

1 By Supervisors Holloway and Thomas

File No.

2

3

4

**A RESOLUTION**

5

6

directing the Interim Director, Department of Health and Human Services, and the Delinquency and Court Services Division Administrator to initiate collaborative efforts among Southeastern Wisconsin counties and utilize existing community-based programming networks to develop alternative local secure placement options for adjudicated youth in Milwaukee County

11

12

WHEREAS, State-wide the male youth arrest rate is down 22 percent since 2001, and the average daily population at Wisconsin’s Juvenile Correctional Institutions (JCI) has decreased by more than 35 percent between 2001 and 2008; and

15

16

WHEREAS, the sustained population declines at State JCIs raised per capita costs substantially at the State’s two male juvenile institutions, Ethan Allen School (EAS) in Wales and Lincoln Hills School (LHS) in Irma; and

19

20

WHEREAS, as a result, in April, 2010, Governor Doyle appointed a statewide Juvenile Corrections Review Committee to determine how best to serve juvenile offenders in the future while reducing costs, including possible consolidation of the two State male JCIs and/or programming; and

24

25

WHEREAS, on May 27, 2010, the County Board approved a resolution (File No. 10-214) supporting changes to the operations of juvenile corrections in the State of Wisconsin that would reduce the rates counties pay for youth sentenced to State corrections and direct additional resources to cost effective and outcome driven community-based programming; and

29

30

31

WHEREAS, in June, 2010, the Juvenile Corrections Review Committee issued their final report, which stated that while they would not recommend which JCI to close, that “it is not fiscally or programmatically feasible to continue to operate two male JCIs and that the department should proceed with consolidation of EAS and LHS;” and

35

36

WHEREAS, on March 17, 2011, the County Board adopted a resolution (File No. 11-132/11-158) supporting changes to the “Juvenile Justice Code,” specifically State Statute, 938.34(3), governing the ability of the juvenile court to place a youth in a secure detention facility beyond 30 days and the use of more than one placement to maximize service options available to adjudicated youth; and

40

41

42

WHEREAS, the aforementioned resolution was passed to allow for more flexibility and local control in tailoring a short-term secure juvenile placement to individual offenders

44 that would assure Milwaukee County youth and the Juvenile Courts an additional option of  
45 placement closer to home in the event that EAS were to close; and

46

47 WHEREAS, the 2011-2013 State Budget directs the closure of the two JCI's closest to  
48 Milwaukee County, EAS, and the Southern Oaks Girls School (SOGS) in Racine County;  
49 and

50

51 WHEREAS, the closures of EAS and SOGS mean that the closest JCI placement  
52 available for Milwaukee County youth is close to an eight hour round-trip drive away; and

53

54 WHEREAS, the 2011-2013 State Budget also contained language changing State  
55 Statute 938.34(3), giving juvenile court the ability to place a youth in a secure detention  
56 facility, including Milwaukee County's juvenile detention center, up to 180 days; and

57

58 WHEREAS, best practices in the field of juvenile corrections suggest that placing  
59 individuals in relative proximity that facilitates family contact and community involvement  
60 is critical to the successful re-entry of juvenile offenders back into the community; and

61

62 WHEREAS, over the last several years both Milwaukee County and other counties  
63 have invested time, effort, and financial resources to develop smart and responsible  
64 alternatives to JCI placement for youth adjudicated delinquent; and

65

66 WHEREAS, the average cost of a full year of placement in one of the State JCI's  
67 exceeds \$100,000; and

68

69 WHEREAS, this State Statute change gives Milwaukee County the ability to begin  
70 moving forward with planning that would keep local placements of juvenile offenders and  
71 affords programmatic and fiscal efficiencies; now, therefore,

72

73 BE IT RESOLVED, that the Interim Director, Department of Health and Human  
74 Services and the Delinquency and Court Services Division Administrator are directed to  
75 initiate collaborative efforts among Southeastern Wisconsin counties and utilize existing  
76 community-based programming networks to develop alternative local secure placement  
77 options for adjudicated youth in Milwaukee County; and

78

79 BE IT FURTHER RESOLVED, that the Interim Director, Department of Health and  
80 Human Services and the Delinquency and Court Services Division Administrator shall  
81 submit a report to the County Board of Supervisors detailing their planning efforts by  
82 October 1, 2011, for possible consideration in the 2012 budget process.

83

84

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** June 6, 2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A resolution directing the Interim Director, Department of Health and Human Services, and the Delinquency and Court Services Division Administrator to initiate collaborative efforts among Southeastern Wisconsin counties and utilize existing community-based programming networks to develop alternative local secure placement options for adjudicated youth in Milwaukee County.

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <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		
	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.

This resolution directs the Interim Director, Department of Health and Human Services, and the Delinquency and Court Services Division Administrator to initiate collaborative efforts among Southeastern Wisconsin counties and utilize existing community-based programming networks to develop alternative local secure placement options for adjudicated youth in Milwaukee County.

There is no fiscal impact associated with this resolution other than existing staff time required to initiate planning efforts.

Department/Prepared By Jennifer Collins, County Board

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.



OFFICE OF THE COUNTY EXECUTIVE

# Milwaukee County

2

CHRIS ABELE • COUNTY EXECUTIVE

DATE: July 5, 2011

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

FROM: Chris Abele, County Executive

SUBJECT: **Appointment of Maria Ledger as Director of Family Care**

Pursuant to Wisconsin Stats 46.82(5)(a) 2., and subject to the confirmation of your Honorable Body, I am pleased to appoint Ms. Maria Ledger to the position of Director of the Department of Family Care for Milwaukee County.

Maria Ledger has served as the Director of the Milwaukee County Care Management since February 2006, both for the Department on Aging and, starting in 2010, as Interim Director of the Department of Family Care.

From November 2003 to January 2006, Ms. Ledger served as the Associate Director of the Center on Age & Community (CAC) at the University of Wisconsin-Milwaukee. Prior to joining UWM, Ms. Ledger worked for Milwaukee County for over 15 years, for both the Department of Health and Human Services and the Department on Aging, in a variety of capacities. Ms. Ledger has a Bachelor's degree in Psychology from Marquette University and a Master's degree in Rehabilitation Counseling from Southern Illinois University-Carbondale.

Ms. Ledger is a very capable manager and director. I am confident Ms. Ledger will continue the same high level of leadership as she has demonstrated as interim director. A copy of her resume is attached for your review.

A handwritten signature in cursive script, appearing to read "Chris Abele", written over a horizontal line.

Chris Abele  
Milwaukee County Executive

Attachment

Cc: Supervisor Peggy West  
Terry Cooley – Chief of Staff  
Jodi Mapp – Research Analyst  
Martin Weddle – Committee Clerk

**Resume**  
**Maria Elena Ledger**  
**6321 Sycamore Street**  
**Greendale WI 53129**  
**(414) 423-6365**

**Academic Experience**

**M.S., Rehabilitation Counseling, Southern Illinois University-Carbondale**

**B.A., Psychology, Marquette University**

**Professional Experience**

**Interim Executive Director, Milwaukee County Department of Family Care**  
**7/1/2010 – present\***

\*Assistant Director, Long Term Support/Director, Care Management Organization,  
Milwaukee County Department on Aging  
2/6/2006 – 6/30/2010

- Responsible for developing and maintaining the necessary systems infrastructure to support the mission and vision statement, the daily operations and strategic plan of largest single Family Care Managed Care Organization in Wisconsin
- Provide oversight and direction for more than 80 staff. Responsible for more than 330 contracted care managers, nurses and other care management professionals as well as over 800 provider agencies
- Provide oversight of an annual expense budget of more than \$240 million dollars
- Serve as the ambassador for the Department to community members, funders, advocates and providers
- Lead all efforts for new proposals.
- Work closely with senior fiscal staff to insure fiscal solvency of the program
- Communicate to key decision makers (i.e. Department Directors, County Board, WI Department of Health Services) of appropriate information, issues and concerns that are of significant importance to the overall operations of the program
- Maintain close working relationships with other County Departments and Divisions, the State of Wisconsin, private partners, advocates and key community stakeholders to insure systems are in place and efforts are coordinated to support the program and members served
- Provide oversight and direction to senior managers relative to personnel/labor issues
- Provide oversight, management and direction to Marketing Coordinator to insure all materials representing the organization are accurate, consistent and in compliance with contractual requirements

- Serve as chief staff person for MCO Board; represent the Department at meetings of the Milwaukee County Board of Supervisors and other coordinating boards and committees as requested

### **University of Wisconsin-Milwaukee**

#### **Associate Director, Center on Age & Community**

**2003-2006**

- Coordinated day to day management of the Center, including recruiting, training and supervising staff as well as monitoring budgets and preparing annual reports for funders and coordinating programming with schools and colleges throughout the University
- Coordinated the research and writing of grant proposals for Center initiatives
- Established partnerships with community organizations for research and training
- Created strategic plans to market the Center on Age & Community, including educational programs, public events, research, and community partnerships
  - Responsible for the Center on Age & Community quarterly newsletter, website.
  - Coordinated promotional materials for outreach and marketing
  - Assisted in planning the *Caregiving Town Hall Meeting*, attended by over 100 local and national experts and community members, and recorded and broadcast on Milwaukee Public Television
  - Assisted in coordination of outreach for *Almost Home*, a documentary of culture change in long term care, filmed in Milwaukee, supported in part by the Center on Age & Community and broadcast on National Public Television
  - Coordinated speakers, publicity, and logistics for *Brown Bag Seminars*.

### **Milwaukee County Department on Aging**

#### **Coordinator**

**1998-2003**

- Managed Elder Abuse Investigation Unit for Milwaukee County Department on Aging
- Supervised a team of professionals who investigated over 700 cases of suspected abuse or neglect each year
- Initiated the first Elder Abuse Interdisciplinary Team (I-Team) committee for Milwaukee County employees and community partners. Led regular meetings of the I-team
- Facilitated training on development of Fiduciary Abuse Specialist (FAST) Team
- Provided on-going community education and training to law enforcement and health care professionals as well as citizen's groups
- Represented the Department on Aging on the Milwaukee County Mental Health Re-design Work Group

## **Supervisor**

**1994-1998**

- Supervised two interdisciplinary teams of employees (Human Service Workers, Registered Nurses, Para-legal and Clerical Support staff) providing protective services and intensive care management to older adults with developmental disabilities as well as to those with severe and persistent mental illness
- Supervised the thorough and timely completion of court-required reviews of over 700 protective placement orders annually. Recognized by the court for clearing a significant backlog and insuring all reviews were completed as required for the first time.

## **Management Information Systems Coordinator**

**1993-1994**

- Created and maintained information systems
- Identified and repaired data system problems

## **Program Specialist**

**1992-1993**

- Analyzed and interpreted client specific data for quality improvement
- Developed and monitored quality standards
- Developed policy recommendations for program funding

## **Milwaukee County Department of Health and Human Services**

### **Case Coordinator**

**1987-1992**

- Provided care management services to adults with developmental disabilities and/or mental illness
- Transitioned children with developmental disabilities and /or mental illness to Adult Services
- Monitored contracts and coordinated services in all Milwaukee County funded community based residential facilities for persons with developmental disabilities and/or mental illness

## **Board/Committee Experience**

- **Wisconsin Quality Home Care Authority** 2009-2011
  - Appointed by Governor Doyle to represent all MCOs
- **Milwaukee County Care Management Organization Board** 2005-2006
- **Easter Seals/KindCare of Southeastern Wisconsin Board** 2004 2006
  - Chair, Program Committee
- **Milwaukee Aging Consortium** 2003-2006
  - Member, Education Committee
- **State of Wisconsin**
  - Member, Wisconsin Attorney General's Elder Financial Exploitation Coordinating Council 2005
  - Member, Workgroup for Adult Protective Services Modernization Project 2002

- **Milwaukee County Elder Abuse Interdisciplinary Team** 1998-2003
  - Lead Staff

### **Successful Proposals**

- To the State of Wisconsin Department of Health Services to expand the Milwaukee County Managed Care Organization to serve people with disabilities age 18-59, as well as frail elders age 60 and over
- To the Wisconsin Consumer Anti-Fraud fund to develop an educational film about financial exploitation
- To the Faye McBeath Foundation to develop a Community Learning in Aging initiative
- To the Healthier Wisconsin Partnership Program for Community-Academic Partners for Elder Abuse Education and Prevention. Served as a member of the Core Partnership Group
- To the Federal Administration on Aging for “Training Research Institute” including serving as Partnership Manager and assisting with the building of the Advisory Board

### **Research**

- Co-author of “End-of-life Care Coordination in the Wisconsin Family Care Program in Milwaukee County: A Case Study”. Abstract submitted to the Gerontological Society of America (GSA) Conference, 2010

### **Community Education/Presentations**

- **Florida Association of Rehabilitation Facilities**
  - Featured Speaker “*Family Care in Milwaukee County*” August 2010
- **Florida Meeting of Area Agencies on Aging**
  - Featured Speaker “*Family Care in Milwaukee County*” September 2010
- **Alverno College**
  - Guest Lecturer, Comparative Social Institutions: The Family (undergraduate level), Fall 2008
- **Local Educators and Agencies Promoting Potential (LEAP)**
  - Presenter, “*Transition For Your Future*” Resource Fair and Informational Workshops, November 2007
- **Marquette University**
  - Guest Lecturer, Public Policy and Administration in the Study of Aging, October 2003
  - Featured Speaker, Health Careers Opportunity Program/Summer Science Enrichment Program. June 2002
  - Guest Lecturer, College of Professionals Studies. February 2002

- **Medical College of Wisconsin**
  - Featured Speaker, American Geriatrics Society Students
  - Guest Lecturer, Community Grand Rounds Healthy Aging Initiative. March 2003
  - Guest Lecturer, Dept of Family and Community Medicine Center for Healthy Communities. December 2002
- **Milwaukee Aging Consortium**
  - Featured Speaker, Family Care Forum. 2007 and 2008
- **Milwaukee Area Technical College**
  - Guest Lecturer, Human Services Program, April 2003
- **Milwaukee County Transitions Advisory Board**
  - Presenter, “Focus on Your Future” Conference, Fall 2007
- **Milwaukee Police Department**
  - Guest Lecturer, Human Services Program, April 2003
  - Ongoing Trainer, Police Training Academy. 1999-2003
- **Southeast Regional Center for Children and Youth**
  - Presenter, Care in the Community Conference, Fall 2007 and 2008
- **St. Michael’s Hospital**
  - Guest Lecturer, Family Practice Program Domestic Violence Curriculum, March 2003
- **State of Wisconsin**
  - Moderator, Half Day Pre Conference Intensive Workshop, 2005 Elder Abuse and Adult Protective Services Conference, September 2005
- **University of Wisconsin - Milwaukee**
  - Featured Speaker, Employee Development Program Professional Development Opportunities, April 2005
  - Guest Lecturer, Processes of Aging (690-760 Graduate level), December 2004 and December 2005
  - Guest Lecturer, School of Continuing Education, April 2001



OFFICE OF THE COUNTY EXECUTIVE

3

# Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: July 5, 2011  
To: Lee Holloway, Chairman, County Board of Supervisors  
From: Chris Abele, County Executive  
Subject: Appointment to Care Management Organization Governing Board

Pursuant to State Statute 46.283(6) I am hereby appointing Ms. Joanne Lipo Zovic, JD, to the Milwaukee County Department of Family Care - Care Management Organization Governing Board.

Ms. Lipo-Zovic has also agreed to serve on the board for a term expiring August 31, 2013. She is an attorney in private practice and is a family member of an individual enrolled in the Milwaukee County Department of Family Care. Her resume is attached for your review.

Your consideration and confirmation of this appointment would be appreciated.

A handwritten signature in black ink, appearing to read "Chris Abele", written over a horizontal line.

Chris Abele  
Milwaukee County Executive

CSA/emb

Cc: Supervisor Peggy West, Chairman, Health and Human Needs Committee  
Terry Cooley  
Jodi Mapp  
Jennifer Mueller  
George Aldrich  
E. Marie Broussard  
Maria Ledger, Interim Executive Director, Department of Family Care

# JOANNE M. LIPO ZOVIC

2504 EAST NEWTON AVENUE • SHOREWOOD, WISCONSIN 53211  
PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)

## EDUCATION

---

MARQUETTE UNIVERSITY LAW SCHOOL Milwaukee, Wisconsin  
*Juris Doctor, Magna Cum Laude, December 1999*  
GPA: 3.711/4.0 Rank 7/140  
Marquette Law Review Member  
Dean's List All Semesters  
Recipient of American Jurisprudence Award, Negotiations  
Recipient of American Jurisprudence Award, Advanced Legal Research  
Joseph Zilber Scholarship Recipient

KELLER GRADUATE SCHOOL OF MANAGEMENT Milwaukee, Wisconsin  
*Master of Business Administration, June 1990*  
GPA: 3.38/4.0

MARQUETTE UNIVERSITY Milwaukee, Wisconsin  
*Bachelor of Arts, Spanish, Cum Laude, May 1984*  
GPA: 3.528/4.0

## LEGAL EXPERIENCE

---

PRIVATE PRACTICE July 2001-Present

Self employed as a private practice attorney, with principal emphasis on estate planning along with residential real estate and small business matters.

ASSOCIATE February 2000-July 2001  
*Davis & Kuelthau, S.C.* *Milwaukee, Wisconsin*

Associate in Estate Planning Team responsible for research on varied estate planning and tax issues, preparation of memorandums, drafting of documents including but not limited to Wills, Powers of Attorney, Trusts and Marital Property Agreements, and preparation of gift tax returns.

LAW CLERK Summer 1999 Davis  
& Kuelthau, S.C. *Milwaukee, Wisconsin*

Clerk for Corporate Team and Estate Planning Team responsible for varied assignments including research, preparation of memorandums and drafting of documents.

JOANNE M. LIPO ZOVIC • PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)

## PROFESSIONAL EXPERIENCE

---

MANAGEMENT CONSULTANT August 1996-August 1997  
*Minnesota Valley Testing Laboratories*  
*Minnesota* *New Ulm,*

Assessed established assurance and quality control programs and recommended modifications to comply with State of Wisconsin regulatory requirements. Commission concluded upon the successful completion of a comprehensive laboratory audit by the Wisconsin regulatory authority.

CHEM-BIO CORPORATION 1984-1996  
*Oak Creek, Wisconsin*

Parent company of three subsidiary organizations CBC Environmental Services (formerly CBC AquaSearch), Sigma Environmental Services, and CBC CliniLab.

PRESIDENT October 1994-May 1996  
*CBC Environmental Laboratories* *Oak Creek, Wisconsin*

Responsible for all aspects of operating a \$5M, 150 employee commercial environmental testing laboratory including strategic planning, sales and marketing, operations, administration, finance and human resources. Also directed outside corporate counsel and other advisors. Lead effort to develop strategic business partners and successfully negotiated sale of two business units to separate entities.

LAB DIRECTOR December 1987-October 1994  
*CBC Environmental Services, Inc.* *Oak Creek, Wisconsin*

Responsible for all laboratory operations including scheduling, production, quality assurance, client services and human resources. Designed and implemented plan for creating standard methods and operating procedures. Developed specifications, negotiated contract and lead team of managers in the evaluation, purchase, configuration and installation of a customized laboratory information management system.

CLIENT SERVICES MANAGER June 1984-December 1987  
*CBC Aqua Search* *Oak Creek, Wisconsin*

Developed and implemented operational systems for managing all client services and laboratory support functions. Directly hired, trained and supervised staff responsible for system implementation.

JOANNE M. LIPO ZOVIC • PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)

## TEACHING AND TRAINING EXPERIENCE

---

ASSISTANT ADJUNCT PROFESSOR – NEGOTIATIONS 2003-Present  
*Marquette University Law School,*  
*Wisconsin* *Milwaukee,*

PART-TIME LECTURER– NEGOTIATIONS 2004-Present  
*University of Wisconsin-Milwaukee*  
*Wisconsin* *Milwaukee,*

CONSULTANT/TRAINER 2006-Present

Develop and deliver customized communication and negotiation training programs for various entities in a variety of locations (private sector, higher education, legal, professional development, government) ranging from one-hour to full day and multi-day programs.

MEDIATION TRAINER/SUPERVISOR 2009-Present  
*Marquette University Law School*  
*Wisconsin* *Milwaukee,*

Prepare and deliver customized mediation training instruction for Marquette University Law School students participating in the Small Claims Mediation Clinical Program throughout the year. Serve as managing faculty member as contracted for Clinic term.

INSTRUCTOR July 1999-2003, 2005, 2007, 2009  
*The Phoenix Institute at the University of Notre Dame* *South Bend,*  
*Indiana*

Instructor of two-day Negotiation Workshop offered in conjunction with an international summer study program. The participating students are typically graduate students in law and come from various countries including Columbia, Mexico, The Netherlands, Poland and the United States.

TEACHING ASSISTANT – NEGOTIATIONS Fall 1998  
*Marquette University Law School, Professor Andrea Schneider* *Milwaukee,*  
*Wisconsin*

GRADUATE ASSISTANT June 1997-July 1998  
*Marquette University Law School, Professor Peter Rofes* *Milwaukee,*  
*Wisconsin*

Researched issues in Professional Responsibility and Legal Education.

GRADUATE ASSISTANT December 1997-February 1998  
*Marquette University Law School, Professor Craig Nard* *Milwaukee,*  
*Wisconsin*

JOANNE M. LIPO ZOVIC • PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)

## ORGANIZATIONAL INVOLVEMENT

---

- Shorewood School District, Parent Association President, 2010-2011 school year
- Shorewood School District, Shorewood High School Student Council Volunteer Advisor, 2008
- Shorewood School District, Shorewood High School Advisory Team Member (2008-present)
- Shorewood Orchestra Boosters, President (2009-Present)
- Shorewood Orchestra Boosters Executive Committee (2006-Present)
- Shorewood Recreation Department Advisory Committee (2005-Present)
- Shorewood School District, Intermediate School Advisory Team Member (2004-Present)
- Milwaukee Dance Theatre, Board of Directors (1992-1994); Board Advisor (1994 – Present)
- Atwater PTA, Vice President-Ways and Means (2001-2002); Chair of select committees (2002-Present)
- Co-Chair, St. Mary's Academy 25 Year Reunion Celebration (2005)
- WYMS Radio, Fund Raising Volunteer (1997-2005)
- Association of Women Lawyers, Estate Planning Discussion Group Chair (2000-2001)
- Sigma Environmental Services, Inc., Board of Directors (1991-1997)
- CBC Environmental Laboratories, Inc., Board of Directors (1990-1996)
- Chem-Bio Corporation, Board of Directors (1994-1996)
- St. Mary's Academy, Alumnae Board Vice President (1991-1992)

## LANGUAGE SKILLS

---

JOANNE M. LIPO ZOVIC • PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)

## Conversational in Spanish

JOANNE M. LIPO ZOVIC • PHONE 414-617-5215 • E-MAIL [jmlz@wi.rr.com](mailto:jmlz@wi.rr.com)



OFFICE OF THE COUNTY EXECUTIVE

4

# Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: July 5, 2011  
To: Lee Holloway, Chairman, County Board of Supervisors  
From: Chris Abele, County Executive  
Subject: Appointment to Care Management Organization Governing Board

Pursuant to State Statute 46.283(6) I am hereby appointing Jung Kwak, PhD, MSW, to the Milwaukee County Department of Family Care - Care Management Organization Governing Board. Dr. Kwak has agreed to serve on the board for a term expiring August 31, 2013.

Dr. Kwak is an Assistant Professor at the Helen Bader School of Social Welfare at the University of Wisconsin - Milwaukee. She has done extensive research in the field of aging and Family Care and would be a valuable asset to the board. Her curriculum vitae is attached for your review.

Your consideration and confirmation of this appointment would be appreciated.

A handwritten signature in black ink, appearing to read "Chris Abele", written over a horizontal line.

Chris Abele  
Milwaukee County Executive

CSA/emb

Cc: Supervisor Peggy West, Chairman, Health and Human Needs Committee  
Terry Cooley  
Jodi Mapp  
Jennifer Mueller  
George Aldrich  
Maria Ledger, Interim Executive Director, Department of Family Care

**CURRICULUM VITAE**  
**Jung Kwak, Ph.D., MSW**  
**GENERAL INFORMATION**

**OFFICE ADDRESS**

Helen Bader School of Social Welfare, University of Wisconsin, Milwaukee  
Enderis Hall 1055  
P. O. Box 413  
Milwaukee, WI 53201  
Tel: 414-229-6107; Fax: 414-229-3657; Email: [kwak@uwm.edu](mailto:kwak@uwm.edu)

**EDUCATION**

Ph. D. in Aging Studies, University of South Florida, Tampa, Florida, 2006  
Co-Chairs: David A. Chiriboga, Ph.D. and William E. Haley, Ph.D.  
Dissertation: Predictors and outcomes of hospice use among Medicare and Medicaid dual-eligible nursing home residents in Florida: A comparison of Non-Hispanic Blacks and non-Hispanic Whites.

Master of Social Work, University of South Carolina, Columbia, South Carolina, 2001  
Concentration: Social work practice with organizations and communities.

B.S. in Business Administration, University of South Carolina, Columbia, South Carolina, 1998  
Majors: Financing and Marketing (*cum laude*)

**POST-DOCTORAL TRAINING**

Post-Doctoral Fellow, Center on Age & Community/Applied Gerontology, University of Wisconsin, Milwaukee, WI, 2006-2008. Faculty Mentor: *Rhonda J.V. Montgomery, Ph.D.*, Endowed Chair in Applied Gerontology, Helen Bader School of Social Welfare, University of Wisconsin – Milwaukee.

**ACADEMIC POSITION**

Assistant Professor, Helen Bader School of Social Welfare, University of Wisconsin – Milwaukee, 2008-present

**HONORS AND AWARDS**

- AAHPM College of Palliative Care Research Scholar, American Academy of Hospice and Palliative Medicine (AAHPM), 2009.
- AAHPM College of Palliative Care Year-Long Mentorship Recipient, American Academy of Hospice and Palliative Medicine (AAHPM) – Mentor: *Betty J. Kramer*, Professor, School of Social Work, University of Wisconsin – Madison, 2007-2008.
- AARP Diversity Student Fellowship, AARP, 2007.
- University of South Florida Outstanding Dissertation Award, Graduate School, University of South Florida, 2006

- AARP Scholarship, AARP, 2005-2006
- Nominated for the Outstanding Graduate Teaching Award, University of South Florida, 2004
- Gerontological Society of America Pre-conference Workshop Scholarship, Gerontological Society of America, 2004
- Grantmakers In Aging Fellowship, Grantmakers in Aging, 2004
- First Place, Best Research Award: 2004 Aging Exchange Day. University of South Florida Institute on Aging Fellowship, University of South Florida, 2004

## **TEACHING**

### Courses Taught

School of Social Welfare, University of Wisconsin – Milwaukee

- Death and Dying (SW 591/791, Sec. 002: Spring 2011)
- Methods of Social Welfare Research (SW 662, Sec. 002: Spring 2009; Spring 2010; Fall 2010 )
- Introduction to Statistical Methods (SW 961, Sec. 401 and 801: Fall 2008; Fall 2009)

School of Aging Studies, University of South Florida

- Sociocultural Aspects of Aging (GEY 3625: Summer & Fall 2003; Summer 2004; Spring & Summer 2005)

### Guest Lectures

- Policy Seminar on Aging (SW 851-001); Special Topics Seminar – Palliative Care (Nurs 779); Business Management in an Aging Society (GEY 4635); Death and Dying (GEY 4641); Seminar in Applied Ethics (HON IDH 3600); Global Challenge of Diversity (AFA 4931); Client Diversity in Health Sciences: An Interdisciplinary Perspective (HCA 245).

### Member of Doctoral Dissertation Committees

- Sandra Ford (College of Nursing)
- Myounghee Jorn (School of Architecture and Urban Planning)

### Directed Independent Study

- Maggie Wallendal (School of Social Welfare)

### Teaching Interest

- Aging policy; Research methods; Diversity and cross-cultural issues in aging; End-of-life

### Teaching Training

- Teaching Institute for Hartford Faculty Scholars, Stanford Faculty Development Center for Medical Teachers (Spring 2011)

## **RESEARCH & SCHOLARSHIP**

### **RESEARCH SUPPORT**

- Principal Investigator, “Decisional Conflict at the End-of-Life: The Needs of Surrogates for Persons with Dementia.” Hartford Foundation - Hartford Faculty Scholars Program in Geriatric Social Work (\$100,000, 09/01/10-08/31/12).

- Principal Investigator, “Surrogate decision support needs among caregivers of advanced Parkinson’s disease patients.” Regional Parkinson’s Disease Center (\$10,000, 03/01/10-02/28/11).
- Principal Investigator, “End-of-Life Care Coordination in the Wisconsin Family Care Program in Milwaukee County: A Case Study.” Milwaukee County Department on Aging (\$19,995; 06/01/08 – 09/30/08, received).
- Project Director, “Assessing a care management protocol to strategically support family caregivers” (Rhonda J.V. Montgomery, P.I.). Langeloth Foundation (\$275,552; 7/01/08-06/30/10) & National Alzheimer’s Association (\$239,999; 7/01/07-12/31/09).
- Co-Principal Investigator, “Disparities in the pre and post admission characteristics of Medicaid beneficiaries admitted to nursing facilities” (David A. Chiriboga, P.I.). Agency for Health Care Administration (07/01/05-06/31/06).
- Principal Investigator, “Korean Americans’ end-of-life care preferences and barriers to use of palliative care.” USF Center for Hospice, Palliative Care, and End-of-Life Studies (\$5,000; 01/01/03 – 12/01/03).
- Research Assistant, “Health Care Labor Force: Future Issues” (Glenn E. Mitchell, P.I.). Agency for Health Care Administration (\$ 257,365; 07/01/04 – 06/30/05; renewed - \$348,267, 9/29/05-06/30-07).
- Research Assistant, “Transforming the Caregiver Experience at the End of Life Needs Assessment and Program Evaluation” (Jennifer Salmon, P.I.). Administration on Aging (\$140,562; 01/1/02-8/31/04).

## RESEARCH EXPERIENCE

- Research Assistant, State Data Center on Aging - School of Aging Studies, University of South Florida, 2004-2006.
- Contractor, Public Policy Institute, AARP, Washington, DC, 2005-2006
- Research Assistant, Florida Policy Exchange Center on Aging – School of Aging Studies, University of South Florida, 2001-2004
- Research Assistant, LifePath Hospice and Palliative Care, Inc., Tampa, FL, 2003-2004
- Graduate Assistant, Interagency Office of Disability and Health, University of South Carolina School of Medicine, Columbia, SC, 1999-2001

## SPECIALIZED METHODOLOGICAL TRAINING

- LISREL Models: General Structural Equations, Inter-University Consortium for Political and Social Research - University of Michigan (2007)
- Longitudinal Analysis, Inter-University Consortium for Political and Social Research – University of Michigan (2007)
- Questionnaire Design, University of Wisconsin – Milwaukee (2007)
- Mixed Methods Research, Gerontological Society of America Pre-conference Workshop (2004)

## RESEARCH INTERESTS

- Cultural diversity and health disparities in access, use and outcomes; End-of-life decision-making; Care management interventions for older adults and family caregivers

### PEER-REVIEWED JOURNAL PUBLICATIONS

- Montgomery, R.J.V., **Kwak, J.**, Kosloski, K., & O'Connell Valuch, K. (Conditionally accepted). Effects of the TCARE<sup>®</sup> intervention on caregiver burden and depressive symptoms: Preliminary findings from a randomized, controlled study. *The Journal of Gerontology, Social Sciences*.
- Montgomery, R.J.V., **Kwak, J.**, Rowe, J.M. (In press). Advancing social work practice with family caregivers. *Journal of Indian Gerontology*.
- Kwak, J.**, Montgomery, R.J.V., Kosloski, K., & Lang, J. (2011). The impact of TCARE<sup>®</sup> on service recommendation, use, and caregiver well-being. *The Gerontologist*. doi: 10.1093/geront/gnr047.
- Jang, Y., Chiriboga, D.A., Allen, J., **Kwak, J.**, Salmon, J., & Haley, W.E. (2010). Willingness to use hospice among Korean American older adults. *Journal of the American Geriatrics Society*, 58, 352-356.
- Fritsch, T., **Kwak, J.**, Montgomery, R. J. V., Lang, J., & Basting, A.D. (2009). Impact of TimeSlips, a creative expression intervention, on nursing home staff and residents with dementia. *The Gerontologist*, 49, 117-127.
- Montgomery, R. J.V., & **Kwak, J.** (2008). Tailored Caregiver Assessment and Referral (TCARE) process: An evidence-based model for effectively supporting caregivers. *American Journal of Nursing* 108(9), Supplement, 54-57.
- Polivka, L., & **Kwak, J.** (2008). Medicare privatization and the erosion of retirement security. *Journal of Aging and Social Policy*, 20, 340-352.
- Kwak, J.**, Haley, W. E., & Chiriboga, D. A. (2008). Racial differences in hospice use and in-hospital death among Medicare and Medicaid dual-eligible nursing home residents. *The Gerontologist*, 48, 32-41
- Kwak, J.**, & Salmon, J. R. (2007). Attitudes and preferences of Korean American elders and caregivers on end-of-life care. *Journal of the American Geriatrics Society*, 55, 1867-1872.
- Kwak, J.**, Salmon, J. R., Acquaviva, K., Brandt, K., & Egan, K. (2007). Benefits of training family caregivers on experiences of closure during end-of-life care. *Journal of Pain and Symptom Management*, 33, 434-445.
- Kwak, J.**, & Haley, W. E. (2005). Current research findings on end-of-life decision making among racially or ethnically diverse groups. *The Gerontologist*, 45, 634-641.
- Salmon, J. R., **Kwak, J.**, Acquaviva, K., Brandt, K., & Egan, K. (2005). Transformative aspects of caregiving at life's end. *Journal of Pain and Symptom Management*, 22, 188-194.
- Salmon, J. R., **Kwak, J.**, Acquaviva, K., Brandt, K., & Egan, K. (2005). Validation of the Caregiving at Life's End Questionnaire. *American Journal of Hospice and Palliative Medicine*, 29, 121-191.
- Allen, S. R., **Kwak, J.**, Lokken, K. L., & Haley, W. E. (2003). End of life issues in the context of Alzheimer's disease. *Alzheimer's Care Quarterly*, 4, 312-330.

### BOOK CHAPTERS

- Kwak, J.**, Allen, J., & Haley, W.E. (In press). Advanced care planning and end-of-life care decision making. In Dilworth-Anderson, P. & Palmer, M.H. (Eds). *The annual review of gerontology and Geriatrics: Pathways through the transitions of care for older adults*.
- Haley, W.E. & **Kwak, J.** (2010). Gerontology. In Weiner, I.B. & Craighead, W.E. (Eds). *The concise Corsini encyclopedia of psychology and behavioral science* (4<sup>th</sup> ed., Vol. 2, pp.399-401). Hoboken, New Jersey: John Wiley & Sons, Inc.
- Branch, L.G., Evashwick, C. J., & **Kwak, J.** (2005). Clients of the continuum. In Evashwick, C. J. (Ed.) *Continuum of long-term care* (3rd ed., pp.15-28). California: Delmar Thomson Learning.
- Burton, A.M., **Kwak, J.** & Haley, W. E. (2004). Elder caregiving. In C. Spielberger (Ed.) *Encyclopedia of applied psychology* (Vol. 1, pp 703-711). Oxford: Elsevier.

## TECHNICAL REPORTS

- Montgomery, R.J.V., **Kwak, J.**, Rowe, J.M., Jacobs, J., Lang, J., O'Connell Valuch, K., & Wallendal, M. (2010). Improving Options for Persons with Alzheimer's Disease and Their Caregivers in the State of Georgia: Tailored Caregiver Assessment and Referral<sup>®</sup> Project Final Report - July 1, 2007 – March 31, 2010. Prepared for the Georgia Division of Aging Services.
- Kwak, J.**, & Kramer, B. (2009). End-of-life Care Coordination in the Wisconsin Family Care Program in Milwaukee County: A Case Study. Prepared for the Milwaukee County Department on Aging Care Management Organization.
- Montgomery, R.J.V., Rowe, J.M., & **Kwak, J.** (2008). Tailored Caregiver Assessment and Referral TCARE<sup>SM</sup> Project Progress Report: July 1, 2007 - June 20, 2008. Prepared for the Georgia Division of Aging Services.
- Chiriboga, D.A., Cho, S., Jang, Y., Phillips, K., **Kwak, J.** et al (2007). Racial and Ethnic Behavioral Health Disparities: Cultural Competence in Nursing Homes. Tampa, FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.
- Chiriboga, D.A., **Kwak, J.**, et al. (2006). Disparities in the Pre and Post Admission Characteristics of Medicaid Beneficiaries Admitted to Nursing Facilities. Tampa, FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.
- Mitchell, G. E., **Kwak, J.**, Chiriboga, D. A., & Haley, W. E. (June, 2006). Cost Savings Associated with End-of-Life Care: Comprehensive Analyses of End-of-Life Services Utilization and Outcomes among Florida Medicaid Beneficiaries. Prepared for Florida Agency for Health Care Administration.
- Mitchell, G. E., **Kwak, J.**, & Li, Y. (June, 2005). Hospice length of stay among Florida Medicaid consumers. Prepared for Florida Agency for Health Care Administration.
- Mitchell, G. E., Li, Y., & **Kwak, J.** (June, 2005). Acute care and long-term care utilization reporting by contractors for the Integrated Long-Term Care Nursing Home Diversion program: January – December 2004 utilization experience. Prepared for Florida Agency for Health Care Administration.
- Mitchell, G. E., Li, Y., & **Kwak, J.** (March, 2005). Acute care and long-term care utilization reporting by contractors for the Integrated Long-Term Care Nursing Home Diversion

program: April – December 2003 utilization experience. Prepared for Florida Agency for Health Care Administration.

### MANUSCRIPT IN PREPARATION

**Kwak, J.,** Kramer, B., Lang, J., & Ledger, M. (in preparation). Challenges and barriers to providing care management for frail elders at the end of life: A case study of Wisconsin Family Care program.

**Kwak, J.** (in preparation). Cultural differences in end-of-life care communication and planning across three ethnic groups of frail elders.

### PAPERS AND POSTERS PRESENTED AT PROFESSIONAL CONFERENCES

O'Connell Valuch, K., **Kwak., J.,** Brondino, M., Kosloski, K., & Montgomery, R. (2010, November). Caregiver Identity Discrepancy Scale: Reliability, Construct Validity and Unidimensionality. The Gerontological Society of America's 63rd Annual Scientific Meeting; New Orleans, LA.

**Kwak., J.,** O'Connell Valuch, K., Brondino, M., Lang, J., Kosloski, K., & Montgomery, R. (2009, November). Preliminary Findings from the TCARE National Demonstration. The annual meeting of Gerontological Society of America, Atlanta, GA.

Mitchell, G., **Kwak, J.,** Chiriboga, D.A. (2009, November). Implications of Possible Elimination of Florida Optional Medicaid Hospice Benefits. The annual meeting of Gerontological Society of America, Atlanta, GA.

Montgomery, R., Rowe, J., **Kwak, J.,** Burt, C., Dickol, S., & Brondino, M. (2009, November). The Impact of the Tailored Caregiver Assessment and Referral Process on Caregiver Outcomes: Findings from a demonstration project in the State of Georgia. The annual meeting of Gerontological Society of America, Atlanta, GA.

Allen, J., Jang, Y., Chiriboga, D. A., **Kwak, J.,** Salmon, J., & Haley, W.E. (2009, November) Willingness to Use Hospice among Korean American Older Adults. The annual meeting of Gerontological Society of America, Atlanta, GA.

**Kwak, J.,** Rowe, J., and Montgomery, R.J.V. (2008, January). The Role of Filial Norms in Predicting Burden among Adult-Child Caregivers. The annual meeting for Society on Social Work Research, Washington, DC.

**Kwak, J.** & Salmon, J.R. (2007, November). Ethnic Differences in End-of-Life Care Planning and Preferences for Hospice. The annual meeting of Gerontological Society of America, San Francisco, CA.

**Kwak, J.,** & Rowe, J. (2007, November). The Relationship between Filial Identity and Caregiver Burden among Adult-Child Caregivers. The annual meeting of Gerontological Society of America, San Francisco, CA.

Polivka, L., & **Kwak, J.** (2007, November). Neoliberalism and the Future of Retirement Security in the United States. The annual meeting of Gerontological Society of America, San Francisco, CA.

Molinari., V., Chiriboga, D., Cho, S. & **Kwak, J.** (2007, November). Behavioral health problems and service costs for White, Black and Hispanic Medicaid beneficiaries before and after

admission to nursing homes. The annual meeting of the Gerontological Society of America Meeting, San Francisco, CA.

**Kwak, J.**, Chiriboga, D. A., Haley, W. E., & Mitchell, G. E. (2007, March). The predictors and outcomes of hospice use among Non-Hispanic Black and Non-Hispanic White dual-eligible nursing home residents. Presented at the Joint Conference of the American Society on Aging and the National Council on Aging. Chicago, IL.

Chiriboga, D. A. Kim, G., **Kwak, J.** & Jang, Y. (2006, November). Health, Access and Utilization Issues in a Multi-Ethnic Sample. Presented at the annual meeting of Gerontological Society of America, Dallas, TX.

**Kwak, J.**, Haley, W. E., & Chiriboga, D. A. (2006, October). Predictors of Hospice Use among Medicare and Medicaid Dual-Eligible Nursing Home Residents in Florida: A Comparison of Non-Hispanic Blacks and Non-Hispanic Whites. Presented at the annual meeting of African Heritage Studies Association, Tampa, FL.

Burton, A. M., Haley, W. E., & **Kwak, J.** (2005, November). Assessing bereaved former hospice caregivers. Presented at the annual meeting of the Gerontological Society of America, Orlando, FL.

Chiriboga, D. A., Brown, L., Jang, Y., **Kwak, J.**, & Kim, G. (2005, November). Stress and its implications for health and service utilization: A multi-ethnic comparison. Presented at the annual meeting of the Gerontological Society of America, Orlando, FL.

**Kwak, J.** & Salmon, J. (2004, November). Korean Americans' Preferences for and Barriers to End-of-Life Care Planning and Use of Palliative Care Services. Presented at the annual meeting of the Gerontological Society of America, Washington, DC.

**Kwak, J.**, Salmon, J. R., & Egan, K. (2004, November). Caregiving at Life's End Training Program Evaluation. Presented at the annual meeting of the Gerontological Society of America, Washington, DC.

**Kwak, J.** & Schonwetter, R. S. (2003, November). The role of the caregiver in the decision to enter hospice among older cancer patients. Presented at the annual meeting of the Gerontological Society of America, Boston, MA.

**Kwak, J.** & Salmon, J. (2003, November). The Caregiving at Life's End: Train-the-Trainer Evaluation. Presented at the annual meeting of the Gerontological Society of America, Boston, MA.

**Kwak, J.**, Salmon, J. R., Deming, A. M., Acquaviva, K., Brandt, K., & Egan, K. (April, 2003). Caregiving at Life's End: National hospice needs assessment. Presented at the joint clinical conferences of the National Hospice and Palliative Care Organization, Denver, CO.

**Kwak, J.**, Salmon, J., & Haley, W. E. (2002, November). Implications for practice and research from the focus group with Korean American senior citizens and their caregivers on their attitudes toward and perspectives on end of life issues. Presented at the annual meeting of the Gerontological Society of America, Boston, MA.

**Kwak, J.** (2002). Challenges in Conducting Research on End-of Life Decision Making with Ethically Diverse Populations. In L. Waters (Chair), End-of-Life Care in a Changing World: A Continuum of Perspectives. Student symposium conducted at the annual meeting of the Gerontological Society of America, Boston, MA.

Salmon, J. R., **Kwak, J.**, Deming, M., Egan, K., & Acquaviva, K. (2002, November). Comparison of the needs of African American and Caucasian family caregivers in palliative care settings. Presented at the annual meeting of the Gerontological Society of America, Boston, MA.

### INVITED SPEAKING RELEVANT TO RESEARCH

- **Kwak, J.** (07/10/09). Caregiving journey and its implications for practice and research. Center for Senior Health and Longevity – Aurora UW Medical Group’s Weekly Fellow Brownbag Workshop. Milwaukee, WI.
- **Kwak, J.** (10/16/07). Cultural issues in communicating about end-of-life care options and decisions. Panel member for the UWM Center on Age and Community’s Dialogues in Best Practice: How to best communicate end of life issues with older adults with end-stage dementia and their families.
- **Kwak, J.** (9/4/07). Cultural diversity at the end of life. Community Care Inc.’s Monthly Ethics Committee Meeting. Milwaukee, WI.
- **Kwak, J.** & Kramer, B. (6/14/07). Serving culturally diverse Family Care members at the end-of-life: Successes and challenges. Care Management Organization – Milwaukee County Department on Aging’s Clinical Advisory Committee. Milwaukee, WI.

### SERVICE

#### SERVICE TO COMMUNITY

- Member, Education and Training Steering Committee, Care Management Organization – Milwaukee County Department on Aging, Milwaukee, WI, 2006-present
- Ad Hoc Reviewer of care management unit contract renewal proposals for Care Management Organization – Milwaukee County Department on Aging, Milwaukee, WI, 2007

#### SERVICE TO THE UNIVERSITY OF WISCONSIN-MILWAUKEE

- Member, MSW Program Admission Panel (SW Dept) (2010)
- Member, Research Content Subcommittee (SW Dept), Present
- Member, Aging Concentration Committee (SW Dept), Present
- Member, International Studies Committee (SW Dept), Present
- Member, Overseas Programs and Partnerships Advisory Committee (University), Present

#### SERVICE TO PROFESSION

- SRPP Representative to the GSA Finance Committee – The Gerontological Society of America, 2009-2011
- Ad Hoc Reviewer for *Annals Academy of Medicine, Singapore*, 2008
- Ad Hoc Reviewer for *Asian Americans & Pacific Islanders Policy, Practice & Community*, 2010
- Ad Hoc Reviewer for *Death Studies*, 2008
- Ad Hoc Reviewer for *The Gerontologist*, 2007-Present
- Ad Hoc Reviewer for *Journal of Aging and Health*, 2008, 2010, 2011
- Ad Hoc Reviewer for *Journal of the American Geriatrics Society*, 2009

- Ad Hoc Reviewer for *Journal of Palliative Care*, 2007
- Ad Hoc Reviewer for *Social Science and Medicine*, 2006

#### **PROFESSIONAL AFFILIATIONS**

- Associate Scientist, Center for Addiction and Behavioral Research, University of Wisconsin – Milwaukee, Present
- Center on Age and Community Scholar, University of Wisconsin – Milwaukee, 2008-Present
- National Association for Social Workers, 2008-Present
- American Academy of Hospice and Palliative Medicine, 2008-Present
- Association for Gerontology in Higher Education, 2001-Present
- Gerontological Society of America, 2001-Present

NORTHCOTT NEIGHBORHOOD HOUSE, INC.  
2460 NORTH 6<sup>TH</sup> STREET  
MILWAUKEE, WISCONSIN 53212  
PHONE (414) 372-3770  
FAX (414) 372-3619

**“Task Force on Work Reform for Men”**

***Report to Milwaukee County  
Health and Human Needs Committee***

**July 2011**

⋮

**Current Program Status:**

Over the past six months Northcott has recruited and enrolled males who were referred to the agency through various programs operated by Northcott and its partners. This year, the program has 81 males enrolled. Each of the current enrollees has been assigned to one of Northcott’s employment and training initiatives. These jobs pay between \$7.25 and \$10.00 an hour for up to 30 hours per week.

**Active Participants by County Supervisor:**

Of the current participants the following is a table listed by County Supervisor’s which provides some basic information about them, additionally these individuals are enrolled in one of our employment and Training programs and earn between 7.25 - \$10.00 per hour:

County Supervisor	African American	Asian	Hispanic	White	Total Clients	Felons	Vets
Biddle	11	0	0	1	12	9	0
Borkowski	1	0	0	0	1	1	0
Broderick	0	0	0	0	0	0	0
Cesarz	0	0	0	0	0	0	0
DeBruin	1	0	0	0	1	0	0
Dimitrijevic	2	0	0	0	2	2	0
Harris	6	0	0	0	6	2	0
Holloway	9	0	0	0	9	6	0
Johnson	20	0	3	0	23	14	3
Jursik	0	0	0	0	0	0	0
Hass	1	0	0	0	1	1	0

Lipscomb	13	0	1	0	<b>14</b>	11	0
Mayo	1	0	1	0	<b>2</b>	0	1
Rice	1	0	0	0	<b>1</b>	0	0
Romo-West	0	0	6	0	<b>6</b>	1	0
Sanfelippo	0	0	0	0	<b>0</b>	0	0
Schmitt	0	0	0	0	<b>0</b>	0	0
Thomas	3	0	0	0	<b>3</b>	1	3
Weishan	0	0	0	0	<b>0</b>	0	0
<b>Total</b>	<b>69</b>	<b>0</b>	<b>11</b>	<b>1</b>	<b>81</b>	<b>48</b>	<b>7</b>

### Recruitment Efforts

To increase access to the program and to ensure diversity, we're developing links with a number of community based agencies that provide services to economically disadvantaged males. Additionally, we've entered into a sub-contractual agreement with Esperanza Unida to recruit, assess and refer eligible individuals to the program.

Northcott Neighborhood House has been in partnership with the Wisconsin Department of Corrections (DOC), New Hope, MAWIB and WRTP to identify prospective program participants who are then interviewed for possible program placement. These relationships were established in January 2003 and are ongoing.

### Waiting list:

Northcott currently has a waiting list of 859 potential clients for this program, 314 have a High School Diploma or GED. We have begun calling individuals with Diplomas or GED's in an attempt to identify and prepare those who might be interested in the upcoming Accuplacer Aptitude Testing at Local 113, in August 2011. We had nine individuals take the Accuplacer Aptitude Test on July 5, 2011; five passed and four

⋮

need additional tutoring in math or reading. Those individuals without high school credentials are being called in based on their location on the waiting list to participate in various employment workshops. The following is a breakdown by County Supervisory district of the 314 males on the list. These individuals have been called and are scheduled for follow-up and possible tutoring during the Month of July in preparation for Local 113 testing in August.

<b>County Supervisor</b>	<b>Number of Participants</b>
<b>Biddle</b>	43
<b>Borkowski</b>	2
<b>Broderick</b>	0
<b>Cesarz</b>	0
<b>DeBruin</b>	4
<b>Dimitrijevic</b>	10
<b>Harris</b>	32
<b>Holloway</b>	30
<b>Johnson</b>	51
<b>Jursik</b>	0
<b>Hass</b>	8
<b>Lipscomb</b>	35
<b>Mayo</b>	50
<b>Rice</b>	5
<b>Romo-West</b>	19
<b>Sanfelippo</b>	0
<b>Schmitt</b>	0
<b>Thomas</b>	25
<b>Weishan</b>	0
<b>Total</b>	<b>314</b>

•  
•  
•  
•  
•  
•

### **Active Employment Initiatives:**

- Milwaukee Builds – The Milwaukee Builds program recruits and trains adults aged 24 and up for paid construction job training. The crew members have on-the-job and classroom training conducted by Site Supervisors and Private Instructors.
- Fresh Start – This paid construction program is designed for participants between the ages of 18 and 24. Fifty percent of the participants in this program have been incarcerated and are currently under supervision by DOC.
- Gorman Northside Homes – This is a program that is building 40 rent to own homes in the Metcalfe Park and North Division neighborhoods. Northcott has program participants currently working on this project.
- Transitional Jobs Program – The Milwaukee Area Workforce Investment Board teamed up with Northcott and several other community agencies to place individuals who are out of work parents into meaningful jobs. These jobs are throughout our agency in all areas.

### **Other Employment Initiatives:**

Northcott is currently working to secure employment opportunities for participants enrolled in the program through the following initiatives:

- Northcott is working with the Milwaukee Area Workforce Investment Board (MAWIB), City of Milwaukee, Community Development Grants Administration (CDGA), Milwaukee Metropolitan Sewage District (MMSD) and the Wisconsin Regional Training Partnership (WRTP), and Local 113 to establish a Project

⋮  
Labor Agreement (PLA) that would provide employment in Deconstruction for individuals who are currently in the program.

- Northcott is working to secure portions of Gorman and Companies Jackie Robinson Senior Homes Initiative. Over the Next 16 months Gorman and Company will Develop Jackie Robison Middle School as Senior Housing creating 68 affordable apartments for seniors and build 11 single family homes along West Concordia Street.

### Training

All program participants receive training and certification in one or more of the following areas:

- **Asbestos Supervisor** – This is a 40 hour course that allows participants to supervise asbestos abatement crews. This is a state certification.
- **Entry Level Construction skills** – This certification is provided by the Wisconsin Regional Training Partnership and helps to prepare participants with high school equivalencies, employment or access to union testing.
- **HAZMAT** – Participants have taken the 40 hour HAZWOPER training and certification allows participants to be first responders and to do clean up of certain chemicals.
- **Lead-Safe Renovator** – This 8 hour course allows crew members to work on any renovation or deconstruction in the city of Milwaukee and in the state of Wisconsin. This is also a state certification.

•  
•  
•  
•  
•  
•

- **PACT** – Pre apprenticeship certification training – all Northcott construction supervisors are certified to administer the Home Builders Institute PACT curriculum. Participants receive National HBI certification which is accepted by the U.S. Department of Labor as pre-apprenticeship training.

Northcott will continue to provide paid training and employment opportunities for its participants through an array of services and educational mechanisms to enhance its participants quality of life.

**County of Milwaukee**  
INTEROFFICE COMMUNICATION

DATE: June 30, 2011

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to increase by \$10,000, from \$85,000 to \$95,000, the 2011 contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers authorized under File No. 11-34 (a)(a)

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2011.

The resolution authorizes the Director, Department on Aging, to increase by \$10,000, from \$85,000 to \$95,000, the 2011 contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers authorized under File No. 11-34 (a)(a).

The Bethesda Community Senior Center located at 2845 West Fond du Lac Avenue serves as a gathering place for seniors living in the community. Through its contract with Milwaukee County Department on Aging, the Center (1) reduces isolation by providing opportunities for interaction between older adults, (2) offers educational, recreational, and cultural programming, (3) serves as a nutrition site offering mid-day meals administered through the Milwaukee County Senior Meal Program, (4) fosters connections between seniors and the community at-large, and (5) provides linkages to community resources.

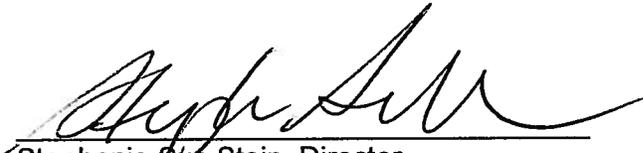
In late 2010 the Department received a contribution from an anonymous donor in the amount of \$10,000 to support the Senior Meal Program at the Bethesda Senior Center. A letter submitted on behalf of the donor states that the funds are for "general purposes without restrictions." Over several months the Department has worked with Bethesda's Executive Director and Board of Directors to identify the needs of the Center and to determine how best the funds might be used to encourage increased participation by seniors at the Center.

If the increase is approved, the anonymous contribution can be used to (1) make physical improvements to the Center including (a) making the main door handicap accessible, (b) purchasing three new handicap toilets, (c) purchasing new carpeting, and (d) painting, caulking, and weatherization; (2) purchasing a commercial stove; and (3) enhancing opportunities for seniors at the Center, including (a) new padded chairs, (b) a flat screen TV, (c) a billiard table, (d) a video game, (e) a piano keyboard, and (e) additional summer entertainment and recreational activities. Without this generous, unsolicited contribution from an anonymous donor the one-time only purchases and enhanced activities it supports would not be possible from the funds available to the Department for its annual contract with Bethesda Community Senior Citizens' Center.

Supervisor Lee Holloway  
Supervisor Peggy West  
June 30, 2011

The attached resolution authorizes the Director, Department on Aging, to increase by \$10,000, from \$85,000 to \$95,000, the 2011 contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers. It reflects a donation from an anonymous donor interested in enhancing the quality of services provided by the vendor through its contract with Milwaukee County Department on Aging. We urge the Board to approve the proposed increase in funding for the 2011 contract year.

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



Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

#### Attachments

cc: County Executive Chris Abele  
George Aldrich  
Antionette Thomas-Bailey  
Jennifer Collins  
Jonette Arms  
Keith Garland  
Nubia Serrano  
Mary Proctor Brown  
Diane Beckley  
Beth Monrial Zatarski  
Gary Portenier  
Pat Rogers

## RESOLUTION

WHEREAS, on December 16, 2010, the Milwaukee County Board of Supervisors authorized the Director, Department on Aging, to execute contracts to provide programs and services for the period January 1, through December 31, 2011 [File No. 11-34 (a)(a)]; and

WHEREAS, under File No. 11-34 (a)(a), the Department contracts with Bethesda Community Senior Citizens' Center Inc., to provide seniors with social, recreational, and educational activities at Bethesda under the Programs in Minority Senior Centers; and

WHEREAS, the Bethesda Community Senior Citizens' Center also serves as a nutrition site under the Department's Senior Meal Program; and

WHEREAS, in late 2010, the Department received a contribution of \$10,000 from an anonymous donor to support the Senior Meal Program at Bethesda and directing that funds be used for "general purposes without restrictions"; and

WHEREAS, the Department, worked with Bethesda's Executive Director and Board of Directors to identify the needs of the Center and to determine how the funds should be used consistent with the intentions of the donor and the best interests of Center participants; and

WHEREAS, the group has identified ways to (1) make physical improvements to the Center to encourage attendance at the Center, (2) purchase a commercial stove for nutrition-related activities, and (3) enhancing opportunities for seniors to participate in the Senior Meal Program and social, recreational, and educational programming at the Center, and

WHEREAS, the one-time only purchases and new opportunities for participation are possible only through this generous, unsolicited contribution from an anonymous donor; now, therefore

BE IT RESOLVED, that the Director, Department on Aging, is hereby authorized to increase by \$10,000, from \$85,000 to \$95,000, the 2011 program and service contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** June 30, 2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to increase by \$10,000, from \$85,000 to \$95,000, the 2011 contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers originally authorized under File No. 11-34 (a) (a)

**FISCAL EFFECT:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact<br><input checked="" 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	10,000	
	Revenue	10,000	
	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.

The resolution authorizes the Director, Department on Aging, to increase by \$10,000, from \$85,000 to \$95,000, the 2011 contract with Bethesda Community Senior Citizens' Center, Inc., to provide Programs in Minority Senior Centers authorized under File No. 11-34 (a)(a).

The Department awards funds to provider agencies based on the availability of federal, state, or local funds, allowable costs, and other factors. When additional funds become available, the Department seeks to use those funds to enhance services and/or fully reimburse vendors for the services they provide. The proposed \$10,000 increase is paid for through a contribution from an anonymous donor interested in enhancing the quality of services offered through Milwaukee County's contract with Bethesda Community Senior Citizens' Center, Inc.

The proposed award increase to Bethesda shall cover costs associated with (1) making physical improvements to the Center; (2) purchasing a commercial stove; and (3) enhancing opportunities for seniors to participate in the Senior Meal Program and social, recreational, and educational programming at the Center.

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

---

<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  
Coordinator

Department on Aging / Gary W. Portenier, Program Planning



Authorized Signature

---

Did DAS-Fiscal Staff Review?

Yes

No

County of Milwaukee  
Inter-Office Communication

7

**Date:** June 30, 2011  
**To:** Peggy Romo West, Chair, Health and Human Needs Committee  
**From:** Stephanie Sue Stein, Director, Department on Aging  
**Subject:** Overview of 2012 Budget Request from Department on Aging



Attached please find copies of the Requested 2012 Budget for Org Unit 7900 as submitted by Milwaukee County Department on Aging (MCDA).

The requested budget for 2012 covers Administration (Director's Office and Fiscal and Support Services Division), Area Agency Services Division, and the Aging Resource Center. The 2012 budget request totals \$18,797,056 and includes an \$187,875 increase in expenditures, an \$187,875 increase in revenues, and no increase in tax levy.

The 2012 budget request includes a \$681,779 increase in reimbursement for Resource Center 100% time reporting, a \$260,557 increase in short-term client services and coordination of services consistent with the State contract to operate an Aging Resource Center, primarily offset by increased state revenues, and an amendment to the Resource Center contract for an additional \$155,000 due to State elimination of an independent enrollment counselor. The 2012 budget also includes a \$220,218 decrease in building space rental charges resulting from the Department's relocation to the Coggs Center. The Income Maintenance personnel housed with the Department on Aging at the Reuss Building are no longer co-located with the Department, resulting in a reduction in FTE positions for building space calculations.

Major programmatic changes include the following:

- A. Need to establish and manage waiting lists for Family Care. Wait lists had not existed for Milwaukee County seniors since 2002, but the new State budget includes Family Care cap that result that result in the reemergence of wait listing;
- B. Identify short-term services to help avoid unnecessary and costly nursing home placement of older adults (a consequence of the Family Care caps) through county-wide collaboration with aging and health care providers; and
- C. Implementation of evidenced based fall prevention initiative in collaboration with community partners.

Staffing changes include (a) the abolishment of one Quality Assurance Tech (position currently vacant) for a salary and fringe benefit reduction of \$62,350, primarily offset by an increase of \$54,910 for creation of one Services Support Specialist, and (b) an increase of \$70,000 to provide temporary staff support to assist in addressing State contract compliance within the Resource Center. Resource Center staffing costs are eligible for Medicaid reimbursement through 100% time reporting.

If you have any questions, please contact me at 289-6876.

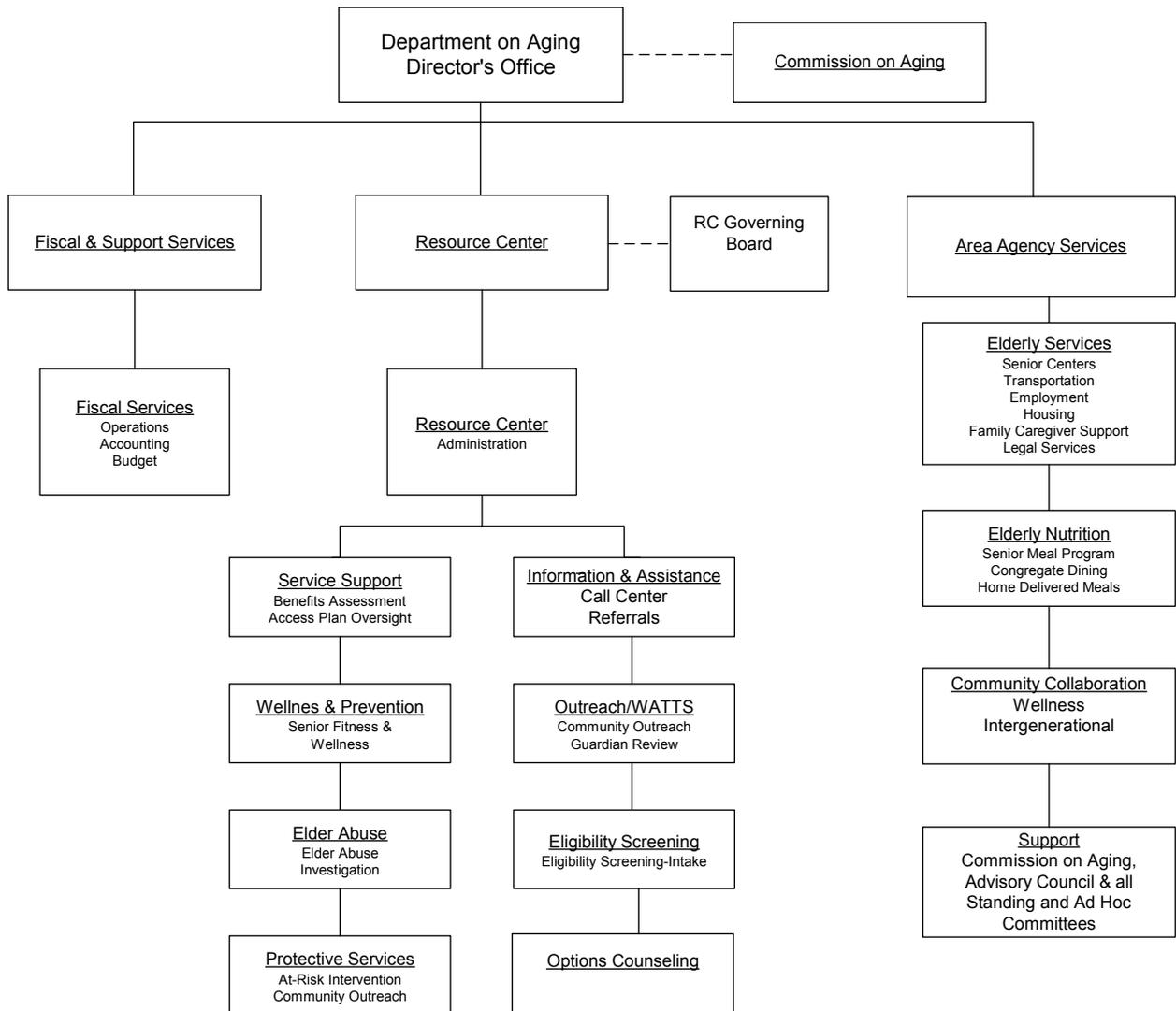
Attachment

Supervisor West

Page 2

cc: County Executive Chris Abele  
Supervisor Lee Holloway  
George Aldrich  
Antionette Thomas-Bailey  
Jennifer Collins  
Patrick Farley  
Cynthia Pahl  
Jonette Arms  
Keith Garland  
Nubia Serrano  
Mary Proctor Brown  
Chet Kuzminski  
Gary Portenier  
Pat Rogers

# DEPARTMENT ON AGING (7900)



**REQUESTED 2012 BUDGET**

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

**MISSION**

The mission of the Milwaukee County Department on Aging (MCDA) is to affirm the dignity and value of older adults of this County by supporting their choices for living in and giving to our community.

<b>Budget Summary</b>		
	<b>2012</b>	<b>2011/2012 Change</b>
<b>Expenditures</b>	<b>18,797,056</b>	<b>187,875</b>
<b>Revenue</b>	<b>16,985,547</b>	<b>187,875</b>
<b>Levy</b>	<b>1,811,509</b>	<b>0</b>
<b>FTE's</b>	<b>78.3</b>	<b>1.2</b>

**Major Programmatic Changes**

- Establish and manage waiting lists for Family Care enrollment. Wait lists have been non-existent since 2002 for MC older adults
- Identify short-term services to help avoid unnecessary costly nursing home placement of older adults through county-wide collaboration with aging/health care providers.
- Implementation of evidenced based fall prevention initiative in collaboration with community partners.

**OBJECTIVES**

- Utilizing existing partnerships, expand and enhance the work of the Robert Wood Johnson grant (Connecting Caring Communities) by exploring and establishing Villages, a national movement consisting of a consumer-driven and person-centered approach that allows older people to pool their resources and talents and remain independent in their homes and communities.
- Incorporating the eight Dimensions of Wellness and focusing on evidence-based senior falls prevention; the MCDA Wellness Council will continue to develop unique partnerships with aging organizations, public and private businesses, and special interest agencies to involve them in a campaign to educate, inform, and train the community on wellness and healthy living practices for older adults.
- To create a basic knowledge and to help older adults be prepared in the event of a community emergency, MCDA will continue to work in partnership with the American Red Cross and other local aging service organizations to implement a community Emergency Preparedness plan by marketing and disseminating information and resources at senior centers, meal sites, libraries and other places where older adults gather.
- In collaboration with the Aging and Disability Resource Center (ADRC) Governing Board and local and state aging network organizations, MCDA will continue to educate, create awareness, and connect older adults and their families with community resources to help fill gaps and assist individuals placed on the Family Care waiting list.
- MCDA will continue to advocate with local, state and federal officials to lift the cap on community based long-term care services including Family Care through existing partnerships and collaborations with the aging network and other community organizations and supporters.
- With continuous support of the business community, the department will continue to promote, advocate, and celebrate senior residents' contributions to Milwaukee County communities through the Senior Hall of Fame, Senior Statesman, Nutrition Volunteer Recognition and Golden Idol.

## REQUESTED 2012 BUDGET

DEPT: Department on Aging

UNIT NO. 7900  
FUND: General - 0001

---

- MCDA will migrate to electronic documents for Commission on Aging Committee meetings, Department contract solicitations (RFPs) and Departmental contracts.
- In partnership with the Department of Health and Human Services, MCDA will design and establish a user-friendly outside entrance with appropriate and clear building signage where older adults will have easy, safe and adequate accessibility to the MCDA Aging Resource Center, Commission on Aging and committee meetings.

### DEPARTMENTAL PROGRAM DESCRIPTION

Milwaukee County Department on Aging, created in 1991, serves as Milwaukee County's designated Area Agency on Aging under the Older Americans Act and is the County's designated unit to administer aging programs. The Department plans for and services the growing needs of Milwaukee County's large and diverse older adult population.

The Department integrates multiple Federal and State revenue streams including the Older Americans Act, the Senior Community Services Program, Specialized Transportation Assistance Program for Counties (S85.21), Elder Abuse, Adult Protective Service, Base Community Aids (BCA) and Family Care Resource Center Allocation and 100% Time Reporting as well as available private matching grants and contributions.

The Commission on Aging is the County citizen agency, which consists of sixteen members representative of all segments of the Milwaukee County older adult population as appointed by the County Executive with approval of the County Board. The Commission functions as the lead organization responsible for the following: assessing major aging issues and needs concerning the population age 60 and older; reviewing the planning and service efforts of organizations and institutions in the county and its aging network; monitor State, Federal and local laws and regulations relating to the care and treatment of older adults; advocate for passage of legislation that meet the needs of older adults and make recommendations on issues relating to their well-being and functioning in order to enhance their ability to remain contributing members of the community. The Commission on Aging functions through three standing committees: Advocacy, Resource Center Oversight, and Service Delivery. To assist the Commission and its standing committees with the responsibility of administering a comprehensive, coordinated human service system for community based services for County residents age 60 years and older includes support of the Advisory Council and establishment of a permanent Intergenerational Council and Wellness Council. The Advisory Council is composed of 30 persons. The Intergenerational Council and Wellness Council include members who represent the diversity of Milwaukee County. MCDA serves as the administrative arm of the Commission on Aging.

The Department is the designated Aging Resource Center (ARC) for the older adult population in Milwaukee County under the State of Wisconsin's Family Care initiative.

The Milwaukee County Aging and Disability Resource Center (ADRC) Governing Board was created as the lead County agency required to perform specific functions related to the policies, operations and oversight of both the Aging Resource Center and the Disability Resource Center under Wisconsin State Statutes Chapter 46, serving persons age sixty or older and adults age eighteen to fifty-nine with physical or developmental disabilities in need of long-term care. The ADRC Governing Board consists of seventeen (17) members representative of persons with physical and developmental disabilities and of the elderly as appointed by the County Executive with approval of the County Board.

#### **The Department on Aging consists of three service areas:**

**Administration** includes the Director's Office and the Fiscal and Support Services Division. The Director has overall responsibility for department operations, budget, community relations, new initiative development, community collaboration and liaison with elected officials at the local, state and federal government levels.

## REQUESTED 2012 BUDGET

DEPT: Department on Aging

UNIT NO. 7900  
FUND: General - 0001

---

The major functions of the Fiscal and Support Services Division include budget development and management, accounting, and personnel administration. The Division monitors departmental expenditures and revenues; reviews audits; reports service utilization and expenditures to County and State agencies; projects revenues and expenditures; and monitors compliance with funding source requirements. This Division also develops the Department's fiscal policies and assesses operations for effectiveness and efficiency.

**Area Agency Services** contracts for and monitors a comprehensive network of support services through community based agencies that assist older adults to remain independent in their homes. These programs are funded through the Older Americans Act and State revenue earmarked for elderly services. County tax levy funding is provided for program operation and maintenance of five county-owned senior center buildings. The Division is responsible for planning, research, and program development. In addition, unit staff solicits, monitors, evaluates and administers contracts for a variety of services in the community. Staff assists with contract development and coordinates the Request for Proposal process with other County departments.

The Area Agency Services Division provides staff support to the Milwaukee County Commission on Aging, its standing and ad hoc committees and the Advisory Council. Division staff assists the Commission in conducting public hearings and needs assessments as required under Federal statute, provides technical assistance and serves as a resource for businesses, universities and volunteer organizations interested in meeting the needs of older adults in the community.

The Senior Meal Program, part of the Area Agency Services Division, is funded under Titles III-C-1 and III-C-2 of the Older Americans Act, as well as other State and Federal funds received from the State of Wisconsin Bureau on Aging and Long Term Care Resources. The program also receives reimbursement for eligible elderly meals from the United States Department of Agriculture (USDA).

The purpose of the Senior Meal Program is:

- To provide older persons, particularly those with low income, low-cost, nutritionally sound meals in strategically located congregate sites. The program also seeks to reduce the social isolation of participants by providing supportive services including recreation, transportation, education and information about other programs and services available to older adults.
- To provide home-delivered meals five to seven days a week to eligible homebound older adults. The program assists older adults in remaining independent and living in their own homes and provides limited gap-filling services in addition to meals. The gap-filling services that are provided include:
  - Home visits made by Human Service Workers to assess the needs of the elderly and make referrals based on their needs;
  - Provide information related to what services and programs are offered at the senior centers for home-bound clients; and
  - Distribute literature that includes information such as emergency preparedness and vaccines (i.e. flu shots and H1N1).

**The Aging Resource Center** acts as the point of entry for the Department's Family Care and all other long-term care programs and is responsible for arranging short-term assistance for older adults with immediate or pressing needs. It is the primary source of quality information and assistive services on issues affecting persons 60 years of age and older and their family support networks.

As a major component of the State of Wisconsin Family Care initiative, this Division has six primary functions:

- To provide Milwaukee County's older adults, their caregivers and the general public one central number to call for information about programs and services 24 hours a day;
- To provide pre-admission counseling to elders seeking residential placements;

## REQUESTED 2012 BUDGET

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

---

- To determine eligibility for publicly funded and other long term care programs;
- To provide community education to older adults, their families, and caregivers on a broad range of subjects, including wellness and prevention of functional decline;
- Options counseling for any resident age 60 and older; and
- Investigating allegations of elder abuse and providing protective services, guardianships and protective placement services to vulnerable older adults

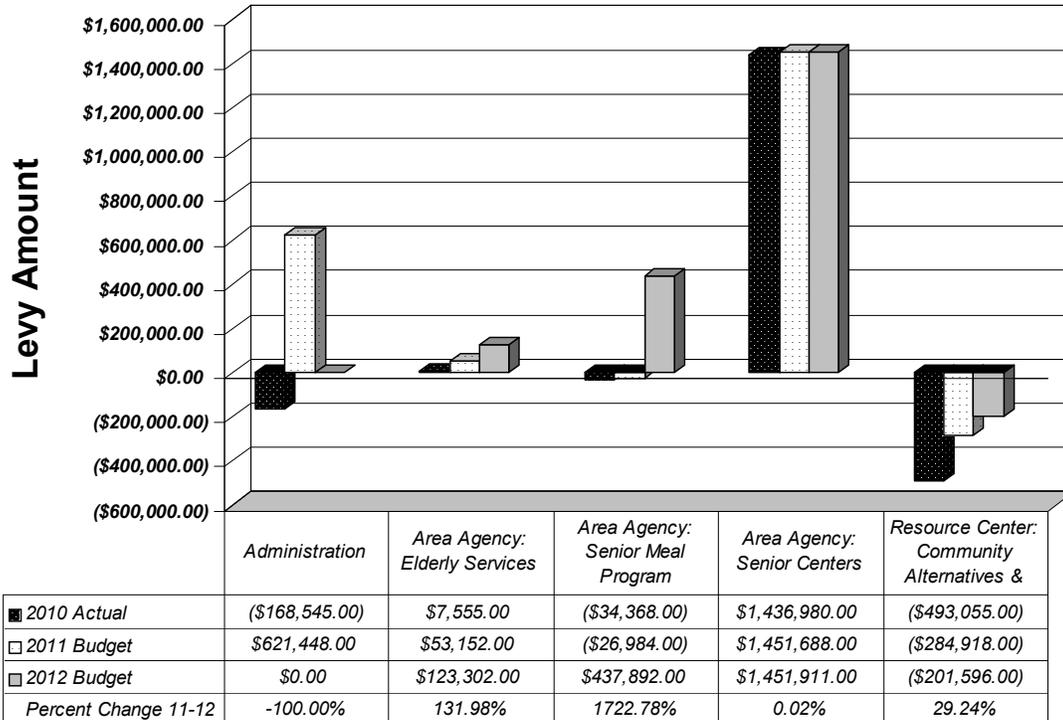
Another integral function of the Resource Center is to coordinate daily with the State Income Maintenance staff (formerly Economic Support Division - Milwaukee County Department of Health and Human Services) to assure Medicaid eligibility compliance for persons choosing a publicly funded long term care option, including Family Care, Partnership, PACE and IRIS.

**REQUESTED 2012 BUDGET**

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

**Organizational Levy Summary**



**2012 BUDGET**

**Approach and Priorities**

- Allocate State funding streams to capitalize on maximum utilization within funding regulations.
- Sustain gap-filling community-based and direct service level demands including congregate and home delivered meals, senior center operations and mandated services such as guardianships.
- Increase maximization of Medicaid reimbursements.
- Improve strategies to address critical hiring needs and retirement vulnerabilities.
- Preserve and recruit workforce integrity to optimize maximum operational efficiency and flexibility.
- Collaborate with other government agencies and community partners to provide services that are both excellent and efficient.
- Continue to support and promote programs and services that improve and protect the health and well-being of older adults, which encourage positive and healthful lifestyles.
- Continue to support wellness and prevention through collaboration with community organizations to identify preventive and remedial actions to eliminate, correct and mitigate disease and health hazards.
- Protect and improve the lives, assure the safety, welfare and quality of care for victims and potential victims of abuse and neglect.
- Continue to promote actions that improve and protect the health and well-being of older adults through nutrition assistance programs and services.

## REQUESTED 2012 BUDGET

DEPT: Department on Aging

UNIT NO. 7900  
FUND: General - 0001

---

### ***Programmatic Impacts***

- State mandate services continue to grow, including WATTS, Corporate Guardianships and Protective Services.
- Guard against reductions in short term direct levels of service including public health and safety.
- Maintain family supports and respite services.
- Elder Abuse is challenged in keeping up with demand for full investigation of accusations of abuse and neglect of elders in the community.
- Streamline administrative processes when and where possible.
- Conduct assessment of service systems capacity and gaps; develop program initiatives consistent with needs and gaps.
- Promote the health, safety and well-being of older adults while emphasizing prevention.
- 100% Time Reporting revenue reimbursement increase while functioning at staffing capacity.

### ***Budget Highlights***

#### ***WATTS, Comprehensive Evaluations, Emergency, Corporate Guardianship*** **\$260,557**

Short-term client services and coordination of services provided consistent with the State contract for operating an Aging Resource Center continues to increase based on utilization and demand. Milwaukee County is responsible for "court ordered" corporate guardian services. Related expenditures for temporary short-term services reflect an increase of \$260,557, primarily offset with increased state revenues.

#### ***Staffing Adjustment*** **(\$7,440)**

The Department is recommending the abolishment of one Quality Assurance Tech for a salary and active fringe benefit reduction of \$62,350, primarily offset by an increase of \$54,910 for creation of one Service Support Specialist. The Quality Assurance Tech position is currently vacant and no longer meets the needs of the Resource Center.

#### ***Contractual Short-term Staffing*** **\$70,000**

Prior experience and a level of personnel eligible for retirement will challenge the ability to meet RC contract obligations with the State. Expenses are increased \$70,000 to provide temporary staffing support to assist in addressing State contract compliance within the Resource Center. Resource Center staffing costs are eligible for Medicaid reimbursement through 100% Time Reporting.

#### ***MIDAS*** **\$50,000**

The State requires separation of Department of Family Care from the Aging Resource Center. As part of this separation the Department shares a data system managed by Department of Family, which houses shared client information input. Expenditures are increased \$50,000 in the Resource Center for system maintenance and upkeep and enhancements to address report demands by the State for operating the Aging Resource Center.

#### ***Relocation to Coggs Building*** **(\$220,218)**

The Department's relocation to the Coggs Center from the Reuss building at the end of December 2010, results in a decrease in building space rental charges of \$220,218. The Income Maintenance personnel housed with the Department on Aging at the Reuss Building under a separate agreement with the State of Wisconsin are no longer co-located with the Department, resulting in a reduction in FTEs for building space calculations.

#### ***Resource Center 100% Time Reporting Reimbursement*** **\$681,779**

MCDA continues its staff development and training efforts in regards to timely staff reporting to more accurately reflect tasks in the State reimbursement module. More accurate and timely reporting of Resource Center staff time spent on eligible reimbursable Medicaid and Medicare services enables MCDA to continue to report and earn more Federal reimbursement revenue. Information and Assistance reporting reimbursement increases \$501,877 and Screens increase \$179,902.

## REQUESTED 2012 BUDGET

DEPT: Department on Aging

UNIT NO. 7900  
FUND: General - 0001

---

**Resource Center Allocation Grant** **\$155,000**

The Department received an amendment to the contract for operation of the Aging Resource Center (ARC) in 2011 for an additional \$155,000. This increase reflects a permanent increase to the contract due to State elimination of an independent enrollment counselor as required for the ARC.

**BCA Grant** **\$77,416**

The 2011 State/County contract increased Base Community Aids funding for Department on Aging. This increase reflects an ongoing increase to the contract for aging programs and services.

**Income Maintenance Revenue** **(\$186,328)**

MCDA and Wisconsin Department of Health Services terminated an agreement that required Department on Aging to assume financial responsibility for infrastructure costs for Income Maintenance Family Care, Mental Health and Nursing Home staff co-located with the Resource Center at the Reuss Building.

**Wisconsin Chronic Disease Self Management Program**

The Department will receive the remaining \$17,623 of a \$121,835 State grant extending from April 1, 2010 to March 30, 2012. The ARRA Communities Putting Prevention to Work grant reflects the last quarter of funding to provide access to Healthy Living Programs including supervised fitness programs, physical therapy services and Chronic Disease Self Management (CDSMP) in collaboration with the UW-Milwaukee, Milwaukee College of Health Sciences and Therapy Plus Wisconsin. The Department on Aging will continue to focus on outreach to the aging population and referral sources for elders, Care Management Unit (CMU), doctors, churches, and housing. Physical therapy services continue to be available at Washington, Wilson, Clinton Rose and Oasis senior centers to promote wellness and prevention.

**Nutrition Donations** **(\$214,838)**

Meal donations are decreased \$214,838 due to elimination of budgeted carryover donations. The 2010 budget generated a windfall of Nutrition Program donations for support of the program in 2011 due to a one-time increase of ARRA funds. The 2011 Adopted Budget was the first year that the department budgeted carryover donations. The Nutrition Program Coordinator continues efforts with site supervisors and volunteers to increase donations. Continuing to educate and provide information to participants will help to encourage donation participation.

In accordance to the Older Americans Act, eligible participants in the Senior Meal Program shall be provided an opportunity to voluntarily contribute to the cost of services. Such voluntary contributions must be used to provide supportive services directly related to nutrition services.

**Nutrition Meal Reimbursements** **(\$268,620)**

MCDA Senior Meal Program generates reimbursements for the full cost of meals provided to member participants of Department of Family Care. The reimbursement rate is based on the total cost of the meal, including overhead, administration and transport costs. Meals purchased by the Department of Family Care continue to decline, resulting in a revenue reduction of \$268,620.

**REQUESTED 2012 BUDGET**

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

<b>Senior Meal Program</b>			
	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>Change</b>
Number of Meal Sites Open	29	29	0
Meals Served at Meal Sites	346,749	332,395	(14,354)
Home Delivered Meals	262,201	248,838	(13,363)
<b>Total Meals Served</b>	<b>608,950</b>	<b>581,233</b>	<b>(27,717)</b>

The overall decline in meals provided by the Senior Meal Program is primarily due to a steady decline of meals purchased by the Department of Family Care, reflecting a reduction of 20,524 meals in 2012. Two meal sites serving persons with disabilities opted out of the Senior Meal Program in 2010.

**REQUESTED 2012 BUDGET**

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

<b>BUDGET SUMMARY</b>				
<b>Account Summary</b>	<b>2010 Actual</b>	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>2011/2012 Change</b>
Personal Services (w/o EFB)	\$ 4,093,755	\$ 4,362,773	\$ 4,442,937	\$ 80,164
Employee Fringe Benefits (EFB)	3,304,041	3,289,974	3,354,707	64,733
Services	761,639	279,197	391,342	112,145
Commodities	1,213,146	1,334,415	1,269,825	(64,590)
Other Charges	6,733,449	6,438,866	6,624,144	185,278
Debt & Depreciation	0	0	0	0
Capital Outlay	97,194	100,000	100,000	0
Capital Contra	0	0	0	0
County Service Charges	3,316,290	3,855,157	4,226,121	370,964
Abatements	(2,248,333)	(1,051,201)	(1,612,020)	(560,819)
<b>Total Expenditures</b>	<b>\$ 17,271,181</b>	<b>\$ 18,609,181</b>	<b>\$ 18,797,056</b>	<b>\$ 187,875</b>
Direct Revenue	1,157,215	1,396,176	912,718	(483,458)
State & Federal Revenue	15,442,610	15,401,496	16,072,829	671,333
Indirect Revenue	0	0	0	0
<b>Total Revenue</b>	<b>\$ 16,599,825</b>	<b>\$ 16,797,672</b>	<b>\$ 16,985,547</b>	<b>\$ 187,875</b>
<b>Direct Total Tax Levy</b>	<b>671,356</b>	<b>1,811,509</b>	<b>1,811,509</b>	<b>0</b>

<b>PERSONNEL SUMMARY</b>				
	<b>2010 Actual</b>	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>2011/2012 Change</b>
<b>Position Equivalent (Funded)*</b>	<b>0.8</b>	<b>77.0</b>	<b>78.3</b>	<b>1.3</b>
<b>% of Gross Wages Funded</b>	<b>98.6</b>	<b>99.5</b>	<b>98.1</b>	<b>(1.4)</b>
<b>Overtime (Dollars)</b>	<b>\$ 32,366</b>	<b>\$ 26,112</b>	<b>\$ 37,488</b>	<b>\$ 11,376</b>
<b>Overtime (Equivalent to Position)</b>	<b>0.0</b>	<b>0.5</b>	<b>0.7</b>	<b>0.2</b>

\* For 2010 Actuals, the Position Equivalent is the budgeted amount.

<b>PERSONNEL CHANGES</b>						
<b>Job Title/Classification</b>	<b>Title Code</b>	<b>Action</b>	<b># of Positions</b>	<b>Total FTE</b>	<b>Division</b>	<b>Cost of Positions (Salary Only)</b>
Quality Assurance Tech	55330	Abolish	(1)	(1.00)	Resource Center	\$ (37,960)
Service Support Specialist	55440	Create	1	1.00	Resource Center	31,936
					<b>TOTAL</b>	<b>\$ (6,024)</b>

\* The Quality Assurance Tech position is currently vacant.

**REQUESTED 2012 BUDGET**

**DEPT: Department on Aging**

**UNIT NO. 7900**  
**FUND: General - 0001**

<b>ORGANIZATIONAL COST SUMMARY</b>					
<b>DIVISION</b>		<b>2010 Actual</b>	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>2011/2012 Change</b>
Administration	Expenditure	\$ (43,321)	\$ 621,448	\$ 0	\$ (621,448)
	Revenue	125,224	0	0	0
	Tax Levy	\$ (168,545)	\$ 621,448	\$ 0	\$ (621,448)
Area Agency: Elderly Services	Expenditure	\$ 3,491,659	\$ 3,396,119	\$ 3,455,806	\$ 59,687
	Revenue	3,484,104	3,342,967	3,332,504	(10,463)
	Tax Levy	\$ 7,555	\$ 53,152	\$ 123,302	\$ 70,150
Area Agency: Senior Meal Program	Expenditure	\$ 4,738,983	\$ 4,956,426	\$ 4,944,685	\$ (11,741)
	Revenue	4,773,351	4,983,410	4,506,793	(476,617)
	Tax Levy	\$ (34,368)	\$ (26,984)	\$ 437,892	\$ 464,876
Area Agency: Senior Centers	Expenditure	\$ 1,436,980	\$ 1,451,688	\$ 1,451,911	\$ 223
	Revenue	0	0	0	0
	Tax Levy	\$ 1,436,980	\$ 1,451,688	\$ 1,451,911	\$ 223
Resource Center: Community Alternatives & Intervention Services	Expenditure	\$ 7,616,095	\$ 8,114,016	\$ 8,927,391	\$ 813,375
	Revenue	8,109,150	8,398,934	9,128,987	730,053
	Tax Levy	\$ (493,055)	\$ (284,918)	\$ (201,596)	\$ 83,322

*All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."*

H&HN  
8

Referred

JUL 11 2011

County Board  
Chairman

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** July 6<sup>th</sup>, 2011

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

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

**SUBJECT:** Request for authorization to extend for one additional year, 2012, a professional services contract with Milwaukee Center for Independence, Inc. (MCFI) for Best Practice Quality Review services

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2011.

The resolution authorizes the Director, Department of Family Care to extend a professional services contract with Milwaukee Center for Independence Best Practice Quality Review Services for one additional year, 2012, based upon satisfactory performance of the vendor upon the same terms and conditions.

MCDFC is responsible for authorization and payment for all long-term care services in the Family Care benefit package for all enrolled members. MCDFC is responsible for providing those services in the Family Care benefit package that are medically necessary and is required to coordinate non-covered Medical Assistance service, including acute and primary care to all enrolled members. MCDFC must determine the most cost-effective services necessary to support the health and safety of members enrolled in the Managed Care Organization (MCO) operated by MCDFC.

In 2008, the Care Management Organization operated by MCDA issued a Request for Proposal (RFP) soliciting proposals from qualified agencies to provide Best Practice and Quality Monitoring Services in 2009 with the right to continue upon satisfactory performance and at the discretion of the Department for two (2) additional years. The proposal submitted by Milwaukee Center for Independence, Inc. in response to the aforementioned RFP was determined to best meet the requirements and needs of the Care Management Organization.

MCDA received authority from the Board (File No. 09-62, Journal, February 5, 2009) to execute a Professional Services Contract with MCFI to provide Best Practice Team Quality Review Services to the Department on Aging-Care Management Organization under Family Care for the period February 15, 2009 through December 31, 2009 with the option to renew for two one-year extensions without competitive Request for Proposals (RFP) based on satisfactory performance. The MCO, now operated by MCDFC, continues to require the services of the Best Practice Team.

MCDFC believes it is in the best interests of County to maintain the best possible stability, including stability on the Best Practice Team, during transitions that may occur due to changes affecting Family Care in the current State Budget. MCFI has satisfactorily performed the Best Practice services.

MCDFC wishes to enter into a Professional Services Contract with MCFI commencing in January 1, 2012 with all deliverables due and received on or before December 31, 2012. MCDFC will extend the terms of the current contract between the parties for 2011 for one additional year. MCDFC will seek review and approval of the contract from Milwaukee County Corporation Counsel, Risk Management and Community Business Development Program prior to execution.

If you have questions concerning the proposed professional services contract between MCDFC and MCFI, please contact Maria Ledger at 287-7610.

#### Attachment

Cc: County Executive Chris Abele  
Supervisor Peggy Romo-West, Chair, Health and Human Needs Committee  
George Aldrich, Chief of Staff, Office of the County Executive  
Terry Cooley, Chief of Staff, County Board  
Patrick Farley, Director, DAS  
Toni Bailey-Thomas, Fiscal & Management Analyst, DAS  
Steve Cady, Analyst, County Board Staff  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff  
Jim Hodson, Chief Financial Officer, MCDFC

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44

(ITEM NO. \_\_) From the Department of Family Care (DFC), requesting authorization to extend for one additional year, 2012, a professional services contract with Milwaukee Center for Independence, Inc. (MCFI) for Best Practice Quality Review services with vendor fees not to exceed \$579,249 in 2012:

**A RESOLUTION**

WHEREAS, the Department of Family Care operates a managed care organization (MCO) (also known as a Care Management Organization) in accordance with the Health and Community Supports Contract between Milwaukee County and the State of Wisconsin Department of Health Services; and

WHEREAS, prior to July 2010 the Milwaukee County Department on Aging (MCDA) was the department responsible for operation of the care management organization providing the Family Care benefit for eligible and enrolled residents of Milwaukee County; and

WHEREAS, the Care Management Organization operated by MCDA issued a Request for Proposal (RFP) in 2008 soliciting proposals from qualified agencies to provide Best Practice and Quality Monitoring Services in 2009 with the right to continue upon satisfactory performance and at the discretion of the Department for two (2) additional years; and

WHEREAS, the proposal submitted by Milwaukee Center for Independence, Inc. in response to the aforementioned RFP was determined to best meet the requirements and needs of the Care Management Organization; and

WHEREAS, MCDA received authority from the Board (File No. 09-62, Journal, February 5, 2009) to execute a Professional Services Contract with MCFI to provide Best Practice Team Quality Review Services to the Department on Aging-Care Management Organization under Family Care for the period February 15, 2009 through December 31, 2009 with the option to renew for two one-year extensions without competitive Request for Proposals (RFP) based on satisfactory performance; and

WHEREAS, the MCO, now operated by DFC, continues to require the services of the Best Practice Team; and

WHEREAS, the State of Wisconsin Department of Health Services has made or will incorporate changes affecting the Family Care program as the result of changes to the State Budget; and

45           WHEREAS, DFC believes it is in the best interests of County to maintain the best  
46 possible stability, including stability on the Best Practice Team, during transitions that may  
47 occur due to changes affecting Family Care in the current State Budget; and

48  
49           WHEREAS, MCFI has satisfactorily performed the Best Practice services, therefore,

50  
51           BE IT RESOLVED, (1) The Director of the Department of Family Care is authorized  
52 to execute a professional services contract with Milwaukee Center for Independence, Inc.  
53 for Best Practice Quality Review Services for one additional year, 2012, and (2) services  
54 shall be performed under the direct supervision of the Department of Family Care Director  
55 or her designee and (3) any costs during the term of this agreement over the amount now  
56 approved will require further Board action, and

57  
58           BE IT FURTHER RESOLVED, that this professional services contract shall be  
59 contingent upon continued funding from the State of Wisconsin Department of Health  
60 Services for administration and delivery of the family care benefit by the Department of  
61 Family Care and County Board authorization for continued participation by the  
62 Department of Family Care as a Managed Care Organization (MCO) during the term of this  
63 agreement for 2012

64  
65

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 7/5/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Professional Services Contract - Best Practice Quality Review Services

**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 checked="" 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 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	734,781	579,249
	Revenue		
	Net Cost	734,781	579,249
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	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.
- 
- A. The request asks for authorization to continue to contract for the Milwaukee County Department of Family Care's (MCDFC) Quality Review Services with the Milwaukee Center for Independence (MCFI).
  - B. The request will provide authorization to contract for services for the 2012 operating budget. It has no direct impact on the current year budget (2011).
  - C. There will be no budgetary impact on the current year (2011). For the 2012 operating budget there is a budgeted (projected) decrease of \$155,532. This is attributed to the budgeted decrease in enrollment based on the Governor's budget to implement an enrollment cap.
  - D. MCDFC in preparing the 2012 budget has conservatively budgeted for an enrollment decrease of 108 members per month. This decrease is based on MCDFC's current (i.e., 2011) disenrollment history and the effects of the Governor's enrollment cap beginning July 1, 2011.

Department/Prepared By MCDFC - Jim Hodson

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.

H & H N

9

Referred

JUL 11 2011

County Board  
Chairman

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** July 6<sup>th</sup>, 2011  
**TO:** Supervisor Lee Holloway, County Board Chairman  
**FROM:** Maria Ledger, Interim Executive Director, Department of Family Care

**SUBJECT:** Request for authorization to enter into a professional services contract with Dr. Sara Nolan for medical consultant services to be provided in 2011 with vendor service fees not to exceed \$100,000.00 in 2011 and to renew for one additional year, 2012, upon satisfactory performance and at the sole discretion of the DFC Director upon the same terms and conditions

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2011.

The resolution authorizes the Director, Department of Family Care to enter into a professional services contract with Dr. Sara Nolan in 2011 and to renew for one additional year, 2012, upon satisfactory performance and at the sole discretion of the DFC Director upon the same terms and conditions.

MCDFC is responsible for authorization and payment for all long-term care services in the Family Care benefit package for all enrolled members. MCDFC is responsible for providing those services in the Family Care benefit package that are medically necessary and is required to coordinate non-covered Medical Assistance service, including acute and primary care to all enrolled members. MCDFC must determine the most cost-effective services necessary to support the health and safety of members enrolled in the Managed Care Organization (MCO) operated by MCDFC.

MCDFC will benefit from the services of a medical consultant to develop and oversee practice guidelines that ensure delivery of care consistent with contemporary clinical and economic standards. The medical consultant can provide support, guidance and clinical oversight to care managers and nurses responsible for authorization and coordination of services to members enrolled in DFC's managed care organization. Dr. Sara Nolan is a licensed and experienced physician capable of providing the necessary services to support the continued successful operation of DFC and the cost-effective management of service utilization on behalf of members.

MCDFC will enter into a Professional Services Contract with Dr. Nolan commencing in August 2011 with all deliverables due and received on or before December 31, 2011. Upon satisfactory performance of the vendor and continued availability of funding,

MCDFC will extend the contract for one additional year. MCDFC will seek review and approval of the contract from Milwaukee County Corporation Counsel, Risk Management and Community Business Development Program prior to execution.

The maximum amount to be expended under this contract is less than \$100,000.00 and therefore within the authority of the Department head without need for Request for Proposal in accordance with Milwaukee County Ordinance s. 56.30 (4)(b)(1) provided monies are available in the appropriate budget account. MCDFC has established, and has adequate funds in, an account for Professional Services contracts that will be used for this contract.

If you have questions concerning the proposed professional services contract between MCDFC and Dr. Nolan, please contact Maria Ledger at 287-7610.

#### Attachment

Cc: County Executive Chris Abele  
Supervisor Peggy Romo-West, Chair, Health and Human Needs Committee  
George Aldrich, Chief of Staff, Office of the County Executive  
Terry Cooley, Chief of Staff, County Board  
Patrick Farley, Director, DAS  
Toni Bailey-Thomas, Fiscal & Management Analyst, DAS  
Steve Cady, Analyst, County Board Staff  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff  
Jim Hodson, Chief Financial Officer, MCDFC

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45

(ITEM NO. \_\_) From the Department of Family Care (DFC), requesting authorization to execute a professional services contract with Dr. Sara Nolan for medical consultant services to be provided in 2011 with vendor service fees not to exceed \$100,000.00 in 2011 and to renew for one additional year, 2012, upon satisfactory performance and at the sole discretion of the DFC Director upon the same terms and conditions:

**A RESOLUTION**

WHEREAS, the Department of Family Care operates a care management organization in accordance with the Health and Community Supports Contract between Milwaukee County and the State of Wisconsin Department of Health Services; and

WHEREAS, in addition to other requirements of the Health and Community Supports Contract, DFC is responsible for providing those services in the Family Care benefit package that are medically necessary; and

WHEREAS, DFC is required to provide covered services and coordinate non-covered Medical Assistance service, including acute and primary care to all enrolled members; and

WHEREAS, DFC is charged with the responsibility of determining the most cost-effective services necessary to support the health and safety of members enrolled in the Managed Care Organization (MCO) operated by DFC; and

WHEREAS, DFC will benefit from the services of a medical consultant to develop and oversee practice guidelines that ensure delivery of care consistent with contemporary clinical and economic standards; and

WHEREAS, the medical consultant can provide support, guidance and clinical oversight to care managers and nurses responsible for authorization and coordination of services to members enrolled in DFC's managed care organization; and

WHEREAS, Dr. Sara Nolan is a licensed and experienced physician capable of providing the necessary services to support the continued successful operation of DFC and the cost-effective management of service utilization on behalf of members, therefore,

BE IT RESOLVED, (1) The Department of Family Care is hereby authorized to execute a professional services contract in an amount not to exceed \$100,000.00 with Dr. Sara Nolan to serve as Medical Consultant to the Department of Family Care in 2011 and (2) services shall be performed under the direct supervision of the Department of Family Care Director or her designee and (3) any costs during the term of this agreement over the amount now approved will require further Board action, and

46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58

BE IT FURTHER RESOLVED, that the Director of the Department of Family Care in her sole discretion may extend this agreement for one additional year (calendar year 2012) upon the same terms and conditions without need for further action of the Board, and

BE IT FURTHER RESOLVED, that this professional services contract 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 2012,

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 7/5/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Professional Services Contract for Medical Consultant

**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 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	100,000	100,000
	Revenue		
	Net Cost	100,000	100,000
<b>Capital Improvement Budget</b>	Expenditure	0	0
	Revenue		
	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.
- 
- A. The request asks for authorization for the Milwaukee County Department of Family Care (MCDFC) to contract for Medical Consultant services with Dr. Sara Nolan.
  - B. The request will provide authorization to contract for services for the 2011 and 2012 operating budgets. There is no direct impact because the current year (2011) and 2012 operating budgets have the funds budgeted.
  - C. There will be no budgetary impact on the current year (2011) or 2012 operating budgets. Funds have been budgeted for this resource.
  - D. In budgeting for this resource MCDFC has made the assumption that this resource would assist in the guidance in the development of an integrated health care delivery model. Wisconsin DHS is currently exploring alternative models to the family care model. This resource would be instrumental in ensuring MCDFC continues to evolve its model to meet DHS expectations. In addition, this resource would also provide additional expertise to operations with our most comprehensive cases.

Department/Prepared By MCDFC - Jim Hodson

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:** July 6<sup>th</sup>, 2011

**TO:** Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs

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

**SUBJECT:** Informational report on Parkinson Research Institute-Aurora Health Care: Early Onset Parkinson Disease Study

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2010.

The attached proposal summary submitted to the Milwaukee County Department Family of Family Care (MCDFC) by Thomas Fritsch, PhD, Director of the Parkinson Research Institute Aurora Sinai Medical Center (PRI), describes a study to be conducted by PRI to commence in the Fall of 2011 with all study-related activity to be completed not later than December 31, 2013. PRI requests MCDFC funding for this study in the amount of \$19,300.

MCDFC is responsible for authorization and payment for all long-term care services in the Family Care benefit package for all enrolled members. The MCDFC Interim Executive Director has determined that the proposed study will benefit MCDFC and residents of Milwaukee County who are or may, in the future, be diagnosed with Parkinson Disease. Early identification of services typically needed to support individuals with Parkinson Disease utilizing community-based alternatives to institutional care will provide more cost-effective services.

MCDFC will enter into a Professional Services Contract with PRI, a not-for-profit research organization, commencing September 1, 2011 with all deliverables due and received on or before December 31, 2013. MCDFC will seek review and approval of the contract from Milwaukee County Corporation Counsel, Risk Management and Community Business Development Program prior to execution.

The maximum amount (\$19,300.00) to be expended under this contract is less than \$50,000.00 and therefore within the authority of the Department head without need for County Board approval in accordance with Milwaukee County Ordinance s. 56.30 (4)(b)(1) provided monies are available in the appropriate budget account. MCDFC has

established, and has sufficient funds in, an account for non-recurring Professional Services contracts that will be used for this contract.

If you have questions concerning the proposed professional services contract between MCDFC and PRI, please contact Maria Ledger at 287-7610.

Attachment

Cc: County Executive Chris Abele  
Chairman Lee Holloway, County Board  
George Aldrich, Chief of Staff, Office of the County Executive  
Terry Cooley, Chief of Staff, County Board  
Patrick Farley, Director, DAS  
Toni Bailey-Thomas, Fiscal & Management Analyst, DAS  
Steve Cady, Analyst, County Board Staff  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff  
Jim Hodson, Chief Financial Officer, MCDFC

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 7/5/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Professional Services Contract - Parkinson's Research Institute Aurora Sinai Medical Center

**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.*

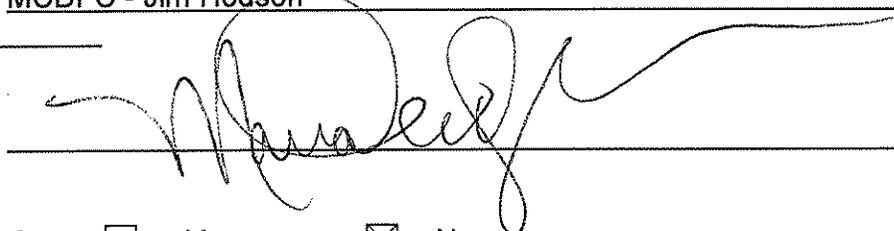
	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	19,300	0
	Revenue		
	Net Cost	19,300	0
<b>Capital Improvement Budget</b>	Expenditure	0	0
	Revenue		
	Net Cost	0	0

**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.
- 
- A. The request asks for authorization for the Milwaukee County Department of Family Care (MCDFC) to contract for a comprehensive needs-assessment study of individuals with early-onset Parkinson's Disease (EOPD) with the Parkinson's Research Institute Aurora Sinai Medical Institute. MCDFC upon completion of the study would have newly developed support structures for EOPD members.
  - B. The request will provide authorization to contract for services for the 2011 operating budget. There is no direct impact because the MCDFC current year operating budget has the funds available to contract for this study.
  - C. There will be no budgetary impact on the current year (2011) operating budget. Funds are available.
  - D. MCDFC in collaborating with the Parkinson's Research Institutue Aurora Sinai Medical Center will be part of a study that will be shared nationally as well as MCDFC will receive new information on new support structures for EOPD members.

Department/Prepared By   MCDFC - Jim Hodson  

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.



**PARKINSON**  
RESEARCH INSTITUTE

*Global Collaborations to Seek a Cure*



**Aurora Health Care®**

**Early-onset Parkinson Disease:**

**Facing a Significant Health Problem in Milwaukee County**

**A Proposal Submitted to the Milwaukee County Department of Family Care**

**Thomas Fritsch, Ph.D.**

**Director, Parkinson Research Institute,**

**Aurora Sinai Medical Center**

**Address:** Parkinson Research Institute  
945 N. 12<sup>th</sup> Street  
Milwaukee, WI 53233

**Phone:** 414.219.5697

**E-mail:** [tfritsch.pri@gmail.com](mailto:tfritsch.pri@gmail.com)

**FAX:** 414.219.5697

## Early-onset Parkinson Disease: Facing a Significant Health Problem in Milwaukee County

**Summary statement:** Those with early-onset Parkinson disease (EOPD) face a myriad of devastating health- and psychosocial-related problems, but these needs have not been systematically studied. We seek to fill this knowledge gap in an effort to develop community-based support structures for EOPD patients. Our ultimate goals are to: (1) be *directly responsive* to the needs of EOPD patients; (2) *improve care* and *reduce costs* to the medical care system and MKE County; (3) *improve the quality of life* of afflicted individuals; and (4) establish a closer relationship between the Parkinson Research Institute (PRI), the Wisconsin Parkinson Association (WPA), and MKE County's Department of Family Care, with a long-term goal of collaborating on future projects to facilitate the referral of Parkinson disease patients into the Family Care Program.

**Request:** We request \$19,300 from the Milwaukee County Department of Family Care to: (1) support a comprehensive needs-assessment study of persons with EOPD; (2) gather information and suggestions for how to respond to these needs through consultation with experts from Family Care, local and national PD experts, relevant departments within local hospitals, rehabilitation centers, long-term care facilities, and other experts and care providers in MKE's "aging network"; (3) develop new support structures for EOPD patients; and (4) disseminate information about the PD support structures by working with PD agencies throughout the U.S., such as the National Parkinson Association. The duration of the project would be two years.

**Background:** Parkinson disease (PD) is a progressive neurologic disorder, primarily affecting movement. Its cardinal features include: resting tremor, bradykinesia (slow movements), postural instability, and stiffness. Treatment with medications can, at the time of diagnosis, significantly reduce symptoms. Yet, as the illness progresses, ongoing medication use can cause significant negative side effects, such as uncontrolled *dyskinesias* (extreme, uncontrolled movements, like those now seen in Michael J. Fox). Also, approximately 30% to 50% of persons with PD will, later in the illness, develop serious cognitive problems, including frank dementia.<sup>1</sup> Parkinson disease family caregivers also report increasing stress/burden as a result of their new care role.<sup>2</sup>

The public health burden of this disease cannot be underestimated. The *Parkinson Disease Foundation* (PDF) estimates that nearly 1 million people in the U.S. currently have PD, with 60,000 new cases diagnosed each year.<sup>3</sup> In terms of costs—to support care for patients with PD—the PDF has estimated that the combined direct and indirect cost of Parkinson's, including treatment, social security payments and lost income due to inability to work is approximately \$25 billion per year. Parkinson disease medications average \$2,500 a year, and surgical interventions can cost up to \$100,000. Especially relevant to persons over the age of 65 who live in MKE, a recent study<sup>4</sup> showed that Milwaukee County and surrounding areas have some of the *highest* prevalence rates of PD in the U.S, ranging from 3.3% to 13.8%. By contrast, the entire U.S. population has a PD prevalence rate of 1.6%.<sup>4</sup> These data indicate that approximately 4,000 to 17,000 of persons 65 and older in Milwaukee County have PD. The human suffering caused by PD, in combination with the estimated high economic burden of caring for these patients call for a high-quality study by PD experts of the psycho-social and clinical challenges of the condition.

A sub-group of persons with PD who are particularly hard-hit by the disease are those with the "early-onset" variant, often defined as onset  $\leq$  40 years of age. Because of their younger age, early-onset Parkinson disease (EOPD) patients face a myriad of new "life problems" and unanticipated practical and day-to-day challenges, for which solutions seem elusive. We know from anecdotal reports that some of these challenges include: (1) forced early retirement, which can result in sudden loss of income; (2) high-cost medical bills; (3) concerns about how to

support a family when significant disability sets in; (4) negative changes in family dynamics; and (5) the need to plan for long-term care which, in some cases, may be required 5 years post-diagnosis. We assume that other issues—which are more private and are not often shared with physicians and other health care providers—also exist. Yet, few studies have attempted to systematically characterize these concerns using a research design which is *methodologically appropriate* for drawing out sensitive and highly personal information.

The few existing support groups for EOPD patients were developed by using late-onset Parkinson disease (LOPD) groups as a model. There are limitations to this approach. Many EOPD patients do not feel comfortable seeking support in a group setting with LOPD patients because their problems are quite different than those of LOPD patients. And, relating to seniors may be unfamiliar and uncomfortable for younger patients. Further, to the best of our knowledge, the efficacy of *any type* of PD support group has yet to be assessed.

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** July 6<sup>th</sup>, 2011

**TO:** Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs

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

**SUBJECT:** Informational report on Milwaukee County Department of Family Care 2012 Budget Request

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2010.

The Milwaukee County Department of Family Care Budget Request for 2012 highlights the challenges and opportunities we expect to face in the coming year.

As you know, Governor Walker's 2011-2013 budget caps enrollment into Family Care. These enrollment caps will have far reaching effects on the program and the members we hope to serve. However, the Milwaukee County Department of Family Care remains determined to provide a solvent, high quality, outcome-based program.

While we continue to work within the constraints imposed by the enrollment caps, we are also actively pursuing the development of a service delivery model that integrates acute/primary care with long-term care.

Due to the enrollment caps and the other options available for long term care services in Milwaukee County, we have projected an over all enrollment decrease of 13%.

Expenditures are also expected to decrease (\$22,901,057) from \$263,564,973 in 2011 to \$240,663,916 in 2012.

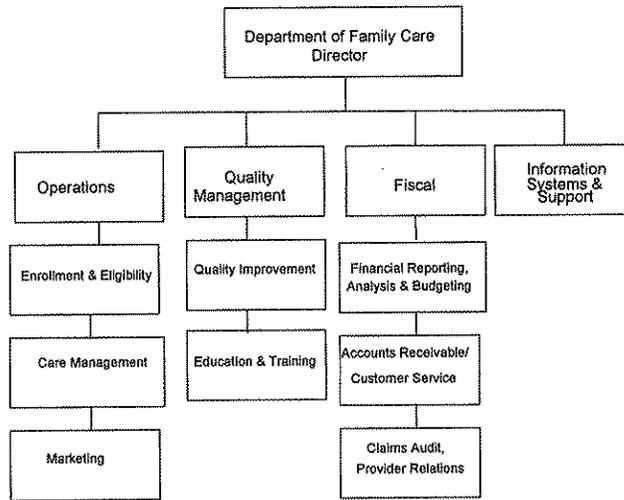
We anticipate that our provider network will shrink as businesses adjust their operations to account for a lack of growth in their population served.

As always, we have not budgeted for an increase in our capitation rate. A transfer of \$1,002,200 is made from reserves to cover the revenue shortfall.

**Attachment**

cc: County Executive Chris Abele  
 Chairman Lee Holloway, County Board  
 George Aldrich, Chief of Staff, Office of the County Executive  
 Terry Cooley, Chief of Staff, County Board  
 Patrick Farley, Director, DAS  
 Toni Bailey-Thomas, Fiscal & Management Analyst, DAS  
 Steve Cady, Analyst, County Board Staff  
 Jennifer Collins, Analyst, County Board Staff  
 Jodi Mapp, Committee Clerk, County Board Staff  
 Jim Hodes, Chief Financial Officer, MCDFC

DEPARTMENT OF FAMILY CARE (7990)



**MISSION**

Milwaukee County's Department of Family Care respects the dignity and personal autonomy of each member by honoring choice and promoting the member's continued participation in the life of their community, by providing a continuum of quality cost-effective long-term care to its members, and by supporting their families and caregivers. As a comprehensive and flexible long-term care service delivery system, Family Care strives to foster an individual's independence and quality of life while recognizing the need for interdependence and support.

<b>Budget Summary</b>		
	<b>2012</b>	<b>2011/2012 Change</b>
<b>Expenditures</b>	<b>240,663,916</b>	<b>(22,901,057)</b>
<b>Revenue</b>	<b>240,663,916</b>	<b>(22,901,057)</b>
<b>Levy</b>	<b>0</b>	<b>0</b>
<b>FTE's</b>	<b>66.4</b>	<b>(12.7)</b>
<b>Major Programmatic Changes</b>		
<ul style="list-style-type: none"> <li>• Enrollment Cap imposed by Wisconsin Department of Health Services</li> <li>• Continue to compete with other Managed Care Organizations in Milwaukee County as well as the Self-Directed Supports Program - IRIS</li> <li>• Develop integrated service model to meet future vision of Family Care</li> </ul>		

## 2012 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990

FUND: Fund 2

### OBJECTIVES

- Provide high quality, cost-effective long-term care services to eligible adults and individuals with physical and developmental disabilities age 18 to 59.
- Streamline administrative infrastructure and provider service delivery model to meet the challenges of the freeze on enrollment while maintaining solvency.
- Continue to improve the Self-Directed Supports option that is available within the Family Care benefit.
- Enhance Care Management Unit education and training curriculum.
- Heighten public awareness of the Milwaukee County Department of Family Care.
- By 12/31/12 have a developed integrated model.

### DEPARTMENTAL PROGRAM DESCRIPTION

The Department administers the Family Care benefit for both the aging (over age 60) and disabled populations (ages 18-59), who are determined to be eligible by a resource center. DFC is responsible for creating a comprehensive plan of care for each client; contracting with a wide range of service providers; and monitoring the quality of services that clients receive. DFC has and continues to deliver member-centered, community-based, outcome-focused, managed long-term care services and member-centered care planning for all Family Care members. The department has successfully served more than 17,301 members during the past eleven years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

DFC currently meets all statutory requirements for a Family Care Governing Board (the Board), s.46.284 (6), including having a board that reflects the ethnic and economic diversity of the geographic area served. The membership of the Board is required to include representation by at least five people or their family members, guardians, or other advocates who are representative of the membership. The remaining Board membership must consist of people residing in Milwaukee County with recognized ability and demonstrated interest in long-term care and managed care and up to three members of the Milwaukee County Board of Supervisors or other elected officials. The 16 member Governing Board is responsible for providing DFC with guidance and oversight in carrying out its mission under the Family Care program to include policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance.

DFC consists of the following four divisions:

The **Operations Division** includes Enrollment & Eligibility, Care Management and Marketing. This division is responsible for monitoring eligibility for Family Care clients to MCDFC receives its capitation payments, and ensuring that clients receive the best care management services by assigning them to an Interdisciplinary Team (IDT) upon enrollment. These teams are responsible for identifying member outcomes, developing a comprehensive care plan, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care. In addition the Operations Division oversees all Community Outreach and provides information on Family Care benefits and the Department of Family Care. The Marketing Coordinator also coordinates advertising, meetings, and conferences for the Department and oversees member contact and retention.

The **Quality Management Division** of DFC includes the Best Practice Team, Training and Education, Member rights, and Grievance and Appeals. This division is responsible for ensuring the best possible care is provided to members by engaging in a process of continuous quality improvement activities such as improvement initiatives, on the ground support to the care management teams, training and education for staff new to the Family Care model, and quality evaluations. The Best Practice Team, a unit of social workers and nurses, provides ongoing support to the interdisciplinary care management teams. This team also conducts regular quality audits of member records. If quality issues are identified, the Best Practice Team and the Training and Education Unit collaborate to ensure that teams have immediate access to the information they need to improve. Additionally, the Training and Education Unit develops and implements a comprehensive multidimensional training program for

## 2012 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990

FUND: Fund 2

---

all of the interdisciplinary care management teams that includes demonstration of competency in the Family Care - Care Management model. Finally this division conducts and coordinates a variety of quality evaluations. The results of these evaluations and audits assess the relative success of current quality improvement initiatives and identify opportunities for further improving the quality of the Family Care program.

The **Fiscal Division** is responsible for fiscal oversight while assisting with the integration of financial services with operations to support the strategic plan and insure cost effectiveness and that financial solvency is maintained. The major functions of this division are budget preparation, financial accounting and reporting, accounts receivable, customer service to members, developing provider networks and contracting, provider education and training on billing, monitoring departmental expenditures and revenues, reviewing audits and insuring that the program remains in compliance with the Health and Community Supports Contract.

The **Information Systems & Support Division** manages the department's web-based information system, Member Information Documentation and Authorization System (MIDAS) specific to operating the Family Care Program. This system houses each member's information such as, assessments, case notes, team care plan, eligibility information, level of care information, service authorizations, medication information, advance directives, placement information, support contacts, diagnosis information, wellness information, immunization information, member obligation payment history, state capitation payments received, provider rates and demographics, and cost history.

## 2012 BUDGET

### ***Approach and Priorities***

- Maintain a solvent, high quality, outcome-based program;
- Budget to maintain the Family Care benefit in Milwaukee County despite the cap on enrollment;
- Develop integrated model by 12/31/12
- Continue to work towards improving service delivery systems to meet the challenges of the freeze on enrollment.

### ***Programmatic Impacts***

- Continue to maintain the program to serve individuals with disabilities ages 18-59 years old and older adults.
- Projected decrease in the June 2011 enrollment of over age 60 population of 25.95% (approximately 1,650 members) due to the enrollment cap on Family Care and the many long-term care options available in the Milwaukee County Service Area.
- State budgetary constraints will likely decrease funding for Family Care.

### ***Budget Highlights***

#### ***Cap on Family Care Enrollment***

The Governor's biennial budget proposes an enrollment cap on Family Care to be implemented effective July 1, 2011 through June 30, 2013. The actual implementation of the cap has not yet been formalized, therefore, the actual effects at this time are unknown. However, MCDFC has conservatively budgeted for a decrease in its enrollment for the 2012 budget. In addition, MCDFC anticipates the cap on enrollment to also have an adverse impact to MCDFC's provider network potentially causing provider businesses to close their doors for lack of business. The department has already experienced three care management agencies who have terminated their

## 2012 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990  
FUND: Fund 2

contracts for services with MCDFC and others have been forced to lay off staff. Presently, MCDFC has more than 900 service providers in its network providing creating jobs of 7,424 within the Milwaukee County community to provide community-based services to MCDFC's members.

As a result of this freeze on enrollment, expenditures have decreased \$(22,901,057) from \$263,564,973 in 2011 to \$240,663,916 in 2012.

### ***Decreased Enrollments Resulting in Fewer Staff***

\$929,184

Due to the cap on enrollment the following vacant positions have been abolished from the MCDFC's 2012 budget resulting in a savings of salary and active fringe benefits of \$929,184.

- 2.0 FTE Fiscal Assistant 2
- 1.0 FTE Fin. Analyst - CMO
- 1.0 FTE Contract Serv. Co ord (CMO)
- 3.0 FTE Human Service Worker Aging
- 1.0 FTE RC-Child Probation Officer
- 1.0 FTE Contract Serv. Co ord Supv.
- 1.0 FTE Info And Outreach Coor Aging
- 1.0 FTE Quality Imprvt. Coord CMO
- 1.0 FTE Program Coord - CMO
- 1.0 FTE Quality Assurance Specialist

The position RC-Child Probation Officer, title code 57300 was a red circle position and abolished when the incumbent retired.

### ***Capitated Rate***

The Department of Family Care Capitated rate in 2012 is budgeted at the 2011 Nursing home level of care rate and non nursing home level of care. Preliminary rate data had not been provided to the Department of Family Care at the time of the budget.

### ***Advertising Expenses***

Due to continued competition for members and providers, the advertising expenditures are at \$225,000 in 2012. The department will work to maintain the number of enrollees by effective advertising and marketing which includes, printing and distributing brochures, regular newsletters, information sharing, and sponsoring events for the aging and disabled population.

### ***Transfer From Reserves***

Due to the assumed decrease in enrollment resulting from a competing managed care organization, the other long-term care option called IRIS and the enrollment cap a transfer of \$1,002,200 is made from reserves to cover the revenue shortfall. In addition, no increase in the capitation rate is assumed for 2012.

2012 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990

FUND: Fund 2

BUDGET SUMMARY				
Account Summary	2010 Actual	2011 Budget	2012 Budget	2011/2012 Change
Personal Services (w/o EFB)	\$ 4,026,762	\$ 4,853,615	\$ 4,199,120	\$ (654,495)
Employee Fringe Benefits (EFB)	3,158,354	3,475,741	3,245,155	(230,586)
Services	4,533,125	5,235,867	4,552,893	(682,974)
Commodities	233,177	108,466	128,157	19,691
Other Charges	246,869,376	248,505,859	227,219,437	(21,286,422)
Debt & Depreciation	0	0	0	0
Capital Outlay	112,325	37,000	37,000	0
Capital Contra	0	0	0	0
County Service Charges	2,315,316	1,401,614	1,341,999	(59,615)
Abatements	(84,368)	(53,189)	(59,845)	(6,656)
<b>Total Expenditures</b>	<b>\$ 261,164,067</b>	<b>\$ 263,564,973</b>	<b>\$ 240,663,916</b>	<b>\$ (22,901,057)</b>
Direct Revenue	264,019,823	263,564,973	240,663,916	(22,901,057)
State & Federal Revenue	50,000	0	0	0
Indirect Revenue	0	0	0	0
<b>Total Revenue</b>	<b>\$ 264,069,823</b>	<b>\$ 263,564,973</b>	<b>\$ 240,663,916</b>	<b>\$ (22,901,057)</b>
<b>Direct Total Tax Levy</b>	<b>(2,905,756)</b>	<b>0</b>	<b>0</b>	<b>0</b>

PERSONNEL SUMMARY				
	2010 Actual	2011 Budget	2012 Budget	2011/2012 Change
Position Equivalent (Funded)*	90.1	79.1	66.4	(12.7)
% of Gross Wages Funded	100.0	100.0	100.0	0.0
Overtime (Dollars)	\$ 25,199	\$ 46,056	\$ 32,712	\$ (13,344)
Overtime (Equivalent to Position)	0.4	0.9	0.5	(0.4)

\* For 2010 actuals, the Position Equivalent is the budgeted amount.

2012 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990

FUND: Fund 2

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Health Care Plan Specialist II	04950	Abolish	(1)	(1.00)	CMO	0*
Human Service Worker Aging	56160	Abolish	(1)	(1.00)	CMO	0*
Service Provider Training Spec.	12662	Abolish	(1)	(1.00)	CMO	0*
Performance Evaluator III	12661	Abolish	(1)	(1.00)	CMO	0*
Unit Supervisor - LTS	56690	Abolish	(1)	(1.00)	CMO	0*
Health Care Plan Supv.	04905	Abolish	(1)	(3.00)	CMO	0*
RN 2 Dept on Aging	44890	Abolish	(3)	(1.00)	CMO	0*
RN 2 Adult Servs Div.	44720	Abolish	(0.25)	(0.25)	CMO	0*
Human Service Worker	56300	Abolish	(7.50)	(7.50)	CMO	0*
Fiscal Asst 2	04041	Abolish	(2)	(2.00)	CMO	\$ (60,832)
Fiscal Analyst - CMO	04756	Abolish	(1)	(1.00)	CMO	(65,028)
Contract Serv. Coord (CMO)	55733	Abolish	(1)	(1.00)	CMO	(54,494)
Contract Serv. Coord (CMO)Supv.	56705	Abolish	(1)	(1.00)	CMO	(55,466)
Human Service Wkr Aging	56160	Abolish	(3)	(3.00)	CMO	(120,660)
Program Co ord - CMO	58027	Abolish	(1)	(1.00)	CMO	(55,466)
Quality Assurance Specialist	58035	Abolish	(1)	(1.00)	CMO	(34,220)
RC- Child Probation Officer	57300	Abolish	(1)	(1.00)	CMO	(56,962)
Quality Impvt. Coord (CMO)	58011	Abolish	(1)	(1.00)	CMO	(56,572)
Info and Outreach Coor Ag	56711	Abolish	(1)	(1.00)	CMO	(47,766)
					TOTAL	\$ (607,466)

\*These positions were abolished in 2011, for no fiscal effect.  
All abolished positions are vacant.

*All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."*

**COUNTY OF MILWAUKEE  
Inter-Office Communication**

Date: July 5, 2011

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

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

Subject: From the Interim Director, Department of Health and Human Services, submitting an informational report with an overview of the 2012 Requested Budget for DHHS, including the Behavioral Health Division

As requested, below is a listing of 2012 Requested Budget highlights for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

- DHHS includes the divisions of Delinquency and Court Services, Disability Services, Housing, Management Services, Economic Support and the Behavioral Health Division.
- The 2012 Requested Budget for DHHS, excluding BHD, reflects \$131.7M in expenditures, \$103.9M in estimated revenues and a total tax levy of \$27.8M.
- The 2012 Requested Budget for BHD reflects \$187.9M in expenditures, \$126.8M in estimated revenues and a total tax levy of \$61.1M.
- The directed tax levy target was \$88.9M for DHHS and BHD combined.
- DHHS will work to minimize any local impact of the \$500M statewide reduction in Medical Assistance in the State budget, the specifics of which are yet unknown, but could impact the Delinquency and Court Services, Disability Services and Behavioral Health Divisions.
- DHHS will work with the Department of Administrative Services and the County Executive to identify \$3M in tax levy savings in 2012.
- DHHS's Requested Budget maintains core services while working to increase revenue opportunities, improve efficiency and assess and implement best practices in health and human services.

## **Programmatic Highlights by Division**

### **Delinquency and Court Services Division (DCSD)**

- DCSD has experienced encouraging trends in reducing police referrals, reliance on more costly institutional service options and repeat offending behaviors. To continue the downward trends and positive outcomes, DCSD's contracts and programs, including a number of emerging collaborations and information technology enhancements, are maintained in 2012.
- The Request reflects a realignment of Division staff to better address service needs.
- DCSD will review the impact of the proposed State Corrections Facilities closure and, in response to that and other trends in the corrections area, plans a number of initiatives and collaborations, including technology enhancements, a project that will utilize restorative justice practices, and collaboration with other counties and agencies.
- There is an estimated \$3.5M loss in Youth Aids revenue stemming from State cuts, but with current cost projections based on projected average daily correctional populations, DCSD will be able to offset the revenue loss in 2012. There will be no reduction in services since the revenue offset is due to the increase use of community-based services and options that resulted in the decreased average daily census at the correctional facilities.

### **Disabilities Services Division (DSD)**

- Staffing responsibilities and functions will be reassigned to continue to assist individuals with disabilities and their families, provide Disability Resource Center services as required by the State and accommodate the State's Family Care cap on enrollments. Unfortunately, the Division's waiting list of adults and children seeking long-term care services will grow because of the State's enrollment cap.
- Implementation of the Children's Long-Term Support (CLTS) Medicaid Waiver program and expansion will continue.
- In conjunction with BHD, a Developmental Disabilities- Mental Health Pilot Respite Program is established to provide community treatment and supports to an identified group of individuals with a demonstrated high utilization of BHD Adult Crisis Services.
- DSD will continue to work with BHD on the initiative to downsize units in BHD's Rehab Center – Hilltop.

### **Housing Division**

- The Request includes one-time investment of \$400,000 in an Electronic Funds Transfer (EFT) software module, which would have numerous benefits including: fast, accurate payment to vendors, reduction in paperwork, elimination of problems associated with lost or stolen checks and easier reconciliation of payments with bank statements.

- DHHS plans to embark on a strategic planning process to integrate the existing Housing and Urban Development (HUD) programs with Special Needs Housing initiatives.
- Program services have been reduced accordingly to reflect federal HUD budget cuts of approximately \$450,000 in Community Development Block Grant (CDBG) and HOME/Home Repair funding.

#### **Economic Support Division (ESD)**

- As of January 1, 2010, the State of Wisconsin assumed control over the FoodShare (food stamps), Medicaid Assistance, Car Taker Supplement, and Wisconsin Works (W2)/Supplemental Security Income (SSI) burials as well as the Child Care program. Staff in County positions that supported Income Maintenance (IM) and Child Care, remained County employees but were supervised by the State. The then-proposed 2011-2013 State budget and now the adopted State budget, converts County IM staff to State employees. The State's Department of Health Services (DHS) is directed to communicate with Milwaukee County, regarding the issues related to the transfer of county IM employees, within 30 days of the budget bill's enactment and then report to the Joint Finance Committee with 60 days. The Budget Request maintains the positions in DHHS and assumes the same level of compensation pending the outcomes of these discussions.

#### **Behavioral Health Division (BHD)**

- Taking the results of multiple efforts to study the existing mental health delivery system in Milwaukee County, the Mental Health Redesign Task Force, established through County Board Resolution, will coordinate the recommendations put forth to date and prioritize and implement new mental health system ideas and innovative strategies.
- BHD will implement a \$1.6M multi-faceted initiative to substantially increase community mental health services. This initiative is closely associated with the Mental Health Redesign and will serve as an important step toward investing in community resources prior to any downsizing of the BHD facility. It includes a community-based Crisis Stabilization program that will utilize Peer Specialists; an additional 8-bed crisis respite facility; the Developmental Disabilities-Mental Health Pilot Respite Program that will provide community treatment and supports to an identified group of individuals with a demonstrated high utilization of BHD Adult Crisis Services; and additional community crisis options.
- The caseload covered by BHD's Targeted Case Management (TCM) will be outsourced to community providers. Staff will be redeployed and savings re-invested to support services as part of the initiative related to expanding needed community resources.
- The Request reflects initiatives and consultation services to achieve Joint Commission certification.

- As a result of State budget cuts, the 2012 Requested Budget reflects reduced funding and corresponding service reductions for adult community Alcohol and Other Drug Abuse (AODA) services of an estimated \$500,000, and Wraparound Milwaukee Mobile Urgent Treatment Team crisis intervention services to Milwaukee Public Schools.
- Although the State also cut adult community mental health services funding, revenue reductions in this area of over \$700,000 will be backfilled by tax levy to support the crucial investment and initiatives in adult community-based mental health services.
- An electronic medical records (EMR) system will be implemented in 2012.

**Recommendation**

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



---

Geri Lyday, Interim Director  
Department of Health and Human Services

Cc Chris Abele, County Executive  
Lee Holloway, Chairman, County Board of Supervisors  
George Aldrich, Chief of Staff, County Executive office  
Patrick Farley, Director, Department of Administrative Services  
Terrence Cooley, Chief of Staff, County Board  
Pam Bryant, Interim Fiscal and Budget Administrator  
Cynthia Pahl, Assistant Fiscal and Budget Administrator  
Antoinette Thomas-Bailey, DAS Analyst  
Jennifer Collins, Analyst, County Board  
Jodi Mapp, Committee Clerk, County Board

**COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION**

DATE: June 24, 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, requesting authorization to increase the 2011 Purchase of Service contract with Running Rebels Community Organization in the amount of \$25,000 from \$1,250,944 to \$1,275,944 for the Delinquency and Court Services Division**

**Policy Issue**

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

**Background**

**Targeted Monitoring Program**

DCSD has an existing purchase of service contract with Running Rebels Community Organization (RRCO) to provide monitoring and support services in the amount of \$1,250,944 to serve 105 youth per day. The Targeted Monitoring Program provides additional supervision and support services to youth involved with gun possession or deemed to be serious chronic offenders. This service allows youth to remain in the community as a responsible alternative to a traditional correctional placement and is intended to hold youth accountable to the courts and minimize a youth's risk for re-offense. The firearm component of the program received recognition from the Office of Juvenile Justice and Delinquency Prevention in 2009 being recognized as Program of the Year through its use of Juvenile Accountability Block Grant funds. According to DCSD review, for calendar year 2010, 73% of the youth involved in TMP successfully completed this component of their community supervision.

## **Discussion**

This request proposes to address two issues: 1) episodic capacity concerns and 2) juveniles involved in burglaries.

### **Increased Need for Targeted Monitoring Program**

The Targeted Monitoring Program services currently in place has experienced a wait list during ten of the past 12 months. While overall referrals for youth in possession of a gun have remained relatively stable, the County has experienced an increase in the number of youth referred for the offense of Burglary (Felony). This has likely, in part, contributed to the increased utilization of more intensive services. For those youth delayed due to capacity, the average wait was two to three weeks. While juveniles on the wait list may be referred to in-home monitoring during the waiting period, to ensure some level of additional monitoring, a delay in actual program start is problematic because it delays engagement of the juvenile in the intensive programming during the initial critical post-disposition period.

### **Enhanced Monitoring for Burglary Offenders**

As mentioned above, the County has experienced an increase in the number of youth referred for Burglary. In 2010, Burglary was both the most common overall offense type and the most common offense for first offenders. This initiative would pilot a two-prong strategy to the issue of juvenile burglary: 1) a balanced response involving offender (competency development), community (public safety), and victim (accountability) and 2) improved monitoring and community engagement.

DCSD began collaborative efforts with the District Attorney's Office and Safe and Sound, Inc. in 2010 in an effort to further apply Restorative Justice practice and principles within the Milwaukee juvenile system. These efforts, which included brainstorming assistance of a national consultant, resulted in a project plan to target youth referred for burglary given the identifiable subpopulation and community impact. Restorative justice circles create a safe environment where offenders, victims, youth, and trained community members meet to discuss a criminal offense, the harm caused by the crime and its effects on the community. The goal is to work towards repairing the harm caused by the crime in addition to furthering the youth's competency. Beginning in the later half of 2011, Safe and Sound, Inc., with the assistance of Office of Justice Assistance grant funds, will train adult and juvenile community members, to facilitate and/or participate in restorative justice circles for this project.

Running Rebels Community Organization, as a Safe and Sound partner, is in a position to provide enhanced monitoring of select juveniles with burglary offenses. The Targeted Monitoring Program and support services will complement the restorative justice circles. In collaboration, DCSD and RRCO will develop a modified version of the Targeted Monitoring Program based on the needs of youth referred for burglary.

DCSD has requested the assistance of the Milwaukee Police Department in mapping juvenile Burglary offenses by incident location, juvenile residence, and arrest location. A mapping of

juvenile residence is attached for reference. This work has confirmed that a significant portion of the youth and offenses are within the MPD Districts 5 and 7, which makes RRCO a logical geographical fit.

Lastly, these efforts have been discussed and supported by the Juvenile Justice Standing Committee of the Milwaukee County Community Justice Council and the Disproportionate Minority Contact Advisory Committee.

DCSD is requesting an increase in the amount of \$25,000 for Running Rebels Community Organization, from \$1,250,944 to \$1,275,944. The additional \$25,000 is for the last four months of 2011 and will provide for additional supervision and support services for an estimated 24 youth. The 2012 budget anticipates support for this initiative.

### **Recommendation**

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to increase the purchase of service contract with Running Rebels Community Organization by \$25,000, from \$1,250,944 to \$1,275,944, from 9/1/2011 – 12/31/2011, as detailed in the attached resolution.

### **Fiscal Effect**

All increases are completely offset by unencumbered 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

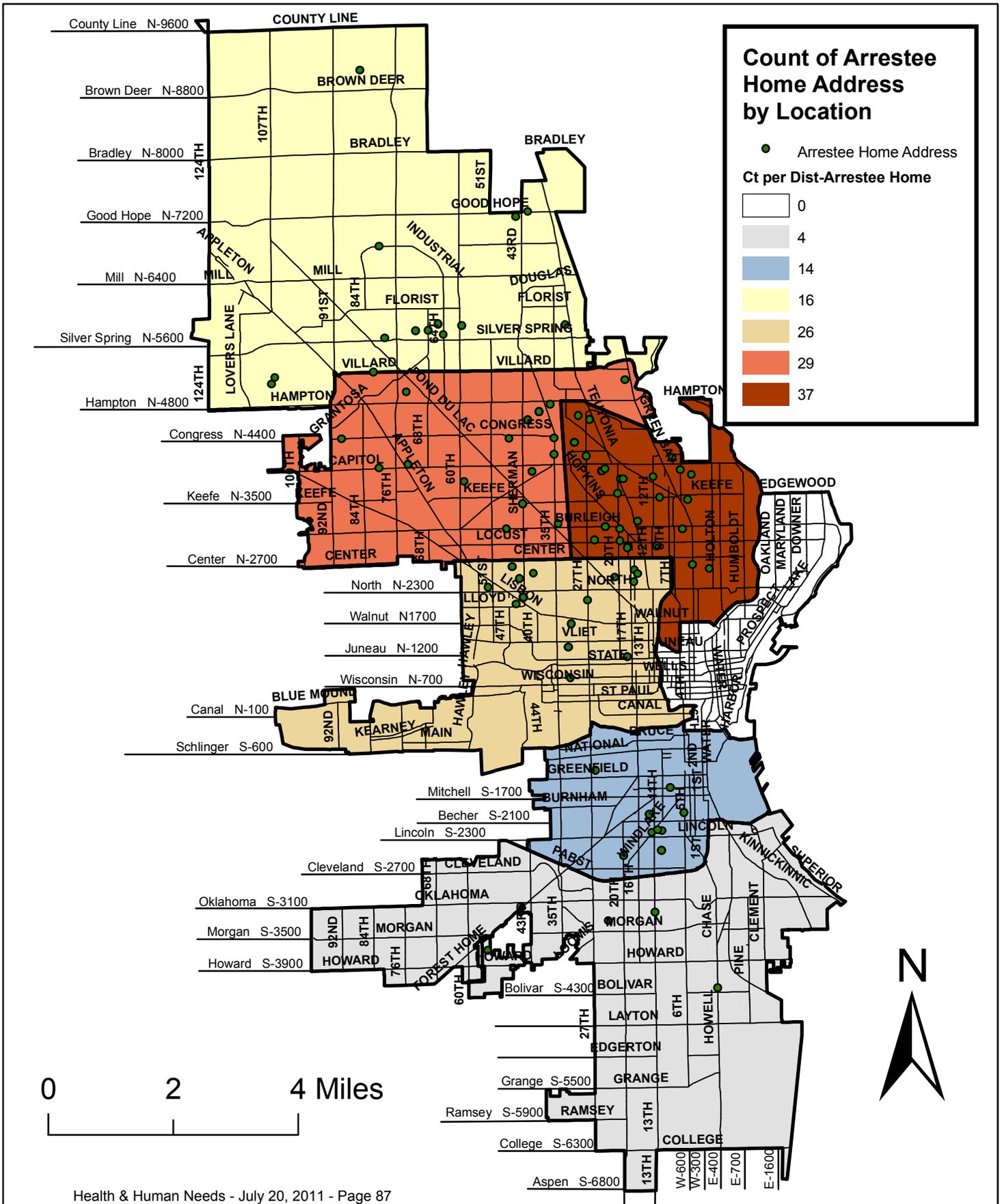
Department of Health and Human Services

cc: County Executive Chris Abele  
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

# Milwaukee Police Department

## Juvenile Burglaries / Burglary Arrests

### January 1, 2011 to June 2, 2011



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44

(ITEM \*) Report from the Interim Director, Department of Health and Human Services, requesting authorization to increase the 2011 Purchase of Service contract with Running Rebels Community Organization in the amount of \$25,000 from \$1,250,944 to \$1,275,944 for the Delinquency and Court Services Division by adoption of the following:

**A RESOLUTION**

WHEREAS, the Targeted Monitoring Program provides additional supervision and support services to youth involved with gun possession or deemed to be serious chronic offenders, allowing them to remain in the community as a responsible alternative to a traditional correctional placement and is intended to hold youth accountable to the courts and minimize a youth’s risk for re-offense; and

WHEREAS, the Targeted Monitoring Program services currently in place have experienced a wait list during ten of the past 12 months, likely owing in part to an increase in the number of youth referred for the offense of Burglary; and

WHEREAS, while juveniles on the wait list may be referred to in-home monitoring during the waiting period, to ensure some level of additional monitoring, a delay in actual program start is problematic because it delays engagement of the juvenile in the intensive programming during the initial critical post-disposition period; and

WHEREAS, in 2010, burglary (included in the aforementioned class of offenses) was the most common overall offense type and the most common entry-level offense for juveniles; and

WHEREAS, collaborative efforts between DCSD, the District Attorney’s Office and Safe and Sound, Inc. in 2010 resulted in a project plan to target youth referred for burglary given the identifiable subpopulation and community impact; and

WHEREAS, beginning in the later half of 2011, Safe and Sound, Inc. will train adult and juvenile community members to facilitate and/or participate in restorative justice circles for this project, and Running Rebels Community Organization (RRCO), as a Safe and Sound partner, is in a position to provide enhanced monitoring of select juveniles with burglary offenses; and

WHEREAS, DCSD has an existing 2011 purchase of service contract with RRCO, in the amount of \$1,250,944, to provide monitoring and support services to serve 105 youth per day under the Targeted Monitoring Program; and

WHEREAS, DCSD and RRCO will develop a modified version of the Targeted Monitoring Program based on the needs of youth referred as a first offender for the offense of burglary; and

45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63

WHEREAS, DHHS is requesting an increase of \$25,000 for the RRCO purchase of service contract, for a total of \$1,275,944 for 2011, to provide for additional supervision and support services for an estimated 24 youth; and

WHEREAS, the contract increase is completely offset by an anticipated surplus in Youth Aids revenue; now, therefore,

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

<u>Agency and Service</u>	<u>Term</u>	<u>Original</u>	<u>Amendment</u>	<u>Final</u>
Running Rebels Community Organization (Monitoring and Support Services)	1 year (2011)	\$1,250,944	\$25,000	\$1,275,944

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 6/27/2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, requesting authorization to increase the 2011 Purchase of Service contract with Running Rebels Community Organization in the amount of \$25,000 from \$1,250,944 to \$1,275,944 for the Delinquency and Court Services Division

**FISCAL EFFECT:**

- |   |  |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact   | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required   | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures<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 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	25,000	
	Revenue	0	
	Net Cost	25,000	
<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) 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 with Running Rebels Community Organization to serve additional youth in the Targeted Monitoring Program.

B) The total recommended increase to the Running Rebels Community Organization purchase of service contract is \$25,000 for 2011, from \$1,250,944 to \$1,275,944. The increase in expenditures for the contract will be completely offset by encumbered purchase of services funds contained within the DCSD budget.

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

D. No assumptions/interpretations.

---

<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, DHHS

Authorized Signature *Leri A. Sydney*

Did DAS-Fiscal Staff Review?  Yes  No

DATE: July 1, 2011

TO: Lee Holloway, Chairman, County Board of Supervisors

FROM: Pamela Bryant, Interim Fiscal and Budget Administrator, Department of Administrative Services

SUBJECT: Due Diligence Report for the allocation of funds from the Special Needs Housing Program (SNHP) to Milwaukee Center for Independence (MCFI)/ Transitional Living Services (TLS) for a supportive housing development.

**Request**

The Department of Administrative Services is recommending approval of a \$272,000 grant from the Special Needs Housing Capital Project to the Highland Commons Project in West Allis to provide 50 permanent supportive housing units for Milwaukee County Behavioral Health clients.

**Background**

Transitional Living Services (TLS), a non-profit organization and affiliate of the Milwaukee Center for Independence (MCFI), has provided support services in the community for over 40 years. ~~The~~ organization currently owns 22 group homes and supported apartments for people living with serious and persistent mental illness. For more than 20 years, TLS has worked with Milwaukee County to provide support services to BHD clients.

In 2007, WHEDA filed a foreclosure action against Tri-Corp Housing Inc. owner of New Samaria, which is a rooming house for people with mental illness and substance abuse problems. The company was also delinquent on its payments to WE Energies, who threatened to disconnect the utilities at this facility. Had this occurred, there would have been a loss of housing for 70 residents. To preserve the property and continue operations, New Samaria was placed under the receivership of Cardinal Capital Management, Inc. in 2008.

In order to provide better housing opportunities for mentally ill clients, Cardinal Capital Management, Inc. collaborated with Transitional Living Services (TLS) to construct Highland Commons, a 50 unit permanent supportive housing development for residents who have been diagnosed with severe and persistent mental illness. This will be the first supportive housing development outside the limits of the City of Milwaukee. TLS will provide services that offer mental health education, medication management, wellness recovery action plans (WRAP), community involvement, socialization and leisure activities, and functional literacy groups.

**Review & Analysis**

The Department of Administrative Services (DAS) - Fiscal Affairs has reviewed the project proposal from MCFI/TLS and prepared the analysis that follows:

The total project costs for the 50-unit permanent supportive housing development is \$9,426,375. The original request from MCFI/TLS was for an allocation of \$300,000 from the Special Needs Housing Fund (SNHF). At the beginning of 2011, there was approximately \$632,000 remaining in this fund. In March and April of 2011, the County Board approved the allocation of \$260,000 for the Autumn West Project and \$100,000 for UMCS Phase III, reducing the amount remaining in the SNHF to its current balance of \$272,000. As a result, the project will have a gap of approximately \$29,528. However, Cardinal Capital Management, Inc. has determined that developer fees would be reduced by \$29,528 in order to cover the remaining project balance. Deferring this fee will not have a negative impact on the developer. Once the facility is occupied, a portion of the net cash flow for the next couple of years would be used to pay the deferred developer fees.

The funding requested from Milwaukee County would be used to support the construction of the 50-units that will be located at the existing New Samaria development located at 6700 West Beloit Road in West Allis, Wisconsin. The organization will also receive funding from the following sources:

- \$8,239,847 in Tax Credits
- \$785,000 in permanent financing from the Wisconsin Housing and Economic Development Authority (WHEDA)
- \$100,000 from the City of West Allis' Neighborhood Stabilization Fund

Cardinal Capital Management, Inc., the primary developer on this project, has worked on several housing projects for people with special needs. In 2007, the County Board approved the allocation of \$500,000 for the construction of United House, a 24 unit supportive housing development for BHD clients, where Cardinal Capital Management, Inc. worked as the developer on this project with United Christian Church. The developer has also constructed other special needs housing facilities in Milwaukee County such as, Empowerment Village-National (Opened January 2011), Empowerment Village- Lincoln (Opens September 2011), and Veteran's Manor (Opened Memorial Day 2011).

### **Cash Flow Projection**

The first years projected cash flow from this project is approximately \$28,536. This cash flow projection assumes that 100% of the units will be filled, with a monthly rent payment of \$690 resulting in annual rental income of \$414,000. All of the units will be subsidized through Section 8 housing vouchers, where residents pay 30% of their adjusted gross income as rent. The primary source of income for most of these residents would be social security disability income.

Although it is expected that all units will be filled, this projection also includes a 7% vacancy allowance resulting in a decrease in rental revenue of \$28,980, for a total annual rental income projection of \$385,020.

In addition to the vacancy allowance, this projection also assumes a project operating budget of \$261,251 and debt service costs of \$95,233 for a total net cash flow of \$28,536 for the first year. The table below illustrates the cash flow projection for the next 20 years.

Year	1	2	3	4	5	6	7	8	9	10
Net Rental/Other Income	385,020	392,720	400,574	408,585	416,757	425,092	433,594	442,266	451,111	460,133
Total Operating Expenses	261,251	269,089	277,162	285,477	294,041	302,862	311,948	321,306	330,945	340,873
Debt Service	95,233	95,233	95,233	95,233	95,233	95,233	95,233	95,233	95,233	95,233
Net Cash Flow	28,536	28,398	28,179	27,875	27,483	26,997	26,413	25,727	24,933	24,027

Year	11	12	13	14	15	16	17	18	19	20
Net Rental/Other Income	469,336	478,723	488,297	498,063	508,024	518,184	528,548	539,119	549,901	560,899
Total Operating Expenses	351,099	361,632	372,481	383,655	395,165	407,020	419,231	431,808	444,762	458,105
Debt Service	95,233	95,233	95,233	95,233	95,233	0	0	0	0	0
Net Cash Flow	23,004	21,858	20,583	19,175	17,626	111,164	109,317	107,311	105,139	102,794

### Financial Impact

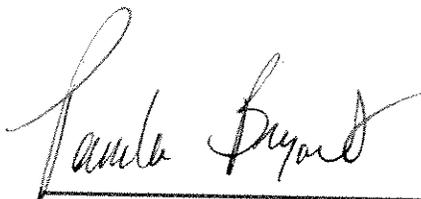
A total of \$3,000,000 has been allocated to the Special Needs Housing Fund since its inception in 2007. There is approximately \$272,000 remaining in this fund.

The County is currently paying approximately \$425,000 annually through 2017 to retire the loan from the State Trust Fund Loan Program. The annual amount decreases to \$278,000 each year for the two remaining years 2018 and 2019. Approval of the grant request from MCFI/TLS for \$272,000 will reduce the amount remaining in the SNFH to \$0.

### Recommendation

The DAS is recommending approval of the \$272,000 grant to MCFI/TLS for the Highland Commons development with the following conditions:

- Cardinal Capital Management, Inc. and MCFI/TLS will provide formal documentation that all funds have been received prior to the release of the \$272,000 grant from Milwaukee County.
- Development agreement includes language that specifies that all 50 units will be designated for BHD clients.
- Development agreement includes language that specifies that if for some reason the building or land is sold, the County will recover 10% of the sale proceeds or \$272,000, whichever is greater.



Pamela Bryant, Interim Fiscal and Budget Administrator

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52

**(ITEM NO. ) : The Department of Administrative Services is recommending approval of the attached resolution for a \$272,000 grant from the County’s Special Needs Housing Program (SNHP) for the Highland Commons Project in West Allis to provide fifty permanent supportive housing units for Milwaukee County Behavioral Health clients.**

A RESOLUTION

WHEREAS, the County Board adopted Resolution 07-74 which approved criteria for the allocation of budgeted appropriations for housing for persons with mental illness; and

WHEREAS, the Milwaukee Center for Independence (MCFI)/Transitional Living Services (TLS) has requested a grant of \$300,000 from the County’s SNHP, for the Highland Commons project, that would provide fifty permanent supportive housing units for Milwaukee County behavioral health clients; and

WHEREAS, the Department of Administrative Services prepared a due diligence report based on the requirements in Section 7.92 of the Administrative Procedures; and

WHEREAS, at the beginning of 2011, there was approximately \$632,000 remaining in the Special Needs Housing Fund (SNHF), and the County Board approved the allocation of \$360,000 for two supportive housing developments reducing the County’s Housing Trust Fund to its current balance of \$272,000; and

WHEREAS based on the remaining balance in the County’s Housing Trust Fund, the Highland Commons project will only receive \$272,000; NOW THEREFORE,

BE IT RESOLVED, that the Interim Director, DHHS or designee is authorized to negotiate and execute an agreement with the developer which ensures compliance with the terms and conditions governing the use of funds from the County’s SNHP and which accomplishes such other objectives as will best serve the county and the housing needs of our behavioral health system’s consumers, and be it

BE IT FURTHER RESOLVED, that based on the requirements set forth in Resolution 07-74, Milwaukee Center for Independence (MCFI)/Transitional Living Services (TLS) receives a grant of \$272,000 for the Highland Commons project contingent on the following:

- Cardinal Capital Management, Inc. and MCFI/TLS will provide formal documentation that all funds have been received prior to the release of the \$272,000 grant from Milwaukee County
- Development agreement includes language that specifies that all 50 units will be designated for BHD clients.
- Development agreement includes language that specifies that if for some reason the building or land is sold, the County will recover 10% of the sale proceeds or \$272,000, whichever is greater.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 7/1/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Department of Administrative Services recommending approval of a \$272,000 grant from the County's Special Needs Housing Program for the Highland Commons Project in West Allis to provide fifty permanent supportive housing units for Milwaukee County Behavioral Health clients.

**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 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 checked="" 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	272,000	0
	Revenue	272,000	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

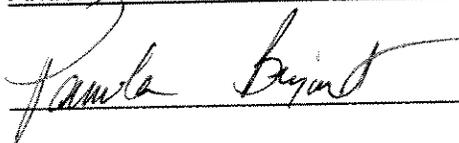
In the space below, you must provide the following information. Attach additional pages if necessary.

- 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 Department of Administrative Services is recommending approval of a \$272,000 grant from the County's Housing Trust Fund for the Highland Commons Project in West Allis to provide fifty permanent supportive housing units for Milwaukee County Behavioral Health clients.
- B. This will have no direct fiscal impact on the County.
- C. There is no tax levy impact.
- D. No assumptions were made.

Department/Prepared By Antionette Thomas-Bailey

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:** July 1, 2011

**TO:** Lee Holloway, Chairman - County Board of Supervisors

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

**SUBJECT: From the Interim Director, Department of Health and Human Services, requesting County Board approval to allocate \$272,000 of financing from the County Special Needs Housing Trust Fund to the Milwaukee Center for Independence for the supportive housing development to be known as Highland Commons**

**Request**

The Department of Health and Human Services is recommending approval of a \$272,000 grant from the Special Needs Housing Capital Project to the Highland Commons Project in West Allis to provide 50 permanent supportive housing units for Milwaukee County Behavioral Health consumers.

**Background**

Transitional Living Services (TLS), a non-profit organization and affiliate of the Milwaukee Center for Independence (MCFI), has provided support services in the community for over 40 years. The organization currently owns 22 group homes and supported apartments for people living with serious and persistent mental illness. For more than 20 years, TLS has worked with Milwaukee County to provide support services to BHD clients.

Cardinal Capital Management, Inc., the primary developer on this project, has worked on several housing projects for people with special needs. In 2007, the County Board approved the allocation of \$500,000 for the construction of United House, a 24 unit supportive housing development for BHD clients, where Cardinal Capital Management, Inc. worked as the developer on this project with United Christian Church. The developer has also developed other special needs housing facilities in Milwaukee County such as, Empowerment Village-National (Opened January 2011), Empowerment Village- Lincoln (Opens September 2011), and Veteran's Manor (Opened Memorial Day 2011).

In 2007, WHEDA filed a foreclosure action against Tri-Corp Housing Inc. owner of New Samaria, which is a rooming house for people with mental illness and substance abuse problems. The

company was also delinquent on its payments to WE Energies, who threatened to disconnect the utilities at this facility. Had this occurred, this would have resulted in the loss of housing for 70 residents. To preserve the property and continue operations, New Samaria was placed under the receivership of Cardinal Capital Management, Inc. in 2008.

The Milwaukee County Housing Division Special Needs staff assisted Cardinal Capital with the management of the existing tenants as well as potential referrals during this transition phase. Once the date was chosen for the closing of the facility, Housing Division staff began to meet with the consumers and case management agencies to offer several other housing options once New Samaria was closed. Consumers were able to be relocated using grants funds for security deposits and up to six months of rent assistance. This process was completed by May 1, 2011. Many of the individuals were relocated to Farwell Studios, a supportive housing development funded by Neighborhood Stabilization Program Funds that the County Board approved in 2010. Once Highland Commons is completed, all of the consumers that were relocated from New Samaria will be given the option to move back into the new development.

In order to provide better housing opportunities for mentally ill consumers, Cardinal Capital Management, Inc. collaborated with Transitional Living Services (TLS) to construct Highland Commons, a 50 unit permanent supportive housing development for residents who have been diagnosed with severe and persistent mental illness. This will be the first supportive housing development in Milwaukee County outside the limits of the City of Milwaukee. TLS will provide services that offer mental health education, medication management, wellness recovery action plans (WRAP), community involvement, socialization and leisure activities, and functional literacy groups.

Highland Commons has received the necessary approvals from West Allis and has support from the Mayor and West Allis Department of Development. West Allis was able to secure an additional \$100,000 of Neighborhood Stabilization Program 3 (NSP3) funds for foreclosures in the city and pledged to use the full amount towards this project. Cardinal Capital and MCFI conducted community meetings and the neighbors overwhelmingly supported the project due to the positive impact they saw for the prospective tenants and the surrounding neighborhood.

### **Project Description:**

**Project Name:** Highland Commons

**Location:** 67<sup>th</sup> and Beloit Road, West Allis

**Service Provider:** Transitional Living Services (affiliate of Milwaukee Center For Independence)

**# Units/% BHD Units:** 50/100%

**Total Project Cost:** \$9,413,523 (est.)

**Tax Credits:** \$9,763,910

**CHTF (County) Contribution:** \$272,000 (recommended)

**Other Assistance:**

- 50 Milwaukee County Project-Based rent assistance vouchers
- \$100,000 in Neighborhood Stabilization Program (NSP) funds from the City of West Allis
- \$785,000 in permanent financing from the Wisconsin Housing and Economic Development Authority

**Financial Impact**

A total of \$3,000,000 has been allocated to the Special Needs Housing Fund since its inception in 2007. There is approximately \$272,000 remaining in this fund.

The County is currently paying approximately \$425,000 annually through 2017 to retire the loan from the State Trust Fund Loan Program. The annual amount decreases to \$278,000 each year for the two remaining years 2018 and 2019. Approval of the grant request from MCFI/TLS for \$272,000 will reduce the amount remaining in the SNFH to \$0.

**Recommendation**

The Interim Director of Health and Human Services recommends that the Board approve an allocation of \$272,000 from the County Housing Trust Fund to the Milwaukee Center For Independence in support of this project.

Staff also requests that the Board authorize DHHS to negotiate and execute an agreement with the developer which ensures compliance with the terms and conditions governing the use of Trust Fund monies and which accomplishes such other objectives as will best serve the County and the housing needs of the behavioral health system's consumers.



---

Gerri Lyday, Interim Director  
Department of Health and Human Services

cc: Chris Abele, County Executive  
Terrence Cooley, Chief of Staff - County Executive's Office  
Patrick Farley, Administrator - DAS  
Cynthia Pahl, Acting Assistant Fiscal & Budget Administrator  
Antionette Thomas-Bailey, Fiscal Management Analyst  
Glenn Bultman - County Board Analyst  
Linda Durham - Committee Clerk

1  
2  
3  
4 (ITEM ) From the Interim Director, Department of Health and Human Services, requesting Coun-  
5 ty Board approval to allocate \$272,000 of financing from the County Special Needs Housing  
6 Trust Fund to the Milwaukee Center for Independence for the supportive housing development  
7 to be known as Highland Commons, by adoption of the following:  
8

9 **A RESOLUTION**

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

15 WHEREAS, Transitional Living Services, a subsidiary of MCFI, has provided quality social  
16 services to Milwaukee County residents; and  
17

18 WHEREAS, Trust Fund financing in the amount of \$272,000 has been requested to support  
19 the development of 50 units of decent, safe, affordable housing with support services in a pro-  
20 ject known as Highland Commons; and  
21

22 WHEREAS, this development project will, when completed, make all 50 units available to  
23 serve the housing needs of consumers in the county's behavioral health system; and  
24

25 WHEREAS, staff from the Department of Administrative Services conducted a financial re-  
26 view of the Highland Commons proposed project and are recommending its approval. Now,  
27 therefore,  
28

29 BE IT RESOLVED, that the Milwaukee County Board of Supervisors approves and authorizes  
30 an allocation of \$272,000 from the Trust Fund to Milwaukee Center For Independence to sup-  
31 port the development project known as Highland Commons; and be it  
32

33 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized to negotiate  
34 and execute an agreement with the developer which ensures compliance with the terms and  
35 conditions governing the use of Trust Fund monies and which accomplishes such other objec-  
36 tives as will best serve the county and the housing needs of our behavioral health system's con-  
37 sumers.  
38  
39

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 6/29/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** FROM THE INTERIM DIRECTOR, DHHS, REQUESTING APPROVAL TO ALLOCATE \$272,000 OF FINANCING FROM THE COUNTY SPECIAL NEEDS HOUSING TRUST FUND TO MILWAUKEE CENTER FOR INDEPENDENCE FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS HIGHLAND COMMONS

**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 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	272,000	0
	Revenue	272,000	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, Department of Health and Human Services, is requesting County Board approval to allocate \$272,000 of financing from the County's allocation of State Trust Fund dollars to Milwaukee Center For Independence for the Supportive Housing Development known as Highland Commons.

B. This expenditure of \$272,000 is 100% offset by revenue from the County's allocation of State Trust Fund dollars.

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

D. No assumptions are made.

Department/Prepared By James Mathy

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:** July 5, 2011

**To:** Johnny Thomas, Chairman, Committee on Finance and Audit

**From:** Jerome J. Heer, Director of Audits  
 Steve Cady, Fiscal & Budget Analyst, County Board Staff

**Subject:** BHD Food Service Privatization Audit (File No. 10-290)

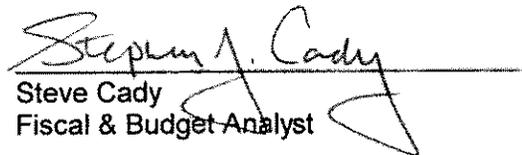
We were asked at the May 19, 2011 meeting of the Committee, to make recommendations regarding whether requirements included in the Privatization Initiatives Checklist should be added to those contained in the due diligence ordinance and/or fiscal note relating to future privatization efforts. Copies of the Privatization Initiatives Checklist (Checklist) and MCGO 32.88 are attached for your reference.

In our review of Ordinance 32.88, we noted that Section 7, Privatization review, already includes the multitude of requirements contained in the Checklist. However, the organization and detailed guidance provided by the Checklist would aid in the development of the fiscal estimate required under the ordinance, as well as documenting, in a standardized format, the various components making up the fiscal estimate.

As a result, we recommend the checklist be added to the County Administrative Manual with the directive it be used in carrying out the requirements of Ordinance 32.88 relating to privatization initiatives, that all requirements of the ordinance be completed prior to submission to the County Board for approval, and the checklist also be used to support summary information reported in any fiscal note involving a privatization initiative.



Jerome J. Heer  
 Director of Audits



Steve Cady  
 Fiscal & Budget Analyst

JJH/SC/PAG/cah

Attachment

cc: Finance and Audit Committee Members  
 Chris Abele, Milwaukee County Executive  
 Geri Lyday, Interim Director, Department of Health and Human Services  
 Paula Lucey, Director, DHHS – Behavioral Health Division  
 Patrick Farley, Director, Department of Administrative Services  
 Terrence Cooley, Chief of Staff, County Board Staff  
 Carol Mueller, Chief Committee Clerk

**Privatization Initiatives Checklist**

If a department is considering a new privatization initiative, DAS requests that the following spreadsheet be used when calculating savings. A calculation must be done for the initial year of implementation and the subsequent year on a budget and an actual basis.

	Current Year Budget	Initial Year Budget	Subsequent Year Budget		Current Year Actual	Initial Year Actual	Subsequent Year Actual	NOTES
<b>Fiscal Considerations</b>								
Salary (5199)								
Social Security (5312)								
Overtime (5201)								
FTE (include detail of all abolished and created positions on a separate form with title code, salary etc)								
Active Fringe Benefits (5420 and 5421)*								
Support Services Analysis (i.e. reduction or increase in maintenance, fiscal, HR, administration, contracts, QA outside of service area)								
Unemployment Compensation (Use Federal UE compensation rates and work with DAS to determine a % of employees likely to collect UE)								
Displacement Services (Work with Central HR to consider costs per employee depending on field)								
Revenue Adjustment - include explanation of loss of revenue if any.								
Crosscharge Adjustments (include Ceridian, IMSD, Central Service etc)								
Sick Pay Balance Payout								
Payout for vacation (depends on timing)								
Miscellaneous and Other fiscal issues								
Cost of contract (Include an explanation of how this was calculated - i.e. using RFP bids, industry standards etc)								
Other increased costs related to implementation of the contract such as oversight, supplies etc								
<b>Other Considerations</b>	<b>Narrative</b>							
<b>Program Changes</b> - include benefits to the program and potential issues from a programmatic point of view. This should be reviewed after one year and reassessed.								
<b>Performance Measures</b> - Establish performance measures before privatization and track them for at least one quarter prior to privatization and continue to track them on a regular basis after contract implementation for the life of the contract.								
Assess if the contract should be Purchase of Service or Professional Service (refer to Audit for more information and detail)								

\*If doing as a budget initiative, please use the budgeted fringe rate. If doing mid-year, use memos from DAS- Accounting regarding the actual fringe rate for the year.

32.88. Due diligence.

(1) *Definitions.* The meaning of certain terms used in this section is as follows:

(a) *Due diligence.* A systematic, formal review of financial and business risks associated with ventures with non-county entities.

(b) *Non-county entities.* Any agency, business, group or corporation including both private sector proprietary and nonproprietary entities and governmental entities.

(c) *Ventures.* For purposes of this section, ventures shall be defined as any agreement involving a shared responsibility regarding management, development, financing, expenditure or revenue sharing for programs, services or facilities. This includes, for example, revenue based leases but does not include flat fee property rentals. Further, this section shall apply only to ventures where potential total expenditures or revenues are equal to or greater than one hundred thousand dollars (\$100,000.00).

(2) *Responsibility.* Any Milwaukee County agency considering a venture with a non-county entity is responsible for ensuring that all relevant provisions of this section are addressed subject to Department of Administrative Services - Fiscal Affairs Division review.

(3) *Bonding.* Adopted county board policy states that in any future public/private partnership agreements or contracts, wherein the county issues bonds for the construction of a facility and there is a multi-year schedule for repayment of the bonds through a rental agreement with a third party, that the agreement or contract contain provisions for the repayment to coincide with or commence prior to the time of the due date for each payment on the outstanding bonds. In those contracts where such a condition would not be feasible or where there is deemed a "worthy community purpose" wherein the county decides to "underwrite" a given policy by not requiring payments to retire debt on bonds, any alternative proposal must be brought back to the county board for review and approval by the county board and county executive.

For purpose of this section, this policy also applies to ventures with governmental agencies.

(4) *Checklist.* Prior to recommending any venture for consideration, responsible county agencies shall ensure that any of the following applicable factors have been identified:

- (a) Letter of full disclosure and cooperation.
- (b) Cash flow projections for the venture.
- (c) Operating budget impact.
- (d) Debt management responsibilities, schedules and procedures.
- (e) Legal liability for all priorities.
- (f) Financial reporting systems and controls.
- (g) Right-to-audit provisions.
- (h) Project feasibility studies and market analysis.
- (i) Key factors for success/failure of the venture.
- (j) Governance structure and procedures.
- (k) Public policy impacts (e.g. Affirmative Action, Disadvantaged Business).
- (l) Employee/labor relations impacts (including benefits).
- (m) Environmental concerns.
- (n) Tax consequences.
- (o) Capital management (e.g. maintenance).
- (p) Conflicts of interest/ethics.
- (q) Performance measurements.
- (r) Organizational chart and mission statement.
- (s) Name of lending institution or bank to determine single or combined reporting.

Each relevant item noted above should be included in the description of the proposal that is submitted for approval by the county executive and county board.

(7) *Privatization review.* In addition to the checklist of applicable factors above, it is understood that the review of a proposed privatization may include other factors, especially in instances where county positions are being eliminated and duties replaced by a private vendor. In these cases, the following factors should also be considered in addition to the list above:

- (a) Analysis of proposed fiscal costs, or savings, for current and subsequent year(s), including any revenue offsets, fringe benefit impacts, unemployment compensation costs or any other one-time costs.
- (b) Commitment of the proposed vendor to make a good faith effort to retain county workers that may otherwise be subject to layoff.
- (c) Assessment of the current marketplace to determine if adequate competition exists to ensure that future year price agreements are competitively priced.
- (d) Location of employer and residences of proposed employees to assess the amount of public funds that will be retained in Milwaukee County.
- (e) Description of current and proposed performance standards and how accountability from the private vendor will be measured and reported.

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

(ITEM ) From the Director, Department of Audit, and the Fiscal and Budget Analyst, County Board Staff, advocating that the Privatization Initiatives Checklist be added to the Milwaukee County Administrative Manual, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director of Audits presented a status report on the audit titled “Savings from BHD Food Service Privatization Fall Short of Expectations but Remain Substantial,” at the May 19, 2011 meeting of the Finance and Audit Committee; and

WHEREAS, the status report was informational and while no action was taken by the Committee, the Director of Audits and the Fiscal and Budget Analyst were asked to make recommendations as to whether the requirements included in the Privatization Initiatives Checklist (Checklist) should be added to those contained in the due diligence ordinance and/or fiscal note relating to future privatization initiatives; and

Whereas, the Director of Audits and Fiscal and Budget Analyst reviewed the due diligence ordinance and concluded that since the multitude of requirements contained in the Checklist were already included in the ordinance and the Checklist is a valuable tool for developing and documenting fiscal estimates and compiling information relating to other considerations relating to privatization initiatives, the Checklist should be added to the County Administrative Manual, with the accompanying directives that it be used in carrying-out the requirements of the due diligence ordinance, that all requirements of the ordinance be completed prior to submission of any initiative for County Board approval, and the checklist also be used to support summary information reported in any fiscal note involving a privatization initiative; and

BE IT RESOLVED, the County Board of Supervisors agrees with the recommendation and authorizes and directs the Department of Administrative Services to add the Privatization Initiatives Checklist to the Administrative Manual with directives that it be used in carrying out the requirements of the due diligence ordinance relating to privatization initiatives, that all requirements of the ordinance be completed prior to submission of any initiative for County Board approval, and the checklist also be used to support summary information reported in any fiscal note involving a privatization initiative.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 07-05-11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** BHD Food Service Privatization Initiatives Checklist

**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	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.

Approval of this resolution would authorize and direct the Department of Administrative Services to add the Privatization Initiatives Checklist to the Administrative Manual. This will mandate the use of the Checklist in carrying-out the the requirements of Ordinance 32.88 relating to privatization initiatives, that all requirements of the ordinance be completed prior to submission of any initiative for County Board approval and the Checklist also be used in supporting summary information reported in any fiscal note involving a privatization initiative.

---

<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 Audit/Paul Grant, Audit Compliance Manager

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

Did DAS-Fiscal Staff Review?        Yes        No

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

**DATE:** June 20, 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 2009 Professional Services Contract with the Medical College of Wisconsin for Emergency Medical Services Clinical Oversight**

**Issue**

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts extended or amended to provide additional reimbursement which extends the total reimbursement beyond fifty thousand dollars (\$50,000) annually to the same vendor. Per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Emergency Medical Services Division (EMS), within the Behavioral Health Division, to increase the professional services contract with the Medical College of Wisconsin (MCW) by \$ 15,000.

**Background**

Under Chapter 99 of the County Ordinances and Wisconsin State Statute 323, County Emergency Management has certain responsibilities in the preparation, mitigation, response, and recovery of emergency situations. The State annually offers opportunities for counties to apply for federal and state homeland security grant dollars to assist with meeting these responsibilities.

Milwaukee County was awarded \$15,000 in Urban Area Security Initiative (UASI) grant funding from the Department of Homeland Security. These funds, provided through the State of Wisconsin Office of Justice Assistance, will be used to offer Emergency Management Agency Disaster Life Support training. Disaster life support training is a national curriculum that is taught to emergency medical providers to better prepare them to care for injured patients as a result of man-made or natural disasters. The large number of patients and types of injuries incurred during a disaster are different than the number injured and the injuries which occur during daily life. These classes focus on those differences.

In 2009, the County Board approved a five-year extension of the professional services contract with the Medical College of Wisconsin (MCW) in the amount of \$280,000 annually for clinical oversight of the EMS system. The Emergency Management Agency Disaster Life Support training will be provided through the Medical College of Wisconsin to regional EMS providers. Therefore, BHD is requesting that this contract be increased by \$15,000 to \$295,000 for 2011.

### **Fiscal Effect**

The increased revenue received through the UASI grant completely offsets the recommended increase in contract expenditures. There will be no tax levy impact. A fund transfer will be completed later in 2011 to recognize the new revenue. A fiscal note form is attached.

### **Recommendation**

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or her designee, to increase the professional services contract with MCW by \$15,000 to a total of \$295,000 for 2011.



---

Geri Lyday, Interim Director  
Department of Health and Human Services

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

(ITEM \*) From the Interim Director, Department of Health and Human Services,  
Requesting Authorization to Increase the 2009 Professional Services Contract with the  
Medical College of Wisconsin for Emergency Medical Services Clinical Oversight:

**A RESOLUTION**

WHEREAS, under the Wisconsin State Statute 323 and Chapter 99 of the County  
General Ordinances, the Office of the Sheriff Emergency Management Bureau has certain  
responsibilities in the preparation, mitigation, response, and recovery of emergency  
situations; and

WHEREAS, the State of Wisconsin receives federal dollars to assist counties with  
homeland security preparedness; and

WHEREAS, in 2011, Milwaukee County was awarded \$15,000 in Urban Area  
Security Initiative (UASI) grant funding from the Department of Homeland Security for  
Emergency Management Agency Disaster Life Support Training; and

WHEREAS, in 2009, the Emergency Medical Services (EMS) Division of the  
Behavioral Health Division (BHD) executed a five-year extension of a professional services  
contract with the Medical College of Wisconsin (MCW) in the amount of \$280,000  
annually for clinical oversight of the EMS system; and

WHEREAS, MCW staff will provide the Emergency Management Agency Disaster  
Life Support Training to regional EMS providers; and

WHEREAS, BHD is requesting an increase of \$15,000 for the MCW professional  
services contract, for a total of \$295,000 for 2011; and

WHEREAS, the contract increase is completely offset by revenue received through  
the UASI grant; now, therefore,

BE IT RESOLVED, that the Interim Director of the Department of Health and Human  
Services, or her designee, is authorized to increase the 2009 professional services contract  
with the vendor listed and in the amounts and terms stated below:

<b>Agency and Service</b>	<b>Term</b>	<b>Original</b>	<b>Amendment</b>	<b>Final</b>
Medical College of Wisconsin (Clinical Oversight and Training)	1 year (2011)	\$280,000	\$15,000	\$295,000
	2 years (2012, 2013)	\$280,000	\$0	\$280,000

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 6/20/2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Interim Director, Department of Health and Human Services, Requesting Authorization to Increase the 2009 Professional Services Contract with the Medical College of Wisconsin for Emergency Medical Services Clinical Oversight

**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	15,000	
	Revenue	15,000	
	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) Milwaukee County Ordinances 56.30 requires County Board approval of professional service contract increases, amendments or extensions. The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the professional service contract with the Medical College of Wisconsin to allow EMS to offer Emergency Management Agency Disaster Life Support training to regional emergency medical services providers.

B) The total recommended increase to the professional services contract is \$15,000 for 2011. The increase in expenditures for the Medical College of Wisconsin contract will be completely covered by revenue received through the Urban Area Security Initiative grant.

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

D. No assumptions/interpretations.

---

<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**  
**Behavioral Health Division Administration**  
**INTER-OFFICE COMMUNICATION**

**DATE:** July 5, 2011

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

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

**SUBJECT:** **Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Use 2010 Behavioral Health Division Capital Budget Project Funding for Patient Furniture**

**BACKGROUND**

On June 3, 2010 BHD received a Statement of Deficiency (SOD) from the State of Wisconsin as a result of a recent State Centers for Medicaid and Medicare Services (CMS) survey. At the July 2010 meetings of the Committees on Health and Human Needs and the Finance and Audit, the Board approved expenditure authority for \$1,825,890 in 2010 BHD Capital Funds to address all SOD related capital conditions by the final deadline of April 1, 2011. A final SOD report was submitted to the Committees on Health and Human Needs and the Finance and Audit for the May cycle. The report indicated that on May 3, 2011, BHD received a final closing letter from the State stating compliance with the Conditions of Participation. After all SOD related citations have been paid for, \$950,000 remains from the original Board allocation. BHD is now returning to the Board to request that a portion of these funds be used to purchase new patient furniture.

**DISCUSSION**

At the May Committee meetings, as well as in prior St. Michael's reports to the Board and the 2010 BHD Capital Project, BHD indicated that new patient furniture is needed. Although it has never been cited, it has been noted in several surveys that furniture currently used in patient rooms is outdated and could pose future citation issues. The majority of the furniture is original to the building from 1979. Given the age of the patient beds and wardrobes, they pose infection control issues as well as various patient and employee safety issues. BHD clinical and operations staff have worked together to

address immediate issues and implement stop-gap fixes to the furniture for the short-term. Now BHD is proposing to address the patient furniture issue by replacing it to avoid future citations, to address an important component in achieving Joint Commission certification, and also better the environment of care for patients and staff.

BHD has spoken with several vendors, and estimates that the cost to purchase and install new beds, wardrobes, and dressers for approximately 141 of the total 266 patient beds in Acute Adult inpatient, long-term care units, Psychiatric Crisis Services and Observation, would be approximately \$600,000. This would allow BHD to take the oldest and most problematic furniture off units, and then BHD would include some funding in future operating budgets to systematically replace any remaining old equipment based on a furniture replacement plan and schedule. All of the furniture that BHD is recommending be purchased could be moved by staff to accommodate different room and unit configurations and also could be moved to any possible new facility in the future.

**FISCAL**

To date, \$1,173,939, including personnel, equipment, and materials costs have been spent on the SOD repairs. Of this amount, approximately \$600,000 was spent out of the 2010 BHD operating budget. An additional amount of \$300,000 is earmarked for Dietary related updates associated with the SOD. This leaves approximately \$950,000 in funding. The table below summarizes SOD spending:

<b>SOD Capital Funding</b>	
Original Allocation	\$1,825,890
SOD Spending YTD	(\$1,173,939)
Non- Bondable portion of SOD Spending*	\$600,000
Dietary Investments	(\$300,000)
<b>Remaining Balance</b>	<b>\$951,951</b>

\*Note: The \$600,000 was included in the 2010 Operating year-end close for BHD.

BHD has worked with DAS Capital Finance Manager to determine that the patient furniture is bond eligible and will qualify as a capital expense.

**RECOMMEDNATION**

BHD recommends that the Committees on Health and Human Services and Finance and Audit authorize the Interim Director, Health and Human Services, to allocate \$600,000 in Capital funds to patient furniture to address critical patient care needs, assist in achieving Joint Commission certification and avoid any further citations in the future.

  
Geri Lyday, Interim Director  
Department of Health and Human Services

Cc: County Executive Chris Abele  
Patrick Farley, Director, Department of Administrative Services  
Terry Cooley, County Board Chief of Staff  
Toni Thomas-Bailey, Analyst – DAS  
Jennifer Collins, Analyst – County Board  
Jodi Mapp, Committee Clerk – County Board  
Steve Cady, Analyst – County Board  
Carol Mueller, Committee Clerk – County Board

1  
2  
3  
4 (ITEM \*) Report from the Interim Director, Department of Health and Human Services,  
5 Requesting Authorization to Use 2010 Behavioral Health Division Capital Budget Project  
6 Funding for Patient Furniture:  
7

8 **A RESOLUTION**  
9

10 WHEREAS, at the July 2010 meetings of the Committees on Health and Human Needs  
11 and the Finance and Audit, the Board approved expenditure authority for \$1,825,890 in 2010  
12 BHD Capital Funds to address all Statement of Deficiency (SOD) related capital conditions by the  
13 final deadline of April 1, 2011; and  
14

15 WHEREAS, a final SOD report was submitted to the Committees on Health and Human  
16 Needs and the Finance and Audit for the May cycle and the report indicated that on May 3,  
17 2011, BHD received a final closing letter from the State stating compliance with the Conditions  
18 of Participation; and  
19

20 WHEREAS, after all SOD related citations have been paid for, \$950,000 remains from the  
21 original Board allocation and BHD is now returning to the Board to request that a portion of  
22 these funds be used to purchase new patient furniture; and  
23

24 WHEREAS, at the May Committee meetings, as well as in prior St. Michael's  
25 reports to the Board and the 2010 BHD Capital Project, BHD indicated that new patient  
26 furniture is needed; and  
27

28 WHEREAS, it has been noted in several surveys that furniture currently used in  
29 patient rooms is outdated and could pose future citation issues and the majority of the  
30 furniture is original to the building from 1979; and  
31

32 WHEREAS, given the age of the patient beds and wardrobes, they pose infection  
33 control issues as well as various patient and employee safety issues and BHD has  
34 experienced incidents of patients using furniture to harm themselves; and  
35

36 WHEREAS, BHD clinical and operations staff have worked together to address  
37 immediate issues and implement stop-gap fixes to the furniture for the short-term but  
38 BHD is now proposing to address the patient furniture issue by replacing it to avoid  
39 future citations, to address an important component in achieving Joint Commission  
40 certification, and also better the environment of care for patients and staff; and  
41

42 WHEREAS, BHD has spoken with several vendors, and estimates that the cost to  
43 purchase and install new beds, wardrobes, and dressers for approximately 141 of the

44 total 266 patient beds in Acute Adult inpatient, long-term care units, Psychiatric Crisis  
45 Services and Observation, would be approximately \$600,000; and

46

47 WHEREAS, all of the furniture that BHD is recommending be purchased could be  
48 moved by staff to accommodate different room and unit configurations and also could  
49 be moved to a new facility in the future; and

50

51 WHEREAS, to date, \$1,173,939, including personnel, equipment, and materials costs  
52 have been spent on the SOD repairs and, of this amount, approximately \$600,000 was spent  
53 out of the 2010 BHD operating budget and an additional amount of \$300,000 is earmarked for  
54 Dietary related updates associated with the SOD, leaving approximately \$950,000 in funding;  
55 and

56

57 WHEREAS, BHD has worked with DAS Capital Finance Manager to determine that the  
58 patient furniture is bond eligible and will qualify as a capital expense; now, therefore,

59

60 BE IT RESOLVED, that the Interim Director of the Department of Health and Human  
61 Services, or her designee, is authorized to use \$600,000 in Capital funds to purchase patient  
62 furniture to address critical patient care needs, assist in achieving Joint Commission  
63 certification and avoid any further citations in the future.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** July 5, 2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Use 2010 Behavioral Health Division Capital Budget Project Funding for Patient Furniture

**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 checked="" 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	
	Revenue	0	
	Net Cost	0	
<b>Capital Improvement Budget</b>	Expenditure	600,000	
	Revenue		
	Net Cost	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.

A) The Interim Director, Department of Health and Human Services, is requesting authorization to use 2010 Behavioral Health Division Capital Budget Project Funding for patient furniture.

B) BHD is requesting \$600,000 to purchase 141 sets of patient care furniture for the BHD. Existing furniture on units is predominately from 1979, when the facility was constructed.

At the July 2010 meetings of the Committees on Health and Human Needs and the Finance and Audit, the Board approved expenditure authority for \$1,825,890 in 2010 BHD Capital Funds for Statement of Deficiency (SOD) repairs. To date, \$1,173,939, including personnel, equipment, and materials costs have been spent on the SOD repairs. Of this amount, approximately \$600,000 was spent out of the 2010 BHD operating budget. An additional amount of \$300,000 is earmarked for Dietary related updates associated with the SOD. This leaves approximately \$950,000 in funding. The table below summarizes SOD spending:

SOD Capital Funding	
Original Allocation	\$1,825,890
SOD Spending YTD	(\$1,173,939)
Non- Bondable portion of SOD Spending*	\$600,000
Dietary Investments	(\$300,000)
Remaining Balance	\$951,951

\*Note: The \$600,000 was included in the 2010 Operating year-end close for BHD.

---

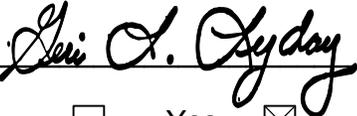
<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

BHD has worked with DAS Capital Finance Manager to determine that the patient furniture is bond eligible and will qualify as a capital expense. Therefore, BHD is requesting that \$600,000 of the remaining \$951,951 in Capital funds originally approved for the SOD be used for patient furniture.

C) The total 2010 BHD Capital project balance would be reduced by \$600,000. No increase in tax levy results from these changes.

D. No assumptions/interpretations.

Department/Prepared By Milwaukee County DHHS, Alex Kotze, Budget Manager

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

**DATE:** June 28, 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 EXTEND AND INCREASE THE 2011 BEHAVIORAL HEALTH DIVISION PROFESSIONAL SERVICES CONTRACT WITH CRITICAL MANAGEMENT SOLUTIONS**

**Issue**

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional services contracts of \$50,000 or greater. Per Section 56.30, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to extend and increase the 2011 professional services contract with Critical Management Solutions (CMS) for consulting services to provide assistance to the Behavioral Health Division (BHD) to achieve accreditation by The Joint Commission.

**Background**

The Joint Commission is an independent, not-for-profit organization that accredits more than 19,000 health care organizations in the United States. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting high performance standards. The Behavioral Health Division let their accreditation lapse in 2003. Since 2010, BHD has had the goal to reapply and be surveyed by The Joint Commission. In the 2010 and 2011 Behavioral Health Division (BHD) budgets, various investments and resources were included with the long-term goal of achieving Joint Commission accreditation by 2012.

In order to achieve this goal in a systematic way and to understand the changes that have occurred since 2003, the Interim Director of the Department of Health and Human Services contracted with CMS to provide consultation assistance to BHD to achieve accreditation by The Joint Commission.

CMS is a nationally recognized consulting firm that specializes in Joint Commission accreditation preparation. CMS has a proven approach to reduce the challenges and eliminate the complexities of accreditation and regulatory compliance. They promote a structured and practical approach towards achieving and maintaining standards' compliance and incorporate accreditation and regulatory requirements into an organization's daily operations. Led by the former Director of The Joint Commission's Hospital Accreditation Program, the CMS team consists of many former Joint Commission surveyors.

CMS performed an initial assessment by conducting a three (3) day mock Joint Commission survey in October of 2010. The mock survey included a review of BHD's policies and procedures in order to identify a comprehensive list of policies and practices that must be revised or refined to be fully compliant with Joint Commission requirements.

Based upon this initial assessment, CMS developed a comprehensive Regulatory Compliance Action Plan that outlined the policies, procedures, and practices needing revision along with an individualized strategy to do so. The action plan included practical, realistic, and sustainable solutions/strategies towards achieving regulatory and accreditation standards compliance and the metrics that would subsequently be used to gauge BHD's progress in implementing the action plan.

Phase two of the project involves implementation of the Regulatory Compliance Action Plan. In May of this year, CMS met with BHD and DHHS leadership to address major areas of concern and required activities to ensure that identified issues are resolved in accordance with Joint Commission requirements. CMS assisted in developing an oversight and accountability structure related to implementation of the regulatory compliance action plan, which included chairing a Joint Commission Steering Committee to keep BHD's progress on track. Regulatory compliance was further enhanced by providing bi-weekly progress reports from CMS to BHD management detailing progress in achieving and maintaining standards compliance.

CMS will continue to assume the leadership role in implementing the action plan by developing and revising policies/procedures, developing staff educational material to support the execution of these policies/procedures, assisting BHD staff with the redesign or refinement of processes as expected by policy/procedure, and coach staff in their performance and documentation of clinical activities to improve compliance with Joint Commission requirements.

In order to be able to exhibit compliance with Joint Commission standards through actual performance, CMS will also develop monitoring tools, measures and processes to help evaluate the effectiveness of these activities.

Following is a schedule of major milestones with the goal of BHD being fully prepared to undergo a Joint Commission survey by March 31, 2012, along with projected timelines and budget in achieving these milestones:

**THIRD QUARTER 2011:**

Completion of Life Safety Code Assessment/Statement of Conditions: July 15 – August 15, 2011 (11 Days)

Development of Emergency Operations Plan: August 15 - 19, 2011 (3 Days)

Medical Staff Bylaws revisions: August 15 - 19, 2011 (3 days)

Resolution of remaining Environment of Care Issues: September 1 - 15, 2011 (9 Days)

Total Estimated Professional Fees for Third Quarter 2011: \$65,000

**FOURTH QUARTER 2011:**

Implementation of Patient Safety practices: October 3 - 21, 2011 (10 Days)

Resolution of Medication Management issues: October 24 - November 11, 2011 (10 Days)

Enhancements to Performance Improvement program: November 14 - December 2, 2011 (8 Days)

Revised Provision of Care/patient care practices: December 2 - 30, 2011 (13 days)

Total Estimated Professional Fees for Fourth Quarter 2011: \$102,500

Total Estimated Work Effort: 67 days

Total estimated professional fees over contract period: \$167,500

CMS is entitled to payment by County for all reasonable expenses including travel and travel related expenses. Over the period of contract, said expenses are estimated to be approximately \$33,000.

**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 extend and increase for an amount of \$200,500 the professional services contract with Critical Management Solutions starting July 1, 2011 through December 31, 2011. This amendment would increase the existing contract of \$40,000 to \$240,500.

**Fiscal Effect**

Sufficient funds have been included in BHD's 2011 Adopted Budget to cover the proposed extension and increase of the professional services contract. A fiscal note form is attached.



---

Geri Lyday, Interim Director  
Department of Health and Human Services

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

1  
2  
3  
4 (ITEM \*) Report from the Interim Director, Department of Health and Human Services,  
5 extending and increasing a 2011 Professional Services Contract with Critical Management  
6 Solutions (CMS) for the Behavioral Health Division, by recommending adoption of the following:  
7

8 **A RESOLUTION**  
9

10 WHEREAS, Per Section 56.30, the Interim Director of the Department of Health and  
11 Human Services (DHHS) is requesting authorization to extend and increase the 2011  
12 professional services contract with Critical Management Solutions (CMS) for consulting services  
13 to provide assistance to the Behavioral Health Division (BHD) to achieve accreditation by The  
14 Joint Commission; and  
15

16 WHEREAS, Joint Commission accreditation is recognized nationwide as a symbol of  
17 quality that reflects an organization's commitment to meeting high performance standards;  
18 and  
19

20 WHEREAS, the Behavioral Health Division let their accreditation lapse in 2003; and  
21

22 WHEREAS, since 2010, BHD has had the goal of reapplying to be surveyed by the Joint  
23 Commission; and  
24

25 WHEREAS, 2010 and 2011 BHD budgets included various investments and resources to  
26 support the long-term goal of achieving Joint Commission accreditation by 2012; and  
27

28 WHEREAS, in October 2010, the Interim Director of DHHS contracted with CMS to  
29 provide consultation assistance to BHD to achieve accreditation by The Joint Commission; and  
30

31 WHEREAS, CMS is a nationally recognized consultant firm specializing in Joint  
32 Commission accreditation preparation; and  
33

34 WHEREAS, CMS has a proven approach to reducing the challenges and complexities of  
35 accreditation and regulatory compliance; and  
36

37 WHEREAS, the CMS team consists of the former Director of The Joint Commission's  
38 Hospital Accreditation Program and former Joint Commission surveyors who will share their  
39 experience and expertise with BHD leadership and staff; and  
40

41 WHEREAS, CMS performed an initial assessment by conducting a three (3) day mock  
42 Joint Commission survey; and  
43

44 WHEREAS, CMS developed a comprehensive Regulatory Compliance Action Plan that  
45 outlined the policies, procedures, and practices of BHD that must be revised to be fully  
46 compliant with Joint Commission requirements; and  
47

48           WHEREAS, phase two of this project will involve implementation of the Regulatory  
49 Compliance Action Plan; and

50

51           WHEREAS, In May of this year, CMS met with BHD and DHHS leadership to ensure that  
52 identified issues are resolved in accordance with Joint Commission requirements; and

53

54           WHEREAS, CMS will continue to assume the leadership role in implementing the action  
55 plan by developing and revising policies/procedures, assisting BHD staff with redesign of  
56 processes and coaching staff in their performance and documentation of clinical activities to  
57 improve compliance with Joint Commission requirements; and

58

59           WHEREAS, CMS has prepared a schedule of major milestones, along with projected  
60 timelines and budget in achieving these milestones, with the goal of BHD being fully prepared  
61 to undergo a Joint Commission survey by March 31, 2012; and

62

63           WHEREAS, this contract support functions that are critical to achieving the above goal  
64 by ensuring compliance with Joint Commission accreditation standards; now, therefore,

65

66           BE IT RESOLVED, that the Interim Director, DHHS, or her designee, is hereby authorized  
67 to amend the professional services contract with Critical Management Solutions by extending  
68 the contract for the period from July 1, 2011 through December 31, 2011, and increasing the  
69 contract by an amount of \$200,500 resulting in a total contract not to exceed \$240,500.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 7/01/2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to extend and increase the 2011 Behavioral Health Division Professional Services Contract with Critical Management Solutions

**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 checked="" 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	200,500	
	Revenue	200,500	
	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 56.30 requires County Board approval of professional service contract increases, amendments or extensions. The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to extend and increase the 2011 professional services contract with Critical Management Solutions for consulting services to provide assistance to BHD to achieve accreditation by the Joint Commission by 2012.

B) The total recommended increase to the Critical Management Solutions professional service contract is \$200,500, increasing the existing contract from \$40,000 to \$240,500. The contract will extend from July 1, 2011 to December 31, 2012. The increase in expenditures for the Critical Management Solutions contract in 2011 will be covered by small reductions in other contracts and the use of some deferred revenue in the Department of Health and Human Services (DHHS). A fund transfer to recognize and move the DHHS deferred revenue will be brought before the Board in the last quarter of 2011.

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

D. No assumptions/interpretations.

---

<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 Alexandra Kotze, Budget Manager, DHHS

Authorized Signature *Leri A. Syday*

Did DAS-Fiscal Staff Review?  Yes  No

**County of Milwaukee  
Inter-Office Communication**

**20**

DATE: June 30, 2011

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

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 (DHHS),  
Requesting Authorization to Undertake Position and Other Actions to Reduce  
Critical and Persistent Vacancies and Increase the Retention Rate in Key  
Psychiatry and Psychology Positions at the Behavioral Health Division**

**Issue**

For years, the Behavioral Health Division (BHD) has had a difficult time recruiting and retaining Psychiatry and Psychology staff and the current vacancy rates for some of these positions have reached critical levels. A primary factor contributing to the vacancies is the compensation the county offers for these positions relative to other governmental and private institutions. In order to better align compensation packages for county psychiatrists, physicians, and psychologists, and provide BHD more flexibility in staffing, BHD is requesting authorization to undertake specific position and other actions as detailed in this report.

**Background**

This report follows up on two previous informational reports to the County Board in October and December 2010, which provided information on Psychiatry and Psychology recruitment and retention at BHD. At the December meeting of the Committee on Personnel, it was requested that BHD provide an update on the status of budgeted and filled psychiatrist, physician, and psychologist positions at BHD, how salaries for these positions compare to industry standards in the Midwest, and the amount of overtime worked by staff in these positions.

**Discussion**

*2011 Budget*

The 2011 Budget includes a total of 50.80 funded psychiatrist, physician, and psychologist positions. These positions provide coverage for Acute Adult and Child and Adolescent Inpatient, Long-Term Care, Community Services, Wraparound Milwaukee and Psychiatric Crisis Services (PCS). Table 1 shows the number of budgeted FTE, the number of vacant FTE, and the vacancy rate by position as of July 2011. The vacancy rate for each of these positions varies from zero to 50.0%, with an overall vacancy rate in the Psychiatry and Psychology departments of 13.2%.

<b>TABLE 1. 2011 BUDGETED AND FUNDED FTEs AND VACANCIES (AS OF 6/22/2011)</b>			
<b>Position</b>	<b>Funded</b>	<b>Vacant FTE as of 7/11*</b>	<b>Vacancy Rate as of 7/11*</b>
Staff Psychiatrist	20.15	4.20	20.8%
Medical Program Director - CATC (Child Psychiatrist)	3.00	0.50	16.7%
House Physician III	2.50	0.00	0.0%
Service Medical Director	4.00	2.00	50.0%
House Physician II - Hrly (Pool)	0.65	0.00	0.0%
<b>Subtotal - Psychiatry</b>	<b>30.30</b>	<b>6.70</b>	<b>22.1%</b>
Clinic Psychologist I	1.50	0.00	0.0%
Clinic Psychologist III	8.00	0.00	0.0%
Clinical Prog Dir - Psychology	10.00	0.00	0.0%
Chief Psychologist	1.00	0.00	0.0%
<b>Subtotal - Psychology</b>	<b>20.50</b>	<b>0.00</b>	<b>0.0%</b>
<b>TOTAL</b>	<b>50.80</b>	<b>6.70</b>	<b>13.2%</b>

\*Includes pending hires.

### *Recruitment and Retention*

BHD continues to engage in significant recruitment efforts, but faces several barriers, including: a national shortage of psychiatrists throughout the United States; difficulty recruiting and retaining professional and executive-level personnel; increases in the number of individuals seeking psychiatric crisis treatment; strong preference for outpatient vs. inpatient work by psychiatrists and physicians; and competition in the public and private-sector marketplace where higher salaries and recruitment/retention enhancements are being offered by others. The following is a summary of BHD's key recruitment and retention efforts and challenges over the past six years, from January 2005 through July 2011, including updates since the last reports to the County Board.

- Sixty-six new psychiatrist and physician and seven new psychologist appointments/hires were achieved between 2005 and the present.
- However, during this same time period, a total of forty-eight psychiatrist and physician resignations occurred, in addition to three retirements. Moreover, a total of seven psychologist separations occurred, including two resignations, four retirements, and one promotion.
- There have also been seven failed Psychiatry recruitment efforts since October 2010, including one full and one part-time offer that were declined due to salary, and two contract offers for \$135/hour that were declined due to the rate.
- Over 50% of the new Psychiatry staff hires since 2005 are no longer with the County, with the vast majority of resignations occurring within the first two years of

employment. All of the psychologists who separated from BHD since 2005 accepted employment with competing facilities in the private and public sectors.

- Most recently, one Psychiatry staff member resigned to take a position with the State of Illinois for a higher salary, with a sign-on bonus and a premium for being bilingual. Two other Psychiatry staff are reducing their hours at BHD in August to take positions with the Wisconsin Department of Corrections, which is offering a rate of \$140/hour for a comparable position.
- Included in the above appointment statistics are two accepted offers by psychiatrists for the Acute Inpatients units with an anticipated July start. These two offers were made possible because BHD was given permission to assist the psychiatrists with the foreign physician visa application process.
- Potential retirements by experienced BHD Psychology staff could exacerbate the vacancy rate challenge – approximately 70% of staff is eligible to retire.
- The recent change in the Psychology vacancy rate from 20%, as included in a December report to the Board, to the current rate of zero, in part resulted from a one-time exogenous event: the State's announced closure of the Ethan Allen and Southern Oaks facilities. However, prior to filling in mid-May 2011, these vacancies existed for between one and three years.
- The Day Treatment area of BHD will be applying for National Health Service Corps (NHSC) site approval. If approval is awarded, licensed behavioral health professionals working in that program would be eligible to apply for federal loan repayment assistance in exchange for between a two- and six-year employment commitment with BHD. NHSC site approval would serve as an attractive recruitment and retention incentive for current and prospective staff, with the understanding that BHD does not determine who is accepted into the NHSC.

Ensuring a full staff of highly qualified medical professionals will not only allow BHD to continue to focus on patient care and safety, but will also assist the organization with preparing for, attaining, and sustaining Joint Commission accreditation. This initiative would allow key medical staff to focus on writing, implementing, and assessing compliance with the multiple new policies that will be required under Joint Commission accreditation.

### *Industry Trends*

BHD's recruitment and retention of psychiatrists, physicians, and psychologists is directly impacted by local, state, and federal level competitors, such as: Aurora Healthcare, the Veterans Affairs Medical Center, Wheaton Franciscan Healthcare, Rogers Memorial, the Medical College of Wisconsin, and the States of Wisconsin and Illinois.

The Psychology Department within Veterans Affairs is most similar to BHD in terms of size, proximity, and scope of practice, and represents BHD's biggest competitor in recruiting and

retaining Psychology staff. BHD has also lost potential and existing Psychiatry staff to the locations listed above in recent years.

Tables 2 and 3 provide comparisons between current salaries offered by BHD and those offered by a sample of area competitors for Psychology and Psychiatry positions. (Additional comparisons are included in Appendices A and B.) Psychiatry and Psychology salaries have not been reviewed in at least ten years, and the data suggests that the BHD compensation ranges for these positions have not kept pace with the local market, thus impacting BHD's ability to recruit and retain staff.

<b>TABLE 2. SELECT PSYCHOLOGY SALARY COMPARISONS</b>				
<b>Position</b>	<b>Current Milwaukee County Pay Range*</b>		<b>Current Veterans Affairs Pay Range</b>	
	Clinical Psychologist I	\$ 49,582	\$ 58,049	\$ 59,389
Clinical Psychologist III	\$ 63,517	\$ 75,633	\$ 84,647	\$ 110,040
Clinical Program Director - Psychology	\$ 68,454	\$ 81,532	\$ 100,027	\$ 130,033
Chief Psychologist	\$ 76,920	\$ 113,959	\$ 117,661	\$ 152,960

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

<b>TABLE 3. SELECT PSYCHIATRY SALARY COMPARISONS</b>						
<b>Position</b>	<b>Current Milwaukee County Pay Range*</b>		<b>State of Wisconsin Pay Range**</b>		<b>Veterans Affairs Pay Range***</b>	
	Service Medical Director	\$ 158,366	\$ 194,621	\$ 215,000	\$ 227,500	N/A
Medical Program Director (Child Psychiatrist)	\$ 150,786	\$ 185,355	\$ 168,768	\$ 230,124	N/A	N/A
Staff Psychiatrist / Staff Psychiatrist-Hrly	\$ 143,605	\$ 176,528	\$ 147,890	\$ 192,256	\$ 160,000	\$ 210,000
House Physician III/House Physician III-Hrly	\$ 143,605	\$ 176,528	\$ 135,567	\$ 176,237	\$ 140,000	\$ 195,000

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

\*\*A comparable position to Medical Program Director (Child Psychiatrist) does not exist for the State of Wisconsin. The pay range included for this position is for the State of Illinois.

\*\*\*Represents a range from several Midwest states.

### *Overtime*

The number one priority for BHD is always to focus on patient care and safety, and staffing is a key factor in this, especially in terms of psychiatrists, physicians, and psychologists. Psychiatrist, physician, and psychologist vacancies are one of the causal factors for the use of overtime at BHD. Essentially, these staff voluntarily cover vacancies in the schedule and provide coverage for the 24/7 operation of BHD. Overtime is in addition to their regular 40-hour weekly assignment and is paid or accrued at straight time. Additional factors influencing overtime include staying past the shift end time to complete urgent patient care duties and replacement coverage for paid time off. BHD includes overtime in its annual budget and overtime by psychiatrists, physicians, and psychologists represented approximately 1.4% of total overtime hours worked and 2% of total overtime dollars earned by BHD staff in 2010. Table 4 shows the number of overtime hours worked and the amount of overtime dollars earned by position.

<b>TABLE 4. OVERTIME BY POSITION (1/1/10-12/31/10)</b>		
<b>Position</b>	<b>Hours*</b>	<b>Earnings**</b>
Staff Psychiatrist/Staff Psychiatrist - Hrly Medical Program Director - CATC (Child Psychiatrist)	643	\$ 31,767
House Physician III	24	\$ 1,506
Service Medical Director	75	\$ 2,017
	581	\$ 42,658
<b>Subtotal - Psychiatry</b>	<b>1,321</b>	<b>\$ 77,948</b>
Clinic Psychologist I	-	\$ -
Clinic Psychologist III	42	\$ 272
Clinical Prog Dir - Psychology	601	\$ -
<b>Subtotal - Psychology</b>	<b>643</b>	<b>\$ 272</b>
<b>TOTAL</b>	<b>1,965</b>	<b>\$ 78,219</b>

\*Estimate.

\*\*Includes earnings from all staff that held position during the year. Does not include overtime paid out as time off or expiring overtime hours paid out.

### **Recommendation**

To help address the Psychiatry and Psychology recruitment and retention issues outlined in this and previous reports, the Interim Director, Department of Health and Human Services, recommends that Milwaukee County adopt the following changes:

#### ***Psychology:***

- Reallocate the Clinical Psychologist I (57001), Clinical Psychologist III (57021), and Clinical Prog Dir – Psychology (57090) positions to be competitive with pay ranges for comparable positions at the Department of Veterans Affairs. Currently, all incumbents in these positions are at the highest step in the respective pay range. By reallocating, individuals would move from their current step in the existing pay range to the first step in the new pay range, and remain there for at least one year. The fiscal impact in 2011 would be \$84,697, and the fiscal impact in the first full year would be \$259,073. The new pay ranges would be as follows:

<b>Position</b>	<b>Current Hourly Pay Range*</b>		<b>New Hourly Pay Range</b>	
BHD Clinical Psychologist I	\$ 23.7460	\$ 27.8013	\$ 28.4430	\$ 36.9746
BHD Clinical Psychologist III	\$ 30.4198	\$ 36.2225	\$ 40.5398	\$ 52.7011
BHD Clinical Program Director – Psychology	\$ 32.7843	\$ 39.0480	\$ 47.9057	\$ 62.2763

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

- Reallocate the Ex Dir 2 Chief Psychologist (80041) position from pay range 902E to 903E to be comparable with the salary offered at the Department of Veterans Affairs, which currently ranges from \$117,661 to \$152,960. The incumbent would be moved from their current step in pay range 902E to step 10 in pay range 903E, for a new annual salary of \$118,114. For future hires, BHD would continue to determine the starting salary for this

position from within the new pay range based on a candidate's training and experience. The fiscal impact of reallocating this position would be \$7,126 in 2011, and \$21,797 in the first full year.

- Create Clinical Psychologist I – Hourly, Clinical Psychologist III – Hourly, and Clinical Prog Dir – Psychology – Hourly positions to assist with staffing vacancies. The pay rate for the hourly positions, which do not include benefits, would be \$25/hour higher than the base rate for the permanent position to be competitive with market conditions. There is no fiscal impact because the hourly positions would be used instead of filling a full-time position with benefits.

<b>Position</b>	<b>Base Hourly Pay Rate*</b>	<b>Differential for New Hourly Position with No Benefits</b>	<b>New Hourly Pay Rate</b>
<i>Clinical Psychologist I - Hourly</i>			
Step 1	\$ 28.4430	\$ 25.0000	\$ 53.4430
Step 7 (Top)	\$ 36.9746	\$ 25.0000	\$ 61.9746
<i>Clinical Psychologist III - Hourly</i>			
Step 1	\$ 40.5398	\$ 25.0000	\$ 65.5398
Step 7 (Top)	\$ 52.7011	\$ 25.0000	\$ 77.7011
<i>Clinical Program Director - Psychology - Hourly</i>			
Step 1	\$ 47.9057	\$ 25.0000	\$ 72.9057
Step 7 (Top)	\$ 62.2763	\$ 25.0000	\$ 87.2763

\*Based on recommended reallocation.

The total fiscal impact of the Psychology position actions would be \$91,823 in 2011 and \$280,870 in the first full year of implementation.

**Psychiatry:**

- Reallocate the Staff Psychiatrist (50770), Staff Psychiatrist – Hourly (50771), House Physician III (47320), House Physician III – Hourly (47321), Medical Program Director CATC (50841), Medical Director – Acute Services (50843), Medical Director – Crisis Services (50844), Medical Director – Adult (50847), and Medical Director – Forensic Services (50845) positions by eliminating the first five steps of the current pay range and adding five additional steps to the end of the current pay range. Incumbents would move from their current step to the next highest step in the new pay range. The fiscal impact of these changes in 2011 would be \$61,255 and would be \$187,369 in the first full year. The new pay ranges would be as follows:

<b>Position</b>	<b>Current Hourly Pay Range*</b>		<b>New Hourly Pay Range</b>	
Staff Psychiatrist/Staff Psychiatrist - Hourly	\$ 69.0409	\$ 84.8690	\$ 81.9990	\$ 100.7977
House Physician III/House Physician III - Hourly	\$ 69.0409	\$ 84.8690	\$ 81.9990	\$ 100.7977
Medical Director CATC	\$ 72.4936	\$ 89.1131	\$ 86.0996	\$ 105.8384

Position	Current Hourly Pay Range*		New Hourly Pay Range	
Medical Director (Acute Services, Crisis Services, Adult, Forensic Services)	\$ 76.1174	\$ 93.5677	\$ 90.4037	\$ 111.1291

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

- Allow BHD to advance current staff within the pay range upon achieving Board Certification, to be competitive with other institutions and to complement the annual merit step increases and BHD's ability to make initial step appointments based on training and certification.
- Reallocate the Medical Executive Director – Medical Director Psychiatry (80040) position by adding five additional steps to pay range 904E after current step 6, and renumbering the current steps 7 and 8. This position is currently vacant and unfunded, so the reallocation would not have any fiscal impact in 2011. However, reallocating would provide BHD more flexibility for any future hire to be competitive with current industry standards. The new steps would be as follows:

Medical Executive Director – Medical Director Psychiatry (Pay Range 904E)	
	Base Hourly Pay Rate*
Step 5	\$ 109.9423
Step 6	\$ 112.0968
Step 7 (new)	\$ 116.0202
Step 8 (new)	\$ 120.0809
Step 9 (new)	\$ 124.2837
Step 10 (new)	\$ 128.6336
Step 11 (new)	\$ 133.1358

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

- Create a special premium code for the Staff Psychiatrist – Hourly (50771) position, which does not include benefits, to provide for a \$50/hour differential for every hour that a psychiatrist works in a critical fill area. This would bring the BHD hourly rate in critical fill areas more in line with current market conditions, which can exceed \$150/hour. Applying the premium only to hours worked in high need areas will assist in staffing and offer BHD administrative and fiscal control. The creation of the special premium assumes an hourly position is used instead of filling a full-time position with benefits; therefore, there is no fiscal impact.

<b>Staff Psychiatrist - Hourly</b>			
	<b>Base Hourly Pay Rate*</b>	<b>Differential for Critical Fill</b>	<b>New Hourly Pay Rate</b>
Step 1	\$ 81.9990	\$ 50.0000	\$ 131.9990
Step 7 (Top)	\$ 100.7977	\$ 50.0000	\$ 150.7977

\*Based on recommended reallocation.

- Abolish six vacant House Physician III - Hourly (47321) positions and create six Staff Psychiatrist – Hourly (50771) positions to provide for more flexibility in staffing. There is no fiscal impact because both positions are in the same pay range and there is no change in the number of funded FTEs.

The total fiscal impact of the Psychiatry position actions would be \$61,255 in 2011 and \$187,369 in the first full year of implementation.

**General:**

- Amend applicable County Ordinances and/or Civil Service Rules to allow staff in Psychiatry, Physician, and Psychology positions to reside in Illinois. There is no fiscal impact of this action, and it would expand the area from which BHD is able to recruit potential staff.

BHD will continue to monitor the salaries and other incentives offered in the current marketplace, and will inform the County Board in future reports should other recommended actions be identified that would assist with recruitment and retention efforts.

**Fiscal Note**

The recommended position actions contained in this report would increase BHD expenditures by a total of \$153,078 in 2011 and a total of \$468,239 in the first full year of implementation. The increase in expenditures in 2011 will be covered by small reductions in contracts and the use of some deferred revenue in DHHS. A fund transfer to recognize and move the DHHS deferred revenue will be brought before the Board in the last quarter of 2011. A fiscal note form is attached.

BHD recognizes that this represents a significant investment of fiscal resources at this time. However, such actions are essential for patient care and safety, and for BHD to remain competitive and attractive as an area employee of high quality staff.

Respectfully Submitted:

  
 Geri Lyday, Interim Director

Department of Health and Human Services

cc: County Executive Chris Abele  
Terry Cooley, County Board  
Patrick Farley, Director, DAS  
Pamela Bryant, Interim Fiscal and Budget Administrator, DAS  
CJ Pahl, Assistant Fiscal and Budget Administrator, DAS  
Antionette Thomas-Bailey, Fiscal & Management Analyst, DAS  
Jennifer Collins, Analyst, County Board Staff  
Rick Ceschin, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

**APPENDIX A. ADDITIONAL PSYCHIATRY SALARY COMPARISONS**

<b>Reporting Source</b>	<b>Position</b>	<b>Minimum</b>	<b>Median</b>	<b>Maximum</b>
<b>Milwaukee County (2011)*</b>	Service Medical Director	\$ 158,366	\$ 175,537	\$ 194,621
	Medical Program Director (Child Psychiatrist)	\$ 150,786	\$ 167,179	\$ 185,355
	Staff Psychiatrist / Staff Psychiatrist-Hrly	\$ 143,605	\$ 159,217	\$ 176,528
	House Physician III/House Physician III-Hrly	\$ 143,605	\$ 159,217	\$ 176,528
<b>State of Wisconsin (2010)</b> [Locations: Dept. of Corrections, Winnebago and Mendota MH Institutes, Dept. of Health Services, Wisconsin Resource Center]	Psychiatrist	\$ 147,890		\$ 192,256
	Psychiatry Director	\$ 215,000		\$ 227,500
	Physician	\$ 135,567		\$ 176,237
	Psychiatrist - hourly (pool) (Dept. of Corrections)	\$ 140/hour		
<b>State of Illinois (2011)</b>	Staff Psychiatrist-Board Certified	\$ 159,216	\$ 181,488	\$ 207,708
	Staff Psychiatrist-Double Board Certified	\$ 168,768	\$ 192,396	\$ 220,188
	Staff Psychiatrist-Board Certified (High Acuity Service)	\$ 166,416	\$ 189,684	\$ 217,092
	Staff Psychiatrist-Double Board Certified (High Acuity Service)	\$ 176,436	\$ 201,096	\$ 230,124
<b>Medical College of Wisconsin</b>	Associate Professor of Psychiatry		\$ 177,000	
	Professor of Psychiatry		\$ 219,000	
<b>Department of Veterans Affairs</b>	Danville, IL	Physician (Psychiatrist)	\$ 165,000	\$ 195,000
	Fort Meade & Black Hills, SD	Physician (Psychiatrist)	\$ 175,000	\$ 195,000
	Cincinnati, OH	Physician (Psychiatrist)	\$ 160,000	\$ 210,000
	Evansville & Marion, IN	Physician (Psychiatrist) Part-Time or Full-time	\$ 97,987	\$ 195,000
	Jackson, Kalamazoo & Battle Creek, MI	Physician (Psychiatrist) Part-Time or Full-time	\$ 96,539	\$ 195,000
	Rapid City & Black Hills, SD	Physician (Psychiatrist) Part-Time or Full-time	\$ 97,987	\$ 220,000
	Sandusky & Fremont, OH	Physician (Psychiatrist) Part-Time or Full-time	\$ 97,987	\$ 220,000
	Minneapolis, MN; Danville, IL	Physician (Hospitalist-Acute Care)	\$ 140,000	\$ 195,000
	Cincinnati, OH; Hines, IL	Physician (Chief of Staff)	\$ 150,000	\$ 275,000
	Hines, IL	Physician (Deputy Chief of Staff)	\$ 120,000	\$ 235,000
	<b>Horizon Health (Saginaw, MI)</b>	Medical Director-Psychiatric Services	\$ 220,000	
<b>Hennepin County Medical Center (Minneapolis, MN)</b>	Psychiatrist - hourly (pool)	\$ 145/hour		
<b>American Medical Group Association (National Reporting) - 2010 Physician Compensation Survey</b>	Psychiatrist		\$ 214,740	
	Child Psychiatrist		\$ 216,360	
	Family/General Practice Physician		\$ 208,861	

SOURCES: All reports, job announcements, advertisements, and other material used as a reference source for this market analysis are available upon request from the BHD Medical Staff Office.

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

<b>APPENDIX B. ADDITIONAL PSYCHOLOGY SALARY COMPARISONS</b>		
<b>Setting and Experience</b>	<b>Median Compensation</b>	<b>Mean Compensation</b>
<i>City/County/ State Psychiatric Hospital</i>		
20-24 years	\$66,000	\$67,860
25-29 years	\$74,564	\$78,834
<i>VA Medical Centers</i>		
20-24 years	\$104,000	\$99,556
25-29 years	\$106,424	\$109,865
<i>State Government Agency</i>		
15-19 years	\$81,000	\$84,400
<i>Local Government Agency</i>		
20-24 years	\$88,000	\$85,940
30 plus years	\$93,000	\$90,517
<i>Community Mental Health Center</i>		
25-29 years	\$72,500	\$90,488
30 plus years	\$75,132	\$75,809

\*Summarized from the 2009 American Psychological Association Salary Study of psychologists working in direct human services positions at a doctoral level.

(ITEM \*) From the Interim Director, Department of Health and Human Services, Requesting Authorization to Undertake Position and Other Actions to Reduce Critical and Persistent Vacancies and Increase the Retention Rate in Key Psychiatry and Psychology Positions at the Behavioral Health Division:

**A RESOLUTION**

WHEREAS, the Behavioral Health Division (BHD) employs psychiatrists, physicians, and psychologists to provide coverage for the areas of Acute Adult and Child and Adolescent Inpatient, Long-Term Care, Community Services, Wraparound Milwaukee and Psychiatric Crisis Services; and

WHEREAS, the salaries for Psychiatry and Psychology positions have not been reviewed in at least ten years; and

WHEREAS, a comparison of the salaries provided by competing public and private institutions for similar positions demonstrates that base salaries and other salary enhancements offered in the current marketplace exceed those offered by BHD, as evidenced below; and

PSYCHOLOGY SALARY COMPARISONS					
Position	Current Milwaukee County Pay Range*		Current Veterans Affairs Pay Range		
Clinical Psychologist I	\$ 49,582	\$ 58,049	\$ 59,389	\$ 77,203	
Clinical Psychologist III	\$ 63,517	\$ 75,633	\$ 84,647	\$ 110,040	
Clinical Program Director - Psychology	\$ 68,454	\$ 81,532	\$ 100,027	\$ 130,033	
Chief Psychologist	\$ 76,920	\$ 113,959	\$ 117,661	\$ 152,960	

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

25

TABLE 3. SELECT PSYCHIATRY SALARY COMPARISONS						
Position	Current Milwaukee County Pay Range*		State of Wisconsin Pay Range**		Veterans Affairs Pay Range***	
Service Medical Director	\$ 158,366	\$ 194,621	\$ 215,000	\$ 227,500	N/A	N/A
Medical Program Director (Child Psychiatrist)	\$ 150,786	\$ 185,355	\$ 168,768	\$ 230,124	N/A	N/A
Staff Psychiatrist / Staff Psychiatrist-Hrly	\$ 143,605	\$ 176,528	\$ 147,890	\$ 192,256	\$ 160,000	\$ 210,000
House Physician III/House Physician III-Hrly	\$ 143,605	\$ 176,528	\$ 135,567	\$ 176,237	\$ 140,000	\$ 195,000

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

\*\*A comparable position to Medical Program Director (Child Psychiatrist) does not exist for the State of Wisconsin. The pay range included for this position is for the State of Illinois.

\*\*\*Represents a range from several Midwest states.

26

27

WHEREAS, BHD's inability to compete with the salaries and other incentives being offered in the current marketplace has led to key and persistent vacancies and turnover in the Psychiatry and Psychology departments, with vacancies in some positions reaching critical levels; and

30

31

32

WHEREAS, a national shortage of psychiatrists throughout the United States; difficulty recruiting and retaining professional and executive-level personnel; increases in the number of individuals seeking psychiatric crisis treatment; and a strong preference for outpatient vs. inpatient work by psychiatrists and physicians have also served as barriers to recruitment of Psychiatry and Psychology staff at BHD; and

36

37

38

WHEREAS, in order to help address BHD's recruitment and retention challenges, BHD is requesting specific position actions be taken; and

39

40

41

WHEREAS, BHD is requesting that the Clinical Psychologist I, Clinical Psychologist III, and Clinical Prog Dir – Psychology positions be reallocated to be competitive with pay ranges for comparable positions at the Department of Veterans Affairs, and incumbents in those positions moved from their current step in the existing pay range to the first step in the new pay range; and

45

46

47

WHEREAS, BHD is also requesting to reallocate the Ex Dir 2 Chief Psychologist position from pay range 902E to step 10 in 903E to be comparable with the salary offered at the Department of Veterans Affairs; and

49

50

51

WHEREAS, BHD is also requesting the creation of Clinical Psychologist I – Hourly, Clinical Psychologist III – Hourly, and Clinical Prog Dir – Psychology – Hourly positions to assist with staffing vacancies, with the pay rate for the hourly positions set at \$25/hour higher than the base rate for the permanent position, to be competitive with market conditions when no benefits are offered; and

54

55

56

WHEREAS, BHD is also requesting to reallocate the Staff Psychiatrist, Staff Psychiatrist – Hourly, House Physician III, House Physician III – Hourly, Medical Program Director CATC, Medical Director – Acute Services, Medical Director – Crisis Services, Medical Director – Adult, and Medical Director – Forensic Services positions by eliminating the first five steps of the current pay ranges and adding five additional steps to the end of the current pay ranges; and

60

61

62

WHEREAS, incumbents in the above Psychiatry positions would move from their current step to the next highest step in the new pay range; and

65

66

67 WHEREAS, BHD is also requesting to advance Psychiatry staff within the pay range  
 68 upon achieving Board Certification, to be competitive with other institutions and to  
 69 complement the annual merit step increases and BHD's ability to make initial step  
 70 appointments based on training and certification; and

71

72 WHEREAS, BHD is also requesting to reallocate the Medical Executive Director –  
 73 Medical Director Psychiatry position by adding five additional steps to pay range 904E after  
 74 current step 6, and renumbering the current steps 7 and 8, to be competitive with other  
 75 institutions; and

76

77 WHEREAS, BHD is also requesting to create a special premium code for the Staff  
 78 Psychiatrist – Hourly position that would provide for a \$50/hour differential over the base  
 79 rate for every hour that staff in this position works in a critical fill area, to assist with staffing  
 80 while offering BHD administrative and fiscal control; and

81

82 WHEREAS, BHD is also requesting to abolish six vacant House Physician III –  
 83 Hourly positions and create six Staff Psychiatrist – Hourly positions to provide for more  
 84 flexibility in staffing; and

85

86 WHEREAS, BHD is also requesting that applicable County Ordinances and/or Civil  
 87 Service Rules be amended to allow staff in Psychiatry, Physician, and Psychology positions  
 88 to reside in Illinois to expand the area from which BHD is able to recruit potential staff; and

89

90 WHEREAS, the costs of these position actions totals \$153,078 in 2011, and  
 91 \$468,239 in the first full year of implementation; and

92

93 WHEREAS, the increase in expenditures will be absorbed within the DHHS budget  
 94 in 2011, and the budget will be adjusted in 2012 to include these expenditures; now,  
 95 therefore,

96

97 BE IT RESOLVED, that the Interim Director of the Department of Health and Human  
 98 Services, or her designee, is authorized to reallocate the Clinical Psychologist I, Clinical  
 99 Psychologist III, Clinical Prog Dir – Psychology, Ex Dir 2 Chief Psychologist, Staff  
 100 Psychiatrist, Staff Psychiatrist – Hourly, House Physician III, House Physician III – Hourly,  
 101 Medical Program Director CATC, Medical Director – Acute Services, Medical Director –  
 102 Crisis Services, Medical Director – Adult, and Medical Director – Forensic Services  
 103 positions as follows and move incumbents to the next highest step in the new pay ranges;  
 104 and

105

<b>Position</b>	<b>Current Hourly Pay Range*</b>		<b>New Hourly Pay Range</b>	
BHD Clinical Psychologist I (57001)	\$ 23.7460	\$ 27.8013	\$ 28.4430	\$ 36.9746
BHD Clinical Psychologist III (57021)	\$ 30.4198	\$ 36.2225	\$ 40.5398	\$ 52.7011
BHD Clinical Program Director – Psychology (57090)	\$ 32.7843	\$ 39.0480	\$ 47.9057	\$ 62.2763

Position	Current Hourly Pay Range*		New Hourly Pay Range	
Ex Dir 2 Chief Psychologist (80041)	\$ 45.6731		\$ 56.5682	
Staff Psychiatrist (50770) /Staff Psychiatrist – Hourly (50771)	\$ 69.0409	\$ 84.8690	\$ 81.9990	\$ 100.7977
House Physician III (47320) /House Physician III – Hourly (47321)	\$ 69.0409	\$ 84.8690	\$ 81.9990	\$ 100.7977
Medical Director CATC (50841)	\$ 72.4936	\$ 89.1131	\$ 86.0996	\$ 105.8384
Medical Director (Acute Services - 50843, Crisis Services - 50844, Adult - 50847, Forensic Services - 50845)	\$ 76.1174	\$ 93.5677	\$ 90.4037	\$ 111.1291

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

106  
107  
108  
109  
110  
111  
112

FURTHER, BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, or her designee, is authorized to reallocate the Medical Executive Director – Medical Director Psychiatry (80040) position by adding five additional steps to pay range 904E after current step 6, and renumbering the current steps 7 and 8, as follows; and

Medical Executive Director – Medical Director Psychiatry (80040)	
	Base Hourly Pay Rate*
Step 5	\$ 109.9423
Step 6	\$ 112.0968
Step 7 (new)	\$ 116.0202
Step 8 (new)	\$ 120.0809
Step 9 (new)	\$ 124.2837
Step 10 (new)	\$ 128.6336
Step 11 (new)	\$ 133.1358

\*Includes 1% pay increase effective 6/12/2011 for non-represented employees.

113  
114  
115  
116  
117  
118

FURTHER, BE IT RESOLVED, that the Interim Director of the Department of Health and Human Services, or her designee, is authorized to advance Psychiatry staff within the pay range upon achieving Board Certification and create a special premium code for the Staff Psychiatrist – Hourly position to be used in critical fill areas as follows; and

Staff Psychiatrist – Hourly (50771)			
	Base Hourly Pay Rate*	Differential for Critical Fill	New Hourly Pay Rate
Step 1	\$ 81.9990	\$ 50.0000	\$ 131.9990
Step 7 (Top)	\$ 100.7977	\$ 50.0000	\$ 150.7977

\*Based on recommended reallocation.

119

120 FURTHER, BE IT RESOLVED, that the Interim Director of the Department of Health  
 121 and Human Services, or her designee, is authorized to abolish six vacant House Physician  
 122 III - Hourly (47321) positions; create six Staff Psychiatrist – Hourly (50771) positions; and  
 123 create three Clinical Psychologist I – Hourly, five Clinical Psychologist III – Hourly, and  
 124 five Clinical Prog Dir – Psychology – Hourly positions as follows; and  
 125

<b>Position</b>	<b>Base Hourly Pay Rate*</b>	<b>Differential for New Hourly Position with No Benefits</b>	<b>New Hourly Pay Rate</b>
<i>Clinical Psychologist I – Hourly (new)</i>			
Step 1	\$ 28.4430	\$ 25.0000	\$ 53.4430
Step 7 (Top)	\$ 36.9746	\$ 25.0000	\$ 61.9746
<i>Clinical Psychologist III – Hourly (new)</i>			
Step 1	\$ 40.5398	\$ 25.0000	\$ 65.5398
Step 7 (Top)	\$ 52.7011	\$ 25.0000	\$ 77.7011
<i>Clinical Program Director - Psychology – Hourly (new)</i>			
Step 1	\$ 47.9057	\$ 25.0000	\$ 72.9057
Step 7 (Top)	\$ 62.2763	\$ 25.0000	\$ 87.2763

\*Based on recommended reallocation.

126 FURTHER, BE IT RESOLVED, that applicable County Ordinances and/or Civil  
 127 Service Rules are amended to allow staff in Psychiatry, Physician, and Psychology positions  
 128 to reside in Illinois.  
 129

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 6/30/2011

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Interim Director, Department of Health and Human Services, Requesting Authorization to Undertake Position and Other Actions to Reduce Critical and Persistent Vacancies and Increase the Retention Rate in Key Psychiatry and Psychology Positions at 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 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	153,078	468,239
	Revenue		
	Net Cost	153,078	468,239
<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, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to reallocate positions and undertake other position actions for Psychiatry and Psychology positions. These actions will bring compensation more in line with current industry standards, and assist with filling critical vacancies and increasing BHD's retention rate for these positions.

B) The recommended position actions would increase BHD expenditures by \$153,078 in 2011 and \$468,239 in the first full year of implementation. These actions represent a critical need, and the increase in expenditures in 2011 will be covered by small reductions in contracts and the use of some deferred revenue in DHHS. A fund transfer to recognize and move the DHHS deferred revenue will be brought before the Board in the last quarter of 2011. For 2012, the budget will be adjusted to account for the increase in expenditures.

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

D. No assumptions/interpretations.

---

<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 *Levi A. Sydney*

Did DAS-Fiscal Staff Review?  Yes  No

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

**DATE:** June 24, 2011

**TO:** Supervisor 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, an Informational Report on a Contract with the Village of Greendale to Provide Advanced Life Support for the Emergency Medical Services Program**

**Issue**

The Interim Director of the Department of Health and Human Services (DHHS) is providing an informational report on a contract with the Village of Greendale for the provision of paramedic services in Milwaukee County. The Village of Greendale will be joining eight other municipalities within Milwaukee County to provide this level of service.

**Background and Rationale**

Since 1974, Milwaukee County and the municipalities within its borders have worked together to provide the highest quality, life-saving services to the citizens of this county. The Milwaukee County Emergency Medical Services (EMS) program, part of the Behavioral Health Division, has served to train, monitor and coordinate the delivery system for these services. In keeping with this tradition, EMS has forged a new partnership with the Village of Greendale that will allow it to expand the reach of the EMS delivery system, while continuing to ensure the efficient and effective fulfillment of the responsibilities of the EMS area.

Beginning July 1, 2011 and extending through December 31, 2013, the Village of Greendale is added to the consortium of eight other municipalities in the EMS system. Eight municipalities provide Advanced Life Support (ALS) services under an existing contract from July 1, 2011, extending through December 31, 2013.

The contract ensures that an effective, efficient and high quality emergency medical services system remains within the County of Milwaukee.

This arrangement provides infrastructure support through education, quality assurance, health information medical records, medical directions and communications in an efficient and effec-

tive manner that allows the municipalities to function as necessary to operate the above programs, as well as meet county, state, and federal guidelines. The addition of the Village of Greendale continues the market-based approach to the operations of the EMS system and allows the municipality the flexibility to meet local needs while maintaining a countywide EMS system that has received local, state and national recognition.

There is no fiscal impact of this action. The total amount of funds that EMS provides to municipalities will remain unchanged.

**Recommendation**

This is an informational report. No action is necessary.

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

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

**DATE:** June 27, 2011

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

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

**SUBJECT:** **From the Interim Director, Department of Health and Human Services, submitting an informational report regarding the status of 1915(i) Community Recovery Services**

### Background

The federal Deficit Reduction Act of 2005 added a new section 1915(i) to the Social Security Act that allows states the option to provide home and community-based services for individuals considered disabled by a mental illness using the state plan amendment process, rather than having to obtain a waiver from the federal government.

From the list of allowable services under 1915(i), the Wisconsin Department of Health Services (DHS) applied and was approved to provide psychosocial rehabilitation services, which included three sub-services: Community Living Supportive Services, Supported Employment and Peer Supports.

The service any specific individual receives is based on the individual's needs identified under an independent person-centered assessment. In order to be eligible for 1915(i) services, individuals must meet all of the following criteria:

- Eligible for medical assistance under the State plan;
- Income does not exceed 150% of the Federal Poverty Level;
- Resides in the community; and,
- Meets the needs based criteria as established by the State.

Services are provided on a cost reimbursable basis and counties must pay the required local match. About 60% of service costs would be covered through Federal revenue with the County matching 40% of service costs.

When DHS originally submitted its application for 1915(i) services, states were permitted to limit the geographic areas in which the benefit would be offered, set a maximum level of people to receive services and establish a waitlist. Participating counties could limit their financial risk by identifying the potential number of eligible individuals to be served within their respective county and create a wait list for any eligible individuals that exceeded the original target number.

The Behavioral Health Division (BHD) had originally identified a total of 914 participants to be served from its current enrollment within a two-year time span (see File No. 10-5(a)(a): Purchase of Service report submitted to the County Board on November 17, 2009).

Shortly after receiving notice from the State that BHD's application for 1915(i) certification was approved in Spring 2010, the Affordable Care Act (ACA) was passed by Congress. The ACA had two significant changes that impacted 1915(i): (1) States cannot limit the number of 1915(i) clients except through the functional needs based eligibility criteria, making this a true "entitlement", and (2) 1915(i) services must now be provided statewide. These changes were effective October 1, 2010.

Federal law, therefore, now prohibits waiting lists for this program. Since services may only be limited by the eligibility criteria, not budget controls, BHD worked with the State to narrow the functional eligibility criteria. Immediately upon learning of the changes to 1915(i), BHD also suspended all implementation activities including obtaining a 1915(i) Medicaid provider ID until financial risk could be determined.

After the ACA changes went into effect making 1915(i) an entitlement, DHS modified the MH/AODA Functional Screen used for determining eligibility for 1915(i) services. Stricter eligibility criteria were included in the State's Medicaid State Plan Amendment submitted in December 2010 though the criteria were broader than BHD had requested.

BHD still has concerns that the modified eligibility criteria are general enough that the number of potential people eligible for 1915(i) services in Milwaukee County far exceeds the number for whom Milwaukee County has resources to cover the required County match.

Because of this concern, the Milwaukee County 2011 Budget directed BHD to "work with the State to further narrow the functional eligibility and/or replace/reduce Milwaukee County's local commitment with State funding." If successful BHD was to "return to the Committee on Health and Human Needs with a written implementation plan, prior to moving forward with this initiative."

## **Discussion**

Since the adoption of the County's 2011 Budget and DHS's submission of the Medicaid State Plan Amendment with the revised eligibility criteria, the Department of Health and Human Services (DHHS) and BHD have undertaken the following actions to address the potential feasibility of participating in 1915(i):

- Participated in State briefings on 1915(i) Services including reviewing State estimates of possible County revenues under rough assumed scenarios;
- Held workgroup meetings with DHHS and BHD staff to consider options for addressing issues raised by the changes in 1915(i);
- Developed estimates of the likely number of individuals eligible for 1915(i) in Milwaukee County; and,

- Sent a letter to Wisconsin Department of Health Secretary, Dennis Smith, requesting that the State further adjust the functional needs based eligibility criteria, allow BHD to establish a risk reserve, and/or operate the program within the limits of available funding (**see Attachment 1**).

### Eligible Client Estimates

BHD estimates that 3,200 individuals, who are not currently receiving services from BHD, would be eligible for 1915(i) services.

This estimate was based on several calculations using December 2010 Medicaid SSI enrollment data for Milwaukee County as the base because SSI recipients would meet the technical eligibility for 1915(i) enrollment (i.e. meet the Federal Poverty Level requirements and are Medicaid enrollees). The prevalence rate for mental health disorders in Milwaukee County as identified by the State was then applied. The State's experience with other current 1915(i) counties using the modified Functional Screen eligibility criteria to estimate potential functional eligibility was further applied. The methodology for these estimates was shared with DHS staff and they concurred with the projection. This number far exceeds the 914 participants originally identified by BHD to be served under 1915(i) when Counties could limit program enrollment.

### Fiscal Concerns

DHHS and BHD support providing services to individuals with mental illness who need them but the Department also needs to live with its fiscal means. DHHS and BHD do not have the resources to pay the required approximate 40% County match for the cost of services for the estimated 3,200 new eligible individuals who would be entitled to services if the County opted to participate in this program. If Milwaukee County opted to participate in 1915(i) anyone who was eligible would be entitled to services and the County would be unable to establish a waitlist or cap enrollment no matter how high the cost for the required match of service costs.

At a January 11, 2011 briefing on 1915(i) Community Recovery Services for Milwaukee County, DHS included charts identifying the potential revenue for Milwaukee County from participating in the program. DHS included an assumed average cost of \$105.67 per person per day. The County would receive 57.16% of the Federal Medical Assistance Percentage (FMAP) matching funds. (The FMAP increase to 60.16% in the beginning the third quarter of 2011 and, in addition, a 5% fee is taken from the FMAP for State administrative costs.) If only 1,000 new individuals participated in the program for one year (one third of the estimated eligible new people), it is estimated that the cost would be \$38.5 million overall. Of the total cost, the County would receive around \$22.0 million in revenue to cover the cost of those services but would have to fund the remaining \$16.5 million of costs for the services. If Milwaukee County participated in this program, the State pays no matching funds to cover the costs of services and, in fact, receives revenue for administrative costs from the individuals served in Milwaukee.

It should be noted that BHD would also need to invest in the development of sufficient community recovery services (Community Living Supportive Services, Supported Employment and Peer

Supports) to provide these services to the eligible population. These are required service options that BHD does not currently offer at the levels needed for this program.

### Letter to the DHS Secretary

DHHS sent a letter to DHS Secretary Smith on February 4, 2011 (**Attachment 1**) asking DHS to allow the County to establish a risk reserve if it chooses, tighten the eligibility criteria once the target number of individuals is met, and allow the County to operate the program within the limits of available funding. Secretary Smith responded on March 24, 2011 and basically left BHD with no further assurance that County costs could be controlled (**Attachment 2**).

The Secretary noted that DHS has already tightened eligibility criteria and that “further restrictions to eligibility may run counter to the wishes of the other counties participating in the program...” DHHS’s letter to the Secretary asked if the State would consider tightening the eligibility criteria once the targeted number of individuals was met. This could be allowed, DHHS believed, since the Centers for Medicare & Medicaid Services (CMS) issued a memo (August 6, 2010) to State Medicaid Directors noting that if enrollment of eligible individuals exceeds a State’s projected enrollment status as identified in the submitted and approved Medicaid State Plan Amendment, then states are permitted to modify the non-financial needs-based eligibility criteria without prior approval from CMS. States need only notify CMS and the public at least 60 days before exercising the option to modify the criteria. For Wisconsin, DHS had identified the total 1915(i) enrollment to be 1,250 individuals (including the 914 previously identified for Milwaukee County).

In his response letter, Secretary Smith also stated that DHS could not allow Milwaukee County to operate within the limits of its available funding since that “could be interpreted as allowing a waiting list or otherwise limiting enrollment.”

### **Next Steps**

Since receiving the DHS response, BHD has communicated with staff within DHS regarding 1915(i) and 1937, another program available through a new section of the Social Security Act, through which similar services can be provided but wait lists are allowed. DHS staff are assessing 1937 but would need to submit a State Plan Amendment if they chose to participate. DHHS and BHD will continue to communicate with DHS and, once more information is available, assess available options and the fiscal implications.

Meanwhile, BDH has stopped working toward implementing 1915(i) Community Recovery Services. BHD has not been submitting service plans or claims for funds even for existing BHD patients under this program since doing so would mean that BHD was participating in the program and could result in additional eligible individuals receiving unbudgeted services and would put the County at financial risk for the required match.

DHHS and BHD will continue to explore viable opportunities to expand community-based mental health services. The Department regrets that it is unable to proceed with the implementation of 1915(i) and offer the community services available under that program, which could have provided a “jump-start” to the development of an expanded and enhanced system of community-based

services for individuals with mental illness. DHHS and BHD believe, however, that the financial risk, of participating in 1915(i) with the current eligibility criteria and match requirements, is too great for Milwaukee County.

### **Recommendation**

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

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

cc: Chris Abele, Milwaukee County Executive  
Lee Holloway, Chairman, Milwaukee County Board  
George Aldrich, Chief of Staff, County Executive Office  
Patrick Farley, Director, Department of Administrative Services  
Terrence Cooley, Chief of Staff, County Board  
Cynthia Pahl, Acting Assistant Fiscal and Budget Administrator  
Antoinette Thomas-Bailey, DAS Analyst  
Jennifer Collins, Analyst, County Board  
Jodi Mapp, Committee Clerk, County Board



DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Milwaukee County*

Geri Lyday, Interim Director

February 4, 2011

Mr. Dennis Smith, Secretary  
Department of Health Services  
1 W. Wilson Street  
Madison WI 53703

Dear Secretary Smith:

I am writing to you to ask your assistance in creating a win-win situation for Milwaukee County, the State and your Department of Health Services (DHS), and, most importantly, individuals with mental illness in Milwaukee County and through the state. My request relates to the provision of Community Recovery Services (CRS) under Section 1915(i) of the Social Security Act.

Prior to enactment of the Patient Protection and Affordable Care Act of 2010 (PPAC), Milwaukee County had been approved to provide Community Recovery Services, which was included in the 2008 Medicaid State Plan Amendment. Milwaukee County's Department of Health and Human Services (DHHS), Behavioral Health Division (BHD) intended to serve 914 individuals with mental illness through this effort and had budgeted accordingly.

With the enactment of the PPAC, however, states are no longer able to limit the number of 1915(i) enrollees except through the functional eligibility criteria making it a true entitlement program. Since wait lists would not be allowed, Milwaukee County was (and is still) concerned that the potential number of individuals in Milwaukee County eligible for these services could likely exceed the available funds to pay for the required County match.

In October 2010, Lee Holloway, Chairman of the Milwaukee County Board of Supervisors wrote a letter to Secretary Karen Timberlake requesting that the eligibility criteria for this program be narrowed to limit Milwaukee County's fiscal exposure. Secretary Timberlake responded (11/11/10) that the DHS had tightened the eligibility criteria as much as possible and would be submitting them in a new Medicaid State Plan Amendment. She noted that DHS was projecting that 1,250 individuals would be served annually statewide with the revised criteria.

Milwaukee County DHHS is currently analyzing whether to continue its pursuit to become a 1915(i) CRS provider. BHD has projected that 4,200 individuals would be eligible for services under this program in Milwaukee County utilizing the revised eligibility criteria. The methodology for these estimates was shared with DHS staff and they concurred with the projection.

Roughly 1,000 of these individuals are currently being served at BHD and therefore, if they were served through 1915(i), around 60% of their services costs would be covered through additional federal revenue with the County matching 40% of service costs. It is the remaining almost 3,200 eligible individuals, who are now not being served, that concern us.

We definitely support providing services to individuals with mental illness who need them but Milwaukee County does not have the resources to pay the required County match for 3,200 new eligible individuals who would be entitled to services as the program now requires. With the enactment of PPAC, we could not have a wait list if we ran out of funds. We could not tighten eligibility criteria on our own to stay within our fiscal means.

As we analyze whether to provide 1915(i) Community Recovery Services and prepare to inform the County Executive and County Board of Supervisors of the feasibility and fiscal impact of doing so, we would like commitment from you on several issues which could reassure the County that we have what we need to participate responsibly in this program. Specifically:

1. Could you allow Milwaukee County to establish a Milwaukee County Risk Reserve fund to allow DHHS to use these funds to provide services for individuals not already being served and to develop or enhance new services, such as supported employment and peer supports?
2. Could you commit to agreeing that DHS would submit a public notice to tighten the eligibility criteria once the statewide target of individuals identified in the Medicaid State Plan Amendment was met?
3. Could you allow Milwaukee County to operate 1915(i) within the limits of its available funding so that should the County reach a point where we demonstrate that more enrollments would result in deficit spending, we would close enrollments until there is funding available, likely through attrition?

We would like to participate in this program and better serve people already being supported by BHD and provide needed services to some individuals not now being served. DHS staff would like Milwaukee County to participate since the State receives administrative revenue on each service cost claim. Other counties statewide would like Milwaukee County to participate since the State administrative percentage taken off their reimbursement is higher until Milwaukee is on-board.

There is also a strong coalition of support for securing funding for Community Recovery Services from Milwaukee County's private partners in the mental health system and community advocates. It is recognized as an important vehicle to expand community-based services. The October 2010 report conducted by the Human Services Research Institute (HSRI) in collaboration with the Public Policy Forum and funded through a public/private partnership recommends in its comprehensive analysis that the County work with the State towards greater incentives for the County to participate.

Since only the County is at fiscal risk with providing 1915(i) Community Recovery Services and not the State, which controls the eligibility, we need to reassure Milwaukee County elected officials that safeguards are in place to control costs of this entitlement program.

I look forward to hearing from you and hope that we can work together to provide these needed services and bring in additional federal funds to Milwaukee County and the State of Wisconsin.

Sincerely



Geri Lyday, Interim Director  
Department of Health & Human Services

cc: Governor Scott Walker  
Keith Gilkes, Chief of Staff – Governor’s Office  
Marvin Pratt, Interim Milwaukee County Executive  
Lee Holloway, Chairman – Milwaukee Co Board of Supervisors  
Peggy West, Supervisor – Milwaukee Co Board of Supervisors  
Jim Kubicek, BHD Crisis Services Director  
Walter Laux, BHD Administrator – Adult Community Mental Health & AOD Services  
Terrence Cooley, Chief of Staff – Milwaukee Co Board of Supervisors  
Kelly Bablitch, Milwaukee Co Intergovernmental Relations  
Jennifer Collins, Analyst – Milwaukee Co Board of Supervisors  
Barbara Beckert – Disability Rights Wisconsin



State of Wisconsin  
 Department of Health Services

Scott Walker, Governor  
 Dennis G. Smith, Secretary

March 24, 2011

Ms. Geri Lyday  
 Interim Director  
 Milwaukee County Department of Health and Human Services  
 1220 W. Vliet Street  
 Milwaukee, WI 53205

Dear Ms. Lyday:

Thank you for your letter dated February 4, 2011, in which you requested assurances and a commitment from the Department related to three key concerns on the part of Milwaukee County as it contemplates providing 1915(i) Community Recovery Services (CRS). The adoption of CRS by Wisconsin's counties and tribes is, as you say, a "win-win" proposition, and the Department is committed to assisting willing providers as they implement these services in their respective systems in order to provide community services for people with serious mental illnesses. To that end, I have asked the staff of the Department to pursue research on other avenues that may be able to allow Milwaukee County and other interested counties to provide these services in a way that was originally intended.

Below, please find my reply to each of the three issues for which Milwaukee County seeks assurances and commitments for the current 1915(i) benefit.

Request for Assurance #1

"Could you allow Milwaukee County to establish a Milwaukee County Risk Reserve fund to allow DHHS to use these funds to provide services for individuals not already being served and to develop or enhance new services, such as supported employment and peer supports?"

The Department is not aware of any state or federal law that would prohibit a county from depositing into a reserve account federal Medicaid funds earned as a result of a county reimbursing providers for CRS services, or that would restrict a county's ability to carry such funds from year to year. Because a county earns these federal funds as a result of initially paying 100% of the Medicaid reimbursement rate for CRS services, federal Medicaid law does not dictate how the county expends these federal funds. There may be legal provisions applicable to county appropriation accounts restricting the deposit or carry over of these funds, but you should consult with your Corporation Counsel regarding such provisions.

1 West Wilson Street • Post Office Box 7850 • Madison, WI 53707-7850 • Telephone 608-266-9622 •  
 dhs.wisconsin.gov

Request for Assurance #2

“Could you commit to agreeing that DHS would submit a public notice to tighten the eligibility criteria once the statewide target of individuals identified in the Medicaid State Plan Amendment was met?”

The Department has already tightened the functional eligibility criteria significantly, largely at the request of Milwaukee County. As a result of that change the percentage of individuals eligible for CRS was reduced by 31%. Further restrictions to eligibility may run counter to the wishes of the other counties participating in program and to the purpose of 1915(i), which is to provide home and community based services to persons at less than an institutional level of care. However, if the state reaches the statewide projection of individuals to be served, we would commit to a discussion with all counties regarding how to proceed in the best interest of the entire state.

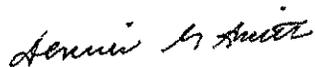
Request for Assurance #3

“Could you allow Milwaukee County to operate 1915(i) within the limits of its available funding so that should the County reach a point where we demonstrate that more enrollments would results (sic) in deficit spending, we would close enrollments until there is funding available, likely through attrition?”

The recent change in federal law specifically prohibits states from establishing wait lists for 1915(i) services. The Department cannot provide an assurance that could be interpreted as allowing a wait list or otherwise limiting enrollment.

Please contact me if I can be of further assistance.

Sincerely,



Dennis G. Smith  
Secretary

**County of Milwaukee  
Inter-Office Communication**

**24**

**DATE:** July 5, 2011

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

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
*Prepared by: Jim Kubicek, Director of Crisis Services, Behavioral Health Division*

**SUBJECT: From the Interim Director, Department of Health and Human Services, submitting an informational report regarding a crisis bed analysis to determine the number of crisis beds needed in Milwaukee County to alleviate strain on the Psychiatric Crisis Services Admission Center in the Behavioral Health Division**

**Background**

The 2011 Behavioral Health Division (BHD) Budget included an amendment directing BHD to conduct a Crisis Bed analysis to survey the need for crisis beds in Milwaukee County to alleviate strain on the Psychiatric Crisis Services (PCS) Admission Center and build capacity for stabilization and linkages to services in the community. In the amendment, BHD was also directed to explore the possibility of developing a Crisis Resource Center in the northern portion of Milwaukee County. BHD was directed to provide quarterly reports to the Board and this is the second quarterly update and includes a review of specific indicators regarding the need for additional Crisis Bed capacity.

**Discussion**

The first quarter report reviewed the historical context regarding crisis services in Milwaukee County including current capacity (16 crisis respite beds in the community and seven crisis resource center beds) and program design. This report addresses the following key measures, that were included as next steps in the previous Board report:

1. Determine the existing Crisis programs impact on recidivism.
2. Determine the existing Crisis programs impact on emergency detentions.
3. Determine specific indicators regarding community need, i.e. numbers of consumers turned away due to capacity issues, number of days at capacity etc.
4. Investigate law enforcement interest in North side location.
5. Identify impediments to direct law enforcement referrals.
6. Examine other possible funding sources that would provide ongoing programmatic sustainability.
7. Further exploration of revenue options at the State level for this level of care.

### Impact on Recidivism

An analysis of recidivism data for PCS was conducted using a review of a sample of 100 BHD patients who were referred to the Crisis Resource Center (CRC) in 2010. The focus of the analysis was to assess whether or not the CRC had an actual impact on the frequency of PCS visits or BHD inpatient admissions and bed days.

The specific measurement strategy utilized was to first determine the date the BHD patient was referred to CRC and then review the number of BHD contacts each patient had with BHD for services six months prior and six months post referral. For these 100 patients, in the six months after the CRC referral, there was a:

- 40% reduction in PCS usage
- 39% reduction in inpatient admissions
- 46% reduction in inpatient bed days

### Impact on Emergency Detentions

Since the Crisis resource centered opened in 2007 the overall number of emergency detentions in Milwaukee County has increased by approximately 2%.

2007	8,092
2008	8,249
2009	7,861
2010	8,274

While the number of emergency detentions has been fairly consistent, the ability of the system to adequately manage the numbers of patients detained has improved substantially. The utilization of crisis beds has contributed significantly to this effect.

In terms of CRC's impact on Emergency Detentions, a similar analysis was conducted on the same 100 patients referred to CRC in 2010. Each patient's frequency of emergency detentions were reviewed six months prior and six months post referral. There was a 35% reduction in emergency detentions for these 100 patients after a referral was made to CRC.

The CRC has a positive impact in reducing the number of emergency detentions for the population that it serves, however, given the its relatively small clinical capacity, the impact on the entire system is not significant.

### Determine Specific Indicators Regarding Community Need

Through June 2011, there have been 120 patients that met CRC admission criteria but who were not accepted due to capacity issues. Typically the CRC is at their maximum capacity three out of seven days per week, or approximately 40% of the time. At this point the CRC does not track where these individuals go who cannot be admitted. BHD will be requesting that this information be collected, when possible, in the future.

CRC provides aftercare support to an average of 30 clients each month; this number does not include approximately 30 individuals who use the CRC as a support network in order to keep them in the community. These individuals are not formally admitted to the program but are able to use it when they feel as though they are in need.

BHD continues to be the single largest referral source for the CRC accounting for approximately 37% of their total admissions. Approximately 10% of CRC admissions come from other inpatient psychiatric facilities. Another 10% come from a variety of medical settings including Emergency rooms and private Hospitals. The remaining Patients are referred from a variety of community based settings. It could be reasonably assumed that a significant percentage of individuals that were referred by either medical facilities or community settings would have been referred to BHD for services had CRC not been an option.

### **Investigate Law Enforcement Interest in North Side Location and Identify Impediments to Direct Law Enforcement Referrals.**

A survey of Crisis Intervention Team (CIT) officers from the City of Milwaukee was conducted by the Milwaukee Police Department. There were 68 respondents out of approximately 200 surveys that were distributed. Ninety percent (90%) of the officers who responded were familiar with the Crisis Resource Center. Of those, however, only 51% responded that they had attempted a referral to the CRC. Eighty percent (80%) of the officers who attempted a referral to the CRC stated that the patient was accepted. The remaining 20% were not accepted for two main reasons: either because the CRC had a full census or was unable to admit on the night shift. Ninety-two percent (92%) of the officers who responded believed that there was a need for an additional North Side crisis intervention facility. Of those officers who believed there should be a North side location 81% believed they would be more likely to use it if it was there.

The main obstacle identified by the officers to referring directly to the CRC was the CRC's inability to accept a patient that had higher risk behaviors. Also, 87% of the officers responded that the facility was either too small or too far away.

### **Examine Other Possible Funding Sources**

BHD provides \$200,000 per year in funding to the CRC, which accounts for approximately 36% of their overall budget. In addition the CRC is able to generate approximately 28% of their budget through revenue. The remaining 32% in of their budget is funded through various grants. These grants are all expiring as of the end of 2011. At this time, BHD is not aware of a viable sustainability plan that has been identified and is, in large part, dependent on negotiations between the CRC and the State of Wisconsin.

### **Further Exploration of Revenue Options at the State Level**

Approximately 50% of the individuals currently using the CRC are members of Medicaid (Title 19) HMOs. These HMOs have indicated that they want to use the CRC as an alternative to

inpatient hospitalization and emergency care but, unfortunately the CRC level of care is not a covered service within the HMO capitated rate from the State. Therefore, the HMOs cannot claim patients getting services at the CRC and in many cases the CRC does not receive payment for these services, which results in a sizable amount of unrecognized revenue.

The current State mental health service continuum lacks an intermediate/sub acute level of care. This impacts a large number of patients who do not require inpatient psychiatric or emergency room services, but who are not stable enough to be sustained with only outpatient services. This missing level of care drives clinical inpatient placement and emergency room costs, when less restrictive and more cost effective care could be provided.

### **Next Steps**

BHD will continue to work on this initiative and return to the Board in the third quarter with an updated report, including exploring other options to enhance crisis services such as peer specialist programming and expansion of the crisis mobile team. In addition, BHD will work with the Crisis Resource Center to try and negotiate with the State regarding sustainable funding for the existing CRC and the possibility of funding for expansion. Specifically, BHD hopes to increase the Medicaid rate for the crisis stabilization per diem to a level capable of sustaining sub acute residential care in an environment that is less restrictive than inpatient care and inappropriate emergency room care and also identify a new Medicaid code for acute residential care that would allow the T19 HMOs to include clients served under this code in the T19 HMO contract revenue reimbursement.

### **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  
Terry Cooley, County Board  
Patrick Farley, Director, Department of Administrative Services  
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

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

**DATE:** June 27, 2011

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

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

**SUBJECT:** **An Informational Report from the Interim Director, Department of Health and Human Services, Regarding Appointments to the Mental Health Redesign Task Force**

**Issue**

In April 2011, the Couth Board of Supervisors passed a Resolution supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign Task Force to provide the County Board with data-driven implementation and planning initiatives (File #11-173). Included in the final Resolution was a directive for the Interim Director, Department of Health and Human Needs, and the Administrator, Behavioral Health Division, to create and make appointments to the Mental Health Redesign Task Force from stakeholder organizations. It was also requested that the first report be brought to the Health and Human Needs Committee in June 2011 and include committee membership, anticipated planning structure and a timeline.

**Background**

Within the past year, a number of reports, studies and advisory committees have emerged with recommendations related to the future design of the Behavioral Health System in Milwaukee County, including recommendations regarding public and private inpatient, outpatient and community care services. The existing reports and studies represent the work of multiple public and private planning efforts. The formation of this Task Force recognizes that it is now time to coordinate those recommendations and shift the activity to prioritization and implementation of new mental health system design ideas and innovative strategies.

## **Discussion**

The BHD Administrator has spent significant time over the past couple of months considering the work and make-up of the Mental Health Redesign Task Force (Task Force). The composition of the proposed Task Force has been established to provide all stakeholders and involved parties an opportunity to partner and shape this important work. Such a partnership is essential as this important discussion and work moves forward. It must build on the other work done with BHD partners so that the project will encompass the entire Milwaukee area behavioral health system and not just the services offered by Milwaukee County government. Below is a list of the proposed membership and structure for the Task Force.

### **Task Force membership by title:**

1. County Board Supervisor
2. County Board Supervisor
3. Milwaukee Director of Disabilities Rights Wisconsin
4. Medical College of Wisconsin
5. Health Officer, City of Milwaukee County
6. Representative from Medical Society of Milwaukee County
7. Executive Director, Milwaukee Health Care Partnership
8. Law Enforcement
9. Community Provider with a focus on Developmental Disabilities
10. Community Provider with a focus on Mental Illness
11. Foundation Representative
12. Consumer
13. Consumer or family member with focus on Development Disabilities
14. Hospital Representative
15. Representative from a Federally Qualified Health Center
16. Advocate with a focus on Developmental Disabilities
17. Advocate with a focus on Mental Illness
18. Representative from Behavioral Healthcare Consortium
19. State of Wisconsin Secretary of Health or designee
20. State Director of Medicaid
21. State Elected Official

### **Task Force Structure:**

To provide overall direction and to ensure communication and timely progress, an Executive Committee will be developed. The Executive Committee will be:

- 1) Interim Director of Health and Human Services
- 2) Administrator of Behavioral Health Division
- 3) Executive Director, Disability Rights Wisconsin - Milwaukee
- 4) Executive Director, Milwaukee Health Care Partnership

- 5) One Hospital Representative
- 6) One Community Provider Representative
- 7) One County Board Supervisor
- 8) One Representative from County Executive office
- 9) Consumer
- 10) Task Force Co-Chair

In addition, staff from key support departments such as the Department of Audit, Department of Administrative Services, County Board staff and County Executive staff will be actively monitoring the Task Force and providing any additional support.

The overall activities will be co-chaired by the Administrator of the Behavioral Health Division and a private partner, Mr. Pete Carlson, Administrator at Aurora Behavioral Health. The Executive Committee will seek additional administrative support and/or technical support as needed. Also, guidelines will be established to help keep everyone consistent regarding the Committee(s) purpose, outcomes, timeframes, meeting ground rules, etc and work toward consensus on major concepts and issues.

The Task Force will have action groups to focus on key issues:

- Patient Centered Care
- Continuum of Care
- Community Linkages
- Funding
- Quality
- Workforce

Maintaining the focus on public/private partnership, the Executive Committee will work to obtain members for the work groups that have expertise in both the public and private sectors. These six action groups will all have chairs or co-chairs that report back to the entire Task Force. The Executive Committee may also determine that additional members are needed for the Task Force.

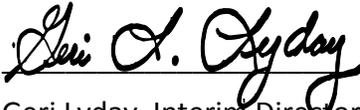
### **Next Steps**

To achieve endorsement of this work and solicit membership, the County Executive sent letters to key stakeholders to ask for their support and participation.

The Executive Committee will meet on July 6, 2011 and the full Task Force will meet on July 14, 2011. The Task Force meetings will be run as public meetings and appropriately noticed.

**Recommendation**

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

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

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

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

**COUNTY OF MILWAUKEE**  
**Interoffice Memorandum**

**DATE:** July 6, 2011

**TO:** Peggy West, Chairwoman, Health and Human Needs Committee

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
 Jennifer Collins, County Board Research Analyst

**SUBJECT: Summary of Mental Health Policy Actions Taken by the Milwaukee County Board of Supervisors in 2010-2011**

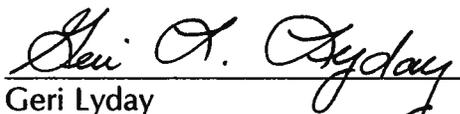
**Background**

Over the last year, mental health planning has been on the forefront in Milwaukee County. Several large-scale studies have attempted to incorporate the multi-faceted challenges facing the current system, and offer possible solutions. The County Board has reviewed numerous proposals to reform the mental health system, and has adopted policy directing funding for emergency capital improvements at the current Behavioral Health Division (BHD) Facility. The Board also created committees to help plan for operating and capital needs, directed BHD to study various proposals through the budget process, and approved various resolutions directing further efforts to redesign the mental health system in Milwaukee County. Additionally, a special committee of Milwaukee County Supervisors has convened to consider plans for a new facility for Milwaukee County mental health programs going forward.

The Chairwoman of the Milwaukee County Board Committee on Health and Human Needs directed the Interim Director, Department of Health and Human Services and County Board staff to draft a report summarizing the Board of Supervisors' recent policy actions related to the Behavioral Health Division. DHHS and County Board staff worked together to assemble the attached chart summarizing major BHD initiatives, Board action, as well as the status of the various initiatives in order to provide background information as policymakers continue to deliberate mental health policy.

**Recommendations**

This report is informational only.

  
 Geri Lyday  
 Interim Director, Health and Human Services

  
 Jennifer Collins  
 Research Analyst, County Board

**BHD Initiatives**  
**2010-2011**

Initiative	Description	Board Action	Status
<b>CMS Statement of Deficiency</b>	Notices from Centers for Medicare and Medicaid Services (CMS) re: BHD's qualifications as a participant in the Medicare program were published in Feb. 2010 and on June 3, 2010; BHD received a Statement of Deficiency (SOD) from a State of WI and CMS survey. The majority of the citations were regarding the physical building; BHD was given a series of deadlines to fix the deficiencies, culminating in a final April 2011 deadline.	<u>7/29/10</u> : Full Board approved File No. 10-284, releasing \$1,825,890 from the 2010 BHD allocated contingency fund within capital funds to address issues related to the SOD <u>9/2010-5/2011</u> : The Committee on Health and Human Needs (HHN) received monthly status reports	Completed  Letter dated April 29, 2011 from CMS rescinds proposed termination action
<b>Resolution: Creation of the Community Advisory Board (CAB) (File No. 10-231)</b>	This resolution by West and Coggs assigns the following categories to the CAB: Safety; Linkages with Community Services/Supports; Communications with Patients and Families/Patient Rights; and Patient-Centered Care	<u>9/22/10, 1/26/11, 5/18/11</u> : HHN reported quarterly to HHN	Pending  The CAB's Final Report is due to HHN in July.  Assigned to Mental Redesign Health Task Force per Adopted Resolution (File No. 11-173/11-284)
<b>Dept. of Audit Site Security Audit</b>	On April 30, 2010, the Milwaukee County Board Chairman directed the Department of Audit to conduct a performance audit of the BHD to address patient safety. The report was released in October 2010.	<u>12/16/10</u> : Full Board Received and Placed on File; HHN referred to the Facility Cmte and the CAB and requested that the CAB report back to	Pending  Assigned to Mental Redesign Health Task Force per Adopted Resolution (File No.

		HHN on the matter. <u>3/29/11</u> : Facility Cmte referred the report (along with the audit and Sheriff site security report) to DHHS and CB staff to report back on implementation procedures and projected cost.	11-173/11-284)
<b>Sheriff Site Safety Report</b>	Although there is no formal record of request for the Sheriff Site Safety Report in the County Board committee records, a request was made to have the Office of the Sheriff perform a review of the mental health complex. A report, dated June 28, 2010 was released by the Office of Sheriff.	<u>9/22/10-12/8/10</u> : HHN Cmte reviewed the report. County Board staff, DHHS, and Audit staff agreed that recommendations re: physical plant were implemented or that planning for implementation was underway.	Completed  Assigned to Mental Redesign Health Task Force per Adopted Resolution (File No. 11-173/11-284)
<b>Mixed Gender Unit Workgroup Study</b>	The Mixed Gender Patient Care Units Study began as a request by the Chair of HHN to have BHD look into creating single gender patient care units in the wake of patient assaults at the complex. The BHD Administrator directed a workgroup to investigate the charge.	<u>2/5/11</u> : Full Board received and placed on file Mixed Gender Patient Unit Workgroup report (HHN also discussed the item at the 9/22/10 and 3/9/11 meetings, and referred the item to the CAB, which supported the report's findings)	Pending  Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)
<b>HSRI</b>	In October 2010, a report commissioned to make a comprehensive assessment of the Milwaukee County mental health care system, <i>Transforming the Adult Mental Health Care Delivery System in Milwaukee County</i> was completed by the Human Services Research Institute (HSRI) and released. This project	<u>11/4/10</u> : Full Board voted to Receive and Place on File <u>Sept. 2010-Present</u> : Item was discussed by various special/select committees, including: the Long Range	Pending  Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)

	was spearheaded by a public-private partnership and involved numerous diverse stakeholders, including advocates and consumers.	Strategic Planning, CAB, & Facility Cmte <u>5/26/11</u> : Support of redesign efforts based on the broad findings and recommendations of HSRI adopted as part of Thomas' resolution (File No. 11-197/11-323)	
<b>2010 Budget Amendment: Hilltop Downsize Plan (Amendment 1A011)</b>	As part of the 2011 Adopted Budget, an amendment directed DHHS to look into downsizing the Hilltop ICFMR within the BHD so that clients could be integrated into the community. DHHS is to report quarterly on progress to the HHN Cmte.	<u>3/19/11</u> and <u>6/15/11</u> : HHN received two quarterly reports detailing status of initiative.	Pending  Regular reports will continue to come to HHN Cmte through 2011  Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)
<b>2010 Budget Amendment: Crisis Capacity Plan (Amendment 1A012)</b>	As part of the 2011 Adopted Budget, an amendment directed DHHS to survey the need for crisis beds in Milwaukee County, including researching the development of a Crisis Resource Center in the northern portion of county. DHHS is to report quarterly on progress to the HHN Cmte.	<u>3/19/11</u> : HHN received report detailing status of initiative (second report anticipated for at HHN for the July cycle).	Pending  Regular reports will continue to come to HHN Cmte through 2011  Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)

<p><b>2010 Budget Amendment: 1915i (Amendment 1A022)</b></p>	<p>“1915i” is a continuing federal revenue source from CMS. States may apply to be eligible providers under their regular State Medicaid Plans and choose the needs-based criteria used to establish thresholds for program eligibility. This revenue source would provide Milwaukee County with Federal revenue to be used towards community services; however, a local tax levy match would be required.</p>	<p>No reports received/no further action taken by the Board (first report from DHHS anticipated at HHN for July cycle).</p>	<p>Pending</p> <p>Regular reports will continue to come to HHN Cmte through 2011</p> <p>Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)</p>
<p><b>Resolution: Creation of New BHD Facility Study Committee (Facility Committee) (File No. 10-322)</b></p>	<p>The resolution by Holloway, et al, forms a Special Committee of Milwaukee County Supervisors, appointed by the Chairman of the Board, to examine the merits of locating some BHD functions at sites other than the County Grounds, BHD space needs, and possible locations on the County Grounds for a new facility. The resolution called for the Special Committee to submit their final report no later than June 1, 2011.</p>	<p><u>11/8/10</u>: File No. 10-322 adopted.  <u>12/16/10</u>: Memo from Chairman appointed Committee Members  <u>1/12/11-6/24/11</u>: Facility Committee met on a bimonthly basis</p>	<p>Pending</p> <p>Passage of Thomas’ resolution (File No. 11-197/11-323) extends the committee’s report deadline to July 15, 2011 (with the opportunity for further extension if requested by the committee chair)</p>
<p><b>Chairman Holloway Mental Health Initiative (File No. 11-81/11-49)</b></p>	<p>Chairman Holloway presented a mental health initiative in early 2011 while serving as County Executive. The plan has several components, the largest of which looks to establish smaller 16-bed facilities tiered to patients’ needs in the community. A pilot program will be initiated through an RFP process to test part of the initiative and gather additional information regarding full implementation.</p>	<p><u>3/17/11</u>: Full Board approved amended resolution (resolution was amended in the Committee of the Whole to extend the deadlines given to DHHS)  <u>5/18/11</u>: DHHS returned to HHN with an updated status report discussing status</p>	<p>Pending</p> <p>Pilot Program Planning Underway</p> <p>Assigned to Mental Health Redesign Task Force per Adopted Resolution (File No. 11-173/11-284)</p>
<p><b>Resolution: West Mental Health</b></p>	<p>The resolution directs the Interim Director DHHS and the BHD Administrator to create/appoint members to</p>	<p><u>4/21/11</u>: Full Board approved resolution.</p>	<p>Pending</p>

<p><b>Redesign Task Force (File No. 11-173/11-284)</b></p>	<p>a Mental Health Redesign Task Force and return to the Board with data-driven implementation planning for the mental health redesign in Milwaukee County (increasing capacity to provide care in the community and decreasing the number of inpatient beds). Throughout the planning process, BHD is to communicate with the Board through HHN, beginning with a June report.</p>		<p>Task Force Members selected; first meeting 7/13/11</p>
<p><b>Resolution: Thomas Resolution extending Facility Committee and adding 2012 Budget Initiative Planning to committee's Charge (File No. 11-197/11-323)</b></p>	<p>The resolution extends the Facility Committee's deadline to July 15, 2011 (or longer if requested by the chair of the Facility Committee), supports HSRI, and adds tasks to the committee's charge (mostly surrounding efficiency planning to be implemented as part of the 2012 budget).</p>	<p><u>5/26/11</u>: Full Board approved resolution.</p>	<p>Pending  Facility Cmte's final report expected to be completed by 7/15/11</p>