

# Understanding the Relationship Between AODA and Poverty in Milwaukee County: **Recommendations for Change**

Social Development Commission  
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## Overview

Part of the Social Development Commission's (SDC's) mission is to study, analyze, and recommend solutions to social, economic, and cultural problems that affect Milwaukee County. In this role, SDC's Intergovernmental Affairs & Research Division issues this report on the connection between alcohol & other drug abuse (AODA) and poverty.

This report provides policy makers and residents with fundamental facts regarding,

- ▶ The relationship between AODA and poverty;
- ▶ Resident perceptions of AODA; and
- ▶ Solutions that address unmet community needs.

**The major conclusion of this report is the need for policy makers and institutions to redefine their understanding of AODA and its impact on the community.** AODA creates significant public and private costs that are exacerbated by our traditional response system. Reactive approaches such as criminal enforcement are costly and at times less effective than more informed, proactive options.

## Research Methods

SDC staff used two research methods to complete this study:

(1) **Examining Existing Research:** Numerous academic, clinical, and empirical studies have investigated the connection between AODA and poverty. We include highlights of that research below to help demonstrate the problem.

(2) **Conducting Community-Based Research:** SDC engaged in community-based research on the connection between AODA and poverty. Results of these methods provide insight into the perspectives of community residents. The study included the following components:

- ▶ **SDC's 2010 Community Needs Assessment:** In its 2010 Community Needs Assessment, SDC partnered with UW – Milwaukee's Center for Urban Initiatives and Research (CUIR) to administer a number of research components. One of the main components was a random digit dialing telephone survey of Milwaukee County residents. The final analysis included a scientific sampling of 420 residents, providing an accurate reflection of the general population. Telephone survey respondents were asked to identify the prevalence of individual need, gaps in services, barriers to self-sufficiency, and strategies for overcoming these barriers.
- ▶ **Public hearing:** SDC is authorized to call official public hearings on poverty and related issues. Using this authority, SDC called a hearing on October 13, 2010, in an effort to provide community stakeholders with detailed information on this issue. The hearing opened with testimony from Pete Carlson, Vice President & Chief Administrative Officer of Aurora's Behavioral Health Services, and Judge Derek Mosley, Municipal Court Judge for the City of Milwaukee. In total, 22 community residents provided testimony.
- ▶ **Web-based public survey:** Between December 2010 and January 2011, SDC research staff posted a web-based public survey on AODA and poverty in Milwaukee County. This survey was open to the public for six weeks and provided visitors to SDC's website with a chance to provide feedback. Survey responses were limited to one response per computer. In total, 57 surveys were completed. Demographic information on survey

responses roughly reflects the general population of Milwaukee County in terms of race, ethnicity, and socio-economic background. Females, college graduates, and City of Milwaukee residents are slightly overrepresented.

- ▶ **2011 Community Needs Assessment Update:** In April 2011, SDC completed an update to its 2010 Community Needs Assessment, which incorporated a “major stakeholder survey” component. Major stakeholders include representatives from Milwaukee County’s public, civic, academic, nonprofit, faith-based, media, and business sectors. The survey population included 450 stakeholders, of which, 115 completed the survey, for a response rate of 26%.
- ▶ **Interviews with industry experts:** Throughout the Spring of 2011, a series of snowball interviews was conducted with 9 experts regarding AODA and the provision of AODA services in Milwaukee County. These experts specialized in areas including direct counseling, service administration, advocacy, and data management and analysis. Interviews provided direction for additional research and confirmed this report’s understanding of the AODA landscape in Milwaukee County.

### Existing Research Findings: Scope, Costs, and Unmet Needs

**Wisconsin possesses higher than average rates of substance abuse compared to national and regional averages.** In 2008, 8.54% of Wisconsin residents participated in illicit drug use which was higher than the 7.87% national rate and the Midwest regional rate of 7.51%.<sup>i</sup> Wisconsin also ranks extremely high in adult binge and chronic alcohol consumption and underage alcohol consumption.<sup>ii</sup>

Recent trends in risk behavior among Wisconsin high school students suggest mixed results regarding AODA. In 2009, instances of alcohol abuse among youth trended downward compared to past years—but the rate of binge drinking remained high. The use of marijuana increased among youth and the use of cocaine remained the same. Other illicit drug use such as ecstasy and methamphetamines decreased.<sup>iii</sup>

**Substance abuse can be observed in individuals from all socio-economic households. However, national rates of both illicit drug use and heavy drinking are higher for individuals from lower socio-economic backgrounds.** Data correlating AODA and poverty is limited. However, there are two readily available indicators of poverty: education and employment. In both cases, current AODA rates decrease when one has a college education (6.1%) compared to individuals without a high school diploma (10.2%). Heavy drinking rates were lower for those with a college education (5.1%) compared to those without a college education (6.7%). Employment is an even stronger indicator. For individuals employed full time, the current use of illicit drugs (8.0%) is lower than those individuals that are unemployed (17.0%). Full time employed individuals (8.5%) also have a lower rate of heavy drinking compared to unemployed individuals (11.3%).<sup>iv</sup>

**The financial costs of AODA are substantial; in 2005, federal, state, and local governments spent \$467.7 billion as a result of AODA.** Costs were spread out across multiple public services including education, health care, income assistance, child welfare, mental health, law enforcement and justice services, transportation, and highway safety. These annual costs averaged out to \$1,486 for every man, woman, and child in the United States.<sup>v</sup> Private costs are also created in the form of drug related crime and unnecessary costs to the health

care system. Finally, AODA causes a direct loss in individual productivity that negatively impacts the size and strength of the economy.

**Prevention is one of the simplest methods for reducing AODA rates.** Prevention is cost-effective and avoids many of the social costs associated with AODA (e.g. criminal enforcement). Moreover, targeted early diagnosis strategies are feasible. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), “half of all lifetime cases of mental and substance abuse disorders begin by age 14 and three-fourths by age 24.” As SAMHSA further notes, the field of prevention science (and its work with illnesses like HIV/AIDS) provides effective strategies that can be replicated when dealing with behavioral health. Finally SAMHSA highlights that, “preventing and delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life.”<sup>vi</sup>

**When prevention does not work, treatment programs have been proven to be an effective and financially efficient method for reducing substance abuse rates.**<sup>vii</sup> Specific characteristics of effective treatment programs include:

- ▶ Readily available and require no waiting lists for entry;
- ▶ Individualized, culture- and gender-specific; and
- ▶ A continuum of services that address the client’s interrelated needs.<sup>viii</sup>

**Milwaukee County has a significant unmet need for AODA treatment, which is particularly acute among low-income individuals.** As stated in the National Surveys on Drug Use and Health (NSDUH), “Substance use disorders affect people in all economic circumstances, and all face challenges in trying to overcome these disorders. The difficulties faced by persons living in poverty, however, may be even more formidable as they may lack health insurance coverage.”<sup>ix</sup> Data from the NSDUH highlights the role of health insurance on one’s ability to receive AODA treatment. According to 2006-2008 data, individuals living in poverty are more than twice as likely to lack health insurance compared to individuals not living in poverty. This trend is particularly troubling for young adults age 18-25, whom have the highest percentage of treatment need but are least likely to have health insurance.<sup>x</sup>

In 2004, over 82,000 Milwaukee County residents had unmet AODA treatment needs.<sup>xi</sup> Unmet treatment needs are fueled by a number of factors. Insightful data can be found in the 2009 data from the NSDUH, which suggests that the majority of individuals in need of treatment for alcohol abuse do not believe they need treatment.<sup>xii</sup> Of those individuals that recognize a need for treatment, a number of barriers prevent them from receiving that treatment:

**Perceived Barriers to Alcohol Treatment by Individuals Recognizing a Need for Treatment**

- ▶ 42.0% were not ready to stop using;
- ▶ **34.5% were prevented because of cost and/or insurance barriers;**
- ▶ 18.8% were concerned with the social stigma of treatment;
- ▶ 11.7% had problems with accessing treatment;
- ▶ 11.1% did not know where to go to get treatment.<sup>xiii</sup>

The issue of individuals that do not believe they need treatment or those that are not ready to stop using will be addressed in this report’s recommendations section. Issues caused by access to treatment and the social stigma of treatment are also addressed in this report’s

recommendations section. However, when addressing poverty, the major barrier of concern are those individuals that recognize a need for treatment but cannot afford it. If the community is to create pathways out of poverty then it needs to address this barrier to AODA treatment.

### Community Research Findings: What the People Think about Substance Abuse

SDC regularly conducts community-based research that documents and analyzes the perspectives and opinions of Milwaukee County residents and stakeholders. The aim of this research is to supplement existing research findings and enhance the community's understanding of AODA and poverty issues.

**2010 Community Needs Assessment:** SDC conducts annual needs assessments in an effort to provide community stakeholders with a timely understanding of Milwaukee County's social and economic condition and methods for addressing unmet needs.

Increasing employment and educational opportunities were the top two strategies for increasing self-sufficiency. But when asked to identify barriers to self-sufficiency, respondents shifted their focus away from structural issues toward more individual issues; the top two barriers identified were AODA and unhealthy family environments.

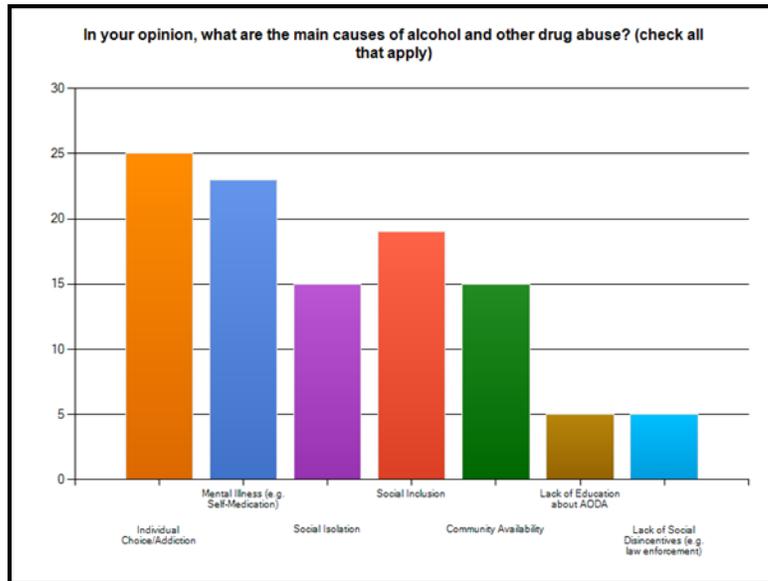
These results begged for a better understanding of the connection between AODA and poverty from the public's perspective. To that end, SDC engaged in this study to document public perspectives and opinions on AODA.

### **2010 Public Hearing on AODA and Poverty: Testimony from the public hearing focused on the need to better address a number of issues in Milwaukee County:**

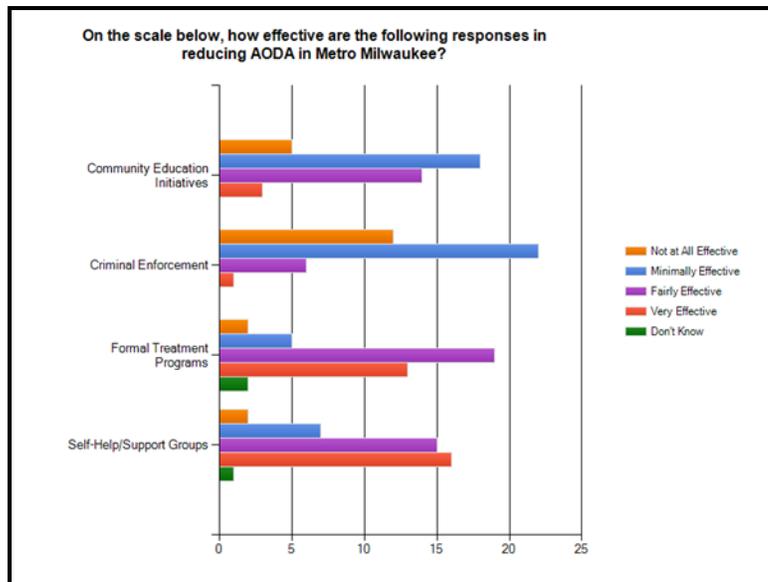
#### **2010 Public Hearing Testimony Major Themes**

- ▶ AODA has a measurable, negative social and economic impact in Milwaukee County;
- ▶ AODA has a significant connection to mental health issues;
- ▶ Milwaukee County suffers from a lack of resources available for the treatment of AODA issues among residents;
- ▶ Resources need to be reallocated away from punitive expenses (like criminal enforcement and incarceration) and toward increasing AODA treatment options, which witnesses stated were more cost-effective and helpful;
- ▶ Witnesses who had received supportive services stated that these services were critical to their long-term sobriety and success;
- ▶ The relationship between AODA and poverty is complex. AODA is not an issue exclusive to those in poverty, but it does create both a trap and a barrier to self-sufficiency that is not experienced by more affluent addicts.

**Online Public Survey: Asked to identify their perspective on the causes of AODA, respondents to the online public survey pointed to issues of individual choice, addiction, and mental health.** The causes least likely to be identified were a lack of education about AODA and a lack of social disincentives (e.g. law enforcement).



When asked to identify the most effective responses to AODA, **respondents stated that treatment programs and support groups were the most effective.** Respondents viewed criminal enforcement as the least effective response to AODA.



**2011 Community Needs Assessment:** Results of the 2011 major stakeholders survey mirrored the 2010 telephone survey: **AODA again tied with unhealthy family relationships as the top barrier to self-sufficiency.** For two years in a row, AODA has been recognized in Milwaukee County as a roadblock to self-sufficiency—suggesting the emergence of a pattern.

### Recommendations

This study highlights the need to better address AODA in Milwaukee County. Instead of simply reacting to AODA, the community needs to adopt a more informed, comprehensive, and proactive approach. A refined response will produce social and economic benefits for the entire community. The recommendations listed below, if adopted, would better position the community to address substance abuse and dependency, thereby enhancing people’s quality of life and saving the public money.

**(1) Shift to an epidemiological response model that approaches AODA as a disease rather than a personal failing:** A successful response to AODA depends on having a clear understanding of the problem. Policy makers need to rethink how they view AODA, and as a consequence, how to effectively respond to it. As the Wisconsin Association on Alcohol and Other Drug Abuse states, “Addictive substance abuse is an illness, not a personal failing. Treatment is effective and results in recovery rates comparable to other chronic illnesses, such as, diabetes, asthma, etc.”<sup>xiv</sup> Next, stigma and an over-reliance on punitive strategies should end. Epidemiological models are informative for coordinating community education, prevention, diagnosis, and treatment. Recognizing that AODA is a disease, which needs to be proactively addressed, will enable policy makers to design a more effective campaign compared to the current patchwork nature of AODA services.

Milwaukee County government’s service delivery system faces a growing structural deficit. The structural deficit results from increasing costs associated with these services and decreased revenue from the state and federal governments. To maintain services, Milwaukee County has been compelled to use ever increasing amounts of county tax levy to plug holes in the Behavioral Health Division (BHD) budget. Milwaukee County projections suggest the amount of tax levy used to support the BHD in 2016 will be four times higher than in 2000—equivalent to over \$60 million in local tax levy.<sup>xv</sup>

This structural deficit is not sustainable and should be aggressively addressed. The finances of BHD’s delivery of mental health and AODA services needs to be stabilized to ensure the provision of these services well into the future. Shifting to a comprehensive epidemiological strategy will enable Milwaukee County government to restructure its service delivery system and identify effective and financially efficient strategies for both internal and external implementation.

Other cities and states have made this shift by conducting a comprehensive analysis of their service delivery system, identifying what works, and drafting a long-term, comprehensive strategy. For a recent example, review “Respect, Recovery, Resilience: Recommendations for Ontario’s Mental Health and Addictions Strategy.”<sup>xvi</sup>

**(2) Craft a more comprehensive and coordinated campaign to emphasize prevention as a proven method for reducing AODA.** Prevention is a proven method for reducing AODA that can save money by limiting the negative externalities associated with AODA—including lost productivity, treatment costs, and criminal enforcement. Any shift to an epidemiological model must include preventative measures. Currently Milwaukee County has various prevention strategies ranging from public service campaigns to Drug Abuse Resistance Education (DARE). However, these strategies are often scattered and uncoordinated—thereby failing to move towards a common overarching goal. Moreover, many of these prevention strategies focus on youth and ignore other common risk groups including seniors, the unemployed and low-income, victims of domestic violence, persons with disabilities, immigrants, and people who are lesbian, gay, bisexual, or transgender (LGBT).<sup>xvii</sup>

In order to maximize the effectiveness of Milwaukee County’s prevention efforts, a more comprehensive and coordinated AODA prevention campaign must be crafted. Milwaukee County should consider measures included in Ontario’s Mental Health and Addictions Strategy Plan, including but not limited to:

### Prevention and Community Education Measures for Consideration

- ▶ Targeted awareness programs to reach people most at risk of mental illness and/or addiction;
- ▶ Support mental health and well-being in schools by teaching coping skills, stress management, emotional literacy skills, and self-management and by promoting physical activity, healthy eating and self-esteem;
- ▶ Provide cross-sector training on the core competencies for early identification;
- ▶ Develop public education programs that help individuals, family members and employers be more aware of the early signs and symptoms of mental illness and/or addiction; and
- ▶ Help teachers recognize the behaviors of children, youth, and young adults who may be experiencing mental health problems or distress.<sup>xviii</sup>

**(3) Increase comprehensive treatment options that, in the long run, cost less and more effectively reduce AODA compared to traditional criminal enforcement approaches.** While more costly than prevention, treatment represents a cheaper and more effective method for reducing AODA rates compared to traditional criminal enforcement. Unfortunately, findings from SDC's public hearing on AODA and poverty, and interviews held with industry experts, suggests that there is a dearth of treatment options available to low-income residents. Similar to prevention, any shift to an epidemiological model must include more treatment options for low-income individuals.

Clearly public budgets are under pressure. The first course of action should be to analyze the current service delivery structure for cost savings—for example, analyze the impact of concentrating more resources in outpatient services over more costly inpatient services. But cost savings may only move Milwaukee County partially towards meeting the demand for these services. As of 2004, the unmet capacity for AODA treatment in Milwaukee County was approximately 82,000 residents.<sup>xix</sup> Further, it is critical that treatment be readily available, without waiting lists, for it to be effective. Local data from Milwaukee County government's Service Access and Independent Living (SAIL) program supports the benefits of readily available services. Milwaukee County government's 2004 award of federal Access-to-Recovery grants roughly doubled its funding for treatment services and allowed for an "open door" policy for those seeking services. Interestingly, this open door policy resulted in a six-fold increase in individuals completing treatment—supporting the theory that access to readily available treatment is a critical element<sup>xx</sup>.

Increased allocations for treatment will directly reduce demand for criminal enforcement costs. Thus, reallocating Milwaukee County resources away from enforcement and courts and towards proactive treatment services is justified and would save Milwaukee County residents money in the long run. **Studies demonstrate that AODA treatment creates a return-on-investment of \$12 to every \$1 invested.**<sup>xxi</sup> By addressing the significant unmet need for AODA treatment in Milwaukee County, substantial cost savings for Milwaukee County residents could be realized.

**(4) Dedicate local funds to permanently support the Milwaukee County Drug Court:** Recently Milwaukee County has joined a national movement to use drug courts in lieu of traditional justice systems for some criminal offenders. The drug court is an alternative criminal justice model, which involves intense treatment for substance abuse, regular drug

tests, and frequent interaction with the court. Research highlights the model's ability to reduce recidivism and long-term public costs compared with traditional methods.<sup>xxii</sup>

Milwaukee County government has received two federal pilot grants totaling \$349,995 to fund the drug treatment court from September 1, 2009 to August 30, 2012—averaging out to \$116,665 per year. This funding allows the county to have a capacity of 75 participants in the drug court at any one time. Considering the proven benefits to the individual and the cost savings for the community, Milwaukee County government should reallocate tax levy within its court and criminal justice budgets to permanently fund the Milwaukee County Drug Court after the federal pilot grant expires. This reallocation would stabilize the program and yield a more efficient use of tax dollars compared to traditional criminal justice services.

**(5) Enhance early diagnosis efforts by medical professionals:** As mentioned above, three-fourths of all lifetime cases of mental and substance use disorders occurs by age 24. Nevertheless, lack of accurate diagnoses of substance abuse is a problem. As cited by SAMHSA, “Ninety-four percent of primary care physicians in a study conducted in 2000 failed to diagnose substance use disorders properly.”<sup>xxiii</sup>

Fortunately, combining these facts reveals a simple and cost-effective solution for Milwaukee County. If more accurate and earlier diagnoses of mental and substance use disorders occurs, interventions can be applied before AODA cases develop or become unmanageable. Trainings and awareness campaigns within the medical sector should be implemented to reduce missed diagnoses and the potential for early interventions. Local healthcare stakeholders including hospitals and medical associations should take the lead on implementation.

One tool that should be considered is the Screening, Brief Intervention, Referral and Treatment (SBIRT) model. SBIRT is a national model for intervention that is administered during primary and emergency care and is designed to measure a patient's need for AODA services. **Analysis demonstrates that for every \$1 invested in SBIRT, \$4.30 is returned in healthcare and treatment savings.**<sup>xxiv</sup>

**(6) Increase foundation funding for supportive services during recovery.** Beyond treatment, research suggests that support during recovery improves outcomes and long-term results. As cited by SAMHSA, “for those with substance use disorders, a comprehensive array of services assists recovery from substance use disorders, and social supports improve recovery outcomes.”<sup>xxv</sup> Supportive services can include employment initiatives, supportive housing, case management, and connection to applicable public benefits. Local, regional, and national foundations should reexamine their support for these services as an effective and necessary method for reducing long-term AODA rates, saving the community unnecessary expenses, and enhancing the quality of life for those suffering from AODA. The Milwaukee Continuum of Care (CoC) possesses a clear plan for expanding the region's supportive services for individuals with mental health and substance abuse issues. For more information on this plan, please review the “Mental Health, Substance Abuse, and Supportive Services” section of the CoC's 10 Year Plan to End Homelessness.<sup>xxvi</sup>

## Conclusion

Milwaukee County residents recognize a connection between AODA and poverty. This connection does not mean that AODA is a problem exclusive to low-income individuals or that AODA is concentrated in low-income communities. Instead, the public views AODA as a significant barrier for low-income individuals trying to get out of poverty. This perception is supported by the dearth of prevention and treatment options available to low-income individuals when compared to more economically affluent addicts. In order to reduce poverty, we need to more effectively address AODA.

Beyond the quality of life of individuals, AODA creates substantial public and private costs. Costs derive from increased and misplaced demand on the health care sector, stress on the criminal justice system, AODA related crimes including property theft, increased demand on social services, and loss of individual productivity.

Lower AODA rates, cost savings to the public, and a better quality of life can all be realized by refining our approach to substance abuse and adopting a more proactive response. Implementing the policy recommendations detailed above will help remove barriers for those trying to get out of poverty and strengthen Milwaukee County as a result.

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1 By Supervisor Biddle

File No.

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**A RESOLUTION**

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to create a Youth Task Force, consisting of adult and youth community leaders to develop recommendations on how to engage youth in Milwaukee County

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9 WHEREAS, historically, Milwaukee County created a number of programs, in attempts to reach out to Milwaukee County youth and improve access to educational, recreational, and employment opportunities; and

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WHEREAS, on July 21, 1981, the County Board adopted Chapter 106 of the Milwaukee County Code of General Ordinances (File No. 81-616), which created the Milwaukee County Commission on Youth (“Commission”), a representative body of appointed youth members living in Milwaukee County who were responsible for advising the County Board of Supervisors and other appropriate decision-making bodies on issues of concern to young people; and

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WHEREAS, Chapter 106 was subsequently amended on October 7, 1982 (File No. 82-820), to lower the number of youth and to further clarify the Commission’s role and procedures and was repealed and recreated on May 23, 2002 (File No. 01526(a)(a)); and

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WHEREAS, when the Commission was recreated in 2002, it was tied to another resolution adopted by the County board on September 28, 2001 (File No. 01-526), which designated Milwaukee County as a Community of Promise (through the America’s Promise program) with a goal to ensure that the young people in our community are provided opportunities to fulfill the following five promises to youth, central to the America’s Promise program:

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WHEREAS, the Milwaukee County Youth Sports Authority (YSA) was created in the 2000 Adopted Budget, by County Board amendment, to review and recommend funding for grant proposals from community organizations seeking to provide sports activities targeted towards at-risk youths, while promoting greater use of the Milwaukee County Parks System; and

46 WHEREAS, the YSA was also intended to expose youths to positive physical  
47 and mental health activities, teach healthier lifestyle concepts and positive behavior,  
48 and expose youth to positive role models who could share life skills and experience in  
49 leadership and self-discipline; and

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51 WHEREAS, the Milwaukee County Board of Supervisors, along with the  
52 American Legion, also hosts an annual Student Government Day to increase student  
53 interest in government and citizenship; and

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55 WHEREAS, while the aforementioned efforts have had a positive effect on  
56 Milwaukee County youth, the economic recession, and subsequent budget cuts in both  
57 the public and private sector have led to increased societal problems, which filter down  
58 to our youth, including: decreased opportunities for jobs and recreation, decreased  
59 funding for education and social programs, and in some cases, increased crime; and

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61 WHEREAS, despite the challenges we face as a community, the Milwaukee  
62 County Board of Supervisors maintains its interest in engaging youth, and finding out  
63 what types of opportunities are needed in the greater Milwaukee community to assist  
64 future generations in embarking on successful lives; and

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66 WHEREAS, in order to be successful in engaging and assisting Milwaukee  
67 County youth, the cooperation and commitment of local leaders in both the public and  
68 private sector is needed (including: Milwaukee County leaders, municipal leaders, public  
69 school leaders, area business leaders, and the nonprofit community); now, therefore,

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71 BE IT RESOLVED, that a Youth Task Force (“Task Force”), consisting of adult  
72 and youth community leaders is hereby created to analyze the issues facing youth in  
73 Milwaukee County, develop recommendations for reaching out to youth in the  
74 community, and provide opportunities for success; and

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76 BE IT FURTHER RESOLVED, that the Chairman, Milwaukee County Board of  
77 Supervisors, shall appoint no fewer than seven adult Task Force members from the  
78 following disciplines: (2) County Board Supervisors, (2) Community leaders, (1)  
79 Milwaukee County Circuit Court Children’s Division representative, (1) City of  
80 Milwaukee representative, and (1) Milwaukee Public Schools representative, and shall  
81 appoint an adult Task Force co-chair; and

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83 BE IT FURTHER RESOLVED, that County Board staff shall assist with youth  
84 recruitment efforts, including: the development of a Youth Task Force application, which  
85 shall be distributed to local schools, community centers, and churches, and shall be  
86 made available to County Board Supervisors to distribute to interested constituents; and

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88 BE IT FURTHER RESOLVED, that youth applications shall be due no later than  
89 December 1, 2011, at which time the County Board Chairman shall appoint a Selection  
90 Committee, comprised of three County Board Supervisors, who shall appoint no fewer  
91 than ten youth, from whom the youth will select a co-chair, to the Task Force; and

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BE IT FUTHER RESOLVED, that the Task Force shall convene by January 2012, shall meet monthly for eight months (January-August 2012), and shall, at a minimum, discuss the following topics:

- Youth violence prevention
- Parks and recreation activities
- Public transportation/transit Issues
- Children’s Court programming
- County-sponsored youth programs, including employment opportunities, a Milwaukee County Youth Commission, and YSA

; and

BE IT FURTHER RESOLVED, that the Task Force shall put together a final report making recommendations to the County Board on topics covered by the Task Force, which shall be submitted to the Board by the September 2012 County Board cycle; and

BE IT FURTHER RESOLVED, that Milwaukee County Departments shall assist, as needed, with providing information and support to the Task Force, including presentations/overviews of current County programs, and Milwaukee County meeting space shall be made available for use by the Task Force, including, but not limited to the Milwaukee County Courthouse, Dr. Martin Luther King Jr. Community Center, and Kosciuszko Community Center.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** September 7, 2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A resolution to create a Youth Task Force, consisting of adult and youth community leaders to develop recommendations on how to engage youth in Milwaukee County.

**FISCAL EFFECT:**

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| <input checked="" type="checkbox"/> No Direct County Fiscal Impact<br><input checked="" type="checkbox"/> Existing Staff Time Required<br><input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><input type="checkbox"/> Decrease Operating Expenditures<br><input type="checkbox"/> Increase Operating Revenues<br><input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><input type="checkbox"/> Decrease Capital Expenditures<br><input type="checkbox"/> Increase Capital Revenues<br><input type="checkbox"/> Decrease Capital Revenues<br><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
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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.

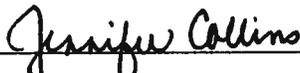
- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> 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 creates a Youth Task Force, charged with developing recommendations on how to engage youth in Milwaukee County.

Existing County Board staff time will be needed to perform the following tasks associated with this resolution: developing an application for youth, distributing information on the Task Force, and staff support at Task Force meetings. Additionally, Milwaukee County departmental staff may also be called upon to provide the Task Force with background information on various Milwaukee County programs affecting youth.

No additional tax levy appropriations are necessary to effectuate this resolution.

Department/Prepared By Jennifer Collins, County Board Research Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

3  
Referred

SEP - 9 2011

County Board  
Chairman

**DATE :** August 8, 2011  
**TO:** Supervisor Lee Holloway, Chairman, Milwaukee County Board of Supervisors  
**FROM:** James Duff, Acting Director, Milwaukee County Veteran's Services  
**SUBJECT:** Notification that Milwaukee County Department of Veterans Services will pay for Leasing Space at the VA Hospital in Milwaukee for 2010 and 2011

**Informational Report**

This memorandum is an informational report only.

The Department of Veterans Services attempted to enter into a contract for leased space at the VA Hospital in Milwaukee for the period of August 1, 2010 to November 30, 2011. A formal contract was never completed. The Veterans Services office used space at their facility in 2010 and 2011. The Veteran's Services office now needs to pay for the use of that space at the VA Hospital.

This memorandum is to inform you that the County will pay for the use of that space at a rate of \$1,113.59 per month. Adequate funds are available to pay for this space.

The Federal Department of Veterans Affairs has notified Veterans Services that they need to move out of their space by November 30, 2011.

**Background**

The Veterans Services office has 794 square feet of leased space in the VA Hospital, in order to better serve its client base. The Veteran Service office attempted to enter into a contract for the space. A rate of \$16.83 per square foot or \$1,113.59 per month for the space was used in negotiations, and bills have been received for that rate.

A formal contract was never agreed to, and now the Federal Department of Veterans Affairs has notified Veterans Services that they need to vacate their space in the VA Hospital by November 30, 2011.

Leases require a formal approval between both the County and the leasing party. The Federal Department of Veterans Affairs is not interested in entering into a formal contract for the space, since the County will be required to vacate the premises in the next several months. The County Board normally approves building leases, but since the County does not have an approved contract, we are simply informing you of the events that have occurred and our intent to pay the leasing cost as originally negotiated.

A search is being made to find alternative space in the area.

**Fiscal Note**

There is no tax levy impact associated with this action. Funds to pay for this annual lease are available in the budget of Veterans Services.

Approved By:

  
James Duff, Acting Director of  
Veterans Services

Cc: Scott Manske, Controller  
George Aldrich, County Executive Office

**Milwaukee County**  
INTEROFFICE COMMUNICATION

Date: September 7, 2011

To: Supervisor Lee Holloway, Chairman, Milwaukee County Board of Supervisors  
Supervisor Peggy Romo West, Chair, Committee on Health and Human Needs  
Supervisor Johnny Thomas, Chair, Committee on Finance and Audit

From: Maria Ledger, Director, Department of Family Care

Re: From the Director, Department of Family Care (DFC), requesting authorization to pursue negotiations with the State of Wisconsin Department of Health Services (DHS) for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties.

I respectfully request that the Committee on Health and Human Needs schedule the attached resolution for consideration during its meeting on September 21st, 2011 and by Committee on Finance and Audit meeting being held on September 22nd, 2011.

The resolution authorizes the Milwaukee County Department of Family Care to pursue negotiations with the State of Wisconsin Department of Health Services for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties.

Milwaukee County was one of five pilot counties authorized to provide the Family Care benefit to eligible residents of Milwaukee County and has done so since July 2000.

The Family Care benefit has also been available to eligible and enrolled residents of Racine and Kenosha Counties through Community Care, Inc. (CCI) since 2007.

In June of this year, the State of Wisconsin issued a Request for Proposals (RFP 1720 DLTC-JB) to provide the Family Care benefit in Racine and Kenosha Counties and DFC submitted a timely response to this RFP.

Following review of the response to the RFP submitted by DFC, DHS on September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC as well as CCI and iCare Independent Care Health Plan for Long-Term Managed Care in Racine and Kenosha Counties.

The Director of the Milwaukee County Department of Family Care shall exercise due diligence on behalf of Milwaukee County during the process of contract negotiations and final authority to enter into this contract shall require further action by this Board.

Any subsequent action shall be contingent upon continued funding from the State of Wisconsin Department of Health Services for administration and delivery of the family

care benefit by the Department of Family Care and County Board authorization for continued participation by the Department of Family Care as a Managed Care Organization (MCO) during the term of this agreement and renewal, if any, for any additional years.

If you have any questions about this resolution, please call me at 287-7610.



Handwritten signature of Maria Ledger in cursive script, positioned above a horizontal line.

Maria Ledger, Director  
Department of Family Care

Cc: County Executive Chris Abele  
George Aldrich  
Tia Torhorst  
Steve Cady  
Pam Bryant  
Jennifer Collins  
Steve Pietroski  
Jodi Mapp  
Jim Hodson

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(ITEM NO. \_\_) From the Department of Family Care (DFC), requesting authorization to pursue negotiations with the State of Wisconsin Department of Health Services for a contract to provide the family care benefit to residents of Racine and Kenosha Counties:

**A RESOLUTION**

WHEREAS, the state authorized the long-term care program known as Family Care via enactment of 1999 Wisconsin Act 9; and

WHEREAS, Milwaukee County was one of five pilot counties authorized to provide the family care benefit to eligible residents and Milwaukee County has provided the family care benefit to residents of Milwaukee County since July 2000 previously through the Milwaukee County Department on Aging and currently through the Milwaukee County Department of Family Care; and

WHEREAS, the State Department of Health Services (DHS) and the legislature authorized the expansion of family care to additional counties, including Racine and Kenosha Counties, and the family care benefit has been available to eligible and enrolled residents of Racine and Kenosha Counties through Community Care, Inc. since 2007 for a period not to exceed five (5) years; and

WHEREAS, the process for awarding contracts to continue to provide the family care benefit is set forth at s. 46.284 (2) of the Wisconsin Statutes as follows: “The department may contract with counties, long-term care districts, the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private organization that has no significant connection to an entity that operates a resource center. Proposals for contracts under this subdivision shall be solicited under a competitive sealed proposal process under [s. 16.75 \(2m\)](#) and the department shall evaluate the proposals primarily as to the quality of care that is proposed to be provided, certify those applicants that meet the requirements specified in [sub. \(3\) \(a\)](#), select certified applicants for contract and contract with the selected applicants.”; and

WHEREAS, on or about June 2, 2011 the State of Wisconsin issued a Request for Proposals (RFP 1720 DLTC-JB) to provide the family care benefit in Racine and Kenosha Counties consistent with the above-referenced statute; and

WHEREAS, DFC submitted a timely response to RFP 1720 DLTC-JB; and

WHEREAS, following review of the response to the RFP submitted by DFC, DHS on September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC for Long-Term Managed Care in Racine and Kenosha Counties as described in the above-referenced RFP, therefore,

46 BE IT RESOLVED, The Milwaukee County Department of Family Care is hereby  
47 authorized to pursue negotiations with DHS to provide Long-Term Managed Care (Family  
48 Care) in Racine and Kenosha Counties, and

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50 BE IT FURTHER RESOLVED, that the Director of the Milwaukee County Department  
51 of Family Care shall exercise due diligence on behalf of Milwaukee County during the  
52 process of contract negotiations and final authority to enter into this contract shall require  
53 further action by this Board, and

54

55 BE IT FURTHER RESOLVED, that continued contract negotiation and subsequent  
56 action of the Board shall be contingent upon continued funding from the State of  
57 Wisconsin Department of Health Services for administration and delivery of the family care  
58 benefit by the Department of Family Care and County Board authorization for continued  
59 participation by the Department of Family Care as a Managed Care Organization (MCO)  
60 during the term of this agreement and renewal, if any, for any additional years,

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## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 9/7/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Authorization to pursue negotiations with the State of Wisconsin Department of Health Services for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties

**FISCAL EFFECT:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact<br><input type="checkbox"/> Existing Staff Time Required<br><input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><input type="checkbox"/> Decrease Operating Expenditures<br><input type="checkbox"/> Increase Operating Revenues<br><input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><input type="checkbox"/> Decrease Capital Expenditures<br><input type="checkbox"/> Increase Capital Revenues<br><input type="checkbox"/> Decrease Capital Revenues<br><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
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

The Department of Family Care is requesting authorization to pursue negotiations with the State of Wisconsin Department of Health Services (DHS) for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties.

There are no direct costs, savings, anticipated revenues or budgetary impacts associated with the requested action in the current budget year. Any contract executed with DHS for services outside of Milwaukee County will not take effect until 2012. Capitation rates will be determined prior to the execution of the contract.

Department/Prepared By   Maria Ledger  

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

<sup>1</sup> 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: September 7, 2011  
TO: Supervisor Lee Holloway, Chair, County Board of Supervisors  
Supervisor John Thomas, Chair, Finance and Audit Committee  
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
FROM: Maria Ledger, Director, Department of Family Care  
SUBJECT: MCDFC Income Statement for the period January 1, 2011 through June 30, 2011

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) income statement of the Managed Care Organization (MCO) for the period January 1, 2011 through June 30, 2011. In addition, it identifies the variance of actual results to the 2011 adjusted budget. The budget amounts reflect the cumulative monthly budget for the year.

The MCO is showing a preliminary Net Income of \$2,632,926 for the period ending June 30, 2011. Comparing this to the adjusted budget Net Loss of -\$268,845 creates a positive Net Income Budget Variance of \$2,901,770.

If you have questions concerning the attached income statement, please contact the Director, Maria Ledger at 287-7610.



Maria Ledger, Director  
Department of Family Care

Attachment

Cc: County Executive Chris Abele  
Tia Torhorst  
Chairman, Lee Holloway  
Stephen Cady  
Jennifer Collins  
Pam Bryant  
Steve Pietroski  
Jodi Mapp  
Jim Hodson

**Milwaukee County Department of Family Care - Managed Care Organization**  
**Income Statement**  
For the period of January 1 through June 30, 2011

<u>Revenues</u>	1/1/11 - 6/30/11 Actual	1/1/11 - 6/30/11 Adjusted Budget
Capitation Revenues	\$125,641,953 (1)	\$122,059,595
Member Obligation Revenues	\$14,430,689	\$12,894,013
Other Revenues	\$125,840	\$112,799
<b>Total Revenues</b>	<b>\$140,198,482</b>	<b>\$135,066,407</b>
<u>Expenses</u>		
Member Service Expenses	\$130,628,538	\$127,372,143
Administrative Expenses:		
---Labor & Fringes	\$3,486,070	\$4,292,012
---Vendor Contracts	\$2,075,112	\$2,352,932
---Cross Charges/internal transfers	\$675,559	\$672,606
---Other expenses (supplies, mileage, etc.)	\$700,277	\$645,559
--- Est. contribution to reserve		
<b>Total Expenses</b>	<b>\$137,565,557</b>	<b>\$135,335,252</b>
<b>Net Surplus/(Deficit)</b>	<b>\$2,632,926 (2)</b>	<b>(\$268,845)</b>

<u>June 2011 CMO Enrollment:</u>		<u>Enrollment Mix Percent to Total</u>
<b>Nursing Home (Comprehensive):</b>		
59 and Under	1,387	17.86%
60 and Over	6,321	81.41%
<b>Subtotal - Nursing Home Level of Care (i.e., comprehensive)</b>	<b>7,708</b>	<b>99.28%</b>
<b>Non-Nursing Home (Intermediate):</b>		
59 and Under	13	0.17%
60 and Over	43	0.55%
<b>Subtotal - NonNursing home Level of Care (i.e., Intermediate)</b>	<b>56</b>	<b>0.72%</b>
<b>Total Members Served - 6/30/2011</b>	<b>7,764</b>	<b>100.00%</b>

Note (1): The above results reflect an accrual to increase capitation revenue for new expansion members based on an increase in acuity (i.e., members requiring higher care plan needs) as measured by the long-term functional screen. The Department of Family Care (DFC) has estimated the increased revenue to capitation to be approximately \$2,124,211. Confirmation from the Wisconsin Department of Health Services Office of Family Care Expansion (DHS-OFCE) of DFC's acuity estimate will likely occur at the end of the 4th quarter or early 1st quarter of 2012.

Note (2): As of the submission of this report approximately \$508,683 of the \$2,632,926 surplus is from the prior year. This reflects an adjustment to the IBNR resulting from lower than anticipated claims runout for 2010. Because providers have up to twelve (12) months from the date of service to bill the Medicare program before billing the Family Care Program for any remaining balance due there still exists the likelihood the prior year surplus amount will change by year end.

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

**COUNTY OF MILWAUKEE**  
INTER-OFFICE COMMUNICATION

**Date:** August 2, 2011  
**To:** Supervisor Lee Holloway, County Board Chairman  
**From:** John Barrett - Clerk of Circuit Court/Register in Probate  
**Subject:** Permanency Plan Reviews

**Request**

The Clerk of Circuit Court is requesting authorization to enter into a contract with the Wisconsin Department of Health and Family Services in the amount of \$650,000 for the period of July 1, 2011 through June 30, 2012 to conduct permanency plan reviews for all Milwaukee County children in out-of-home care. The \$650,000 shall offset the cost of 4.8 positions and all related operating costs for six months.

The County continues calendaring permanency plan reviews for cases that meet the requirements set forth in sec. 48.38(2) when the dispositional order for CHIPS extensions expired on or after Monday, February 26, 2001.

The State will fund the 4.8 County positions needed to staff the case processing of the permanency plan reviews at Children's Court in Milwaukee County. These 4.8 positions consist of one full-time Court Commissioner, one .4 Court Commissioner, one Administrative Assistant III, one Clerical Assistant I position, one full-time and one .4 Deputy Court Clerk/Judicial Assistant.

**Fiscal**

Approval of this contract will have no tax levy effect, as the State will fully fund all related expenditures.

*John Barrett*

JB/smg

cc: Supervisor Peggy West, Chairperson, Health & Human Needs Committee  
Jodi Mapp

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(ITEM \*) From the Clerk of Circuit Court requesting authorization to enter into a contract with the Wisconsin Department of Children and Families for the period of July 1, 2011 through June 30, 2012 to conduct permanency plan reviews for all Milwaukee County youth in out-of-home care.

**A RESOLUTION**

WHEREAS, Milwaukee County schedules plan reviews for all cases that meet the requirements set forth in Section 48.38(2) of the Wisconsin Statutes when the dispositional order for CHIPS extensions expired on or after Monday, February 26, 2001; and

WHEREAS, the Clerk of Circuit Court is requesting authorization to enter into a contract with the Wisconsin Department of Children and Families in the amount of \$650,000 for the period of July 1, 2011 through June 30, 2012 to conduct permanency plan reviews for all Milwaukee County children in out-of-home care; and

WHEREAS, this is a continuation of a six-month contract that the Courts and the Wisconsin Department of Children and Families have entered into; and

WHEREAS, the existing County positions needed to staff the case processing of the permanency plan reviews at Children’s Court in Milwaukee County consist of:

- 1.0 FTE Court Commissioner
- 0.4 FTE Court Commissioner
- 1.0 FTE Administrative Assistant III
- 1.0 FTE Clerical Assistant I position
- 1.0 FTE Deputy Court Clerk/Judicial Assistant
- 0.4 FTE Deputy Court Clerk/Judicial Assistant

; and

WHEREAS, the \$650,000 in State funding shall offset the cost of the existing positions and permanency plan reviews operating costs for one year; and

WHEREAS, this is a twelve month contract whereby the Courts and the Wisconsin Department of Children and Families have negotiated terms; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the Clerk of Circuit Court to enter into a contract with the Wisconsin Department of Children and Families in the amount of \$650,000 for the period of July 1, 2011 through June 30, 2012 to cover the necessary positions and operating costs associated with conducting permanency plan reviews for all Milwaukee County children in out-of-home care.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** July 28, 2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** 2011 Community Justice Resource Center Contracts

**FISCAL EFFECT:**

- |                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                                | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required                                                             | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures<br>(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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	325,000	325,000
	Revenue	325,000	325,000
	Net Cost	0	
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

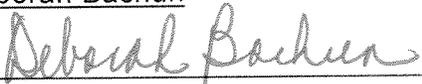
## DESCRIPTION OF FISCAL EFFECT

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. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- A) The proposed contract will allow Milwaukee County Clerk of Circuit Court, Children's Division the ability to continue Permanency Plan Reviews for all Milwaukee County children in out-of-home care for the period July 1, 2011 through June 30, 2012.
- B) The dollar cost to Milwaukee County to perform these services will be \$650,000. The State of Wisconsin has agreed to reimburse Milwaukee County for these costs. There will be no tax levy impact for Milwaukee County.
- C) There are sufficient funds to cover the cost of the contract in org. 2864 in 2011.
- D) The State of Wisconsin has agreed to fund expenditures of \$650,000 for the period from July 1, 2011 through June 30, 2012.

Department/Prepared By Deborah Bachun

Authorized Signature



Did DAS-Fiscal Staff Review?  Yes  No

<sup>1</sup> 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.

**Date:** September 7, 2011

**To:** Chairperson Lee Holloway, Milwaukee County Board of Supervisors

**From:** Jeffery A. Kremers, Chief Judge First Judicial District  
John Barrett, Clerk of Circuit Court  
Prepared by: Liz Finn Gorski, Judicial Review Coordinator (Children's Division)

**RE:** Milwaukee County Family Drug Treatment Court (FDTC)

**Request**

The Chief Judge and the Clerk of Circuit Court are requesting authorization to accept a three-year grant from the U.S Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP), in the amount of \$650,000 to implement the Milwaukee County Family Drug Treatment Court.

**Background**

On May 5, 2011 the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention released a Family Drug Court Programs grant with a deadline of June 20, 2011. On Friday, September 2, 2011, Milwaukee County received notice from OJJDP (Award Number, 2011-DC-BX-0001) awarding Milwaukee County a \$650,000 three year grant for the period of October 1, 2011 through August 30, 2014 to support the Milwaukee County Family Drug treatment Court.

FDTC was developed by the Milwaukee County Children's Court, Behavioral Health Division (BHD) District Attorney's Office, and Wisconsin Bureau of Milwaukee Child Welfare in an effort to improve timely and effective identification, assessment and treatment of women whose substance abuse has resulted in placement of their child in out of home care.

The FDTC targets mothers or female legal guardians of children with a priority on new emergency detentions in which the child is age 0-12. FDTC will be an integrated family court with jurisdiction over the Child in Need of Protection and/or Services proceeding and the 4-phase FDTC program. Once engaged in this voluntary program, 94 participants (over 3 years) will enroll in substance abuse treatment through BHD's provider network, receive recovery support services for health care, housing, education, employment, and transportation, adhere to the FDTC Phase requirements, lasting 6 to 12 months, including weekly court appearances, random drug tests, visitation, reunification conditions, incentives and sanctions. Treatment engagement and retention, completion of phases, graduation, and family reunification are outcomes. An independent evaluator will gather child welfare, treatment, and court information into a coordinated database for quarterly and annual reporting.

**Fiscal Impact**

Increase of \$650,000 over a three year period in operating expenditures in Org. unit 2863 for the period of October 1, 2011 through September 30, 2014. These expenditures will be offset by an increase in federal revenues from the Department of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, award number 2011-DC-BX-0001. The grant for the Milwaukee County Family Drug Treatment Court will be distributed as follows: \$216,000 each year for the first two years and \$218,000 for the third and final year.

Sincerely,

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Jeffery A. Kremers  
Chief Judge First Judicial District

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John Barrett  
Clerk of Circuit Courts

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(ITEM \*) From the Chief Judge and the Clerk of Circuit Court, requesting authorization to receive a three-year grant from the U.S Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP), in the amount of \$650,000 to implement the Milwaukee County Family Drug Treatment Court, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, as June 17, 2011, the Combined Court Related Operations submitted an application to the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP) requested funding to support a Milwaukee County Family Drug Treatment Court Program; and

WHEREAS, on Friday, September 2, 2011, Milwaukee County received notice from OJJDP (Award Number, 2011-DC-BX-0001) awarding Milwaukee County a \$650,000 three year grant for the period of October 1, 2011 through August 30, 2014 to support the Milwaukee County Family Drug treatment Court; now therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the Chief Judge and the Clerk of Circuit Court to accept the grant.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 09/07/2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Milwaukee County Drug Treatment Court

**FISCAL EFFECT:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact<br><input type="checkbox"/> Existing Staff Time Required<br><input checked="" type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input checked="" type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><br><input type="checkbox"/> Decrease Operating Expenditures<br><br><input checked="" type="checkbox"/> Increase Operating Revenues<br><br><input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><br><input type="checkbox"/> Decrease Capital Expenditures<br><br><input type="checkbox"/> Increase Capital Revenues<br><br><input type="checkbox"/> Decrease Capital Revenues<br><br><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
<b>Operating Budget</b>	Expenditure	216,000	216,000
	Revenue	216,000	216,000
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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.<sup>1</sup> 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.

Increase of \$650,000 over a three year period in operating expenditures in Org. unit 2863 for the period of October 1, 2011 through September 30, 2014. These expenditures will be offset by an increase in federal revenues from the Department of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, award number 2011-DC-BX-0001. The grant for the Milwaukee County Family Drug Treatment Court will be distributed as follows: \$216,000 each year for the first two years and \$218,000 for the third and final year.

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<sup>1</sup> 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 \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

**COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION**

DATE: September 2, 2011

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

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

SUBJECT: **REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, PROVIDING NOTICE OF YOUTH SPORTS AUTHORITY AWARD RECOMMENDATIONS AND APPROVAL FOR FISCAL AGENT TO DISTRIBUTE FUNDS**

**Policy Issue**

The Milwaukee County Board requires that recommendations from the Youth Sports Authority Board for the distribution of funds be approved by the County Board of Supervisors. In accordance with the policies associated with the Youth Sports Authority, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization on behalf of Jewish Family Services, the fiscal agent, to make awards for Fall 2011 using approved Youth Sports Authority funds.

**Background**

In November 1999, the Milwaukee County Board of Supervisors adopted a provision as part of the 2000 county budget that provided \$200,000 for establishment of the Milwaukee County Youth Sports Authority. The Sports Authority was to be governed by a seven-member Board that would review requests for funding of youth sports programs from community organizations and the Milwaukee Foundation was determined to be the fiscal agent. The program, originally housed in the County Health Programs Division (CHP), was aimed at promoting activities for at-risk youth that would encourage healthier lifestyles and positive interpersonal behavior. Later that year, the County Board also approved operational policies to govern the distribution of Sports Authority funds. Program funding levels and fiscal agents have changed through the years.

Year	Funding Level	Fiscal Agent
2000	\$ 200,000	Milwaukee Foundation
2001	\$ 200,000	Milwaukee Foundation
2002	\$ 200,000	Milwaukee Foundation
2003	\$ 200,000	Milwaukee Foundation/ Planning Council
2004	\$ 150,000	Planning Council
2005	\$ 150,000	Planning Council
2006	\$ 150,000	Planning Council
2007	\$ 145,000	Planning Council
2008	\$ 200,000	Planning Council
2009	\$ 200,000	Planning Council/ Fighting Back
2010	\$ -	Fighting Back/ Jewish Family Services
2011	\$ 100,000	Jewish Family Services

In 2004 funding was transferred from CHP to the Delinquency and Court Services Division to administer.

### **Fall 2011 Award Recommendations**

The Youth Sports Authority Board met on August 5, 2011, to review applications for conformity to the Sports Authority's adopted policies and goals; and to make recommendations for which proposals should be funded. A total of 34 applications were submitted. At that meeting, the Board recommended that 26 organizations be awarded grant funding in the amounts indicated below. The following table summarizes the community-based youth programs recommended for funding:

<b><u>Organizations</u></b>	<b><u>Recommended Amount</u></b>
-----------------------------	----------------------------------

1	Ace Boxing Club (Boxing)	\$ 4,000.00
2	Bantu American Friendship Assn (Soccer)	\$ 4,000.00
3	Beckum Stapleton Little League (Baseball)	\$ 4,000.00
4	Boys & Girls Club of Greater Milwaukee (Baseball)	\$ 4,000.00
5	Burbank School-Bears Wrestling Club	\$ 4,000.00
6	Camp Esmeralda Foundation, Ltd. (Tennis)	\$ 4,000.00
7	City Kids Wrestling Club	\$ 4,000.00
8	COA Youth & Family Center (Soccer)	\$ 3,438.40
9	Edwards Enrichment, Inc. (Cross Country, Track and Long Distance)	\$ 2,500.00

	Running)	
10	Journey House, Inc.	\$ 4,000.00
11	Milwaukee Brotherhood of Firefighters (Football)	\$ 4,000.00
12	Milwaukee Piranha Swim Club	\$ 3,400.00
13	Milwaukee Police Athletic League, Inc (Basketball)	\$ 1,330.69
14	Milwaukee Police Athletic League, Inc (Football)	\$ 3,664.00
15	Milwaukee Tennis & Education Foundation	\$ 4,000.00
16	Neighborhood Children's Sports League (Football & Cheerleading)	\$ 4,000.00
17	NORI, Inc. (Basketball)	\$ 3,669.42
18	Northcott Neighborhood House (Basketball)	\$ 4,000.00
19	Quadrevion Henning Sports League (Football)	\$ 4,000.00
20	Running Rebels Community Org (AAU Basketball)	\$ 1,750.00
21	Running Rebels Community Org (Football)	\$ 4,000.00
22	Silver Spring Neighborhood Center (Track)	\$ 4,000.00
23	United Neighborhood Centers of Milwaukee (Basketball)	\$ 4,000.00
24	United Sports Club, Inc. (Tennis)	\$ 4,000.00
25	Unity In Motion (Martial Arts)	\$ 2,500.00
26	YMCA of Metro Milw-Urban Campus (Basketball)	\$ 4,000.00

TOTAL REQUESTS                      \$ 94,252.51

The 2011 allocation year includes \$16,748.00 in carry over funds from the 2009 allocation. This results in \$108,748.00 available for awards less the maximum administrative fiscal agent fee of \$8,000.00. The above recommended awards will result in a fund balance of \$14,495.49 available for future awards as recommended by the Youth Sports Authority Board.

**Fiscal Effect**

All increases are completely offset by purchase of service funds available within the DCSD budget. Therefore, there is no tax levy effect. A fiscal note form is attached.

  
 Geri Lyday, Interim Director  
 Department of Health and Human Services

cc: County Executive Chris Abele  
Tia Torhorst, County Executive's office  
Terry Cooley, County Board  
Patrick Farley, Administrator - DAS  
CJ Pahl, Interim Assistant Fiscal and Budget Administrator  
Antoinette Thomas-Bailey, Fiscal & Management Analyst, DAS  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

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(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization for Jewish Family Services, Youth Sports Authority Board fiscal agent, to distribute 2011 funds for the Youth Sports Authority by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Milwaukee County Board of Supervisors adopted a provision as part of the 2000 county budget that established the Milwaukee County Youth Sports Authority, which was to be governed by a seven-member Sports Authority Board that would review requests for funding of youth sports programs from community organizations that were aimed at promoting activities for at-risk youth; and

WHEREAS, the 2011 adopted budget included an appropriation of \$100,000 for the Sports Authority; and

WHEREAS, the County Board of Supervisors authorized Jewish Family Services to provide program administration and fiscal agent services and authorized the distribution of the \$100,000 appropriation provided for the Sports Authority Program in the 2011 Adopted Budget; and

WHEREAS, the Sports Authority Board solicited applications for funding and the Sports Authority Board met on August 5, 2011 to review those applications and to make recommendations for which proposals should be funded as part of its 2011 Fall award distribution; and

WHEREAS, a total of 34 applications were submitted, and the Sports Authority Board recommended that 26 organizations be awarded funding for a total amount of \$94,252.51, as summarized below :

<u>Organizations</u>	<u>Recommended Amount</u>
Ace Boxing Club (Boxing)	\$4,000.00
Bantu American Friendship Assn (Soccer)	\$4,000.00
Beckum Stapleton Little League (Baseball)	\$4,000.00
Boys & Girls Club of Greater Milwaukee (Baseball)	\$4,000.00
Burbank School-Bears Wrestling Club	\$4,000.00
Camp Esmeralda Foundation, Ltd. (Tennis)	\$4,000.00

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48	City Kids Wrestling Club	\$4,000.00
49		
50	COA Youth & Family Center (Soccer)	\$3,438.40
51		
52	Edwards Enrichment, Inc.	
53	(Cross Country, Track and Long Distance Running)	\$2,500.00
54		
55	Journey House, Inc.	\$4,000.00
56		
57	Milwaukee Brotherhood of Firefighters (Football)	\$4,000.00
58		
59	Milwaukee Piranha Swim Club	\$3,400.00
60		
61	Milwaukee Police Athletic League, Inc (Basketball)	\$1,330.69
62		
63	Milwaukee Police Athletic League, Inc (Football)	\$3,664.00
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65	Milwaukee Tennis & Education Foundation	\$4,000.00
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67	Neighborhood Children's Sports League	
68	(Football & Cheerleading)	\$4,000.00
69		
70	NORI, Inc. (Basketball)	\$3,699.42
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72	Northcott Neighborhood House (Basketball)	\$4,000.00
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74	Quadrevion Henning Sports League (Football)	\$4,000.00
75		
76	Running Rebels Community Org (AAU Basketball)	\$1,750.00
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78	Running Rebels Community Org (Football)	\$4,000.00
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80	Silver Spring Neighborhood Center (Track)	\$4,000.00
81		
82	United Neighborhood Centers of Milwaukee (Basketball)	\$4,000.00
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84	United Sports Club, Inc. (Tennis)	\$4,000.00
85		
86	Unity In Motion (Martial Arts)	\$2,500.00
87		
88	YMCA of Metro Milw-Urban Campus (Basketball)	\$4,000.00
89		
90	; now, therefore,	
91		

92           BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the  
93 distribution of 2011 Sports Authority funds to the community organizations identified  
94 herein and in the amounts specified above.  
95

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 8/18/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Interim Director, DHHS, Requesting authorization for the Youth Sports Authority Board and its fiscal agent, Jewish Family Services, to distribute 2011 Youth Sports Authority funds

**FISCAL EFFECT:**

- |                                                                                                        |                                                        |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required                                       | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Interim Director of DHHS is requesting authorization for the Youth Sports Authority Board and its fiscal agent, Jewish Family Services, to distribute 2011 Youth Sports Authority funds.

B. Approval of this request will result in the distribution of \$94,252.51 of funds to the organizations Identified in the accompanying Report and Resolution. A total of \$100,000 was appropriated for the Youth Sports Authority in the 2011 Adopted Budget of the Delinquency and Court Services Division. Minimal staff time will be required to integrate this resource and communicate availability with the assistance of the fiscal agent.

C. There is no tax levy impact associated with approval of this request. The funds to be distributed come from the 2011 allocation totaling \$100,000 for the Youth Sports Authority. The 2011 funds have already been transferred to the fiscal agent.

D. No further assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** September 6, 2011

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

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

**SUBJECT:** **Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2012 Contract with the State of Wisconsin for Operation of the Wisconsin Home Energy Assistance Program (WHEAP)**

**Issue**

Section 16.27 of the Wisconsin Statutes governs the operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the State of Wisconsin and prescribes a role for counties in delivering such assistance. Section 46.215 of the statutes specifically addresses Milwaukee County's role in providing energy assistance to eligible residents. Per those sections of the Wisconsin statutes, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a State-County contract for federal fiscal year 2012 (October 1, 2011 through September 30, 2012) for the operation and funding of low-income energy assistance.

**Background**

The Wisconsin Department of Administration (DOA) administers WHEAP. WHEAP serves as the umbrella program for the federally funded Low Income Home Energy Assistance Program or LIHEAP; and the Public Benefits Program funded from fees collected through the electric utilities. LIHEAP focuses mostly on heating assistance while Public Benefits provides assistance for non-heating electric usage.

General eligibility for WHEAP includes households at or less than 60% of state median income (\$46,768 annually for a family of four for the 2011-2012 WHEAP season).

- Regular energy assistance benefits provide a utility supplemental payment for current season heating (LIHEAP) and/or non-heating electric public benefits expenses. Households may receive only one regular heat and/or one regular electric (non-heating) benefit during each heating season (October 1 – May 15). This assistance is paid out of a centrally controlled account by the state and is not maintained by Milwaukee County.
- Crisis assistance provides services to households experiencing actual energy emergencies or those at risk of an emergency. An emergency services component of

this area provides benefits and services to households that are experiencing actual or imminent loss of home heating/electricity or are in need of cooling assistance upon the declaration of a heat emergency. Emergency services also include furnace repair and replacement.

- Weatherization services include insulating attics, walls and floors, insulating or replacing water heaters and installing energy efficient lighting among other services. Basic eligibility requirements for weatherization are the same as for energy assistance (WHEAP).
- Outreach services include informing potentially eligible individuals about energy assistance, encouraging them to apply and assisting them with the application process.
- General operations provide funds to the local agencies and their subcontractors to administer the WHEAP program.

As of August 16, 2011, the state made approximately \$36.8 million in payments year-to-date on behalf of 56,345 households under Energy Assistance for FFY2011, and over \$2.7 million year-to-date under Crisis Energy Assistance for 8,810 customers in Milwaukee County. These state payments were made either directly to utility companies or to the customers themselves if energy costs are included in their rent. In addition, \$859,266 was allocated to repair or replace 318 heating units in Milwaukee County.

The total revenue included in the proposed WHEAP contract to operate the program is \$2,394,458, a decrease of \$792,696 from the FFY2011 amended contract of \$3,187,154. The State contract supports the County WHEAP staff and operating costs as well as outside contractual services. DHHS is submitting another report to the County Board this committee cycle with recommended purchase of service contracts with community vendors in amounts that reflect the reduced Energy revenue.

The State contract also designates funding for LIHEAP Crisis Benefits and Public Benefits (PB) Crisis Benefits. These funds provide direct payments to utility companies or customers. For FFY12, the State has allocated \$783,295 in LIHEAP Crisis Benefits and \$512,049 in PB Crisis Benefits to Milwaukee County.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Interim Director of the Department of Health and Human Services, or her designee, to execute a FFY2012 contract for the period of 10/01/11 to 9/30/12 with the Wisconsin Department of Administration (DOA) covering the operation of WHEAP in the amount of \$2,394,458, and any addenda to that contract that may be issued during the year.

**Fiscal Impact**

Entering into the WHEAP state contract will have no tax levy impact, since any reduction in revenue is offset with a commensurate reduction in purchase of service contracts with community vendors. 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 and is positioned above a horizontal line.

Geri Lyday, Interim Director  
Department of Health and Human Services

cc: Chris Abele, County Executive  
Tia Torhorst, County Executive's Office  
Patrick Farley, Director – DAS  
Pamela Bryant, Interim Fiscal and Budget Administrator  
Antoinette Thomas-Bailey, Fiscal and Management Analyst  
Jennifer Collins, County Board Staff  
Jodi Mapp, County Board Staff

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5 (ITEM) From the Interim Director, Department of Health and Human Services,  
6 requesting authorization to enter into a 2012 contract with the State of Wisconsin for  
7 operation of the Wisconsin Home Energy Assistance Program, by recommending  
8 adoption of the following:  
9

10 **A RESOLUTION**

11  
12 WHEREAS, per Section 16.27 and Section 46.215 of the Wisconsin Statutes, the  
13 Interim Director of the Department of Health and Human Services (DHHS) is requesting  
14 authorization to execute a State-County contract for Federal Fiscal Year 2012 (October  
15 1, 2011 through September 30, 2012) for the operation and funding of low-income  
16 energy assistance; and  
17

18 WHEREAS, the State's Energy Assistance Program is run in conjunction with  
19 counties and has the following components:  
20

- 21 • General eligibility for the program includes households at or less than 60% of  
22 State median income (\$46,768 annually for a family of four).  
23
- 24 • Regular Energy Assistance Benefits provides a utility supplemental payment for  
25 current season heating (LIHEAP) and/or non-heating electric public benefits  
26 expenses. Households may receive only one regular heat and/or one regular  
27 electric (non-heating) benefit during each heating season (October 1 – May 15).  
28 This assistance is paid out of a centrally controlled account by the State and is  
29 not maintained by Milwaukee County.  
30
- 31 • Crisis Assistance provides services to households experiencing actual energy  
32 emergencies or those at risk of an emergency. An Emergency Services  
33 component of this area provides benefits and services to households that are  
34 experiencing actual or imminent loss of home heating/electricity or in need of  
35 cooling assistance upon the declaration of a heat emergency. Emergency  
36 services also include furnace repair and replacement.
- 37 • Weatherization services include insulating attics, walls and floors, insulating or  
38 replacing water heaters and installing energy efficient lighting among other  
39 services. Basic eligibility requirements for weatherization are the same as for  
40 energy assistance (WHEAP).
- 41 • Outreach services include informing potentially eligible individuals about Energy  
42 Assistance, encouraging them to apply, and assisting them with the application  
43 process.  
44  
45

46 • General Operations provides funds to the local agencies and their subcontractors  
47 to administer the WHEAP program.

48 ; and

49  
50 WHEREAS, the State contract supports the staff and operating costs of the  
51 Energy Program as well as outside contractual services; and

52  
53 WHEREAS, as of August 16, 2011, the state made approximately \$36.8 million in  
54 payments year-to-date on behalf of 56,345 households under Energy Assistance for  
55 FFY2011, over \$2.7 million year-to-date under Crisis Energy Assistance for 8,810  
56 customers and \$859,266 to repair or replace 318 heating units in Milwaukee County;  
57 and

58  
59 WHEREAS, the total revenue included in the proposed WHEAP contract is  
60 \$2,394,458, a decrease of \$792,696 from the FFY2011 amended contract of  
61 \$3,187,154; and

62  
63 WHEREAS, DHHS has submitted a report to the County Board in the September  
64 committee cycle with its recommendations for the allocation of 2012 Energy Assistance  
65 revenue to community vendors and the purchase of service contract amounts reflect the  
66 reduced Energy revenue estimate; now, therefore,

67  
68 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby  
69 authorizes the Interim Director of the Department of Health and Human Services, or her  
70 designee, to execute a FFY2012 contract for the period of 10/01/11 to 9/30/12 with the  
71 State Department of Administration (DOA) covering the operation of the Wisconsin  
72 Home Energy Assistance Program in the amount of \$2,394,458, and any addenda  
73 thereto.

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## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 09/06/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2012 Contract with the State of Wisconsin for Operation of the Wisconsin Home Energy Assistance Program (WHEAP)

**FISCAL EFFECT:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Direct County Fiscal Impact<br><input type="checkbox"/> Existing Staff Time Required<br><input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><input checked="" type="checkbox"/> Decrease Operating Expenditures<br><input type="checkbox"/> Increase Operating Revenues<br><input checked="" type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><input type="checkbox"/> Decrease Capital Expenditures<br><input type="checkbox"/> Increase Capital Revenues<br><input type="checkbox"/> Decrease Capital Revenues<br><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
<b>Operating Budget</b>	Expenditure	-146,290	
	Revenue	-146,290	
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A.) Approval of the request will authorize the Interim Director, DHHS, to sign a Federal Fiscal Year 2012 contract with the State of Wisconsin to provide revenue to the County to administer the Wisconsin Home Energy Assistance Program (WHEAP).

B.) The total revenue included in the proposed WHEAP contract is \$2,394,458, a decrease of \$792,696 from the FFY2011 amended contract of \$3,187,154. Because the State contract is on the federal fiscal year cycle, there is also a reduction of \$146,290 in expenditures and revenue for the last quarter of 2011. This reduction will be absorbed by a reduction to the purchase of service contracts.

C.) Entering into the WHEAP State contract will have no tax levy impact since a commensurate reduction will be made to the purchase of service contracts.

D. This fiscal note assumes expenditures cannot exceed the amounts authorized for the purchase of service contracts.

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

Department/Prepared By Clare O'Brien, DAS

Authorized Signature *Sari A. Syday*

Did DAS-Fiscal Staff Review?  Yes  No

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** September 6, 2011

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

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

**SUBJECT:** **Report from the Interim Director, Department of Health and Human Services, requesting authorization to enter into Purchase-of-Service Contracts for the operation of the Management Services Division Wisconsin Home Energy Assistance Program (WHEAP)**

**Issue**

The Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into Purchase-of-Service Contracts with community vendors for the operation of the Management Services Division (MSD) Wisconsin Home Energy Assistance Program (WHEAP). The contracts will follow the Federal Fiscal Year (FFY), beginning October 1, 2011 and ending September 30, 2012.

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors.

**Background**

The Wisconsin Department of Administration (DOA), Division of Energy Services (DES) administers statewide low income household energy assistance programs involving electric and heating bill payment assistance, as well as benefits and services to assist with energy crisis situations. WHEAP serves as the umbrella program for the federally-funded Low Income Energy Assistance program or LIHEAP; and the Public Benefits Program funded from fees collected through the electric utilities. LIHEAP focuses mostly on heating assistance while Public Benefits provides benefits for non-heating electric usage.

Section 16.27 of the Wisconsin Statutes governs the operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the State of Wisconsin and prescribes a role for counties in delivering such assistance. Section 46.215 of the Statutes specifically addresses Milwaukee County's role in providing energy assistance to eligible residents. DHHS is submitting another report to the County Board this committee cycle with its recommendations for executing a State-County contract for Federal Fiscal Year 2012 (October 1, 2011 through September 30, 2012) for the operation and funding of low-income energy assistance.

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community vendors have helped DHHS make use of available community resources and expertise in carrying out its mission. For the Federal Fiscal Year ending September 30, 2010, DHHS administered \$2.9 million in Home Energy Assistance subcontracts with community agencies resulting in assistance to 69,961 households receiving \$40.4 million in Home Energy and Crisis Assistance.

In 2011, the DHHS Management Services Division initiated a Request for Proposals (RFP) process for competitive proposals from community agencies to provide services to low-income households needing assistance with utility bill payments and to respond to customer emergency energy needs and process applications for crisis assistance funds. The department received proposals from the herein recommended providers who have also performed these relevant services for DHHS in the past and have successfully met performance expectations and contract requirements. The proposed contracts for FFY 2012 are summarized below.

### **Discussion**

The Interim Director, DHHS is recommending the continuation of contracts with the Social Development Commission (SDC) and Community Advocates to operate the Energy Assistance Program for Milwaukee County. Under the FFY 2012 contracts, SDC and Community Advocates would operate the Wisconsin Home Energy Assistance Program (WHEAP) to insure eligible households in Milwaukee County are provided with WHEAP benefits and services. SDC operates three Energy Assistance sites and deploys the remaining two County energy staff along with its regular staff. Community Advocates currently operates one Energy Assistance site, with plans to utilize public library facilities throughout the city to process applications from within the community, should authorization to continue the contract be granted.

The Interim Director, DHHS is recommending that a twelve-month contract be awarded to the Social Development Commission (SDC), for the period of October 1, 2011 to September 30, 2012, in the amount of \$1,562,715. DHHS is also recommending that a twelve-month contract be awarded to Community Advocates in the amount of \$461,123. The 2010/2011 contracts included two contract increases received by DHHS during the course of the State DOA/DHHS contract period, which were proportionately passed on to both SDC and Community Advocates. The recommended contract for SDC represents a decrease of \$93,909 from the initial base contract of \$1,656,624 for the 2010/2011 federal fiscal year. The recommended contract for Community Advocates represents an increase of \$108,063 from the initial base contract of \$353,060 awarded to them for the 2010/2011 FFY.

The FFY 2011/2012 contract amount recommendations are based upon percentage of applications processed YTD by each agency for FFY 2010/2011 at the time of this report. The increased contract allocation to Community Advocates is due to an increase in both Home Energy and Crisis Assistance applications processed by Community Advocates during the 2010/2011 contract period to date over the 2009/2010 contract period. DHHS' ability to execute these contracts will be contingent upon review and approval by the Wisconsin Department of Administration.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Interim Director of the Department of Health and Human Services, or her designee, to execute a FFY 2012 contract for the period of October 1, 2011 to September 30, 2012 with the Social Development Commission (SDC) in the amount of \$1,562,715, and with Community Advocates in the amount of \$461,123, with the understanding that any addenda received by Milwaukee County DHHS from the Wisconsin Department of Administration increasing the state/county contract for the operation of the WHEAP program during FFY 2012 will proportionately increase both the SDC and Community Advocates contracts.

### **Fiscal Impact**

Each of the recommended contracts is funded with Wisconsin Home Energy Assistance Program (WHEAP) revenue, and approval of the recommendations delineated above would have no additional tax levy impact beyond what has been allocated in the Department's 2012 requested budget. A fiscal note form is attached.



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Gerri Lyday, Interim Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff – County Board  
Pamela Bryant, Interim Fiscal and Budget Administrator– DAS  
Antoinette Thomas-Bailey, Fiscal and Management Analyst – DAS  
Jennifer Collins, County Board Staff  
Jodi Mapp, County Board Staff

1  
2  
3  
4 (ITEM) From the Interim Director, Department of Health and Human Services, requesting  
5 authorization to enter into 2011/2012 Purchase-of-Service Contracts for the operation of  
6 the Management Services Division Wisconsin Home Energy Assistance Program (WHEAP),  
7 by recommending adoption of the following:  
8

9 **A RESOLUTION**

10  
11 WHEREAS, per Section 46.09 of the Milwaukee County Code of General  
12 Ordinances, the Interim Director of the Department of Health and Human Services (DHHS)  
13 has requested authorization to enter into 2011/2012 Purchase-of-Service Contracts with  
14 community vendors for the Management Services Division (MSD); and  
15

16 WHEREAS, the recommended contracts will allow for an expanded delivery system  
17 of purchased services in the community; and  
18

19 WHEREAS, in 2011, DHHS initiated a Request for Proposals (RFP) process for  
20 competitive proposals for these services from community agencies to provide support to  
21 low-income households needing assistance with utility bill payments; and  
22

23 WHEREAS, DHHS received competitive proposals from the recommended agencies  
24 who have performed these relevant services for Milwaukee County in the past and have  
25 met expectations and contract requirements; and  
26

27 WHEREAS, each of the recommended contracts that pertains to Energy Assistance is  
28 funded with Wisconsin Home Energy Assistance Program (WHEAP) revenue, and DHHS'  
29 ability to execute these contracts will be contingent upon review and approval by the  
30 Wisconsin Department of Administration; and  
31

32 WHEREAS, the contract recommendations are within limits of relevant 2012  
33 State/County contracts and the 2012 Requested Budget; now, therefore,  
34

35 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby  
36 authorizes and directs the Interim Director, DHHS, or her designee, to execute one-year  
37 contracts for the period of October 1, 2011 through September 30, 2012 with the  
38 following vendors in the following amounts:  
39

40 Social Development Commission	\$1,562,715
41 Community Advocates	461,123

43 TOTAL **\$2,023,838**

44

45 BE IT FURTHER RESOLVED, that the Interim Director, DHHS, or her designee, is  
46 hereby authorized by the Milwaukee County Board of Supervisors to proportionately  
47 amend both the Social Development Commission and Community Advocates contracts for  
48 the same period upon receipt of any addenda received by Milwaukee County DHHS from  
49 the Wisconsin Department of Administration increasing the state/county contract for the  
50 operation of the WHEAP program during FFY 2012.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 09/06/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, DHHS, Requesting Authorization to Enter into FFY 2012 Purchase of Service Contracts for the Energy Assistance Program.

**FISCAL EFFECT:**

- |                                                                                                        |                                                        |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required                                                  | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure		
	Revenue		
	Net Cost	0	0
<b>Capital Improvement Budget</b>	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. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A.) Approval of the request would permit the DHHS Management Services Division to enter into purchase of service contracts for the Energy Assistance program with the Social Development Commission and Community Advocates. The term of the contracts would run on the federal fiscal year cycle from October 1, 2011 to September 30, 2012.

B.)The total revenue included in the proposed WHEAP FFY2011 contract is \$2,394,458, a decrease of \$792,696 from the FFY2011 amended contract of \$3,187,154. This contract provides funds to administer the program, including contracts with SDC and Community Advocates. The contract with the State is being recommended for approval by DHHS in the September cycle.

Due to the significant reduction from the State, the recommended FFY2012 contract for SDC is \$1,562,715, which reflects a reduction of \$93,909 from the original 2011 base contract of \$1,656,624. Due to the increased number of applications taken, the recommended contract for Community Advocates is \$461,123, which reflects an increase of \$108,063 over the original 2011 base contract of \$353,060.

The two contracts combined reflect a total cost of \$2,023,838. The remaining State revenue of \$370,620 funds two County Energy workers, administration and a small contract with 211-IMPACT.

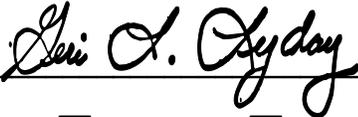
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<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should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

C.) There would be no tax levy impact by approving the request as the recommended contract amounts are within the State Wisconsin Home Energy Assistance Program (WHEAP) allocation.

D. This fiscal note assumes expenditures cannot exceed the amounts authorized for the purchase of service contracts.

Department/Prepared By Clare O'Brien, DAS

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**11**

**DATE:** September 6, 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, providing an informational report on program changes to meet budgeted appropriations related to the Milwaukee County General Assistance Burials Program**

**Issue**

The Interim Director, Department of Health and Human Services (DHHS), is providing an informational report on policy changes impacting the General Assistance (GA) Burials Program.

**Background**

Milwaukee County burial services are available to eligible Milwaukee County residents who do not meet the Wisconsin Funeral and Cemetery Aids Program (WFCAP) guidelines. WFCAP provides assistance to those who are Medicaid eligible or participating in Wisconsin Works (W2). Supplemental Security Income (SSI) and community-based waiver program recipients and children in foster care or kinship care are automatically eligible for a State-funded burial.

The General Assistance (GA) Burials program was part of the county's former General Assistance program and Milwaukee County is not mandated to provide it. However, we have continued to operate this program to provide an option for individuals to be afforded the opportunity to have burial, funeral or cremation services that they do not have the financial resources to pay for.

Eligibility to the GA Burials program requires Milwaukee County residency, financial eligibility based on 100% of federal poverty guidelines (\$10,890 for an individual) and a maximum estate, or combined assets, of \$1,500. Current policy provides assistance for up to \$1,500 as the combined cost for both the funeral and cemetery (burials or cremations) charges at a maximum cost of \$725 and \$775, respectively. Our experience has been that the average cost for cremation services is approximately \$300 per case.

The State's burial assistance program was operated by DHHS until the State took over the operation of Income Maintenance programs in 2010. As part of the contract executed with State Department of Health Services, a county employee performs eligibility for both the State and county burial assistance programs. As part of the 2011-2013 State Budget, this County position will be converted to a State position by January 2012. DHHS pays the State for approximately 25% of the cost of this position.

Burial Assistance is paid for by county tax levy budgeted in DHHS. The table below shows the total number of GA burial assistance cases, annual budgets and actual costs from 2006 through 2011 (projection).

Year	Total Burials	Monthly Burials	Annual Budget	Total Cost	Variance Bud/Act	Ave Cost Per Burial
2011 Projected	420	35	\$325,000	\$474,934	(\$149,934)	\$1,131
YTD 2011 (as of June)	210	35	\$325,000	\$237,467	\$87,533	\$1,131
2010	395	33	\$325,000	\$452,202	(\$127,202)	\$1,145
2009	388	32	\$325,000	\$441,621	(\$116,621)	\$1,138
2008	354	30	\$325,000	\$369,763	(\$44,763)	\$1,045
2007	298	25	\$325,000	\$345,899	(\$20,899)	\$1,161
2006	251	21	\$375,550	\$303,879	\$71,671	\$1,211
<b>5-Yr Ave:</b>	<b>337</b>	<b>28</b>		<b>\$382,673</b>		<b>\$1,139</b>

As shown in the table, actual costs in the program have exceeded the budget every year since 2007 and are projected to do so again in 2011. Based on projected costs for 2011, program expenditures will have increased 56% since 2006.

### Policy Changes

Program guidelines have not been modified since 2003. At that time, the maximum assistance amount was reduced from \$2,500 to \$1,500 to reduce costs to the program.

In order to remain within the county's approved budgets, DHHS plans to reduce the assistance amount from a maximum of \$1,500 to 1) \$1,000 for funeral/burials (\$500 for a funeral and \$500 for a burial) or 2) an \$800 maximum for funeral/cremations (\$500 for a funeral and \$300 for a cremation). In addition, the requirement on the maximum estate allowable to qualify for the program would be reduced from \$1,500 to \$1,000.

The GA Burials Program also handles a small number of unclaimed decedents in which there are no next of kin. In these cases, the Medical Examiner makes a referral to the GA Burials Program. So far in 2011, the program has processed seven unclaimed cases. The department is recommending that the policy guidelines be changed to require cremations only on unclaimed deceased persons. This will provide a cost savings per case of \$475, which reflects \$300 per cremation compared to the existing cost of \$775 for a burial.

As can be noted from the chart above, GA burial costs have continued to rise yearly. If the Department continued at the current funding level, there would be approximately a \$150,000 deficit in this program for 2011. The Department discussed several different options and had a discussion with the Medical Examiner's office regarding the potential impact of implementing several of the options being explored. The Medical Examiner's office is extremely concerned about the potential for an increase in unclaimed bodies if the budget were capped and we

continue to reimburse at the higher amount. The Medical Examiner's office refers a significant number of individuals to the county's burial program for financial assistance with funeral/burial services, particularly in cases when the person or family indicates they have no financial means to remove individuals from the county mortuary. Therefore, we are employing a strategy that reduces the amount of the payment in order to continue offering the services. The 2012 Requested Budget increases the burial account by \$60,000 to try and accommodate some of the increased demand.

Based on these policy changes, the county will be issuing updated price agreements with GA burials vendors. The department will monitor the fiscal impact of these policy changes on an ongoing basis. If costs are still anticipated to exceed the budget, the department may explore the option of issuing a request for proposal (RFP) in an effort to further control costs over the long term while ensuring services are maintained for those who need it.

### **Fiscal Effect**

The policy changes identified in the report will allow the GA Burials Program to manage GA Burials costs in future budgets. The reduced assistance amount of \$1,000 for funeral/burial and \$800 for funeral/cremation is expected to reduce costs by \$120,000 to \$130,000 annually.

### **Recommendation**

This report is informational only.



Gerri Lyday, Interim Director  
Department of Health and Human Services

### Attachment

cc: County Executive Chris Abele  
Tia Torhorst, County Executive's Office  
Patrick Farley, Administrator - DAS  
Terrence Cooley, Chief of Staff – County Board  
Pamela Bryant, DAS Interim Fiscal and Budget Administrator  
Antionette Thomas-Bailey, Fiscal and Management Analyst, DAS  
Jennifer Collins, County Board Staff  
Jodi Mapp, County Board Staff

September 7, 2011

To: Milwaukee County Board of Supervisors Health and Human Needs Committee

From: Sherrie Tussler, Executive Director, Hunger Task Force

Re: FoodShare Program Report

The FoodShare Program continues to undergo changes that have an impact for your constituents. Hunger Task Force monitors program operation, conducts legislative advocacy and provides direct application assistance at the Coggs Center, the Robles Center and UMOs.

The State Department of Health Services continues to be responsible for program administration in Wisconsin. (The Governor's budget proposed moving the program to the Department of Children and Families and ultimately this did not occur.) Instead, the legislature approved a plan to create geographic consortiums where multiple counties work in partnership to decrease program costs by reducing duplication of services. Milwaukee County remained untouched in this process and the State will continue to operate FoodShare here.

The United States Department of Agriculture (USDA) oversees State administration of the FoodShare Program. The USDA measures state performance by looking at timeliness of case processing, overpayments, underpayments and accuracy of files containing applications. This data is measured retrospectively so 6-12 month time lags are commonplace in the data measured by the USDA. This can explain why the state receives awards for good program management.

The USDA meets 50% of Wisconsin's FoodShare administrative costs and 100% of its benefit costs. The State failed to inform the USDA of fraud in excess of \$300,000 perpetrated by employees of the welfare office.

The USDA determines approvals of any proposed changes to standard operating procedures within FoodShare. In January 2010 the state was placed on notice for employing private sector employees. Federal law requires that benefit issuance and determination be conducted by merit employees. The state continued to hire private sector employees, effectively privatizing FoodShare. This is illegal and creates a situation where the state can be penalized financially for all of the federal funding it spent on administration of the program for the privatized period. In May 2011 the USDA warned the State to stop privatization and to create a Corrective Action Plan to return FoodShare administration to the public sector. In August 2011 the State submitted an approvable plan that included monthly benchmarks for hiring staff. By January 2012 private sector employees are supposed to be used for document processing only. Private sector employees generally provided lower quality service and made more mistakes in managing applicants, so if your constituents lost benefits recently or had their application ignored, encourage them to reapply.

The state has not been reasonable or transparent in sharing data or operational plans. FOIA requests are ignored. Constituents have not been properly informed of changes in telephone numbers or the web address for the online application (ACCESS - [www.access.wisconsin.gov](http://www.access.wisconsin.gov)). The Civil Rights Complaint filed by Hunger Task Force in October 2009 remains unresolved. People with limited English proficiency continue to suffer disparate treatment.

FoodShare Program participation in Milwaukee County has increased by 54% in the last 5 years. In June Milwaukee County had 222,633 participants in the FoodShare Program. Milwaukee is now 94% enrolled in FoodShare. Increasing program enrollment in FoodShare has caused concern at the federal level. Into the future the program will be the subject of scrutiny as over 45 million Americans (including over 820,000 people in Wisconsin) rely on it to put food on the table during economically challenging times.

The state legislature's Joint Audit Committee requested an audit into FoodShare fraud in March 2011. Leadership of the committee believes that fraud is rampant in the program. And although 100% of FoodShare benefits are federal funds the state seeks to reduce and eliminate fraud in public benefit programs. We anticipate further measures from the legislature to curb program participation. The media has contributed by improperly informing the public about the facts of FoodShare.

If you have constituents who need help getting or keeping FoodShare benefits, Hunger Task Force can help. We work in room 105 at the Coggs Center (1220 W. Vliet St.). And we operate a self-service center at the Robles site (910 W. Mitchell St.). Our staff are bi-lingual (Spanish, Hmong and Lao) and culturally competent. Hunger Task Force also provides application advocacy at UMOS and for seniors at senior centers and subsidized housing.

If you receive calls about FoodShare fraud Hunger Task Force can help constituents understand the program and its operation. Feel free to share our number with them, or in your newsletter—414-777-0483.

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** September 15, 2011

**TO:** Supervisor Peggy Romo West, Chair – Health & Human Needs Committee  
Supervisor Joe Sanfellipo, Chair – Personnel Committee

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
Candace Richards, Interim Director, DAS-Human Resources

**SUBJECT:** **From the Interim Director, Department of Health & Human Services and the Interim Director, Department of Human Resources submitting an informational report regarding the transition of the Department of Health Services (DHS) employees and the Department of Children and Families Services (DCF) employees to the State**

**Issue**

DHHS and DAS-HR are submitting a joint informational report requested by the Chairperson of the Health and Human Needs Committee to provide an update on the conversion of Milwaukee County Income Maintenance and Child Care employees to State employment.

**Background**

In January 2009, the State Departments of Health Services (DHS) and Children and Families (DCF) assumed control of the Income Maintenance (IM) and Child Care programs from Milwaukee County as authorized by Wisconsin Acts 15 and 28. Under this arrangement, the employees working for the IM or Milwaukee Enrollment Services (MILES) unit and Child Care or Milwaukee Early Care Administration (MECA) unit still maintained their county employment but were supervised by the State.

The 2011-2013 State Budget authorized the conversion of 271.5 full-time equivalents (FTEs) (208 currently filled) assigned to IM effective January 1, 2012. In addition, DCF has requested that the 73 FTEs (61 currently filled) assigned to Child Care be converted to State positions effective October 1, 2011 as part of a passive review process being conducted by the Legislature's Joint Finance Committee in mid-September. This would mean that by January 1, 2012 all of the authorized IM and Child Care positions will be converted to the State.

State DHS submitted the attached letter dated 6/29/11 to county IM employees explaining the changes resulting from the transfer. In addition, county Child Care employees were first notified of the 10/1/11 conversion in the attached DCF letter dated 8/30/11.

**Discussion**

DHHS and HR have met with Corporation Counsel, Department of Administrative Services, Labor Relations and Employee Benefits to discuss the impacts to employees, particularly

regarding fringe benefits. This group had a general conference call with DCF to address these personnel issues given the October 1 effective date. Based on these discussions, we are developing a fact sheet for employees to guide them on the benefits changes. We hope to release this document soon. However, there are several outstanding questions that still need to be addressed by the State and some issues that will require an opinion by Corporation Counsel on Milwaukee County's position covering areas such as pension and unemployment compensation.

The following bullet points represent the information we have confirmed so far:

#### **Income Maintenance (MILES)**

- Employees are competing for positions through an interview process conducted by the State to be completed in mid-September & the county will receive a list of employees who have not been selected by the end of November. Some employees will be retained & others may not be retained.
- Employees hired by the State will be required to resign from their county positions by 12/30/11
- All employees hired by the State will become members of the Wisconsin Retirement System (WRS) except for those who aren't vested
- Per changes in the State Budget, the county must maintain employees who are not currently vested in the Milwaukee County Employee Retirement System (ERS) until they are vested (at five years of service) and the State will reimburse the county the employer contribution. There are currently 57 employees who will not be vested as of December 31, 2011.

#### **Child Care (MECA)**

- All county Child Care employees will be appointed to State Child Care positions effective 10/1/11. Unlike the IM staff, there is no competitive interview process for this staff.
- Within 10 days of their appointment to State positions, these employees can opt in writing to remain in the county's ERS and the State will reimburse the county the employer contribution.

#### **Pending Court Action**

On September 9, DC-48 filed a restraining order to temporarily halt the transfer of MECA county employees to state service. Although DC 48 no longer has a collective bargaining agreement with the County, DC 48 does have a collective bargaining agreement with the State. This collective bargaining agreement was negotiated with the State at the time the State initially took over IM and Child Care in 2009. Milwaukee County was not included in this negotiation. Depending upon the action of the court, this could affect the date by which the MECA employees transition to State employment. A hearing is scheduled for September 21.

### Coggs Lease

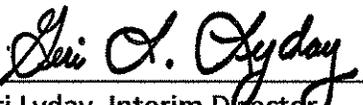
MILES and MECA primarily operate out of the Marcia P. Coggs Center under a lease DHS holds with DHHS. DHHS and DAS met recently with DHS to discuss the State's future plans and were told that DHS will likely remain at the Coggs Center in 2012. However, DHS could not commit to a lease beyond 2012 at this time.

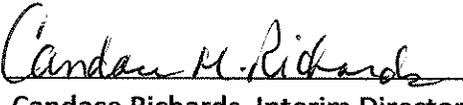
### Fiscal Effect

The conversion of the Income Maintenance and Child Care employees to State employment has an overall negative fiscal impact to Milwaukee County. The State currently reimburses the county for the personnel costs including the legacy costs associated with these employees. Once these employees transition to the State, the county will no longer be reimbursed for approximately \$5.9 million (\$4.9 million for IM and \$1 million for Child Care) in legacy costs estimated for 2012. These costs will need to be addressed by the County.

### Recommendation

There is no recommendation. This report is informational only.

  
\_\_\_\_\_  
Geri Lyday, Interim Director  
Department of Health and Human Services

  
\_\_\_\_\_  
Candace Richards, Interim Director  
Department of Human Resources

### Attachments

cc: County Executive Chris Abele  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff – County Board  
Patrick Farley, Director, Department of Administrative Services  
Pamela Bryant, DAS Interim Fiscal and Budget Administrator  
Scott Manske, Controller  
Antionette Thomas-Bailey, Fiscal and Management Analyst, DAS  
Jennifer Collins, County Board Staff  
Jodi Mapp, County Board Staff

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

**DATE:** September 6, 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:** **From the Interim Director, Department of Health and Human Services, Requesting Authorization to Increase the 2011 Purchase of Service Contract with Justice 2000 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 for Justice 2000 (J2K).

**Background**

Milwaukee County Behavioral Health Division (BHD), in collaboration with Milwaukee County Circuit Court, applied for and was awarded a 3-year, \$900,000 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to support the expansion and enhancement of drug treatment available through the Milwaukee County Adult Drug Treatment Court (Drug Court). The SAMHSA grant expands treatment availability by 40 slots annually and enhances treatment options through utilization of medication-assisted therapies.

The Drug Court, established in May 2008, targets high risk/high need non-violent offenders with significant substance abuse problems who are charged with a felony or are chronic misdemeanants, are willing to participate in treatment, and who would otherwise face a District Attorney's Office recommendation for incarceration. The target population is diverse in terms of gender, age, and ethnic origin. The Drug Court uses a collaborative team approach to identify, screen, assess, case plan, and monitor individuals eligible for Drug Court services. Once accepted into the program, participants are assigned to a case manager (recovery support coordinator) employed by J2K and placed in treatment through the Wiser Choice provider network.

Over the 12-months of their involvement with the Drug Court, participants move through four

graduated phases of treatment, each with specific criteria that must be met before graduation to the next phase. Regular appearances before the Drug Court judge represent a core element of the process as individuals are called to account for their treatment participation and other behavior or, as is often the case, receive praise and positive reinforcement for treatment progress. If participants successfully complete all four phases, their initial case is dismissed. The project's overall goal is to reduce recidivism in the criminal justice system through the reduction of alcohol and other drug addiction.

BHD has a 2011 purchase of service contract with J2K in the amount of \$45,000 to support the activities of the Drug Court. J2K provides Central Intake Unit services as well as recovery support coordination for all individuals in Drug Court. Furthermore, J2K employs the Drug Court Coordinator (and SAMHSA Project Director) through a separate grant obtained by the Milwaukee County Circuit Court.

SAMHSA requires that all grantees attend mandatory grantee meetings, with travel to the meetings paid for using budgeted funds from the SAMHSA grant. SAMHSA approved the use of grant funding for two trainings for the Milwaukee County Drug Court to attend: the annual meeting and training on quality improvement processes. The total cost for these two trainings (hotel, airfare, and per diem for each approved attendee) is \$10,600. While SAMHSA grant funds are available to cover the costs of these trainings, the funds were not allocated in J2K's original 2011 purchase of service contract.

In addition, SAMHSA approved a carry over request to expend \$22,720 to attend two additional trainings this fall. BHD was informed of the availability of carry over funds after the County Board had approved J2K's 2011 purchase of service contract allocation. Milwaukee County has been approved to send a group of 10 people to this conference. Additionally, J2K will send five Recovery Support Coordinators to the National Conference on Addiction Disorders.

### **Recommendation**

In order to cover the costs of the trainings outlined in this report, it is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to increase the Justice 2000 purchase of service contract by \$33,320, from \$45,000 to \$78,320, for 2011.

### **Fiscal Effect**

The revenue received through the SAMHSA grant completely offsets the total recommended increase in the Justice 2000 contract. There is no tax levy effect. A fiscal note form is attached. A fund transfer may be completed later in the year to recognize the additional grant funding and related expenses.



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Geris Lyday, Interim Director  
Department of Health and Human Services

Cc: County Executive Chris Abele  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff, County Board  
Patrick Farley, Director, DAS  
Pam Bryant, Interim Fiscal & Budget Administrator, DAS  
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS  
Steve Pietroske, Fiscal & Management Analyst, DAS  
Jodi Mapp, Committee Clerk, County Board Staff  
Jennifer Collins, Analyst, County Board Staff

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(ITEM \*) From the Interim Director, Department of Health and Human Services, Requesting Authorization to Increase the 2011 Purchase of Service Contract with Justice 2000 for the Behavioral Health Division:

**A RESOLUTION**

WHEREAS, the Milwaukee County Adult Drug Treatment Court, established in May 2008, targets high risk/high need non-violent offenders with significant substance abuse problems who are charged with a felony or are chronic misdemeanants, are willing to participate in treatment, and who would otherwise face a District Attorney’s Office recommendation for incarceration; and

WHEREAS, the Milwaukee County Behavioral Health Division (BHD), in collaboration with Milwaukee County Circuit Court, applied for and was awarded a 3-year, \$900,000 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to support the expansion and enhancement of drug treatment available through the Milwaukee County Adult Drug Treatment Court; and

WHEREAS, BHD has a 2011 purchase of service contract with Justice 2000 (J2K) in the amount of \$45,000 to support the activities of the Adult Drug Treatment Court, specifically to provide Central Intake Unit services as well as Recovery Support Coordination for all individuals in Drug Court; and

WHEREAS, SAMHSA requires that all grantees attend mandatory grantee meetings; and

WHEREAS, SAMHSA approved the use of grant funding for two trainings for the Milwaukee County Drug Court to attend: the annual meeting and training on quality improvement processes for a total cost of \$10,600; and

WHEREAS, SAMHSA also approved a carry over request to expend \$22,720 to attend two additional trainings this fall, specifically, for implementation of the Comprehensive, Continuous Integrated Systems of Care (CCISC) for co-occurring disorders (COD) and the National Conference on Addiction Disorders; and

WHEREAS, SAMHSA grant funds are available to cover the costs of all of these trainings; however, the funds have not been allocated in J2K’s 2011 purchase of service contract; and

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) contract for Justice 2000 by \$33,320, from \$45,000 to \$78,320; and

46 WHEREAS, the contract increase is completely off-set with Federal grant revenue and there  
47 is no tax levy effect; now, therefore,  
48

49 BE IT RESOLVED, that the Interim Director of the Department of Health and Human  
50 Services, or her designee, is authorized to increase the 2011 purchase of service contract with  
51 the vendor listed and in the amounts and terms stated below:  
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<u>Agency and Service</u>	<u>Term</u>	<u>Original</u>	<u>Amendment</u>	<u>Final</u>
55 Justice 2000	1 year	\$45,000	\$33,320	\$78,320
56 (Service Access)	(2011)			

57  
58  
59

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 9/6/2011

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 Contract with Justice 2000 for the Behavioral Health Division

**FISCAL EFFECT:**

- |                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> No Direct County Fiscal Impact                                                           | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required                                                             | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures<br>(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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	33,320	
	Revenue	33,320	
	Net Cost	0	
<b>Capital Improvement Budget</b>	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.<sup>1</sup> 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 2011 purchase of service contract with Justice 2000 to allow the agency to be reimbursed for expenses incurred or to be incurred related to trainings for the Adult Drug Treatment Court, including mandatory grantee meetings.

B) The total recommended increase to the 2011 purchase of service contract for Justice 2000 is \$33,320, from \$45,000 to \$78,320. Federal Substance Abuse and Mental Health Services Administration grant funds are available to completely offset the cost of the contract increase.

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

D. No assumptions/interpretations.

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<sup>1</sup> 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**  
INTEROFFICE COMMUNICATION

Date: August 28, 2011

To: Supervisor Lee Holloway, Chairman, County Board of Supervisors

From: Laurie Panella, Interim Chief Information Officer, IMSD  
Geri Lyday, Interim Director, Department of Health and Human Services

Subject: Request for Authorization to execute an Agreement with Netsmart Technologies, Inc. for an Electronic Medical Records System for the Department of Health and Human Services - Behavioral Health Division

ISSUE

The Interim Chief Information Officer and the Interim Director, Department of Health and Human Services are requesting authorization to execute an Agreement with Netsmart Technologies Inc. (Netsmart) for the purchase, implementation and hosting of an Electronic Medical Records (EMR) system for the Department of Health and Human Services – Behavioral Health Division (BHD).

BACKGROUND

Capital project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvement Budget to replace the EMR system for the Office of the Sheriff (MCSO) and to implement a new EMR system for BHD. IMSD was appointed project lead on this initiative.

In June of 2010, IMSD issued a Request for Proposal (RFP) for program management services to support IMSD in the selection and the successful implementation of an EMR solution. IMSD was specifically looking for individuals with not only project management/business analyst background but individuals with experience in EMR systems and an understanding of EMR industry best practices. The Joxel Group, LLC (TJG), was selected as the successful proponent.

TJG worked with staff that would be considered subject matter experts from both BHD and MCSO in order to capture business requirements, critical success factors and to identify both functional and technical components of an EMR. With oversight from TJG, a Request for Proposal (RFP) outlining the needs of both County Departments was issued December, 2011 for an EMR solution.

The RFP was sent to ten (10) EMR providers and was publically advertised in the *Daily Reporter* as well as on the County's website through the Business Opportunity Portal. Eleven (11) proposals were received. On a parallel path, MCSO was pursuing options relevant to medical services and EMR solutions but determined, at this time, there was

no longer a need to replace the existing MCSO EMR solution. IMSD and TJG focused efforts on BHD.

A panel consisting of subject matter experts from BHD, representatives from the County Board, the Community Business Development Partners, the Department of Administrative Services (DAS) and IMSD evaluated proposals and attended vendor demonstrations. Based on the evaluation criteria included in the RFP, outcomes of the vendor demonstrations, detailed follow-up questions with each of the vendors, and a financial analysis by the DAS, Netsmart was selected as the successful proponent.

Netsmart is a premier provider of clinical and financial application system for Health and Human Services. In addition, they are the first behavioral health software provider to pass complete ARRA certification for ambulatory and inpatient facilities. This certification is relevant for it allows Milwaukee County to be positioned for the Meaningful Use monetary incentives upon contract execution. Netsmart has a strong presence in Wisconsin (fourteen (14) customers including the State of Wisconsin) and is also involved at the National County level as a ten (10) year Premier Corporate IT Member of the National Association of Counties (NACo). As an active member and sponsor of this organization, Netsmart participates by providing expert knowledge sharing at NACo's annual conference in addition to joining NACo in public policy initiatives to expand eligibility for Meaningful Use incentive funds to a broader spectrum of providers and provider organizations both in Wisconsin and nationwide.

BHD has been using Netsmart's CMHC/MIS product for the past sixteen (16) years; however, the proposed solution uses Netsmart's state-of-the-art Avatar system which is designed to meet BHD's current and future needs. This system has a strong clinical, financial, and integrated managed care solution to allow claims processing and adjudication functionality. As BHD looks towards the future, the software has the capability to provide functionality to manage our inpatient, outpatient, and community based mental health and substance abuse programs effectively giving us the flexibility to grow the business.

DHHS respectfully requests the authority to enter into an Agreement with Netsmart for a period of five (5) years with the option for a five (5) year renewal at BHD's option. The total cost of the Agreement is \$5,223,659 with software and implementation costs being \$1,914,545 and ongoing hosting and maintenance services costs at an average of \$827,279 each year for years two (2) through five (5). A copy of the Agreement is attached for review.

#### RECOMMENDATION

The Interim Director of the Department of Health and Human Services respectfully requests the authority to enter into an Agreement with Netsmart Technologies, Inc. for the purchase, implementation and hosting of an Electronic Medical Records system for the Department of Health and Human Services – Behavioral Health Division.

A resolution and fiscal note are attached for your review and referral to the appropriate committee(s) of the County Board of Supervisors.

Sincerely,

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Laurie Panella, IMSD  
Interim Chief Information Officer

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Geri Lyday, Interim Director  
Dept of Health and Human Services

cc: Chris Abele, County Executive  
George Aldrich, Chief of Staff, County Executive's Office  
E. Marie Broussard, Deputy Chief of Staff, County Executive's Office  
Supervisor Johnny Thomas, Chair, Finance and Audit Committee  
Supervisor Peggy West, Chair, Health and Human Needs Committee  
Supervisor Lynne Debruin, Vice Chair, Finance and Audit Committee  
Supervisor Eyon Biddle, Sr., Vice Chair, Health and Human Needs Committee  
Patrick Farley, Director, Department of Administrative Services  
Pamela Bryant, Interim Fiscal and Budget Manager, DAS  
Geri Lyday, Director, DHHS  
Paula Lucey, Administrator BHD  
Jeanne Dorf, Fiscal Associate Administrator, DHHS  
Steve Cady, Fiscal and Budget Analyst, County Board  
Jennifer Collins, Research Analyst, County Board  
Justin Rodriguez, Capital Finance Manager, DAS  
Steven Pietroske, Fiscal and Management Analyst, DAS  
Carol Mueller, Committee Clerk, Finance and Audit Committee  
Jodi Mapp, Committee Clerk, Health and Human Needs Committee  
Marlinda Sisk, Fiscal and Budget Manager, IMSD  
Michael McAdams, Business Analyst, IMSD  
Sushil Pillai, The Joxel Group, LLC

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(ITEM \*) Request for Authorization to execute an Agreement with Netsmart Technologies, Inc. for an Electronic Medical Records System for the Department of Health and Human Services - Behavioral Health Division:

**A RESOLUTION**

WHEREAS, the Interim Chief Information Officer and the Interim Director, Department of Health and Human Services are requesting authorization to execute an Agreement with Netsmart Technologies Inc. (Netsmart) for the purchase, implementation and hosting of an Electronic Medical Records (EMR) system for the Department of Health and Human Services – Behavioral Health Division (BHD); and

WHEREAS, Capital project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvement Budget to replace the EMR system for the Office of the Sheriff (MCSO) and to implement a new EMR system for BHD. IMSD was appointed project lead on this initiative; and

WHEREAS, a Request for Proposal (RFP) outlining the needs of both County Departments was issued December, 2011 for an EMR solution; and

WHEREAS, the RFP was sent to ten (10) EMR providers and was publically advertised in the *Daily Reporter* as well as on the County’s website through the Business Opportunity Portal. Eleven (11) proposals were received; and

WHEREAS, on a parallel path, MCSO was pursuing options relevant to medical services and EMR solutions but determined, at this time, there was no longer a need to replace the existing MCSO EMR solution; and

WHEREAS, a panel consisting of subject matter experts from BHD, representatives from the County Board, the Community Business Development Partners, the Department of Administrative Services (DAS) and IMSD evaluated proposals and attended vendor demonstrations; and

WHEREAS, based on the evaluation criteria included in the RFP, outcomes of the vendor demonstrations, detailed follow-up questions with each of the vendors, and a financial analysis by the DAS, Netsmart was selected as the successful proponent; and

WHEREAS, Netsmart is a premier provider of clinical and financial application system for Health and Human Services and the first behavioral health software provider to pass complete ARRA certification for ambulatory and inpatient facilities; and

45 WHEREAS, BHD has been using Netsmart's CMHC/MIS product for the past sixteen  
46 (16) years; however, the proposed solution uses Netsmart's state-of-the-art Avatar system  
47 which is designed to meet BHD's current and future needs; and  
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49 WHEREAS, this system has a strong clinical, financial, and integrated managed care  
50 solution to allow claims processing and adjudication functionality; and  
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52 WHEREAS, as BHD looks towards the future, the software has the capability to  
53 provide functionality to manage our inpatient, outpatient, and community based mental  
54 health and substance abuse programs effectively giving us the flexibility to grow the  
55 business; and  
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57 WHEREAS, the total cost of the Agreement is \$5,223,659 with software and  
58 implementation costs being \$1,914,545 and ongoing hosting and maintenance services  
59 costs at an average of \$827,279 each year for years two (2) through five (5);  
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61 now, therefore,  
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63 BE IT RESOLVED, the Interim Director of the Department of Health and Human  
64 Services is granted the authority to enter into a five (5) year Agreement with the option of a  
65 five (5) year renewal with Netsmart Technologies, Inc. for the purchase, implementation  
66 and hosting of an Electronic Medical Records system for the Department of Health and  
67 Human Services – Behavioral Health Division.  
68

69 Fiscal Note Attached

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 8/22/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for Authorization to execute an Agreement with Netsmart Technologies, Inc. for an Electronic Medical Records System for the Department of Health and Human Services - Behavioral Health Division

**FISCAL EFFECT:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Direct County Fiscal Impact<br><input type="checkbox"/> Existing Staff Time Required<br><input checked="" type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input checked="" type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><input type="checkbox"/> Decrease Operating Expenditures<br><input type="checkbox"/> Increase Operating Revenues<br><input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><input type="checkbox"/> Decrease Capital Expenditures<br><input type="checkbox"/> Increase Capital Revenues<br><input type="checkbox"/> Decrease Capital Revenues<br><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
<b>Operating Budget</b>	Expenditure	1,914,545	0
	Revenue	0	0
	Net Cost	1,914,545	0
<b>Capital Improvement Budget</b>	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.<sup>1</sup> 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.

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<sup>1</sup> 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.

- A. The Interim Chief Information Officer and the Interim Director, Department of Health and Human Services is requesting authorization to execute an Agreement with Netsmart Technologies Inc. (Netsmart) for the purchase, implementation and hosting of an Electronic Medical Records (EMR) system for the Department of Health and Human Services – Behavioral Health Division (BHD).
- B. The software and implementation costs for year one (2011/2012) are \$1,914,545 and ongoing hosting and maintenance services costs starting in 2013 will be an average of \$827,279 each year for years two (2) through five (5) with the total cost over a five (5) year period of time of \$5,223,659.
- C. This project was originally financed through the 2010 adopted Capital project WO444 - Electronic Medical Records. It was determined during the planning and design phase of this project that the EMR solution for BHD would be a hosted solution and therefore would not be considered eligible for Capital Financing. It is anticipated that a portion of implementation and software costs in 2011/2012 will be offset through a reduction in the existing CMHC program and that the remaining costs would be paid for with one-time 2011 revenue in DHHS. In years two (2) through five (5) it is anticipated that savings from the termination of the Accenture contract for services related to CMHC will be sufficient to offset the costs associated with the Netsmart EMR solution. This will likely result in savings in 2013. With the implementation of an EMR system, it is anticipated that BHD will experience overall efficiency, billing & collections improvements and the potential of better patient service. The implementation will also position BHD to be eligible for Meaningful Use incentives available beginning in the year implementation begins (requesting 2011) through 2014. If Behavioral Health Division is not a Meaningful Use user by 2015, Medicare revenue will be affected by penalties. Revenue from the Meaningful Use dollars is unknown at this time but will be used to offset the implementation costs of this project.
- D. IMSD and BHD are assuming that Accenture’s support of the CMHC will end by Q1, 2013 and that 2013 and out year costs will be offset by Accenture savings.

Department/Prepared By Laurie Panella, IMSD - Jeanne Dorf, DHHS

Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?       Yes       No

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

**DATE:** September 6, 2011

**TO:** Peggy Romo West, Chairperson – Health & Human Needs Committee

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

**SUBJECT: From the Interim Director, Department of Health and Human Services, Submitting an Informational Report Regarding the Status of the Contracting Out of Dietary Services**

**BACKGROUND**

The 2009 Budget included an initiative to contract for food service operations at the Behavioral Health Division (BHD). On June 8, 2009, A'viands LLC, the selected vendor, began operating the BHD food service. At the March 9, 2011 meeting of the Health and Human Needs Committee, it was requested that BHD continue to provide semi-annual status reports.

**DISCUSSION**

*Initiatives*

Previous reports to the Board noted that BHD received citations in the SOD related to the Dish Room. In an effort to address these citations and explore alternative meal service options at BHD, a patient-centered dining pilot program has been implemented on a unit within the Rehab Central Program. This pilot program began operation on July 18, 2011, and the State has confirmed that the new meal delivery method satisfies the SOD citations.

The pilot program eliminates the current tray delivery service provided to this unit. The kitchenette on the unit was remodeled to include a steam table, under-counter dish machine, coffee maker and microwave. An A'viands employee transports the meal in bulk to the kitchenette, assembles the meals on the unit, and serves the meals to the clients, with assistance from the nursing staff.

The goals of this program include:

- Fostering independence in patients in regards to choice at meal and snack times;
- Improving customer satisfaction with meals;
- Decreasing the amount of food waste;
- Promoting positive interactions between patients, BHD staff and A'viands staff;
- Decreasing errors due to dietary cart issues such as cold or burnt items;

- Decreasing spending on supplemental charges for snacks, supplements and nourishments;
- Reducing the cost of replacing the current meal delivery carts by exploring more financially responsible alternatives;
- Eliminating the need for operational improvements to the tray line and dish room area; and
- Correcting state survey notations in regard to resident choice and accommodation of needs.

While only in its infancy, the pilot has received many compliments from residents and unit staff alike, and BHD and A’viands are actively working to ensure the success of the pilot. With the assistance of A’viands, BHD plans to expand the initiative to the other long-term care units and possibly the Acute units in the near future.

*Performance*

BHD works closely with A’viands to monitor food quality and service and resolve errors. BHD has three Dietitians, a Dietitian Supervisor, a Quality Improvement Coordinator, and a Contract Services Coordinator, who monitor the daily operations of the A’viands contract. A’viands management staff also attend the noon safety meeting when requested or as issues arise.

The Dietitian Supervisor performs regular checks of the meals provided to BHD patients and residents. A summary of data that is routinely collected on meal service and delivery is included in Table 1.

<b>TABLE 1. SELECTED DIETARY PERFORMANCE METRICS (FEBRUARY – JUNE 2011)</b>					
	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
<i>Tray accuracy</i>	88%	88%	75%	56%	89%
<i>Texture Modifications</i>	88%	88%	88%	89%	89%
<i>Portion Sizes</i>	100%	100%	88%	100%	89%
<i>Time</i>	75%	75%	62%	89%	56%

**Tray accuracy:** All items ordered on the tray card are present on meal tray at time of delivery. Threshold is 100% accuracy.

**Texture Modifications:** All mechanically altered foods required are at the desired consistency at time of delivery. Threshold is 100% accuracy.

**Portion Sizes:** All portion sizes are of correct measurement at time of delivery. Threshold is 100% accuracy.

**Time:** Meals are delivered on a timely basis. Threshold is within 10 minutes of scheduled serving time.

*Tray testing for each category is completed bi-weekly for a sample of 8-9 per month.*

Also in 2011, BHD Dietary staff began conducting weekly customer satisfaction surveys. The results are presented in Table 2, and show the percentage of customers rating the given measure as either good, very good, or excellent in each month.

	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
<i>Temperature</i>	89%	56%	57%	81%	60%
<i>Time</i>	100%	67%	78%	63%	80%
<i>Taste</i>	78%	45%	45%	50%	80%
<i>Variety</i>	100%	67%	56%	75%	30%
<i>Overall</i>	75%	67%	56%	62%	80%

**Meal Temperature:** Are meal temperatures acceptable to customer at time of meal service (i.e. hot food hot, cold food cold)?

**Time:** Does customer feel that meals are served in a timely manner?

**Taste:** Does customer enjoy the taste of their meals?

**Variety:** Is customer satisfied with variety of foods served at meals?

**Overall:** Is customer satisfied with overall meal experience?

*The surveys are based on a sample of approximately 12 per month. It is also important to note that the survey respondents change on a monthly basis.*

BHD has been analyzing the new performance measures and will continue to use them to drive further improvements in dietary services.

A’viands also keeps a complaint log listing the type, nature, and location of complaints received via email and the follow-up and resolution provided. Table 3 provides a summary of the number of email complaints by type to date in 2011. The majority of the complaints are regarding food issues such as over-cooked food, substitutions or displeasure with a menu item and late or missing meals. Missing meals, incorrect food items and patient preferences are corrected immediately by A’viands at the point of service.

<b>Type of Complaint</b>	<b>Complaints by Occurrence</b>
Dietary Error - i.e. wrong texture served, inappropriate item served	20
Food Issue - i.e. substitution from menu, over-cooked, dislike item, etc	50
Portion Size	5
Late Meals, Missing Meals	31
Administrative - i.e. missing meal counts, tableware issue, in-service needs	22
<b>TOTAL COMPLAINTS</b>	<b>128</b>
Total Meals Served (January – July 2011)	368,663
Complaints as a Percentage of Meals Served	.035%

All complaints are considered formal complaints. Of the 128 email complaints tracked so far in 2011, 20 were considered serious in nature and relate to health and safety concerns. They

included patients being given inappropriate diets and food being served that patients were allergic to. All of the situations were rectified immediately before any patient was harmed.

### *Fiscal Savings*

BHD closely monitors the fiscal impact of the dietary contract with A'viands. To date for 2011, the average monthly cost for BHD for meals is \$424,026 and \$24,763 for required supplements and snacks/nourishments. The total cost for meals and supplements/snacks in 2011 is projected to be \$5,385,469. The A'viands contract is for an amount not to exceed \$5,416,186. BHD also has four dietary staff, continuing unemployment costs, prior legacy costs, various small expenses and cross charges. These costs total an average of \$63,559 per month. Therefore, the total average monthly cost including BHD and contracted expenses for 2011 to date is \$512,348. The actual monthly expenditure cost in 2008, including legacy costs, for the BHD run dietary service was \$621,932. This is an average monthly savings of \$109,584 and translates into an annual savings of over \$1.31 million.

### **Recommendation**

This is an informational report. No action is necessary.



Geris Lyday, Interim Director  
Department of Health and Human Services

cc.: County Executive Chris Abele  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff, County Board  
Patrick Farley, Director, DAS  
Pam Bryant, Interim Fiscal & Budget Administrator, DAS  
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Jodi Mapp, Committee Clerk, County Board Staff  
Jennifer Collins, Analyst, County Board Staff

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division**  
INTEROFFICE COMMUNICATION

**DATE:** September 6, 2011

**TO:** Supervisor Lee Holloway, County Board Chairman

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

**SUBJECT:** **From the Interim Director, Department of Health and Human Services,  
Providing an Informational Report Regarding the Status of the Implementation  
of Recommendations from the Mixed Gender Unit Report**

**Issue**

The Behavioral Health Division submitted an informational report in January 2011 outlining a comprehensive review of the issue of mixed gender units within a mental health facility. The report was informational and accepted by the committee. Several recommendations were generated and BHD is now returning to the Board to provide information about the status of implementation of those recommendations.

**Discussion**

A planning and implementation workgroup has been meeting to further develop the concepts contained in the initial report and outline action steps. Recognizing that the changes recommended in the original report are significant and that the success of these changes will depend on careful planning, the focus has been to create mission statements, admission criteria, programming, reallocate staff resources, define staff education needs and identify internal and external training resources.

**Women's Treatment Unit**

*Program Description*

The Women's Treatment Unit (WTU) will be a short-stay, inpatient unit for women with severe mental illness including mood or anxiety disorders, who may have experienced trauma (sexual, physical and emotional abuse) and have co-occurring addiction and/or medical needs. Individualized treatment includes: assessment, diagnostic clarification, stabilization, focused treatment interventions and facilitation of community linkages. Model of service is to

incorporate the principles of Sanctuary and Trauma Informed Care with the goal to restore optimal functioning in the community. Average length of stay is anticipated to be eight days.

Originally, the overall BHD bed capacity requirements necessitated that approximately nine of the beds on the WTU would need to be reserved for medically compromised or geriatric clients (5 to 6 males and 3 to 4 females). Additional discussion noted that the presence of any males, despite not being a current threat, might be retraumatizing for women who have a history of abuse. Therefore, the overall capacity and mission of the remaining units was again reviewed with a final decision to decrease overall bed capacity to 21, ensuring the option for women to be on a unit with only female clients.

While considering the likely patient population and the concepts of trauma-informed care, the planning group was able to develop an innovative program description and treatment approach. The goal is to provide care based on Trauma Informed Care principles and incorporate concepts from the Sanctuary Model.

#### Unit Treatment Milieu and Programming

**Treatment Milieu** will reflect training in Trauma Informed Care models and be based on Recovery principles. Staff will work together as part of a Recovery Team to identify individual client's needs and conduct treatment programming accordingly. This unit will not have a seclusion and restraint room and will utilize de-escalation strategies and other treatment interventions in its place.

**Peer Specialists**, who offer support by identifying themselves as persons in recovery, building rapport through active listening, and modeling hope, will play a significant role in promoting changes in individual patterns and behaviors. They will assist peers in developing a Wellness Recovery Action Plan, self-direction, and knowledge of community resources by providing advocacy and promoting a strengths-based approach as active members of the treatment team. Peer Specialists will be involved in developing their roles on the WTU.

**Treatment Modalities** will include **Skills Groups**, utilizing approaches including Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy, which will be offered to increase skills in the areas of interpersonal effectiveness, self-direction, emotional regulation, distress tolerance, mindfulness, problem solving, acceptance and change, and self-esteem. A **Sensory Room** will be provided to improve emotional modulation and clients will also have the opportunity to participate in **Music and Occupational Therapy Groups**. All groups will be developed within an overall framework informed by Trauma Informed Care models and will appropriately take into account evidence-based practices specific to the acute inpatient setting and length of stay.

**Individual Recovery Plans** will be based on a multidisciplinary assessment of both individual and contextual factors including current professional and social supports, housing,

employment, educational needs, transportation, income/budgeting, spiritual needs, trauma history, cultural issues, relationship status, psychological symptoms, and medical issues. Insight, readiness and capacity for change, treatment history and current engagement in treatment will be evaluated and used to inform recovery planning.

**Personal Responsibility** for recovery will be emphasized and the ability to access and use available resources will be assessed. The treatment model seeks to teach clients how to manage their mental illness for success in the other areas of their life.

**Quality of Life after Discharge** will be taken into account in discharge planning and each client will participate in planning using the DBT concept of creating a life worth living. Clients will be made aware of community resources such as housing, treatment options, financial assistance, educational and vocational opportunities, legal aid, spiritual communities, social centers, and support groups in order to maximize the potential for successful transition into the community with the goal to reduce any unnecessary use of the inpatient service. Community partners will be involved in helping to facilitate a seamless transition to the community by providing presentations and information on services they offer to clients.

#### *Staff Education Needs*

Internal and external training resources will be used to provide staff with the skills and knowledge needed to create the above milieu and provide a high quality of care. Community partners who will be available upon discharge will be asked to participate in activities while clients are inpatient in order to facilitate engagement and follow through after discharge.

#### *Quality Assurance*

Administrative staff will be involved in developing outcome measures and routinely informed regarding the success and opportunities for growth of the initiative contained herein. Successful outcomes will be monitored so that a transfer of knowledge, experience, and skills to other BHD staff and units can occur.

#### *Next Steps*

Administrative staff will be involved in with the internal unit staff, support services and external partners. The next big issue is defining the staff education plan and unit policy and procedures. To accomplish this, it is will be necessary to determine the process for staff selection and movement at all levels of staff. Additional items requiring planning and consideration, although not limited to, include: census management during implementation, personnel scheduling and assignment, and the identification of community discharge provider options. In addition, Environment of Care modifications will need to be identified and completed and fiscal implications need to be assessed. The Department is working toward an opening date of December 19, 2011 for this unit.

## **Intensive Treatment Unit**

### *Program Description*

The Intensive Treatment Unit (ITU) will provide rapid stabilization to patients at high risk for aggression. A variety of therapeutic modalities will be provided to assure that effective treatment occurs in a non-coercive and supportive milieu. Recognizing the special needs of this population, the principles of trauma-informed care will be applied. Presently, plans call for this to be a 16-bed unit, which will allow additional options for single-bed rooms and an increase in personal space. Staff will be specially trained at early intervention and de-escalation to minimize the use of seclusion and restraint and preserve patient safety and dignity. Additionally, staff will have education about the use of medication to create rapid de-escalation and will have the skills needs to provide physical monitoring as well.

### *Admission Criteria*

Patients may be admitted directly from PCS to the ITU based upon past histories of significant aggressions, current mental status, or score on the Broset Violence Assessment tool. Patients may also be transferred from other inpatient or observation units based on currently assessed need. The ITU will work to rapidly stabilize patients to allow for safe return to other therapeutic environments or discharge to the community. Early discussions are also underway related to the acceptance of transfers from other facilities.

Though the ITU will be available to all patients served by BHD, specific oversight of patients with medical frailties and/or developmental disabilities must occur to assure the safety of these individuals in this environment. Similarly, the unit will not be designed to treat patients whose primary issue involves risk of suicide or self-injurious behaviors, as the staff on all acute care units is competent and comfortable with caring for patients with this profile. The ITU will also not be an appropriate option for those patients exhibiting stable behaviors but who are experiencing placement dilemmas secondary to previous displays of aggression or maladaptive coping strategies.

### *Unit Treatment Milieu and Programming*

The ITU will maintain a non-judgmental, non-coercive, and problem-based approach to patients at current high risk for aggression and other maladaptive behaviors. The milieu will promote a sense of safety and calmness despite the acuity of individuals who will be treated there. Programming will be focused on activities that promote socially acceptable means to reduce aggressive impulses. A psychologist will develop meaningful and effective plans with the staff to address behavioral issues, perhaps including a rewards-based contingency model. All staff will work effectively as a team to help promote quick resolution of the behaviors that had precipitated the patient's ITU admission.

Pharmacologic modalities will be effectively utilized to minimize risk. Staff will be trained to recognize early warning signs of patient escalation and intervene with early and appropriate calming medications. Whenever possible, patient input into routine and emergency plans of care will be employed with the use of advance directives for de-escalating interventions,

including preferred medications. Additional strategies, including sensory modulation rooms, will be utilized on the ITU. These interventions will be part of the patient's treatment planning process so that referring units will have an understanding of effective management strategies upon the patient's return. Behavioral treatment interventions demonstrating efficacy will be similarly taught by the psychologist to those treatment teams assuming on-going care responsibilities for individuals stabilized in the ITU.

The treatment team will review ITU clients care daily. Intensive recovery planning will occur twice weekly for all individuals admitted to the ITU to assure prompt responses to changes in condition and successful use of individualized treatment strategies determined to promote wellness. The goal will be to have a length of stay that is 6-8 days.

### *Staffing Considerations*

Effective patient stabilization will require a highly trained and consistent staff that works as a team to promote optimal patient outcomes. The specific staffing pattern has not been determined but it will have a higher nurse to patient ratio than is seen on other units. Activity therapists who have demonstrated proficiency with this at-risk population will be utilized extensively to promote self-soothing strategies, increased distress tolerance, as well as enhanced self-recognition of early warning signs for aggression. These methods will form the basis of an on-going treatment plan, which these individuals will bring forward as they transition out of the ITU. The role of para-professionals on this unit is currently under discussion. However, all staff, including professionals, para-professionals and supportive staff, must demonstrate competencies to assure special proficiency in early recognition and de-escalation of aggression.

### *Staff Education*

All staff will have demonstrated competencies in violence prediction and de-escalation technique. Staff education will include methods of de-escalation including procedures for physical restraint in a way to protect the patient and themselves. On-going in-servicing will be a part of continuing staff development. Staff will have regular meetings to assure consistency of approach.

### *Quality Assurance*

The program will have regular metrics assessed to assure reduction in rates of aggression and maladaptive behaviors for patients, both during their stay on the ITU and after transfer to on-going treatment units. Staff training will occur at regular intervals and competencies addressed to assure evidence-based best practice models of care. Patient satisfaction with the ITU will be regularly reviewed to assure care in an affirming and non-coercive environment.

### *Next Steps*

Activity therapies will continue to be researched to ensure we implement best-practice individual and group strategies to reduce rates of aggression and maladaptive behaviors. Fiscal will need to review the likely impact of enhanced staffing ratios and the possibility of an enhanced reimbursement rate for this specialty level of care. The group will meet on an every-

other week basis to develop and implement concepts described in this outline with a goal to open the unit by January 1, 2012.

**Recommendation**

Progress is being made on the implementation of the two units identified in the Mixed Gender report. A number of innovations and changes in the philosophy of care are included in this work. BHD is developing the WTU and the ITU with the goal that, as appropriate and applicable, these innovations will be able to be implemented on the other two Acute Adult Units. The unit will be functioning as envisioned before the end of 2011.

This is an informational report and no action is necessary. A progress report will be brought to the Board in December 2011. A fiscal analysis is currently being conducted and any necessary budget changes related to this item will be brought to the Board in October.

  
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Geri Lyday, Interim Director  
Department of Health and Human Services

- cc: County Executive Chris Abele  
Tia Torhorst, Director of Legislative Affairs, CEX Office  
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## Peer Specialist

### Introduction & History

In 1996, Wisconsin Governor Tommy Thompson formed the Blue Ribbon Commission on Mental Health. This body was charged with examining how Wisconsin's mental health services could be improved. This Commission recommended that Wisconsin services should focus on the recovery process. These recommendations underscore the importance of providing Peer Specialist services to consumers.

Wisconsin already recognizes Peer Specialists in the Comprehensive Community Services Rule and is working to incorporate this provider position throughout the service system.

In December 2006, work began to develop and implement a Wisconsin Peer Specialist Certification for mental health. The Peer Specialist Advisory Committee was formed by the Wisconsin Recovery Implementation Task Force (RITF) to develop this program which is a Career Ladders Project funded through a Medicare Infrastructure Grant (MIG). From 2006 through 2009 the Committee, along with agency and State partners developed the Peer Specialist Code of Conduct, Domains and Objectives (Test Blueprint), Core Training Competencies, General Job/Position Description, the Certification Application and Guidelines, and the Wisconsin Peer Specialist Certification Exam. The exam went through a rigorous validation before going live January 13, 2010.

In 2009, the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services agreed to hold the certification for Peer Specialists. This certification states that a person has passed the approved training and certification exam. Certified Peer Specialists are also required to complete continuing education hours based on the program's core competencies in order to maintain their certification. All Certified Peer Specialists agree to adhere to the program Code of Conduct.

The United States Surgeon General also stated that providing recovery services is instrumental to improving mental health outcomes.

The Center for Medicare & Medicaid Service (CMS) states that, "Peer support services are an evidence-based mental health model of care...the experience of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment." CMS has reaffirmed its commitment to State flexibility for consumers.

\*Taken from the Wisconsin Peer Specialist Employment Initiative website.

## PeerLink Project in WI

By Molly Cisco, Executive Director of Grassroots Empowerment Project

In 2008 OptumHealth conducted a 12 month study that showed:

5350 hospital days were used by members in Milwaukee, Brown and Racine Counties

48 members in Brown and Racine were hospitalized for 721 days during 124 admissions

85 members in Milwaukee were hospitalized for 852 days

Life satisfaction was low

Recovery was not being supported

Cost was too high

They decided that an immediate intervention was needed and approached Grassroots Empowerment Project, a statewide, consumer controlled organization in Wisconsin.

Grassroots Empowerment Project Inc. (GEP) is a non-profit, statewide, consumer run organization in Wisconsin. Our mission is "to create opportunities for people with mental illness to exercise power in their lives". We accomplish this in a wide variety of ways including:

- Provide support and technical assistance to 12 individual consumer run Recovery Centers throughout WI. Each center is a separate non-profit and completely run by consumers of mental health services. The main purpose of these centers is to provide peer support, social opportunities, education and advocacy for consumers within their service region.
- Sponsor an annual Consumer Conference for approximately 250 attendees who are consumers of mental health services
- Sponsor Empowerment Days, a 3-day event for consumers to identify their primary advocacy issues, and develop position papers including the ideas for solutions, involving mental health systems transformation in WI. Consumers then share these papers along with their personal stories of how these issues have affected their lives with policy and lawmakers.
- Provide Leadership Academy, two-day training for consumers to learn more about the mental health system, provided the skills to become an effective advocate and how to get involved in systems transformation in their area or statewide.
- Support the statewide consumer network, Untied We Stand WI and moderate a listserv for over 280 participants to receive policy information on mental health services, upcoming training opportunities discuss issues of concern and provide peer support to each other online.
- Serve as members of many statewide and state sponsored policymaking committees, Councils, and taskforces to represent the consumer voice in WI and to assure that recovery is at the heart of all policy and programs developed in WI.

From the beginning of our discussions with OptumHealth, it was clear that they were approaching our partnership from the point of view of improving the quality of life for those they serve as well as supporting their recovery. This, of course was seen as a perfect match for the mission of GEP.

Over the next year, we explored many ideas and approaches to accomplish the goal of decreasing OptumHealth members over reliance on hospitalization while improving their level of community

supports through the use of peer support. We finally landed on the idea of starting the PeerLink program as a pilot to be offered in Milwaukee, Racine and Brown counties of WI.

Creating the pilot was not an easy process. WI was in the middle of developing out Certified Peer Specialist program (which GEP was heavily involved in) so we still had processes and policies being developed on that end and OptumHealth had their own complex system to navigate to make this work. We had a start date of December, 2009. A lot of work was accomplished before the start date. We identified consumer organizations in the three counties, which would be subcontracted by GEP to hire Certified Peer Specialists to work directly with OptumHealth members. We developed policies, processes and data collection systems. OptumHealth began identifying members who met the criteria for the pilot, we held our Kick Off meeting December 2, 2009 and referrals began the following week.

The primary goals for this program were:

- Develop and trusting and supportive relationship between peers
- Provide supports including mentoring, advocacy and skill building
- Development of a written support plan
- At least 4 contacts with the person per month (at least one being face to face)
- Ongoing phone availability
- Active referrals to other support groups or the creation of natural support system

Some of the lessons learned in the pilot included:

- Meet with hospitals involved early in the process of development to get them “on board”. Hospitals are an important partner in the process as they are often the gatekeeper for our ability to access members while they are receiving inpatient services. Peer Specialists services is a new concept for hospital staff and there was confusion about what the role of a Peer Specialist was within the array of treatment and support options for each member.
- More training for Peer Specialists and their supervisors to better understand the process of referrals and first contact with members including data collection and necessary paperwork.
- Develop a “how to” manual for each Peer Specialist during their orientation as new employees. We are developing this manual now (better late than never)
- Better methods of introducing members to the program and what Peer Specialists can offer
- Bring Peer Specialists and their supervisors together for ongoing training and sharing problems and creating solutions on a regular basis.
- Not to underestimate the difficulty and amount of time to initially engage the member, develop a trusting relationship prior to working on identified goals.
- Not to underestimate the difficulty in locating the member once discharged for the hospital, thus “catching” them while they are still in the hospital is crucial.

Needless to say, this had been a challenging yet wonderful process of learning and improving our pilot. We have had many success storied about how the pilot improved the quality of life for members served. Below are just a few of those stories:

- The first time I met with the client I knew her environment was toxic to recovery. She is living in a small three bedroom ranch house with her mother, father (who is in final stage of cancer), brother, sister-in-law, a niece, a nephew, herself, and her 6 year old son. The client has been

relegated to living in the basement, which is not finished. Her son sleeps in a bedroom with the two cousins. The house is filled with tension. When the client was young, she was molested by her brother. No one would believe her. Her brother is a bully and Mom always takes his side. I knew she had to get out.

She does not have the income to get her own apartment. I arranged a meeting for her with the Women's Resource Center. She and her son could go to the Center and stay up to 9 months. The Center owns an apartment building and she could move into one of the apartments when an opening became available. She resisted this move because her mother told her horror stories about "shelters." I explained that the center was not a shelter.

Two weeks later, everything came to a head. She was assaulted by a cousin and her brother. She ended up filing a police report and getting a restraining order on the cousin. She went to W2 and got her benefits reinstated. She has applied for Social Security benefits. She knows she needs to move and has said this to me. She knows that the Center may have to be an option if another incident occurs.

She said to me on our last visit that she just realized she needed to get out of this house. She also wondered why it has taken her so long to see it when I saw it on my first visit. I told her it was because she is starting her recovery.

- I saw this client several times and spoke to her on the phone a few times. She was receptive but said her time was limited. She has two children less than two years of age and was also working with Work Force Development to find a job. Then, I could not get her on the phone. The last time I tried, the phone was disconnected. Therefore, I sent her a note to remind her of the program and asked her to call me if she was still interested.

I got a call from her this week. She was frantic and in need of help. I asked if she was going to hurt herself or anyone else and she said no. So, I got in the car and went over to see her. She is schizophrenic and had been off her meds for quite a while. She did not like the way her meds made her feel. She could not get an appointment with any doctors without at least a four-week wait. She cried throughout our meeting. She said the father of her children lives with her and he is very supportive, even though she could not talk to him about how she was feeling. I told her I would see what I could do and call her as soon as I had any information.

I got on the phone and started calling every office in my Resource Guide. I found one that would see her the next day. I made the appointment and another for two days later with their therapist. Unfortunately, this clinic did not take her insurance per Jennifer. She would have to pay a one-time fee of \$35. After that, they would base the fee on her income. I called her with the news and she was happy for the appointments but said the \$35 was a problem. I encouraged her to go to the clinic and see what they could do. I called her after the appointment. She was ecstatic. They actually do take Optum and she saw a psychiatric nurse who prescribed for her. She has a follow-up in one month. She thanked me over and over and said she would still be home crying if it had not been for the note I sent her.

- "Aimee's" (not her real name) story is one of building recovery over time. When I first saw her, she was in near crisis mode much of the time. She spoke of how her mother harassed her verbally over the phone and about her troubled past with her mother. She would call her

boyfriend at his job, extremely upset, feeling she could not be alone and needed him to come home. He said he could not leave or he might lose his job. He told me that he would take off of work to be at home with her, except that when he went back, it would just be the same thing. Aimee and her boyfriend had been to the local crisis shelter, and she stated it would be good for her to go away for a while and get better, but she was adamant about not going to the county hospital. When she was talking about how bad it was, I asked her if she felt like hurting herself. She began to get extremely upset and begged me not to call the cops on her. I told her that the only way I would do that is if she told me that she planned to hurt herself. Her boyfriend calmed her down, and then another friend arrived at the apartment. I left after they promised Aimee that between the two of them, one would always be with her until she felt better.

Our UBH contact, Barb, was able to get in home counseling for Aimee within two weeks. The next time I met with Aimee I gave her a list, which I had received in one of my trainings. It was a list of things to do when you are distressed. The two of us chose methods from the list that sounded appealing and used markers to write and illustrate them on some large blank index cards. This was a success because we were able to establish a healthy working relationship. One of the methods she had chosen was to go outside for some fresh air. She then mentioned to me that she had been staying inside the apartment for a few months. A few visits later, she told me her boyfriend had taken her to a movie, and she and I took a walk together in her neighborhood. During this time, she had also been working on her WRAP plan with enthusiasm. She had the folder with the index tabs as well as a version she set up on her laptop. In April, she ventured further from home, meeting me at a coffee shop downtown. She was upbeat at that meeting and was planning to get her haircut and maybe colored too, to do something special for herself. Because she had shown artistic interest before, I mentioned a local hands on art studio. She had not known of this place, and was very excited to go there. We met there the next time and she was enraptured with the items there. She painted some pottery to give her mother as a gift. She also planned on coming back the next day.

Some time has passed during which she did not answer her phone and we had no contact. We emailed a little but never ended up getting together. In one of her recent e-mails, she apologized for not getting back to me and mentioned she had been having a hard time lately. We have plans to meet this week Friday back at the coffee shop.

- “Danielle’s” (not her real name) success story is about how she handled a potential crisis on a particular day, and insight gained over time. Danielle was in a meeting with the two CPS social workers assigned to her case, as well as their supervisor. I was there, too at Danielle’s request. As the meeting progressed and the social worker ticked off areas in which Danielle needed to comply, she was becoming more and more upset. Then her teenage daughter called her on her cell phone with some very disturbing news. Danielle immediately left the meeting and I followed her out to her car. She told me what had happened and was planning on driving out to where her daughter was living. The problem was that she was so upset that she was shaking. I didn’t think it was safe for her to drive so I stood next to her car, and listened as she talked and smoked a cigarette and called her boyfriend. Danielle then got out of her car and went back to talk with the social workers about what had happened. By the time she was done with them, her boyfriend had arrived and she collapsed in his arms. I left knowing that she’d be okay. That was several months ago. Recently, she told me about a night when a police officer brought her run away daughter to the apartment where she’s staying. She had handled it calmly, telling

the officer she didn't have custody and was not supposed to be transporting her daughter. When I had first met Danielle, once or twice a week she spent hours tracking down, picking up, and returning either her daughter or her son. Both were in the habit of running away. Frequently, one of them would call her, any hour of the day or night and tell her where he or she was. She'd drive, often to the next county to pick up one or the other. She was getting little sleep and having difficulty finding time to do anything to take care of herself other than trying to look for a job. Now, she was explaining to me that she has a new outlook. She is taking care of herself. She has a job, is thinking about going to school in the fall, and has been getting personal and financial matters in order. She states she is moving forward with her life. She is working to meet her goals, including getting her daughter back.

- "Anne " (not her real name) is in her fifties and lives with the challenge of a dual diagnosis. She has been medically detoxed over a hundred times. She goes through cycles where she drinks for a week or longer and stops taking her meds. Then she stops drinking, either with a detox, or from having a seizure, or just stopping and going through the shakes along with the other consequences of stopping cold. Then she feels physically ill for a week or so and has to wait a few weeks for her meds to start working again. She tried one or two AA meetings in the past, but didn't find them helpful. About two weeks ago, a small notice appeared in the newspaper announcing a support meeting for people with a dual diagnosis. Before this, there were no resources specifically for those living with a dual diagnosis in our city. I called the number and spoke with the group's leader and got the details about the time and place for their first group. I told Anne. She took the newspaper clipping with her and went to the group's first meeting last week. Today, she told me it was a good group, that she did some talking and met some other people. She's going to go back again this week.

GEP applauds OptumHealth for their progressive and proactive way of serving their members who have mental illness. While I realize there may be some who focused the PeerLink pilot as a way of saving money on expensive hospitalization, this was never discussed nor was the goal of those OptumHealth staff that I worked with. It is and has always been about improving the quality of life and health for their members. It has been a pleasure to work with OptumHealth and all of their dedicated staff.

**The end result has so far shown a 46% decrease in hospitalizations for the members involved in the program**



# Wisconsin Peer Specialists

Igniting Recovery 



**Special points of interest:**

- Wisconsin now has 140 Certified Peer Specialists
- Recommended reading
- Peer Specialist Trainings
- Next Peer Specialist Certification Exam is August 3, 2011

## Employer Testimonials on the value of working with Peer Specialists...

**Autumn West** is a 20 bed Safe Haven in Milwaukee. A Safe Haven is an alternative shelter for persons with severe mental illness and other debilitating behavioral conditions who are homeless and have been unwilling or unable to participate in housing or supportive services. The program is HUD funded and provides a safe environment, meals, 24/7 resident managers and a case manager. We started with one volunteer peer specialist in December of 2006. I met Mary at a Milwaukee Mental Health Task Force meeting and invited her to visit Autumn West and brainstorm about how to incorporate peer specialists into the Autumn West Program. Mary then started to visit on a regular basis and get to know the residents and staff of the program. Mary had recently finished her training as a peer specialist and we began to explore how to incorporate the specialists into our program. Mary easily related to the residents because she had many similar experiences including mental illness, homelessness, and substance abuse recovery. Mary became a regular fixture at Autumn West on Sunday evenings. She planned events, brought special treats and encouraged warm conversations and sharing's. Residents looked forward to Mary's visits. Through a relationship with Our Space, eventually we were able to add another peer specialist. In January of this year the peer specialists were hired by community Advocates to work at Autumn West, the peer specialist are now part of our team and participate in staffings. The specialists conduct recovery groups, assist residents with WRAP plans, organize, and participate in outings.

Recently a resident that I was meeting with informed me that he thought he may have Bi Polar disorder. When I asked why he thought this he said that he had attended a group lead by a specialist. The group was about symptoms and the resident believed he experienced these symptoms. A referral was then made for psychiatric care. The peer specialists are valuable members of our team and help residents and our staff to decrease the stigma and move people into recovery.

Jeanne Lowry  
 Division Director, Behavioral Health/ Homeless Outreach  
 Community Advocates  
 1615 S. 22<sup>nd</sup> Street  
 Milwaukee, WI 53228  
 414-671-6337  
 414-270-2983



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## Employer Testimonials continued...



Over the past five years at Mental Health America of Wisconsin (MHA), I have had the privilege of working closely with our Peer Support Specialists (PSS). As MHA employees, they meet individually with program participants, lead our support group, participate in family nights, co-facilitate our Nurturing Parenting and Wellness Recovery class and operate our Specialized Family Resource Center. With their personal experiences and wisdom, they have added an invaluable component to our agency. Their depth of understanding, honesty and encouragement has allowed them to form very powerful relationships with our program participants. I have witnessed the lifesaving impact our PSS's have made on many. PSS's will always be part of our recovery team; our good work cannot be done without them.

...Kristina Finnel, MSW, APSW  
 President/CEO Mental Health America of Wisconsin  
 600 West Virginia St. Suite 502  
 Milwaukee, WI 53204  
[www.mhawisconsin.org](http://www.mhawisconsin.org)  
 (414)276-3122



### GRASSROOTS EMPOWERMENT PROJECT



I have had the opportunity to work with Peer Specialists as Members of the of the Board of Directors and employees in my roles as Executive Director of Grassroots Empowerment Project . These individuals bring richness to our organization in the following ways:

- A stronger focus on recovery within our workplace. Building a more supportive working environment for all
- Improved accountability to the mission of our organization-consumer empowerment
- A change in the communication style-from just discussion to true dialog
- An equally shared vision and values for the success of our organization
- An ability to resolve differences and conflict in a respectful and honest manner

This has had a positive impact on the way we work within the community and has strengthened our commitment to the following:

- True collaboration
- Respect for differences
- Engaging in dialogue
- Share Power
- Mutual support

I have found that my own professional and personal development has been enriched because I work directly with Peer Specialists and their absolute commitment to recovery for all.

...Molly Cisco, Executive Director  
 Madison, WI  
[www.grassrootspower.org](http://www.grassrootspower.org)  
 (800)770-0588

## Peer Specialist Trainings...

Wisconsin has four state approved training curriculums. Please visit their websites for detailed information.

1. **Consumer as Provider (CAP)** [www.socwel.ku.edu/projects/SEG/cap.html](http://www.socwel.ku.edu/projects/SEG/cap.html)
2. **Depression and Bipolar Support Alliance (DBSA)** [www.dbsalliance.org](http://www.dbsalliance.org)
3. **National Association of Peer Specialists (NAPS)** [www.naops.org](http://www.naops.org)
4. **Recovery Innovations (RI)** [www.recoveryinnovations.org](http://www.recoveryinnovations.org)

It is crucial that Certified Peer Specialists be knowledgeable in the following Domains & Objectives:

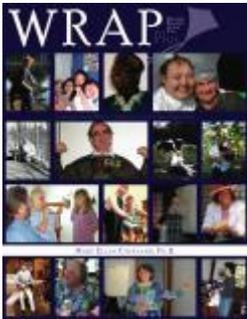
- Self-knowledge and the role of the Peer Specialist
- Ethics and boundaries
- Cultural Awareness
- Advocacy and ability to locate information
- Teamwork
- Consumer choice and empowerment
- Crisis and safety
- Recovery

The trainings are comprehensive and prepare people for taking the WI Peer Specialist Certification Exam.

Please visit [www.wicps.org](http://www.wicps.org) to find out when trainings will be held. We post schedules when we receive them.

We also encourage you to visit the websites of the four state-approved training curriculums.

## Recommended Reading...



**WRAP Plus** is an extensive enhancement of the original book that includes my findings about mental health recovery and WRAP since then. This book includes intensive instructions-not found anywhere else-on how to develop a WRAP that will work for you, and how to LIVE WRAP on a day-to-day basis. Filled with NEW IDEAS for successfully developing, using and updating the popular Wellness Recovery Action Plan for prevention, recovery and wellness, this book includes stories from those who are LIVING WRAP to stay well and are learning to anticipate and address life's hurdles. For more information go to:

[www.copelandcenter.com](http://www.copelandcenter.com).

ISBN 978-0-9795560-8-1

Size 8.5 x 11

**Paperback:** 292 Pages

### **Journal to the Self: Twenty-Two Paths to Personal Growth - Open the Door to Self-Understanding by Writing, Reading, and Creating a Journal of Your Life** by Kathleen Adams

"Journal to the Self" is a wonderful smorgasbord of ideas for personal journal writing and for writing in general. Taking proven journaling techniques from a myriad of resources and condensing them into a single tome, Kathleen Adams effectively gives her readers the opportunity to explore different facets of journal writing.

ISBN-10: 9780446390385

ISBN-13: 978-0446390385 **Paperback:** 239 pages



### **KUDOS...**

if you know of a Wisconsin Peer Specialist or organization that employs Peer Specialists, that you would like recognized in the newsletter and on the website; please send us their name and contact information. We would like to feature them in an upcoming issue.

### **Summer Quotes...**

A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing, and the lawn mower is broken.

– James Dent

## Wisconsin Certified Peer Specialist Employment Initiative

Access to Independence, Inc.  
301 S Livingston St Suite 200  
Madison, WI 53703  
[www.accesstoind.org](http://www.accesstoind.org)

Phone: 608-242-8484  
Fax: 608-242-0383  
E-mail: [alicep@accesstoind.org](mailto:alicep@accesstoind.org)  
Alice F. Pauser, CPS  
WI Peer Specialist Program Coordinator



Visit:

[www.wicps.org](http://www.wicps.org)

*\*Funded by the Centers for Medicare and Medicaid Services, Medicaid Infrastructure Grant, CFDA# 93.768, WI Department of Health Services/Pathways to Independence*

Newsletter is available in other formats.

## Announcements...

**Recovery Dane**, A Dane County Human Services mental health information and referral program, has ongoing groups and workshops and supports Peer Specialists. Visit their website: [www.recoverydane.org](http://www.recoverydane.org)  
Phone: 608-237-1661  
Email: [info@recoverydane.org](mailto:info@recoverydane.org)

**Depression and Bipolar Support Alliance (DBSA) Chapter Support Meetings...** Saturdays at the Sauk City, WI Library. 9:30-11 am. Peer led, Peer run. For further information contact Paul B. 608-370-6199 or email [dbsa.saukcity@yahoo.com](mailto:dbsa.saukcity@yahoo.com)

**The Copeland Center...**Ongoing Webinars and training about the **Wellness Recovery Action Plan (WRAP)** Sign up for their e-newsletter and updates. WRAP around the World Conference is in Philadelphia, PA August 1-3, 2011. Visit the website for more information.

[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

## 2011 Peer Specialist Certification Exams

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**August 3, 2011**

Application deadline is  
July 13, 2011

Applications received  
after the deadline date  
will be automatically  
scheduled for the next  
available exam in 2012.



## Resources ...

Wisconsin Certified Peer Specialist Exam Application and Guidelines  
UW-Milwaukee School of Continuing Education  
Web: [www.sce-peerspecialist.uwm.edu](http://www.sce-peerspecialist.uwm.edu)

The Wisconsin Association of Peer Specialists (WAPS)  
Web: <http://waps.health.officelive.com/default.aspx>  
Phone: 715-298-4553

Wisconsin Bureau of Prevention, Treatment and Recovery  
Phone: 608-266-2717  
Web: [http://dhs.wisconsin.gov/mh\\_bcmh/index.htm](http://dhs.wisconsin.gov/mh_bcmh/index.htm)

United We Stand Wisconsin (UWS)  
Group: <http://groups.google.com/group/united-we-stand-wi/topics>

NAMI Wisconsin  
Phone: 608 268-6000 or (800) 236-2988  
Web: [www.namiwisconsin.org](http://www.namiwisconsin.org)