

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: May 31, 2011

TO: Supervisor Lee Holloway, Chairman, Milwaukee Co. Board of Supervisors

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, Requesting Authorization to Enter into a 2011 Lease and Options to Extend for Space for the Behavioral Health Division's Community Support Program

Issue

The Behavioral Health Division (BHD) recently discovered that the current lease for space for the south side Community Support Program was expired. BHD then asked Corporation Counsel for an opinion and they advised BHD to seek approval for a one-year lease for the space. Therefore, BHD is submitting the lease to the County Board for approval.

Background

The Community Support Program (CSP) provides services to individuals with serious and persistent mental illness. BHD runs two CSP programs – the downtown program operates out of the Marcia P. Coggs Center and the south side program provides service to individuals Mitchell Street in Milwaukee. For the last several years, the Behavioral Health Division (BHD) has leased approximately 7,520 square feet of space located at 1201 and 1207 W. Mitchell Street in Milwaukee. The program serves approximately 189 individuals, many of whom reside in close proximity to the south side clinic. Moving the south side clinic to a north side location could prove to be a barrier for many of these individuals to access services and would interrupt the continuity of their care.

Once the original lease expired in 2009, BHD and the landlord (Carol Jean Alex at Richter Realty & Investment, Inc.) extended the lease on a month to month basis. The 2011 amended lease reflects a term of May 1, 2011 to April 30, 2012 with options of one-year extensions thru April 30, 2016. The lease includes utilities except for telephone and electricity for lighting and office equipment used by the south side CSP.

The annual lease amount under the existing lease is \$81,600 or \$6,800 monthly. The new lease reflects an annual lease amount of \$84,048 or \$7,004 monthly. This is due to several modifications and investments recently made by the landlord. In addition, the 2011 lease includes the installation of new carpeting at a cost of \$14,760 annually or \$1,640 monthly for the first nine months of the 2011/2012 lease.

The terms of the extensions are as follows:

<u>Period</u>	<u>Annual Base Rent</u>	<u>Monthly Base Rent</u>
5/1/2012-4/30/2013	\$86,569.44	\$7,214.12
5/1/2013-4/30/2014	\$89,569.44	\$7,464.12
5/1/2014-4/30/2015	\$91,841.51	\$7,653.45
5/1/2015-4/30/2016	\$94,569.75	\$7,880.81

Fiscal Effect

BHD's 2011 Budget includes \$81,600 for space rental for CSP's south side location. The total calendar year cost for the lease in 2011 is \$96,352, which reflects an increase of \$14,752 over the 2011 Budget due to the new carpet and other investments. The cost incorporates the first four months under the current lease and the last eight months under the new lease. Annual increases through April 2016 average 3 percent. The additional cost over the 2011 budget amount will be absorbed within BHD operations and then budgeted in future years. A fiscal note is attached.

Recommendation

The Interim Director, Department of Health and Human Services (DHHS), recommends approval of the 2011 lease and annual options to extend through April 30, 2016 with Carol Jean Alex d/b/a Butter Building for space provided to the south side Community Support Program.



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

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(ITEM) From the Interim Director, Department of Health and Human Services (DHHS), Requesting Authorization to Enter into a 2011 Lease and Options to Extend for Space for the Behavioral Health Division’s Community Support Program by recommending adoption of the following:

A RESOLUTION

WHEREAS, Corporation Counsel has advised the Behavioral Health Division (BHD) to seek approval for a one-year lease for space to house the south side Community Support Program (CSP) because the current lease has expired; and

WHEREAS, the BHD-run Community Support Program (CSP) provides services to individuals with serious and persistent mental illness and operates out of the Marcia P. Coggs Center and at 1201 and 1207 W. Mitchell Street in Milwaukee; and

WHEREAS, the 2011 amended lease reflects a term of May 1, 2011 to April 30, 2012 with options of one-year extensions thru April 30, 2016 for approximately 7,520 square feet of space; and

WHEREAS, the lease reflects a cost of \$84,048 annually or \$7,004 monthly with an additional cost of \$14,760 for new carpeting; and

WHEREAS, the terms of the extensions are as follows:

<u>Period</u>	<u>Annual Base Rent</u>	<u>Monthly Base Rent</u>
5/1/2012-4/30/2013	\$86,569.44	\$7,214.12
5/1/2013-4/30/2014	\$89,569.44	\$7,464.12
5/1/2014-4/30/2015	\$91,841.51	\$7,653.45
5/1/2015-4/30/2016	\$94,569.75	\$7,880.81

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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 lease for CSP; now, therefore,

BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, is hereby authorized to enter into the 2011 lease for a period of one year starting May 1, 2011 to April 30, 2012 and options to extend through April 30, 2016 with Carol Jean Alex d/b/a Butter Building.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/31/11

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2011 Lease and Options to Extend for Space for the Behavioral Health Division's Community Support Program

FISCAL EFFECT:

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| <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 checked="" 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	14,752	-8,983
	Revenue	0	0
	Net Cost	14,752	-8,983
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 lease for space to house the Community Support Program at its south side location at 1201 and 1207 W. Mitchell Street in Milwaukee. The 2011 amended lease reflects a term of May 1, 2011 to April 30, 2012 with options of one-year extensions thru April 30, 2016. Total square footage is 7,520.

B. The annual lease amount under the existing lease is \$81,600 or \$6,800 monthly. The new lease reflects an annual lease amount of \$84,048 or \$7,004 monthly. An additional cost of \$14,760 is included in the lease for new carpeting. The base rent and carpeting bring the total 2011 calendar year cost to \$96,352.

C. BHD's 2011 Budget includes \$81,600 for space rental for CSP's south side location. The total calendar year cost for the lease in 2011 is \$96,352, which reflects an increase of \$14,752 over the 2011 Budget. The increase reflects the one-time cost for new carpeting. The 2011 county calendar year cost incorporates the first four months under the current lease (\$6,800/month) and the last eight months (\$7,004+\$1,640/month) under the new lease which includes base rent and the carpeting. The additional cost over the 2011 budget will be absorbed within BHD. The 2012 calendar year cost for the lease is \$87,369 which is \$8,983 less than the 2011 cost because the majority of the one-time cost for the carpeting is being paid for in 2011. The lease extensions increase an average of 3% per year.

D. There are no assumptions included in the fiscal note.

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

Department/Prepared By Clare O'Brien, Department of Health and Human Services (DAS)

Authorized Signature

Levi A. Syday

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 31, 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, Requesting Authorization to Increase the 2011 Professional Service Contract with the University of Wisconsin - Milwaukee 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 extended or amended to provide additional reimbursement which extends the total reimbursement beyond fifty thousand dollars (\$50,000) annually to the same vendor. Per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the professional service contract with the University of Wisconsin-Milwaukee (UWM).

Background

BHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for Drug Treatment Court services in 2009. As part of the application process, a Principal Investigator (PI) had to be identified for the grant that would perform the evaluation. The PI collects data for the performance assessment, analyzes all data (including GPRA) for the performance assessment, and writes the interim and final reports for SAMHSA.

In May 2011, the Milwaukee County Board approved a revised professional services contract for Principal Investigator services for the SAMHSA grant from UWM - based Center for Addiction and Behavioral Health Research (CABHR) from January 1, 2011 through December 31, 2012 in the amount of \$59,101 annually. The revised request did not take into account slight increases in years two and three of the grant that would increase the total cost of the contract by \$1,268. Therefore, BHD is returning to the Board to request authorization to enter into a 2011 contract for \$59,974 and a 2012 contract for \$59,496 with UWM.

Fiscal Effect

The revenue received through the SAMHSA grant completely offsets the total recommended increases in the UWM professional services contract for 2011 and 2012; there is no tax levy effect. A fiscal note form is attached.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to increase the professional service contract with UWM by a total of \$1,268 for 2011 and 2012.

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

Geri 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

(ITEM *) Report from the Interim Director, Department of Health and Human Services, requesting authorization to increase the 2011 Professional Service contract with the University of Wisconsin-Milwaukee:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2011 professional service contract with the University of Wisconsin-Milwaukee – based Center for Addiction and Behavioral Health Research (CABHR); and

WHEREAS, in 2009, the Behavioral Health Division (BHD) was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for Drug Treatment Court services; and

WHEREAS, as part of the application process, a Principal Investigator (PI) had to be identified for the grant that would perform the evaluation, and in May 2011, the Milwaukee County Board approved a revised professional services contract for Principal Investigator services for the SAMHSA grant from the University of Wisconsin-Milwaukee CABHR from January 1, 2011 through December 31, 2012 in the amount of \$59,101 annually; and

WHEREAS, the revised request did not take into account slight increases in years two and three of the grant that would increase the total cost of the contract by \$1,268; and

WHEREAS, BHD is requesting a total increase of \$1,268 for the University of Wisconsin-Milwaukee professional service contract in the amounts of \$873 for 2011 and \$395 for 2012; and

WHEREAS, the increase is completely off-set by revenue received through the SAMSHA grant; and there is no tax levy effect; now, therefore,

BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, or her designee, is authorized to increase the 2011 professional service contracts with the vendor listed and in the amounts and terms stated below:

Agency and Service	Term	Original	Amendment	Final
University of Wisconsin-Milwaukee Center for Addiction and Behavioral Health Research (Principal Investigator)	1 year (2011)	\$59,101	\$873	\$59,974
	1 year (2012)	\$59,101	\$395	\$59,496

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/20/2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO INCREASE THE 2011 PROFESSIONAL SERVICE CONTRACT WITH THE UNIVERSITY OF WISCONSIN-MILWAUKEE

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	1,268	
	Revenue	1,268	
	Net Cost	0	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinances 56.30 requires County Board approval of professional service contract increases, amendments or extensions. The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the professional service contract with University of Wisconsin-Milwaukee to allow BHD to continue to perform evaluations of its Drug Treatment Court services.

B) The total recommended increase to the professional service contracts for BHD is \$1,268 for 2011 and 2012. The increase in expenditures for the University of Wisconsin-Milwaukee contract will be covered by revenue received through the Substance Abuse and Mental Health Services Administration grant.

C) No increase in tax levy results from these changes.

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 Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature *Leri A. Syday*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 31, 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, Requesting Authorization to Increase the 2011 Purchase of Service Contracts with St. Charles Youth and Family Services and the Bridge Health Clinics and Research Centers for the Behavioral Health Division**

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2011 purchase-of-service (POS) contract St. Charles Youth and Family Services and the Bridge Health Clinics and Research Centers.

Background

The Bridge Health Clinics and Research Centers

BHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for homeless services in 2009. As part of the application process, a Principal Investigator (PI) had to be identified for the grant that would perform the evaluation. The PI collects data for the performance assessment, analyzes all data (including Government Performance and Results Act) for the performance assessment, and writes the interim and final reports for SAMHSA.

In May 2011, the Milwaukee County Board approved a revised professional services contract for PI services for the SAMHSA grant from Marquette University Department of Counseling & Educational Psychology from January 1, 2011 through December 31, 2014 in the amount of \$69,300 annually. The identified PI approved by SAMHSA is Dr. Todd Campbell.

Dr. Campbell is leaving the employment of Marquette University effective May 22, 2011 and will be working at the Bridge Health Clinics and Research Centers (The Bridge). Marquette University's Office of Research does not have a replacement Principal Investigator and is in agree-

ment that the balance of the contract should be transferred to The Bridge. Marquette estimates that their total expenditure in 2011 for the professional services contract is \$31,269, leaving a balance of \$38,031 to be transferred to The Bridge for the remainder of the year.

Earlier this year, Milwaukee County executed a purchase of service contract with The Bridge health clinics for the Temporary Assistance for Needy Families evaluation. BHD is now requesting an increase to their purchase of service contract of \$38,031 from \$92,310 for a total of \$130,341 for 2011.

St. Charles Youth and Family Services

BHD received approval from the Board in December 2010 to enter into a training coordination contract with St. Charles Youth and Family Services (St. Charles) in the amount of \$433,340 for 2011. In March, DHHS received a State/County Contract Addendum for an additional \$40,000 to cover the period of January 1, 2011 to September 30, 2011 for co-occurring substance abuse and mental health training utilizing the Comprehensive, Continuous, Integrated System of Care model developed by Drs. Ken Minkoff and Christine Cline and recognized by SAMHSA as a best practice model in its Report to Congress. The additional funds allow an expanded scope of training, including BHD Inpatient and Crisis Services. BHD is requesting that the St. Charles contract be increased by \$40,000 to a total of \$473,340 for 2011.

Fiscal Effect

The revenue received through the SAMHSA grant completely offsets the total recommended increase in The Bridge contract and the State/County Contract Addendum offsets the total recommended increase in the St. Charles contract. There is no tax levy effect. A fiscal note form is attached.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to terminate the Marquette University professional service contract, and increase the Bridge Health Clinics and Research Centers purchase of service contract by \$38,031 to \$130,341, and to increase the St. Charles purchase of service contract by \$40,000 to \$473,340 for 2011.



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

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(ITEM *) Report from the Interim Director, Department of Health and Human Services, requesting authorization to increase the 2011 Purchase of Service contract with St. Charles Youth and Family Services, and the Bridge Health Clinics and Research Centers:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2011 purchase-of-service (POS) contracts with St. Charles Youth and Family Services, and the Bridge Health Clinics and Research Centers; and

WHEREAS, the Behavioral Health Division (BHD) has a purchase of service contract with St. Charles Youth and Family Services in the amount of \$433,340, to provide training coordination for the community mental health and substance abuse provider networks to comply with various grant requirements; and

WHEREAS, one of the training initiatives coordinated by St. Charles is the Comprehensive Continuous Integrated System of Care (CCISC) to integrate mental health and substance abuse services; and

WHEREAS, CCISC incorporates a structured implementation process based on application of recognized management technologies of strategic planning and continuous quality improvement involving partnership between multiple layers of the system simultaneously, including system management, agency and program level, clinical practice, and clinician competency and training; and

WHEREAS, to further support this effort, the State of Wisconsin has provided an additional \$40,000 through a State/County Contract Addendum for costs associated with CCISC training; and

WHEREAS, BHD is requesting an increase of \$40,000 for St. Charles Youth and Family Services contract from \$433,340 to \$473,340 for 2011; and

WHEREAS, in 2009, BHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for homeless services; and

WHEREAS, as part of the application process, a Principal Investigator (PI) had to be identified for the grant that would perform the evaluation, and in May 2011, the Milwaukee County Board approved a revised professional services contract for Principal Investigator services for the SAMHSA grant from Marquette University Department of Counseling & Educational Psychology from January 1, 2011 through December 31, 2014 in the amount of \$69,300 annually; and

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WHEREAS, the identified Principal Investigator approved by SAMHSA, Dr. Todd Campbell, is leaving the employment of Marquette University effective May 22, 2011 and is working at the Bridge Health Clinics and Research Centers; and

WHEREAS, Marquette University's Office of Research does not have a replacement Principal Investigator and is in agreement that the balance of the contract should be transferred to Bridge Health Clinics and Research Center; and

WHEREAS, in 2011, Milwaukee County executed a purchase of service contract with Bridge Health Clinics and Research Center for TANF evaluation; and

WHEREAS, BHD is requesting an increase of \$38,031 for the Bridge Health Clinics and Research Centers purchase of service contract, for a total of \$130,341 for 2011; and

WHEREAS, the increase is completely off-set by revenue received through the SAMSHA grant; and

WHEREAS, all increases are completely off-set with additional State, Federal and grant revenues and there is no tax levy effect; now, therefore,

BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, or her designee, is authorized to increase the 2011 purchase of service contracts with the vendors listed and in the amounts and terms stated below:

<u>Agency and Service</u>	<u>Term</u>	<u>Original</u>	<u>Amendment</u>	<u>Final</u>
St. Charles Youth And Family Services (Training)	1 year (2011)	\$433,340	\$40,000	\$473,340
Bridge Health Clinics and Research Centers (Principal Investigator)	1 year (2011)	\$92,310	\$38,031	\$130,341

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/20/2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO INCREASE THE 2011 PURCHASE OF SERVICE CONTRACTS WITH ST. CHARLES YOUTH AND FAMILY SERVICES, AND THE BRIDGE HEALTH CLINICS AND RESEARCH CENTERS

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	78,031	
	Revenue	78,031	
	Net Cost	0	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinances 46.09 requires County Board approval of Purchase of Service contract increases, amendments or extensions. The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the purchase of service contracts with St. Charles Youth and Family Services and Bridge Health Clinics to allow BHD to continue to perform evaluations of its homeless services and expand the scope of co-occurring substance abuse and mental health training.

B) The total recommended increase to 2011 purchase of service contracts for BHD is \$78,031. BHD is requesting an increase of \$40,000 in expenditures for the St. Charles Youth and Family Services contract, to be offset by an additional \$40,000 in revenue received through the State/County contract Addendum.

BHD is also requesting an increase of \$38,031 in expenditures for the Bridge Health Clinics purchase of service contract, to be completely covered by shifting unused Substance Abuse and Mental Health Services Administration grant funding from the Marquette University professional service contract. A fund transfer will be completed later in the year if necessary.

C) No increase in tax levy results from these changes.

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 Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature *Levi A. Sydney*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

4

Date: May 26, 2011

To: Peggy West, Chairperson – Health and Human Needs Committee

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

Subject: **An informational report from the Interim Director, Department of Health and Human Services, regarding the Hilltop Downsizing Initiative**

Introduction

The 2011 Adopted Milwaukee County Department of Health and Human Services (DHHS) Budget includes an initiative requiring the Behavioral Health Division (BHD) to work with the Disabilities Services Division (DSD) to develop a plan to downsize BHD's Hilltop Rehabilitation Center, a 72-bed Title XIX (*Medicaid*) certified Intermediate Care Facility (ICF-MR) for persons with developmental disabilities.

The DHHS Director is to provide quarterly informational reports to the Committee on Health and Human Needs regarding the progress of this initiative.

A quarterly informational report was submitted in February 2011. This is the second report describing the progress on Hilltop downsizing planning efforts.

Background

The prospect of downsizing Hilltop has been identified in several reports and initiatives presented to the County Board:

- In a July 3, 2007 report to the County Board regarding relocating BHD to the vacant St. Michael Hospital facility, DHHS noted: "BHD would downsize both Rehab Central and Hilltop from three units to two."
- The comprehensive assessment of the Milwaukee County mental health care system done by the Human Services Research Institute (HSRI), *Transforming the Adult Mental Health Care Delivery System in Milwaukee County* (October 2010) included a recommendation to "develop and implement a plan to phase down the Hilltop Inpatient Program."
- The March 25, 2011 report to the New Behavioral Health Facility Study Committee, which presented a hypothetical plan for a new, downsized mental health facility with multiple caveats and considerations as to the preliminary nature of the model presented, included a downsizing of Hilltop as long as necessary services were provided in the community to ensure success of

community placements and required funding programs remained in place at the current rate or better.

Also, in October 2010, DSD submitted a report to the Committee on Finance and Audit outlining the Division's experience creating community-based alternative for adults with developmental disabilities. The Division has an 18-year history of securing community placements for adults, who have both mental illness and developmental disabilities, who were institutionalized in either a State facility for persons with developmental disabilities, an ICF-MR or skilled nursing facility. Of the 654 individuals supported in a variety of community-based settings, at least 165 were relocated from the Hilltop facility.

The October 27, 2010 report, *Hilltop and other Community Relocations by the Department of Health and Human Services Disabilities Services Division*, and an attachment to that report with data on the numbers of individuals relocated into the community by DSD are attached to this report.

Progress of Initiative

DHHS has established a Hilltop Downsizing Workgroup consisting of individuals from BHD and DSD. This group is helping oversee the downsizing planning process, collect and analyze essential information and develop a strategy and plan for downsizing.

This group has had multiple meetings and progress has been made in several areas.

General Profiles of Hilltop Residents and Individuals with DD served at BHD

Summary information has been reviewed by the Workgroup to assess both who the current Hilltop residents are and the use of BHD Psychiatric Crisis and Acute Adult Inpatient services by individuals with developmental disabilities. The purpose is to not only understand the needs of the current Hilltop residents to plan for appropriate community placements, but also to review where the community service network would need to be strengthened to support individuals with developmental disabilities by understanding how current community placements for individuals with developmental disabilities and mental illness are working.

Hilltop Profile

Hilltop has 66 adult residents with developmental disabilities and mental illness. The following is a general profile of the residents from information as of February 9, 2011, which was presented to the Workgroup:

- Seventy percent (70%) of the residents are males.
- The age of Hilltop residents ranges from 20 to 71 years old, with the majority of residents in their twenties, thirties or forties.

- Of the 27 admissions from 2007 – 2010, 56% were from group homes and 30% were living with family members.
- The Hilltop population is characterized by “dual disabilities” in that not only do the residents have one or more disabilities but most also have one or more mental illnesses.
- Admission to Hilltop is precipitated by the repeated occurrence of challenging behaviors for which Behavioral Treatment Plans are developed to help residents learn adaptive behaviors.
- The residents have a wide variety of medical disorders for which they are being treated.
- All Hilltop residents are prescribed “psychotropic” medications by a psychiatrist and most have multiple medications to help improve their functioning.
- All Hilltop residents have been adjudicated “mentally incompetent” by the court system and assigned a legal guardian. They also all have been issued protective placement orders with a court at the time of admission.

Individuals with Developmental Disabilities served at BHD

The summary data on the number of individuals with developmental disabilities served in the BHD Psychiatric Crisis Services (PCS) and Acute Adult Inpatient Services show that there are individuals with developmental disabilities who are being treated in PCS, OBS and being admitted to Acute Adult Inpatient. Initial information leads to the conclusion that community-based crisis, crisis response teams, and short-term stabilization capacity needs to be enhanced and/or expanded to address crisis situations for Hilltop individuals relocated in community placements to help minimize use of PCS, OBS and Acute Inpatient.

Further information is being gathered and will be analyzed regarding the overlap of patients “known” to the Disabilities Services Division who are also being served at BHD. The DSD client base is being compared to the BHD patient information for 2007-2009 to assess who is using BHD services and which services and if there are any trends in utilization. The Workgroup wants to understand the crisis and emergency needs of individuals with developmental disabilities and mental health issues, already in community placements, to consider what additional support services might need to be developed.

Hilltop Screening Subgroup

A Hilltop Screening Subgroup was established to develop and administer a screening tool to assess the behaviors and other community placement indicators of each Hilltop patient and identify community placement support needs. The Subgroup included BHD clinical staff and DSD staff who have extensive experience in community placements.

The Subgroup met multiple times and reviewed existing screening tools, including the Wisconsin Adult Long-Term Care Functional Screen, but determined that a new supplemental screening tool should be developed to obtain information needed for successful community placement planning. The preliminary *Hilltop Behavioral/Mental Health Support Needs Supplemental Screen* has been created through extensive work and the collaborative efforts of the Subgroup and has been piloted with several Hilltop residents and revised as needed. The Screen is comprehensive and will provide critical information on the behavioral/ mental health needs of Hilltop residents that will be relevant for potential community placement providers.

DSD screeners will use the final screening tool to assess each Hilltop resident with the assistance of BHD multidisciplinary staff. The results of the *Hilltop Behavioral/ Mental Health Support Needs Supplemental Screening* assessment of each Hilltop resident will be used to provide a base of information for planning what is needed to successfully relocate individuals from Hilltop into the community.

It is interesting to note that at a recent Combined Community Services Board (CCSB) meeting, presentations were made by consumers, providers and Managed Care Organizations to discuss the Family Care experience. While not the main focus of the meeting, the current Functional Screen used to determine Family Care program eligibility was described several times as being inadequate to give a good assessment of clients with behavior challenges. The CCSB was informed of the work towards development of the supplemental screening tool and it was met with approval.

Background on Best Practices

Mary Kay Luzi, Ph.D., BHD Associate Director of Clinical Operations, completed a literature review for the Workgroup of relevant articles and reports on model priority service continuums for individuals with developmental disabilities and mental illness living in the community. To support community placement and prevent institutional and other out-of-home placement due to behavioral episodes or emergency circumstances, systems have found that two key types of services are needed:

- Crisis response and clinical outreach, including behavioral support, in the person's community setting, and
- Short-term respite and "inpatient treatment" in a specialized environment.

Components of these services identified in the literature search were presented to the Workgroup as background ideas for a service continuum for individuals with developmental disabilities and mental illness living in the community.

Several members of the Workgroup also heard best practice ideas from Paul White with the University of Wisconsin - Madison Waisman Center for Excellence in Developmental Disabilities when he gave a presentation to the Community Advisory Board. The Board

includes numerous mental health stakeholders and was established by County Board Resolution to provide input on policies regarding patient safety and mental health treatment.

Paul White is involved with the Dane County Community TIES Project, which provides a multi-disciplinary approach to address the needs of individuals with developmental disabilities and mental illness who live in the community. This includes the development of person-centered behavior support plans, development of intensive supports including training providers on crisis response strategies, use of environmental adaptations and modifications, a mobile team and a Safe House. The Waisman Center advances and disseminates knowledge about developmental disabilities through research, clinical services, training and outreach.

Plans are underway for Paul White to participate in a Hilltop Downsizing Workgroup meeting to allow the team the opportunity to ask detailed questions and provide background information regarding models and strategies for servicing people with developmental disabilities and mental illness in the community.

Fiscal Information

Currently, DHHS fiscal staff is collecting background information to assess the fiscal impact associated with the downsizing of Hilltop. Personnel and operational costs are being identified so that the impact can be analyzed depending upon the extent of the downsizing. Staffing patterns, such as the need for one-to-one clinical coverage, are also being assessed.

Internal and external cross-charges are being reviewed to determine which costs could be reduced. Revenues are also being assessed, including revenue sources, levels of reimbursement, insurance coverage, Family Care reimbursement from the managed care organizations, and Medicaid. Additional potential options for revenue, like “money follows the person” and any provisions allowing for enrollment into Family Care programs for persons relocated from institutions if the individual has resided in the facility for at least 90 days, are being explored.

Next steps

Following analysis of the information collected and the results of the Hilltop patient screenings, the workgroup will develop a planning strategy for the Hilltop Downsizing initiative, which will include the extent of downsizing being considered and a proposed timeframe.

DHHS, in collaboration with the State of Wisconsin, plans to meet with the Family Care managed care organizations to discuss the downsizing plan and work together on developing the necessary capacity in the community to serve Hilltop residents.

Once the Hilltop patient assessments are completed using the new screening tool and there is more understanding of the specific support needs of each of the residents, meetings would be held with providers who now serve these types of clients to assess their interest, capacity and capability to serve Hilltop residents and what additional supports might be needed.

DHHS plans to involve private health systems, community partners, staff, stakeholders, and consumer advocates in the Hilltop downsizing efforts once the background and patient-specific information is complete.

DHHS will present an update regarding the progress on this initiative to the Health and Human Needs Committee in the third quarter of 2011.

Recommendation

This report is provided for information only. No action is required.



Geri Lyday, Interim Director
Department of Health and Human Services

- Cc: Chris Abele, County Executive
George Aldrich, Chief of Staff, County Executive Office
Cynthia Pahl, Acting Assistant Fiscal and Budget Administrator
Antionette Thomas-Bailey, DAS Analyst
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Paula Lucey, BHD Administrator
Mark Stein, DSD Interim Administrator

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: October 27, 2010

TO: Supervisor Elizabeth Coggs, Chairperson, Committee on Finance and Audit

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

**SUBJECT: HILLTOP AND OTHER COMMUNITY RELOCATIONS BY THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES DISABILITIES
SERVICES DIVISION**

Introduction

The following information is being submitted as a follow up to the Committee on Finance and Audit's discussion regarding the 2011 Milwaukee County budget regarding the Department of Health and Human Services Disabilities Services Division (DSD). Specifically, this information serves as a historical review of institutional relocation activity over the past ten years and provides data on the successful reduction of institutional care and the corresponding increase in community-based care for persons with physical and developmental disabilities.

Background

DSD has an extensive history of working to provide community-based alternatives to individuals living in institutional settings. The Division also has an 18-year history of downsizing and closure of specialized nursing homes- Intermediate Care Facilities (ICF-MR) for adults with dual conditions of mental health and developmental disabilities. In partnership with the State of Wisconsin Department of Health Services, several policy initiatives aimed at reducing the reliance on institutional care have funded this long-standing trend to reduce reliance on institutional care. Included in these initiatives were: the ICF-MR Rebalancing Initiative for persons with developmental disabilities; the State Center relocation initiative also for persons with developmental disabilities funded through the Medicaid Waiver CIP1A program; and the Community Relocation Initiative for persons with physical disabilities residing in nursing homes.

Collaborative partnering between DSD and BHD began intensively in 1990, and the downsizing of Hilltop has been a discussion issue for both Divisions since that time. (See Attachment.)

ICF-MR Rebalancing Initiative

In a June 2005 report to the County Board, DHHS moved forth with another downsizing of a unit at Hilltop which was based largely on the State's ICF-MR Rebalancing Initiative approved by the Legislature as part of the 2003-2005 State Budget. This initiative had several important policy and fiscal implications for both consumers and the operations of BHD and the Disabilities Services Division (DSD). Its goal was to restrict placement and admission of individuals with

developmental disabilities in Intermediate Care Facilities (for the) Mentally Retarded (ICFs-MR) and nursing homes. This was to be achieved by making placement of an individual into the “most integrated setting” the dominant factor to be considered by the courts in determining the most appropriate placement for an individual with a developmental disability, and by putting in place a series of fiscal incentives that are designed to encourage counties to seek community-based settings whenever and wherever possible. The State policy changes were designed to produce a significant decrease in residents for all intermediate and nursing home facilities, including Hilltop.

The Department recommended moving forward with the initiative to close a unit at Hilltop by December 31, 2005. However, it is also important to note that the Department fully supported the ICF-MR Rebalancing Initiative’s “de-institutionalization” policy goal, and that clinical staff had determined that it is both possible and desirable to seek and secure community-based settings.

There was a concern raised during the period of time in which these events occurred which related to the transition planning process for an individual being relocated from an institution to a community based setting by DSD.

The transition of an individual from inpatient stay at Hilltop to community-based living is an orderly and carefully planned process. Procedures and processes involve the following parties:

- Discharge Team at Hilltop (RN, Psychologist, QMRP, Physician, Psychiatrist, OTR, Dietician, CNA’s and unit support staff)
- Disability Resource Center at DSD
- Family Care provider or IRIS program
- Guardian for the Client
- Residential Staff - the home manager and Day Program or Vocational staff
- Receiving Physician, Psychiatrist and Dentist
- Potential GAL and Defense Attorneys

The process for transitioning an individual involves numerous steps that ensure a gradual transition and the ability to monitor the success of the community relocation.

DSD had identified several individuals who were relocated from the Hilltop ICF-MR facility to a community-based setting who were not very successful in their placement for a variety of reasons. DSD also had found, however, that the vast majority of persons relocated from Hilltop to the community adjusted extremely well, are involved in numerous activities, have developed positive relationships and are fully engaged participants in our community. There are skilled and experienced staff involved with the discharge planning of these individuals, as well as the ongoing monitoring of their supportive services. Also, there are trained and knowledgeable community-based service providers that work with the Department to provide quality services to individuals with disabilities every day.

Jackson Center and Hearthside Closure

In addition to the Hilltop experience, during 2002-2003, DSD also successfully participated in the closure of two ICF-MR facilities in Milwaukee County and subsequently relocated individuals with developmental disabilities to the community. These facilities were known as Hearthside and Jackson Center. DSD relocated 186 individuals with developmental disabilities to community-based settings. It should be noted that many of these individuals had similar needs to those currently residing at the BHD Hilltop facility.

As a result of the closure of Jackson Center and Hearthside DSD developed an RPF and conducted specialized planning for the development of resources. This resulted in an array of expanded services in the residential, work and/or day service areas to support the needs of individuals relocating from those facilities and other nursing homes.

The residential array consists of community based residential facilities (CBRF) group home settings typically with five to six adults. These sites are state licensed homes providing care, supervision, functional skills training, leisure/recreation and social skills development. Also included in residential services is Adult Family Homes (AFH) that supports three to four adults. These homes are state licensed and provide the same service array as a CBRF. However, services are focused on fewer residents. The high staff to client ratio offers more individualized training, personal time and supervision. In addition, supported apartments can offer single living sites or shared two-person adult living arrangements. Individuals in this home configuration are provided tailored training and supervision to promote and maintain a higher level of independence with experienced staff. Staff provides live-in or come-in formal and informal instruction to each person. Community integration and general community experiences of typical daily living tasks are high priorities in these programs.

New sites exist that represent all three types of community living settings throughout the county. These sites were specifically developed from the relocation projects over the past ten years. The adults placed from these facilities reside in all dwellings; single family homes with supervision, duplexes, four-plexes and apartment sites.

For work and day service programming, DSD has benefited from agencies with long-term histories of operation in the county. Most Hilltop residents attend MCFI, Goodwill, Curative Care Network, Mount Castle Corporation or Phoenix Care System- Bell Therapy. A few newer providers have evolved over the past five to seven years and provide a joint model of day service and community integration programming. These are Options for Community Growth Inc., Next Step in Residential & Community Living Inc., Midwest Community Services, Paragon Community LLC, Agape Day Center Services and Healthspan, LLC.

Work programs provide a variety of paid work tasks or projects from various community businesses that pay commensurate wages to participants. Many work programs offer opportunities for integration community employment on a part or full time basis depending on the participant's skill and interest. Day service programs, in turn, offer individuals functional

educational skills, pre-vocational skill development, self care, social and interpersonal skills and experiences in community.

State Center Relocations

Over the past number of years, DSD has worked with DHS on numerous relocations to community-based settings of individuals with developmental disabilities from the State Centers for the Developmentally Disabled. These centers include Southern Wisconsin Center, Central Wisconsin Center and Northern Wisconsin Center.

Community Relocation Initiative

Another DHS initiative with the goal of providing a community-based living option for individuals with physical disabilities residing in nursing homes is the Community Relocation Initiative (CRI). This initiative started several years ago and provided funding for those individuals who chose to leave nursing homes. DSD has worked extensively with this initiative and has relocated a significant number of individuals (See Attachment.)

In summary, DSD had supported more than 654 individuals in a variety of community-based settings while operating the Medicaid Waiver programs, prior to the implementation of Family Care, who previously were institutionalized in either a State facility for persons with developmental disabilities, an ICF-MR facility or skilled nursing facility. Of the 654 individuals that were supported, at least 165 were relocated from the Hilltop facility.

Conclusion

The debate on whether and to what extent community-based versus institutional settings are right for individuals with developmental and physical disabilities hinges primarily on the availability of both programs and funding resources. The Department has long believed that almost any individual with a developmental, physical or mental health disability can thrive in a community-based setting provided that sufficient programmatic and funding resources are available to secure appropriate services.

Efforts to avoid, whenever possible, placing individuals in institutional settings for their long-term care, has been and will continue to be a top priority for DHHS. In addition, the implementation of Family Care has created an entitlement benefit and funding that is immediately available to those who reside in institutional settings, allowing them to choose community-based living alternatives. It is believed that with the funding resources made available, the Department can partner with community-based providers to develop new specialized resources to meet the unique needs of the individuals that might be relocated from Hilltop. Providers in this community have previously come together to expand existing resources and develop new resource to meet the demand in much the same way they have done for other downsizing initiatives like the closing of both Jackson Center and Hearthside.

Leri A. Syday

cc: Scott Walker, County Executive
Cynthia Archer, Director, DAS
Allison Rozek, Analyst – DAS
Steve Cady, Fiscal & Budget Analyst – County Board
Jennifer Collins – Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Carol Mueller, Committee Clerk – County Board

**Disabilities Services Division
Hilltop and Other Institutional Relocations**

Attachment

Nursing Homes for Persons with Developmental Disabilities ICF-MR Relocations (Developmental Disabilities)			State Facilities for Persons with Developmental Disabilities State Centers for the Developmentally Disabled (Developmental Disabilities)			Skilled Care Nursing Facilities Community Relocation Initiative (Physical Disabilities)			Total Number of Persons Moved
Year	Facility	Number of Persons Moved	Year	Facility	Number of Persons Moved	Year	Facility	Number of Persons Moved	
CY 1994-1997	Hilltop	73							73
	Total 1994-1997	73							
CY 1999-2000	Hilltop	23	CY 1998-2000	Central Wisconsin Center	20				67
				Southern Wisconsin Center	21				
				Northern Wisconsin Center	3				
	Total 1999-2000	23		Total 1998-2000	44				
CY 2001	The Shores ICF-MR	20	CY 2001	Central Wisconsin Center	2				27
				Southern Wisconsin Center	5				
	Total 2001	20		Total 2001	7				
CY 2002	Jackson Center	67	CY 2002	Southern Wisconsin Center	1				88
	Hilltop	20							
	Total 2002	87		Total 2002	1				
CY 2003	Hearthside	93	CY 2003	Southern Wisconsin Center	3				101
	Hilltop	5							
	Total 2003	98		Total 2003	3				
CY 2004	Marian Franciscan	26	CY 2004	Central Wisconsin Center	1				32
	Hilltop	4		Northern Wisconsin Center	1				
	Total 2004	30		Total 2004	2				
CY 2005	Horizon Peterson Health Care Center	8	CY 2005	Central Wisconsin Center	2	CY 2005	Various Nursing Homes	4	49
	Hilltop	16		Southern Wisconsin Center	3				
	Manitowoc Healthcare (and others)	14		Northern Wisconsin Center	2				
	Total 2005	38		Total 2005	7		Total 2005	4	
CY 2006	Bethesda	9	CY 2006	Central Wisconsin Center	2	CY 2006	Various Nursing Homes	31	48
	Plymouth Manor	5		Southern Wisconsin Center	1				
	Total 2006	14		Total 2006	3		Total 2006	31	
CY 2007	St. Coletta - Alverno	8	CY 2007	Central Wisconsin Center	13	CY 2007	Various Nursing Homes	41	69
	Hilltop	6		Southern Wisconsin Center	1				
	Total 2007	14		Total 2007	14		Total 2007	41	
CY 2008	Racine Residential - ICF-MR	5	CY 2008	Central Wisconsin Center	5	CY 2008	Various Nursing Homes	30	58
	Hilltop	9		Southern Wisconsin Center	9				
	Total 2008	14		Total 2008	14		Total 2008	30	
CY 2009	Hilltop	9	CY 2009	Central Wisconsin Center	1	CY 2009	Various Nursing Homes	23	42
				Southern Wisconsin Center	9				
	Total 2009	9		Total 2009	10		Total 2009	23	
	Overall Total	420			105			129	654

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 18, 2011

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

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

SUBJECT: INFORMATIONAL REPORT FROM INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ON THE IMPACT OF THE ELIMINATION OF FUNDING BY MILWAUKEE PUBLIC SCHOOLS FOR MOBILE URGENT TREATMENT TEAM (MUTT) SERVICES

Policy Issue

In January 2007, the Health and Human Needs Committee received an information report on the initiation of an Intergovernmental Cooperation Agreement between the Behavioral Health Division (BHD) and the Milwaukee Board of School Directors for the provision of a dedicated mobile crisis team and other crisis services for the Milwaukee Public School (MPS) system.

The Behavioral Health Division-Wraparound Milwaukee Mobile Urgent Treatment Team (MUTT) has provided crisis intervention services to MPS since January 2007. Due to the impending reduction in available funds in the Governor's CY2011-13 budget for MPS, the Superintendent's 2012 Budget eliminates funding of \$426,458 for these services as of June 30, 2011.

This report is intended to provide information to the Health and Human Needs Committee on the programmatic and fiscal impact of the proposed elimination of the dedicated MUTT team for MPS.

Background/Discussion

The cooperative agreement and funding of MUTT services by MPS initiated in 2007 was prompted by on-going school safety concerns and the recognized contribution of untreated and/or under diagnosed mental and behavioral health needs of some students leading to school disruptions. The MPS MUTT team was modeled after a similar dedicated MUTT team and crisis services currently being provided to the Bureau of Milwaukee Child Welfare. There was a need in the Milwaukee school system for more rapid response and follow-up from a group of specialized mental health experts who could assess mental health issues to reduce classroom disruptions and school suspensions and also link the students to long-term mental health services in the community.

The MUTT team's role with MPS included telephone phone response and consultation to

principals, school counselors and others (about 500-600 calls each school year); face-to-face crisis interventions at the schools (about 150 contacts so far in 2011 and 220 in 2010); referral to Wraparound Milwaukee and REACH or other mental health providers for longer term treatment (100 referrals to Wraparound Milwaukee/REACH enrolled annually); and training and consultation to MPS schools, teachers, counselors on identifying mental health issues, crisis intervention techniques and classroom management (10 trainings given in 2011).

The Mobile Urgent Team was also able to employ specialized para-professional staff, called crisis 1:1 stabilizers, to provide follow-up observation, supervision and mentoring to students with mental health issues to reduce repeated behavioral problems in the school. There are 13 active crisis stabilizers currently involved in such situations. Also, one of the advantages of the dedicated mobile crisis teams was the quick response time (average 20 minute response time) by MUTT on-site to the schools.

Current MPS funding for the MUTT team is \$426,458 annually with an additional \$180,000 of Medicaid funds covering the cost of crisis 1:1 stabilizers. There are no county funds involved. The MPS funds have covered the costs of four Master-level Social Workers (MSW) provided through a contract with St. Charles Youth and Family Services plus any back-up needed by the regular MUTT team, 4-8 hours per week of supervision by the Program Director or Assistant Program Director, travel and supply costs and some of the costs of the crisis 1:1 stabilizers. The balance of the crisis 1:1 stabilizers (mentors) costs was covered through direct Medicaid crisis billing.

Wraparound Milwaukee was notified by phone on May 13, 2011 by the head of MPS Special Services, Pat Yahle, that the MUTT team was not going to be funded in the 2012 school year budget (effective end of MUTT Services would be June 30, 2011). This was not an action MPS wanted to take based on any performance issue but necessitated by a reduction in state funding to MPS as part of the 2011-13 State Budget. At this time it does not appear this decision is reversible.

The financial impact of this decision will not result in any loss of county positions. The MUTT team staff for the MPS program was provided under an agreement with St. Charles Youth and Family Services. As a result of the MPS decision, the contract with St. Charles will be reduced and the displaced staff will be placed in other jobs at St. Charles.

Programmatically, the MPS MUTT team was one of the first such arrangements in the Country. It was a model for other States including Massachusetts and Maryland who have initiated similar arrangements. While the regular MUTT team will still, under our state HFS 34 requirement, offer crisis intervention services to schools in the community, including MPS, it will simply not be able to respond, 1) to all emergency situations without further triage of the intent of the request or emergency nor 2) will it be able, in all instances, to respond as quickly (20 minutes) in coming to the schools since some teams will be out on other cases.

The other loss will be reduced access by MPS to the Wraparound and REACH programs as the MUTT-MPS team was a frequent referral source of school youth to that program. There will also be an immediate drop off in the use of crisis 1:1 stabilizers to follow-up on youth needing further observation, supervision and mentoring in relationship to behavioral issues. The MUTT team initiated all such requests for this service.

Summary/Conclusion

The cancelation of the MPS-BHD cooperative agreement for MUTT services will have the biggest impact on programs. The availability and timeliness of the MUTT crisis response teams will likely be significantly reduced by the loss of a dedicated MUTT MPS program as well as easy and immediate access to referral and enrollment in other mental health services and supports. Only children with the most immediate and acute needs as determined by MUTT will be immediately seen. Children who have mental health needs, which if addressed, would prevent the potential occurrence of serious acting out, may not be seen immediately. Preventive intervention and support will not be provided as it had with the dedicated MUTT-MPS service.

However, BHD-Wraparound and the Mobile Urgent Treatment are committed to doing the best possible job to serve the entire Milwaukee Community, including MPS. To this end, the MUTT program will continue to respond to children's mental health crisis situations wherever they occur including doing phone and face-to-face intervention in the schools.



Geris 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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 31, 2011

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

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

SUBJECT: Informational Report from the Interim Director, Department of Health and Human Services, Regarding the 2011 Behavioral Health Division Budget Initiative to Obtain Joint Commission Accreditation by 2012

Background

In the 2010 and 2011 Behavioral Health Division (BHD) budgets, various investments and resources were included with the long-term goal of achieving Joint Commission accreditation by 2012. Since the beginning of 2011, BHD has made great strides toward this goal therefore the Interim Director, Department of Health and Human Services and the BHD Administrator wanted to provide the Health and Human Needs committee with a status report.

Discussion

The Joint Commission is an independent, not-for-profit organization that accredits more than 19,000 health care organizations in the United States. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The mission of the Joint Commission is to continuously improve health care for the public by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. To earn and maintain the Joint Commission's Gold Seal of Approval™, an organization must undergo an unannounced, on-site survey by a Joint Commission survey team at least every three years.

The Behavioral Health Division let their accreditation lapse in 2003. Since 2010, BHD has had the goal to reapply and be surveyed by the Joint Commission. In order to achieve this goal in a systematic way and to understand the changes that had occurred since

2003, the Interim Director of Health and Human Services contracted with Critical Management Solutions.

Critical Management Solutions is a nationally recognized consultant firm specializing in Joint Commission accreditation preparation. Recognizing that accreditation and the regulatory compliance process can be challenging and taxing on an organization's resources, Critical Management Solutions has a proven approach to reduce these challenges and eliminate the complexities of accreditation and regulatory compliance. They promote a structured and practical approach towards achieving and maintaining standards' compliance, incorporate accreditation and regulatory requirements into an organization's daily operations, and energize healthcare organizations' quality and compliance efforts. Led by the former Director of the Joint Commission's Hospital Accreditation Program, the Critical Management Solutions team consists of many former Joint Commission surveyors who will share their experience and expertise with BHD leadership and staff.

In November 2010, a team from Critical Management Solutions performed a mock Joint Commission survey of BHD. The survey and make-up of the team replicates the actual survey team BHD can expect from the Joint Commission. This mock survey evaluated the clinical care provided by BHD as well as many of the organizational systems and processes (such as information management, human resource management, and leadership) that are in place to support quality care.

At the end of their review, they produced a report that identified where additional effort was needed in order to demonstrate compliance with the Joint Commission standards. Mr. Glenn Krasker, the principal partner of Critical Management Solutions, found that while there are a number of areas requiring improvement, the organization was in better shape than he expected for an organization that had not been accredited since 2003.

After the first mock survey, BHD administration got together to make a plan to move forward in working on the areas that needed improvement. The Joint Commission standards are organized into chapters therefore BHD organized their activities by chapters as well. Mr. Krasker returned to BHD the week of May 2, 2011 and reviewed the areas requiring improvement, made work assignments, and worked with staff to identify "champions" or leaders for each chapter.

The report from the mock survey has been transformed into the BHD Joint Commission readiness work plan. This work plan prioritizes all of the work that must be accomplished in order to achieve Joint Commission accreditation, including revisions to policies, procedures, and practices. The work plan also identifies an individualized strategy to accomplish these efforts, designs accountability into the process, and will be used to drive improvements organization-wide. In addition to including practical, realistic, and sustainable solutions/strategies towards achieving accreditation standards

compliance, the work plan contains metrics that will subsequently be used to gauge BHD's progress with preparation for an actual Joint Commission survey. **Attachment A** includes a graphic that depicts the on-going Joint Commission process within an organization.

As the "chapter champions" develop policies and procedures and staff are educated on new and improved practices, the work plan will be continuously updated. The status of each task on the work plan is color-coded to indicate what work remains to be done, what is in progress, and what is complete.

In a separate report to the County Board, DHHS is requesting authorization to extend and increase the 2011 BHD Professional Services contract with Critical Management Solutions for continued consulting services to provide assistance toward achieving accreditation.

Critical Management Solutions will assign an expert that has experience in various chapters to be the coach and resource person for each "chapter champion" at BHD. In addition, Critical Management Solutions will bring resources such as templates, model policies, and national best practices.

At this point, the BHD staff involved in this effort is both excited and overwhelmed. They are excited to demonstrate their care and professional practice and overwhelmed at the documentation needed for the accreditation process. All administrative staff is dedicated to completing this process.

Next Steps

The "chapter champions" are gathering staff and resources to begin to complete the work necessary for their chapters. The BHD administrator is working on developing an organizational structure that will continue to move this important work forward in a timely manner. In addition, an employee newsletter is being developed, since one very important aspect of the Joint Commission work is to educate staff about the process. The newsletter will share progress with all staff and help teach them about their important role. Finally, Critical Management Solutions is continuing their work with BHD to assist in moving the process forward.

The BHD staff thanks the Board for their support of this initiative and looks forward to bringing additional updates and accomplishments as BHD moves forward with this initiative.

Recommendation

This is an informational report only. No action is necessary.

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

Geri 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

