such as HR, Records Center, Mail Services and Contract Management. The estimated revenue is based on budgeted rates which must be reconciled to actual costs.

³The 2011 DHHS budget includes lease revenue of \$1,565,606. However, the actual lease reflects revenue of \$1,701,156 for Coggs Center. Expenditures and revenues associated with IT services provided by IMSD are not included in this attachment. IMSD anticipates \$816,396 in expenditures and offsetting revenues for 2011.

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(ITEM) From the Interim Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2011 contracts with the State of Wisconsin for reimbursement for county staff performing Income Maintenance and Child Care program administration under State management by recommending adoption of the following:

A RESOLUTION

WHEREAS, Section 49.825 of the Wisconsin Statutes authorizes the State Department of Health Services to enter into a contract with Milwaukee County for the performance of administrative functions for Income Maintenance programs under that subsection, and

WHEREAS, Section 49.826 of the Wisconsin Statutes authorizes the Department of Children and Families to enter into a contract with Milwaukee County for the performance of administrative functions for the Wisconsin Shares child care subsidy program, and

WHEREAS, County ordinances require that departments obtain authorization from the County Board in order to execute contracts; and

WHEREAS, the proposed contracts would provide for reimbursement for county employees performing functions under state management in excess of the County's minimum required contribution of \$2.7 million and for reimbursement of shared services and IT services performed by the County; and

WHEREAS, included as an attachment to the State DHS contract is a one-year lease (January 1 to December 31, 2011) for the use of the Marcia P. Coggs Human Services Center; and

WHEREAS, in light of the 2011-2013 Governor's Budget which centralizes the Income Maintenance program statewide, DHS may require less space as the year progresses; though the lease requires that the space vacated must be contiguous, exceed 5,000 square feet and the State must provide 90 days written notice to allow the county time and adequate space to secure new tenants; and

WHEREAS, as part of the DHS contract, the State will provide eligibility services related to the County's Interim Disability Assistance Program (IDAP) and General Assistance Burials program and the county will reimburse the State for a portion of related costs; and

WHEREAS, in light of the above, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization from the County Board to execute the Income Maintenance and Child Day Care contracts; now, therefore,

45 BE IT RESOLVED, that the Interim Director of the Department of Health and Human
46 Services, is hereby authorized to enter into 2011 contracts with the State of Wisconsin covering
47 Income Maintenance and Child Day Care Administration for the period of January 1 through
48 December 31, 2011, and any addenda thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/10/11

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 reimbursement for county staff performing Income Maintenance and Child Care program administration under State management.

FISCAL EFFECT:

- | | |
|---|--|
| <input 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 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
	Revenue	85,550	0
	Net Cost	-85,550	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. Authorization is requested to sign the 2011 contracts with the State Department of Health Services for the Income Maintenance program and with the State Department of Children and Families for the Child Day Care program. Approval will allow Milwaukee County to receive State reimbursement revenue for administration of this program for county employees performing program administration under State management. In addition, approval would also execute a short-term lease (January 1 to December 31, 2011) with DHS. The lease is included as an attachment to the DHS contract.

B. The lease revenue included in the 2011 Adopted Budget is \$1,565,606 and the revenue anticipated in the lease is \$1,701,156 which reflects an increase of \$135,550. In addition, the county will incur an unbudgeted \$50,000 charge from DHS for eligibility services performed for the Interim Disability Assistance Program (IDAP). Therefore, the net additional unbudgeted revenue is \$85,550.

C. The 2011 Income Maintenance contract would reimburse the County \$21,309,824 less the statutorily required minimum County Income Maintenance contribution of \$2.7 million. This contribution is included in the 2011 Budget.

The 2010 Child Care contract would provide 100% reimbursement to the County for \$6,202,859 in personnel costs for county Child Care employees under State management.

A total of \$531,853 in Shared Services revenue is included in the 2011 Budget. Shared services are provided to the State by county employees in the areas of Human Resources, Record Center Services, Medical Transportation administration and Mail Services. The ability to earn the full revenue, however, is dependent upon 100% time reporting by county staff as well as the budgeted hourly rates reflecting 2011 actual costs. The contract requires the budgeted rates charged for shared services be reconciled against actual costs throughout the calendar year.

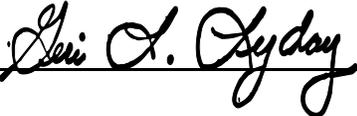
¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Finally, due to the delay in finalizing the contracts, Milwaukee County has not been reimbursed for its 2011 costs estimated at about \$15 million (January - May). Once the contracts are executed, DHHS can begin receiving reimbursement.

D. The fiscal note assumes that the State will occupy the full 86,152 square feet of space for the entire year. However, the lease allows DHS to vacate contiguous office space in excess of 5,000 square feet with at least 90 days written notice. If this should occur, this will negatively impact the 2011 anticipated lease revenue.

In addition, the fiscal note assumes that the 100% time reporting will be completed by county staff and actual hourly rates will be consistent with budgeted hourly rates.

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

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 3/29/11

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 reimbursement for county staff performing Income Maintenance and Child Care program administration under State management .

FISCAL EFFECT:

- | | |
|---|--|
| <input 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 checked="" 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	816,396	0
	Revenue	816,396	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. Authorization is requested to execute the 2011 contracts for Information Technology (IT) services provided by the Department of Administrative Services - Information Management Services Division (DAS -- IMSD) with the State Department of Health Services for the Income Maintenance program and with the State Department of Children and Families for the Child Day Care program at the Coggs Center.

DAS -- IMSD is included within the overall contract (requested for execution by the Milwaukee County Department of Health and Human Services (DHHS)) with the State. However, DAS -- IMSD is preparing a separate fiscal note because budgetary authority was not included in the department's 2011 Budget for services to the State

B. The expenditure authority and offsetting revenue from the State of Wisconsin for 2011 was calculated based upon the negotiated rate for IT services in the total amount of \$68,033 per month (\$816,396 annual).

C. Approval of this action would increase IMSD budgeted expenditure authority and offsetting revenue from the State in the amount of \$816,396

D. The fiscal note assumes that negotiated rate received from the State of Wisconsin will apply retroactively to January 1, 2011 and extend through December 31, 2011 (covering an entire year of service).

This negotiated rate is a flat fee for services based upon a predetermined level of IT support.

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 Laurie Panella, Interim Chief Information Officer, DAS - IMSD

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 3, 2011

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

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

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REVISING THE 2010 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. In December 2009, per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), was granted the authority for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts. Since that time a technical error was discovered therefore BHD is returning to revise the original resolutions to allow the Department of Administrative Services (DAS) - Accounts Payable to process payments to vendors.

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 supports functions that are critical to patient care and are necessary to maintain hospital, long-term care, crisis services licensure and paramedic services monitoring and training.

In April 2011, DAS and BHD discovered that the resolutions originally approved by the County Board in December 2009 included a technical error that only allowed payments for the contracts to be made for one year. BHD had requested the contracts be paid in not-to-exceed annual amounts for the life of the contracts, as is stated in the report presented to the Board and included in **Attachment A**. BHD is now returning to the Board with a revised resolution that gives BHD the authority to pay each vendor the annual not-to-exceed amount listed for the life of the contract (as dictated by the term listed). Each professional services contract entered into has an out-clause (typically 90 days) therefore if budget authority is changed in future years BHD could terminate the contract. Any increase to the contracts would be brought to the Board for separate action per Section 56.30.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to execute the revised professional service agreements for the amounts enumerated identified in the attached resolution.

Fiscal Effect

This is a technical change and does not have a fiscal impact since the dollar amounts did not change from the original resolutions and these contracts have been budgeted in BHD's 2011 Adopted Budget. A fiscal note form is attached.

A handwritten signature in black ink, reading "Geri A. Lyday", is written over a horizontal line.

Geris Lyday, Interim Director
Department of Health and Human Services

cc: Chris Abele, Milwaukee County Executive
CJ Pahl, Interim Fiscal & Budget Administrator - DAS
Terrence Cooley, County Board Chief of Staff
Antionette Thomas-Bailey, Analyst - DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

**COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION**

DATE: December 10, 2009

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

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

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO 2010 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 2010.

Background

BHD and Emergency Medical Services (EMS), which was formerly part of County Health Programs, use several professional service contracts to support various essential staff activities, including medical and dental care services for patients at BHD, specialized IT support, and program planning. Each of these contracts support functions that are critical to patient care and are necessary to maintain hospital, Facility for the Developmentally Disabled (FDD), nursing home, crisis services licensure and paramedic services monitoring and training. A discussion of all new or renewed 2010 contract recommendations follows. Where feasible and appropriate, these contracts have been competitively bid.

Dynacare Laboratories

The phlebotomy and laboratory services contract was competitively bid in 2009. Dynacare Laboratories was chosen from the respondents by a panel of reviewers. The contract value for 2010 is \$150,000, the same as it was for 2009 and the three prior years. Dynacare Laboratories has identified its certified DBE subcontractor(s) and will meet the 17% DBE participation goal for 2010.

DHHS is recommending a two-year contract with the option for a two-year extension for phlebotomy and laboratory services from Dynacare Laboratories from January 1, 2010 through December 31, 2013 in the amount of \$230,000 annually.

Mobile Dental Centers

This service was competitively bid in 2009. Mobile Dental Centers was again the sole respondent. Mobile Dental Centers provides on-site, basic dental services to BHD patients. BHD and the Office of Community Development Business Partners will continue to work with Mobile Dental centers to identify and utilize any DBE subcontracting opportunities.

DHHS is recommending a four-year contract for dental services from Mobile Dental Centers from January 1, 2010 through December 31, 2013 in the amount of \$70,200 in 2010, plus approximately a 3% annual increase each subsequent year: \$72,300 in 2011, \$74,500 in 2012, and \$76,700 in 2013.

iVisions Solutions, Inc.

The contract with iVisions Solutions, Inc provides information technology (IT) consulting services for the EMS program. This contract is a critical management tool that efficiently and effectively supports functions necessary to operate this program as well as meet county, state and federal guidelines.

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.

iVisions Solutions, Inc. supports the EMS systems that scan, capture and store paramedic run data, maintain patient records, monitor and record paramedic dispatches and pages county-wide, and administer and manage paramedic training course enrollment, renewals and certifications. Through iVisions solutions, these systems maintain and report data for Advanced Life Support (ALS) and provide and monitor crucial data for fire departments throughout Milwaukee County. In addition, these systems have allowed the development of comprehensive reports for the State of Wisconsin, data analysis for national studies and has been used as a model at national conferences in IT information.

DHHS is recommending a three-year contract extension for IT consulting and programming services from iVisions Solutions, Inc. from January 1, 2010 through December 31, 2012 in a not-to-exceed amount of \$240,142 annually.

Network for the Improvement of Addiction Treatment (NIATx)

Wisconsin continues to build on its ATR-funded WiSER Choice (Wisconsin Supports Everyone's Recovery Choice) program in Milwaukee County. NIATx will be used to help Wisconsin develop process improvement capacity, so that a sustainable mechanism to address system objectives is put in place. NIATx will work with WiSER Choice to identify key issues within the system to target through the process improvement project. These services are part of a federal Substance Abuse & Mental Health Administration (SAMHSA) grant awarded to Milwaukee County in 2009. This is the third year of a three-year contract.

DHHS is recommending a one-year contract extension for quality improvement, technical assistance and training from Network for the Improvement of Addiction Treatment (NIATx) from January 1, 2010 through December 31, 2010 in a not-to-exceed amount of \$42,548.

SAMHSA Grant Principal Investigator Services

- *University of Wisconsin Milwaukee (UWM) - Center for Addiction and Behavioral Health Research (CABHR)*
- *Marquette University*
- *University of Wisconsin Population Health Institute*

BHD was recently awarded three federal SAMHSA grants; one for Drug Treatment Court services, one for homeless services and one for Offender Reentry services. As part of the application process, a Principal Investigator (PI) had to be identified for each grant that would perform the evaluation for the grant. BHD will oversee data collection for the outcome performance assessment, including the data collection interviews. The Principal Investigators will collect data for the performance assessment, analyze all data (including GPRA) for the performance assessment, and write the interim and final reports for SAMHSA. The goals of the performance assessment are to: 1) provide support for the collection of Performance Measures (GPRA), 2) describe service implementation, and 3) describe client outcomes.

DHHS is recommending a three-year contract for Principle Investigator services for the SAMHSA Drug Treatment grant from the University of Wisconsin Milwaukee (UWM) - based Center for Addiction and Behavioral Health Research (CABHR) from January 1, 2010 through December 31, 2012 in the amount of \$59,101 annually.

DHHS is also recommending a five-year contract for Principle Investigator services for the SAMHSA grant for homeless shelters from Marquette University Department of Counseling & Educational Psychology from January 1, 2010 through December 31, 2012 in the amount of \$69,300 annually.

Finally, DHHS is recommending a three-year contract for Principle Investigator services for the SAMHSA grant for Offender Reentry services from University of Wisconsin Population Health Institute from January 1, 2010 through December 31, 2012 in the amount of \$60,203 annually.

Wilberg Consulting and Community Planning

Since 2005, Wilberg Consulting and Community Planning has provided consultation services for the purpose of research, development of reports, and planning necessary to support the Director. Activities have included participation in task force meetings, recording and documenting the work of its members, development of research projects supporting decision-making processes, and the development of a pandemic flu plan. In 2006, Wilberg Consulting and Community Planning became certified as a DBE provider for Milwaukee County.

DHHS is recommending a two-year contract extension for consultation services from Wilberg Consulting and Community Planning from January 1, 2010 through December 31, 2011 in a not-to-exceed amount of \$30,000 annually.

A'viands, LLC

The 2009 budget authorized the contracting of food service operations at the Behavioral Health Division. In March 2009, the County Board approved the recommendation of a 3-year contract with two additional one-year terms with the vendor, A'viands, LLC, chosen in accordance with the County's RFP procedure. Since June 8, 2009, A'viands has been providing a variety of quality and nutritious foods for BHD, the Detention Center, Meals on Wheels program and the Senior Citizen Community Meal Sites. A'viands staff and management have diligently worked with Milwaukee County to make the transition as smooth as possible, to be responsive and provide solutions to issues as they arise and to ensure the consumers are satisfied.

BHD is currently negotiating with A'viands, LLC in regards to the 2010 contract amount. The 2010 BHD budget includes provisions for an increase of up to 5%, the maximum allowed under the contract, which is the most conservative assumption. BHD anticipates that the annual increase will be less than 5%.

DHHS is recommending a contract amount for food service from A'viands, LLC, from January 1, 2010 through December 31, 2012 in a not-to-exceed amount of \$5,416,201 in 2010, plus no more than 5% annually for each subsequent year of the existing contract.

Medical College of Wisconsin – Affiliated Hospitals

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 structured and streamlined approach to help maintain flexible and consistent staffing.

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 2010.

DHHS is recommending modifying the existing contract by adding an additional 2.95 FTE Medical Residents for a maximum total of 11.2 FTE positions from the Medical College of Wisconsin for the remainder of the contract term from January 1, 2010 through December 31, 2010 in the amount of \$535,000 annually.

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 2010 identified in this report and for the amounts enumerated in the attached resolution.

Fiscal Effect

The total amount of \$6,672,695 recommended in these contracts has been budgeted in BHD's 2010 Adopted Budget. A fiscal note form is attached.

Lisa Marks, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Tim Russell, County Executive's Office
Cynthia Archer, Director, DAS
Joseph Carey, 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, Revising the 2010 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 Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into revised 2010 professional service contracts for the Behavioral Health Division (BHD) and Emergency Management Services (EMS) program; and

WHEREAS, each of these contracts support functions that are critical to patient care and are necessary to maintain hospital, long-term care, crisis services licensure and paramedic services monitoring and training; and

WHEREAS, in April 2011, DAS and BHD discovered that the resolutions originally approved by the County Board in December 2009 included a technical error that only allowed payments for the contracts to be made for one year even though BHD had requested the contracts be paid in not-to-exceed annual amounts for the life of the contracts; and

WHEREAS, BHD is now returning to the Board with a revised resolution that gives BHD the authority to pay each vendor the annual not-to-exceed amount listed for the life of the contract (as dictated by the term listed); now, therefore,

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or designee, is hereby authorized to enter into or renew the professional service contracts with the vendors listed and in the amounts and terms stated below:

<u>Agency and Service</u>	<u>Terms</u>	<u>Contract Amount</u>
Dynacare Laboratories (Lab and Phlebotomy Services)	3 years (2011, 2012, 2013)	\$ 150,000 annual
Mobile Dental Centers (Dental Services)	3 years (2011, 2012, 2013)	\$ 70,200 annual
IVisions Solutions, Inc. (IT programming and consulting)	2 years (2011, 2012)	\$ 276,142 annual
University of Wisconsin Milwaukee (CABHR) (Principle Investigator)	2 years (2011, 2012)	\$ 59,101 annual

48	Marquette University	4 years	\$ 69,300 annual
49	(Principle Investigator)	(2011, 2012, 2013, 2014)	
50			
51	University of Wisconsin	2 years	\$ 60,203 annual
52	Population Health Institute	(2011, 2012)	
53	(Principle Investigator)		
54			
55	Wilberg Consulting	1 year	\$ 30,000 annual
56	(consultation services)	(2011)	
57			
58	A'viands, LLC	2 years	\$ 5,416,201 annual
59	(food service)	(2011, 2012)	

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 05/03/2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REVISING THE 2010 PROFESSIONAL SERVICE CONTRACTS FOR THE BEHAVIORAL HEALTH DIVISION

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) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. In December 2009, per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), was granted the authority for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts. Since that time a technical error was discovered therefore BHD is returning to revise the original resolution to allow the Department of Administrative Services (DAS) - Accounts Payable to process payments to vendors.

B) The total not-to-exceed recommended funding for the revised professional service contracts for BHD is \$6,131,147 annually. This is a technical change and does not have a fiscal impact since the dollar amounts did not change from the original resolutions and these contracts have been budgeted 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, DHHS Budget Manager

Authorized Signature *Leri A. Sydney*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 3, 2011

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

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

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REVISING THE 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. In December 2010, per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), was granted the authority for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts. Since that time a technical error was discovered therefore BHD is returning to revise the original resolutions to allow the Department of Administrative Services (DAS) - Accounts Payable to process payments to vendors.

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 supports functions that are critical to patient care and are necessary to maintain hospital, long-term care, crisis services licensure and paramedic services monitoring and training.

In April 2011, DAS and BHD discovered that the resolutions originally approved by the County Board in December 2010 included a technical error that only allowed payments for the contracts to be made for one year. BHD had requested the contracts be paid in not-to-exceed annual amounts for the life of the contracts, as is stated in the report presented to the Board and included in **Attachment A**. BHD is now returning to the Board with a revised resolution that gives BHD the authority to pay each vendor the annual not-to-exceed amount listed for the life of the contract (as dictated by the term listed). Each professional services contract entered into has an out-clause (typically 90 days) therefore if budget authority is changed in future years BHD could terminate the contract. Any increase to the contracts would be brought to the Board for separate action per Section 56.30.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to execute the revised professional service agreements for the amounts enumerated identified in the attached resolution.

Fiscal Effect

This is a technical change and does not have a fiscal impact since the dollar amounts did not change from the original resolutions and these contracts have been budgeted in BHD's 2011 Adopted Budget. A fiscal note form is attached.

A handwritten signature in black ink, reading "Geri A. Lyday", is written over a horizontal line.

Geris Lyday, Interim Director
Department of Health and Human Services

cc: Chris Abele, Milwaukee County Executive
CJ Pahl, Interim Fiscal & Budget Administrator - DAS
Terrence Cooley, County Board Chief of Staff
Antionette Thomas-Bailey, Analyst - DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

**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 structured 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.

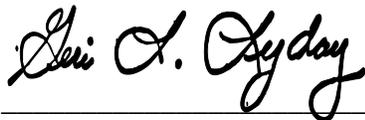
In 2009, a two-year contract with an option for two additional one-year terms was recommended. BHD is returning to extend the contract for two additional years, from January 1, 2011 to December 31, 2012. The contract amount for 2011 is recommended to be \$5,090,120, which is the same as the 2010 contract 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.

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.

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, Revising the 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 Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into revised 2011 professional service contracts for the Behavioral Health Division (BHD) and Emergency Management Services (EMS) program; and

WHEREAS, each of these contracts support functions that are critical to patient care and are necessary to maintain hospital, long-term care, crisis services licensure and paramedic services monitoring and training; and

WHEREAS, in April 2011, DAS and BHD discovered that the resolutions originally approved by the County Board in December 2010 included a technical error that only allowed payments for the contracts to be made for one year even though BHD had requested the contracts be paid in not-to-exceed annual amounts for the life of the contracts; and

WHEREAS, BHD is now returning to the Board with a revised resolution that gives BHD the authority to pay each vendor the annual not-to-exceed amount listed for the life of the contract (as dictated by the term listed); now, therefore,

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or her designee, is hereby authorized to enter into or renew the professional service contracts with the vendors listed and in the amounts and terms stated below:

<u>Agency and Service</u>	<u>Terms</u>	<u>Contract Amount</u>
Medical College of WI (Residency/Fellowship Program)	2 years (2011, 2012)	\$660,794 annual
MCW-Affiliated Hospitals (Residency Program)	2 years (2011, 2012)	\$ 550,000 annual
Roeschen’s Omnicare Pharmacy (Pharmaceutical Services)	2 years (2011, 2012)	\$ 5,090,120 annual

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 05/03/2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REVISING THE 2011 PROFESSIONAL SERVICE CONTRACTS FOR THE BEHAVIORAL HEALTH DIVISION

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	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) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. In December 2010, per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), was granted the authority for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts. Since that time a technical error was discovered therefore BHD is returning to revise the original resolutions to allow the Department of Administrative Services (DAS) - Accounts Payable to process payments to vendors.

B) The total not-to-exceed recommended funding for the revised professional service contracts for BHD is \$6,300,914 annually. This is a technical change and does not have a fiscal impact since the dollar amounts did not change from the original resolutions and these contracts have been budgeted 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, DHHS Budget Manager

Authorized Signature _____
Leri A. Syday

Did DAS-Fiscal Staff Review? Yes No