

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: January 6, 2012

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: Request authorization to execute a contract with the State of Wisconsin Department of Health Services (DHS) to operate a managed care organization (MCO) to provide the Family Care benefit in the geographic area that includes Kenosha and Racine Counties for the period commencing upon certification by DHS through December 31, 2012, and to accept the funding thereunder.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on January 26, 2012, and the Committee on Finance and Audit at its meeting on January 27, 2012.

The state authorized the long-term care program known as Family Care via enactment of 1999 Wisconsin Act 9. Milwaukee County was one of five pilot counties authorized to provide the Family Care benefit to eligible residents and Milwaukee County has provided the Family Care benefit to residents of Milwaukee County since July 2000 and currently through the Milwaukee County Department of Family Care.

The State of Wisconsin Department of Health Services (DHS) and the legislature authorized the expansion of Family Care to additional geographic areas, including all adults with a developmental disability, physical disability or frailties of aging over the age of 18 who reside in Racine and Kenosha County. The Family Care benefit has been available to eligible and enrolled adult residents in this geographic area since 2007.

The process for awarding contracts to continue to provide the Family Care benefit is set forth at s. 46.284 (2) of the Wisconsin Statutes as follows:

“The department may contract with counties, long-term care districts, the governing body of a tribe or band or the Great Lakes Inter-Tribal Council, Inc., or under a joint application of any of these, or with a private organization that has no significant connection to an entity that operates a resource center. Proposals for contracts under this subdivision shall be solicited under a competitive sealed proposal process under s. 16.75 (2m) and the department shall evaluate the proposals primarily as to the quality of care that is proposed to be provided, certify those applicants that meet the requirements specified in sub. (3) (a), select certified applicants for contract and contract with the selected applicants.”

In June 2011 the State of Wisconsin issued a Request for Proposals (RFP #1720-DLTC-JB) to provide the Family Care benefit in Kenosha and Racine Counties consistent with the above-referenced statute. RFP #1720-DLTC-JB provided in part that "DHS will offer an initial contract for the duration of the calendar year in which the contract begins, with the option for annual one-year renewals, not to exceed five years in total, if the MCO continues to meet performance requirements."

DFC submitted a timely response to RFP #1720DLTC-JB. Following review of the response to the RFP submitted by DFC, DHS on September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC for Long-Term Managed Care in Racine and Kenosha in 2012 as described in the above-referenced RFP with the option for one-year contract renewals for calendar years 2013, 2014, 2015 and 2016. An adequate capitation rate to meet the service needs of enrolled members will be based upon the DHS actuarially sound rate-setting methodology applied to the projected enrolled members in this geographic area.

The Director, Department of Family Care, requests authority to execute a contract with the Department of Health Services enabling the Milwaukee County Department of Family Care to serve as a managed care organization (MCO) in a geographic area that includes Racine County and Kenosha for the period upon certification by DHS through December 31, 2012 and to accept the funding provided thereunder.

Contract performance by Milwaukee County Department of Family Care will 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.

The Director of the Milwaukee County Department of Family Care will request further County Board authorization for participation by the Department of Family Care as a Managed Care Organization (MCO) for any additional renewal for any date of service after December 31, 2012.

If you have questions concerning the proposed professional services contract between MCDFC and the State of Wisconsin Department of Health Services, please contact Maria Ledger at 287-7610.

Attachment

Cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, Office of the County Executive
Terry Cooley, Chief of Staff, County Board
Patrick Farley, Director, DAS
Pam Bryant, Interim Fiscal and Budget Administrator
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

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4 (ITEM NO. __) From the Department of Family Care (DFC), requesting authorization to
5 execute a contract with the State of Wisconsin Department of Health Services (DHS) to
6 operate a managed care organization (MCO) to provide the family care benefit in a
7 geographic area that includes Kenosha County and Racine County for the period
8 commencing in 2012 immediately upon certification by DHS and continuing through
9 December 31, 2012, and to accept the funding thereunder, by recommending the
10 adoption of the following:

11
12 **A RESOLUTION**

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

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

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22 WHEREAS, the State of Wisconsin Department of Health Services (DHS) and
23 the legislature authorized the expansion of family care to additional geographic areas,
24 including all adults with a developmental disability, physical disability or frailties of aging
25 over the age of 18 who reside in Racine and Kenosha County, and the family care
26 benefit has been available to eligible and enrolled adult residents in this geographic
27 area County since 2007; and

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29 WHEREAS, the process for awarding contracts to continue to provide the family
30 care benefit is set forth at s. 46.284 (2) of the Wisconsin Statutes as follows: "The
31 department may contract with counties, long-term care districts, the governing body of a tribe or band or
32 the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private
33 organization that has no significant connection to an entity that operates a resource center. Proposals for
34 contracts under this subdivision shall be solicited under a competitive sealed proposal process under s.
35 16.75 (2m) and the department shall evaluate the proposals primarily as to the quality of care that is
36 proposed to be provided, certify those applicants that meet the requirements specified in sub. (3) (a),
37 select certified applicants for contract and contract with the selected applicants."; and

38
39 WHEREAS, in June 2011 the State of Wisconsin issued a Request for Proposals
40 (RFP #1720-DLTC-JB) to provide the family care benefit in Kenosha and Racine
41 Counties consistent with the above-referenced statute; and

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43 WHEREAS, RFP #1720-DLTC-JB provided in part that "DHS will offer an initial
44 contract for the duration of the calendar year in which the contract begins, with the option for annual one-
45 year renewals, not to exceed five years in total, if the MCO continues to meet performance requirements."

46
47 WHEREAS, DFC submitted a timely response to RFP #1720DLTC-JB; and

48 WHEREAS, following review of the response to the RFP submitted by DFC, DHS on
49 September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC for Long-
50 Term Managed Care in Racine and Kenosha in 2012 as described in the above-referenced RFP
51 with the option for one year contract renewals for calendar years 2013, 2014, 2015 and 2016,
52 and
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54 WHEREAS, an adequate capitation rate to meet the service needs of enrolled members
55 will be based upon the DHS actuarially sound rate-setting methodology applied to the projected
56 enrolled members in this geographic area, therefore,
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58 BE IT RESOLVED, The Director, Department of Family Care is hereby
59 authorized to execute a contract with the Department of Health Services enabling the
60 Milwaukee County Department of Family Care to serve as a managed care organization
61 (MCO) in a geographic area that includes Racine County and Kenosha for the period
62 upon certification by DHS through December 31, 2012 and to accept the funding
63 provided thereunder, and
64

65 BE IT FURTHER RESOLVED, that contract performance by Milwaukee County
66 Department of Family Care shall be contingent upon continued funding from the State of
67 Wisconsin Department of Health Services for administration and delivery of the family
68 care benefit by the Department of Family Care, and
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70 BE IT FURTHER RESOLVED, further County Board authorization is required for
71 participation by the Department of Family Care as a Managed Care Organization (MCO)
72 for any additional renewal for any date of service after December 31, 2012,
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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/6/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to execute a contract with the State of Wisconsin Department of Health Services (DHS) to operate a managed care organization (MCO) to provide the Family Care benefit in the geographic area that includes Kenosha and Racine Counties for the period commencing upon certification by DHS through December 31, 2012, and to accept the funding thereunder.

FISCAL EFFECT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact

<input type="checkbox"/> Existing Staff Time Required

<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)

<input type="checkbox"/> Absorbed Within Agency's Budget

<input type="checkbox"/> Not Absorbed Within Agency's Budget

<input type="checkbox"/> Decrease Operating Expenditures

<input type="checkbox"/> Increase Operating Revenues

<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures

<input type="checkbox"/> Decrease Capital Expenditures

<input type="checkbox"/> Increase Capital Revenues

<input type="checkbox"/> Decrease Capital Revenues

<input type="checkbox"/> Use of contingent funds |
|---|--|

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	1,480,876	0
	Revenue	1,480,876	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

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

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

Milwaukee County has a stable and successful history of providing the Family Care benefit with revenues meeting or exceeding the expenses necessary to provide services to all enrolled members. Expansion to a new service area is permitted by state law and provides an opportunity for greater continued growth and even greater stability for this highly successful program. An adequate capitation rate to meet the service needs of enrolled members will be based upon the DHS actuarially sound rate-setting methodology applied to the projected enrolled members in this geographic area.

Through the state's competitive procurement process and Notice of Intent to contract with this Department received from the State of Wisconsin Department of Health Services, Milwaukee County has been awarded a non-exclusive right to contract for up to five (5) years in this geographic area. The Milwaukee County Department of Family Care will evaluate performance during the term of this agreement and seek further authority from the Board to continue operation in this geographic area for any period after December 31, 2012.

Department/Prepared By Jim Hodson/Jim Hennen

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

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

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: January 10, 2012

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: Request authorization for the Director, Department of Family Care, to revise and extend a professional services contract with Superior Support Resources, Inc. (SSR) for a period of five years to provide MIDAS hosting, support and maintenance services to support access by multiple users.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on January 26, 2012 and the Committee on Finance and Audit on January 27, 2012.

The Milwaukee County Board of Supervisors authorized the creation of the Milwaukee County Department of Family Care on June 24, 2010 to continue operating the Managed Care Organization (MCO) under the State Family Care Program previously authorized under the Milwaukee County Department on Aging since 2000.

The Department of Family Care has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department – MCO in managing the Family Care program. MIDAS is a multi-featured database/web application system to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Family Care program.

The MIDAS system is also designed to provide a large number of user and management reports and maintain flexibility within it's internal security system to allow numerous combinations of rights and access levels to the system i.e., MCDFC management, MCDFC and CMU case managers, service providers, etc. Superior Support Resources, Inc. (SSR) has been providing Hosting and Application Support Services to MCDFC to support a Hosting and Access Agreement between MCDFC and Southwest Family Care Alliance since January 2009.

By separate agreement Superior Support Resources, Inc. (SSR) has been providing Hosting and Application Support Services to the MCDFC for operation of the MCDFC MCO. Superior Support Resources, Inc., a certified DBE vendor, provides technical and support services for Milwaukee County's own needs in utilizing the MIDAS system.

SSR has unique experience with MIDAS and qualifications to perform the services requested as evidenced by service provided to the MCO to set-up, host and support for the Department of Family Care contract with Southwest Family Care Association (SFCA). Consolidation of the agreements and extension will improve the cost-effectiveness of hosting and access services to MCDFC and multiple users; and

The term of the agreements will be for five years. A five-year agreement is the most cost effective and beneficial option for the County providing a consistent hosting environment, support and maintenance necessary to assure a reliably high level (99%) of server and application availability to multiple users.

SSR is uniquely qualified to provide this service as the result of past services provided to the County hosting and supporting a similar environment, which allows DFC to lease MIDAS to other parties. A 2012 Professional Services contract with Superior Support Resources to provide MIDAS Hosting and Support Services for multiple users will be funded through rates and fees charged to external users in 2012 and thereafter.

Enhancements necessary to the most effective hosting and access to MIDAS for multiple users are fully funded through the agreements with user agencies, therefore, the Director, Department of Family Care, requests authorization to extend the professional services contract with Superior Support Resources, Inc. (SSR) for a period of five years ending April 30, 2017 to provide hosting, support and maintenance services during the term of the agreement. Executing this agreement for County calendar year 2012 budget includes \$55,000 one-time start-up cost incurred in 2011. Total anticipated expense for hosting and support for 2012 is \$76,800.

If you have questions concerning this agreement, please contact Maria Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, Office of the County Executive
Terry Cooley, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas Bailey, 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

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(ITEM NO. __) From the Department of Family Care to revise and extend a professional services contract with Superior Support Resources, Inc. (SSR) for a period of five years to provide MIDAS hosting, support and maintenance services to support access by multiple users.

A RESOLUTION

WHEREAS, the Milwaukee County Board of Supervisors authorized the creation of the Milwaukee County Department of Family Care on June 24, 2010 to continue operating the Managed Care Organization (MCO) under the State Family Care Program previously authorized under the Milwaukee County Department on Aging since 2000; and

WHEREAS, the Department (MCO) has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department (MCO) in managing the Family Care program; and

WHEREAS, MIDAS is a multi-featured database/web application system to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Family Care program; and

WHEREAS, the MIDAS system is also designed to provide a large number of user and management reports and maintain flexibility within it's internal security system to allow numerous combinations of rights and access levels to the system i.e., MCDFC management, MCDFC and CMU case managers, service providers, etc.; and

WHEREAS, Superior Support Resources, Inc. (SSR) has been providing Hosting and Application Support Services to MCDFC to support a Hosting and Access Agreement between MCDFC and Southwest Family Care Alliance since January 2009, and

WHEREAS, by separate agreement Superior Support Resources, Inc. (SSR) has been providing Hosting and Application Support Services to the MCDFC for operation of the MCDFC MCO; and

WHEREAS, Superior Support Resources, Inc., a certified DBE vendor, provides technical and support services for Milwaukee County's own needs in utilizing the MIDAS system; and

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WHEREAS, SSR has unique experience with MIDAS and qualifications to perform the services requested as evidenced by service provided to the MCO to set-up, host and support for the Department of Family Care contract with Southwest Family Care Association (SFCA); and

WHEREAS, consolidation of the agreements and extension will improve the cost-effectiveness of hosting and access services to MCDFC and multiple users; and

WHEREAS, the term of the agreements will be for five years; and

WHEREAS, A five-year agreement is the most cost effective and beneficial option for the County providing a consistent hosting environment, support and maintenance necessary to assure a reliably high level (99%) of server and application availability to multiple users; and

WHEREAS, SSR is uniquely qualified to provide this service as the result of past services provided to the County hosting and supporting a similar environment which allows DFC to lease MIDAS to SFCA; and

WHEREAS, a 2012 Professional Services contract with Superior Support Resources to provide MIDAS Hosting and Support Services for multiple users will be funded through rates and fees charged to external users in 2012 and thereafter; and

WHEREAS, enhancements necessary to the most effective hosting and access to MIDAS for multiple users are fully funded through the agreements with user agencies, now therefore,

BE IT RESOLVED, that the Director, Department of Family Care, is hereby authorized to

1. Extend the professional services contract with Superior Support Resources, Inc. (SSR) for a period of five years ending April 30, 2017 to provide hosting, support and maintenance services during the term of the agreement
2. Executing this agreement for County calendar year 2012 budget includes \$55,000 one-time start-up cost incurred in 2011. Total anticipated expense for hosting and support for 2012 is \$76,800.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/9/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to revise and extend a professional services contract with Superior Support Resources, Inc. (SSR) for a period of five years to provide MIDAS hosting, support and maintenance services to support access by multiple users.

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

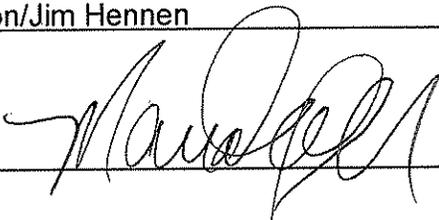
In the space below, you must provide the following information. Attach additional pages if necessary.

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

MCDFC has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department – MCO in managing the Family Care program. The Milwaukee County Board of Supervisors by prior action has authorized this department to enter into a Hosting and Access Agreement with another Family Care agency since 2009.

MCDFC currently has separate agreements with SSR to provide hosting and support services for MIDAS. One agreement is for hosting and support of MIDAS for the MCO operated by MCDFC. The second agreement is for hosting and support to an external user. By consolidating these agreements and extending the term of the agreement, MCDFC can obtain the benefit of substantial savings as the result of improved efficiency.

Department/Prepared By Jim Hodson/Jim Hennen

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

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

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: January 10, 2012

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: Request authorization to enter into a Hosting and Access Agreement with *NorthernBridges* Managed Care Organization (MCO) to use MIDAS to support its own care management and claims processing systems and to receive the revenues thereunder.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on January 26, 2012 and the Committee on Finance and Audit on January 27, 2012.

The Milwaukee County Board of Supervisors authorized the creation of the Milwaukee County Department of Family Care on June 24, 2010 to continue operating the Managed Care Organization (MCO) under the State Family Care program previously authorized under the Milwaukee County Department on Aging since 2000.

The Department has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department – MCO in managing the Family Care program. MIDAS is a multi-featured database/web application system to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Family Care program.

The MIDAS system is also designed to provide a large number of user and management reports and maintain flexibility within its internal security system to allow numerous combinations of rights and access levels to the system i.e., MCDFC management, MCDFC and CMU case managers, service providers, etc. *NorthernBridges* operates a MCO in Wisconsin and desires a Hosting and Access Agreement with MCDFC to use the MIDAS system.

Superior Support Resources, Inc. (SSR) has been providing Hosting and Application Support Services to the MCO since January 2009. Superior Support Resources, Inc., a certified DBE vendor, provides technical and support services for Milwaukee County's own needs in utilizing the MIDAS system.

SSR has unique experience with MIDAS and qualifications to perform the services requested as evidenced by current service provided to the MCO to set-up, host and support the Department of Family Care contract with Southwest Family Care Association (SFCA) MCO.

The term of the Hosting and Access Agreement will be for five years. A five-year agreement is the most cost effective and beneficial option for the County providing consistent revenue to support a hosting environment, support and maintenance necessary to assure a reliably high level (99%) of server and application availability to users including *NorthernBridges*; and

SSR is uniquely qualified to provide this service as the result of past services provided to the County hosting and supporting a similar environment which allows DFC to lease MIDAS to other parties. A 2012 Professional Services contract with Superior Support Resources to provide MIDAS Hosting and Support Services for multiple users will be funded through rates and fees charged to external users, including *NorthernBridges* in 2012 and thereafter. Enhancements necessary to the most effective hosting and access to MIDAS for multiple users are fully funded through this agreement.

The Director, Department of Family Care, is hereby requesting authorization to enter into Hosting and Access Agreement with *NorthernBridges* and to receive the revenues thereunder to include:

1. *NorthernBridges* shall pay a one-time setup fee of \$55,000 (fifty-five thousand dollars) immediately, and
2. *NorthernBridges* shall timely pay monthly Hosting and Access fees to MCDFC at the rate of nine dollars (\$9.00) per enrolled member, with estimated enrollment in *NorthernBridges* based upon enrollment as reported to the state in November 2011 of 2,000 members per month.

Total monthly payment received from *NorthernBridges* is approximately \$18,000 per month commencing on May 1, 2012 with total estimated payments in 2012 to MCDFC of \$144,000.

If you have questions concerning the agreement, please contact Maria Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, Office of the County Executive
Terry Cooley, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas Bailey, 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

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4 (ITEM NO. __) From the Department of Family Care to enter into a Hosting and
5 Access Agreement with NorthernBridges Managed Care Organization to use
6 MIDAS to support its own care management and claims processing systems
7 and to receive the revenues thereunder.

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A RESOLUTION

11 WHEREAS, the Milwaukee County Board of Supervisors authorized the
12 creation of the Milwaukee County Department of Family Care on June 24,
13 2010 to continue operating the Managed Care Organization (MCO) under the
14 State Family Care program previously authorized under the Milwaukee County
15 Department on Aging since 2000; and

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17 WHEREAS, the Department (MCO) has worked to develop a proprietary
18 data application system called MIDAS (Member Information, Documentation,
19 and Authorization System) to assist the Department (MCO) in managing the
20 Family Care program; and

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22 WHEREAS, MIDAS is a multi-featured database/web application system
23 to maintain client records, enrollment data, eligibility information, care plans
24 and case notes, Medicare and Medicaid information, assessments, service
25 authorizations, member obligation receivables, provider network and support
26 contact information, and other features critical to effective administration of
27 the Family Care program; and

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29 WHEREAS, the MIDAS system is also designed to provide a large number
30 of user and management reports and maintain flexibility within it's internal
31 security system to allow numerous combinations of rights and access levels to
32 the system i.e., MCDFC management, MCDFC and CMU case managers,
33 service providers, etc.; and

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35 WHEREAS, *NorthernBridges* operates a MCO in Wisconsin and desires a
36 Hosting and Access Agreement with MCDFC to use the MIDAS system; and

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38 WHEREAS, Superior Support Resources, Inc. (SSR) has been providing
39 Hosting and Application Support Services to the MCO since January 2009; and

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41 WHEREAS, Superior Support Resources, Inc., a certified DBE vendor,
42 provides technical and support services for Milwaukee County's own needs in
43 utilizing the MIDAS system; and

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45 WHEREAS, SSR has unique experience with MIDAS and qualifications to
46 perform the services requested as evidenced by service provided to the MCO to
47 set-up, host and support for the Department of Family Care contract with
48 Southwest Family Care Association (SFCA); and

49
50 WHEREAS, the term of the Hosting and Access Agreement will be for five
51 years; and

52
53 WHEREAS, A five-year agreement is the most cost effective and beneficial
54 option for the County providing consistent revenue to support a hosting
55 environment, support and maintenance necessary to assure a reliably high
56 level (99%) of server and application availability to users including
57 *NorthernBridges*; and

58
59 WHEREAS, SSR is uniquely qualified to provide this service as the result
60 of past services provided to the County hosting and supporting a similar
61 environment which allows DFC to lease MIDAS to SFCA; and

62
63 WHEREAS, a 2011 Professional Services contract with Superior Support
64 Resources to provide MIDAS Hosting and Support Services for multiple users
65 will be funded through rates and fees charged to external users, including
66 *NorthernBridges* in 2012 and thereafter; and

67
68 WHEREAS, enhancements necessary to the most effective hosting and
69 access to MIDAS for multiple users are fully funded through this agreement,
70 now therefore,

71
72 BE IT RESOLVED, that the Director, Department of Family Care, is
73 hereby authorized to enter into Hosting and Access Agreement with
74 *NorthernBridges* and to receive the revenues thereunder to include:

- 75 1. *NorthernBridges* shall pay a one-time setup fee of \$55,000
76 immediately, and
77 2. *NorthernBridges* shall timely pay monthly Hosting and Access
78 fees to MCDFC at the rate of nine dollars (\$9.00) per enrolled
79 member, with estimated enrollment in *NorthernBridges* based
80 upon enrollment as reported to the state in November 2011
81 of 2,000 members per month.
82 3. Total monthly payment received from *NorthernBridges* is
83 approximately \$18,000 per month commencing on May 1,
84 2012 with total estimated payments in 2012 to MCDFC of
85 \$144,000.

86
87

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/9/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to enter into a Hosting and Access Agreement with NorthernBridges MCO to use MIDAS to support its own care management and claims processing systems and to receive the revenues thereunder.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	144,000	\$216,000.00
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

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

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

MCDFC has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department – MCO in managing the Family Care program. The Milwaukee County Board of Supervisors by prior action has authorized this Department to enter into a Hosting and Access Agreement with another Family Care agency in 2009. NorthernBridges is another external Family Care program interested in obtaining access to MIDAS.

MIDAS has been an effective program to support the operations of the MCDFC MCO. This highly successful system is now in use under a Hosting and Access Agreement between this Department and Southwest Family Care Alliance MCO. Adding NorthernBridges MCO will allow MCDFC to continue to maintain and develop this service and to offset any costs associated with Hosting and Access for multiple users with revenues produced by the Hosting and Access Agreements. Revenues are anticipated to be in excess of expenditures under this agreement.

Department/Prepared By Jim Hodson/Jim Hennen

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

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

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: January 17, 2012

TO: Supervisor Johnny Thomas, Chairperson, Committee on Finance and Audit
Supervisor Peggy Romo West, Chairperson, Health and Human Needs Committee

FROM: Héctor Colón, Director, Department of Health and Human Services

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, Regarding a Potential Youth Aids Revenue Shortfall in the 2012 Budget**

Issue:

Milwaukee County Ordinance 56.02 requires department heads to submit written notification to the County Executive, Finance and Audit Committee, and the Department of Administrative Services when potential revenue deficits of \$75,000 or more are identified. The Department of Health and Human Services (DHHS) provided this notification on November 17, 2011. Since that time, DHHS has received final notification of the State Youth Aids contract and is returning to the County Board to provide an update.

Background

Under State statutes, counties are responsible for the cost of supervision and treatment for juveniles adjudicated for delinquent behavior. The State's policy is intended to encourage counties to provide a continuum of services appropriate for the level and frequency of delinquent behavior. Disposition alternatives available to judges range from probation supervision to other, more intensive community-based treatments, and finally, the option of placement into State custody in secure correctional facilities. The State assists counties to pay for juvenile delinquency services by providing funding under the "Youth Aids" program.

In order to create incentives for counties to emphasize community-based supervision, State statutes require counties to pay the State for the cost of juveniles placed into State custody at rates set by law. Accordingly, if state placements and costs decrease, the Youth Aids revenue remaining to support community-based services would increase. Since the State pays itself first from a county's Youth Aids allocation, decreased State charges result in a surplus in Youth Aids revenue in the Department of Health and Human Services (DHHS) compared to the budget.

In November 2011, DHHS learned through a conference call with State officials that the 2011-13 State Budget called for the Executive Branch to implement additional, unspecified expenditure reductions in the amount of \$174 million during the biennium in order to keep the State budget in balance. Since the State budget was adopted in July 2011, actual State revenue

receipts have been lower than anticipated resulting in additional expenditure reductions bringing the total State unspecified expenditure reductions to \$300 million. In that report, DHHS projected that the overall Milwaukee County share of this cut would result in a tax levy deficit for the department ranging between \$1 million and \$2.7 million for 2012.

Discussion

On December 29, 2011, DHHS received the actual 2012 contract from Department of Corrections (DOC) for Youth Aids. The state's 2012 contract will provide Milwaukee County with \$33,260,076 of Youth Aids funding. A separate report has been submitted to the County Board to execute the 2012 State/County contract for Community Youth and Family Aids.

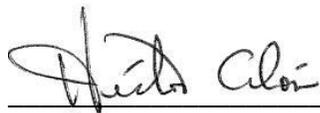
The DOC 2012 allocation for Milwaukee County of \$33,260,076 (excluding Corrective Sanctions) represents a revenue decrease for DHHS of \$2,925,434, compared to the 2011 Contract of \$36,185,510. The 2012 DHHS Budget included an estimate of \$34,049,523 in Youth Aids revenue (excluding Corrective Sanctions), which results in a budgeted revenue shortfall of \$789,447 for DHHS in 2012.

The Youth Aids surplus or deficit is primarily a result of the Average Daily Population (ADP) of Milwaukee County juveniles in State Juvenile Correctional Institutions (JCI's). DHHS will continue to monitor the ADP and make projections based on historical data to determine if the \$789,447 deficit can be absorbed within the department or if other actions are necessary. In consideration of the potential deficit, DHHS has taken a very thoughtful and prospective approach to contract recommendations and allocations in 2012 that would best position the Department to respond to emerging challenges and the State revenue reductions.

DHHS will continue to monitor the situation and inform the County Executive and County Board of changes.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: Pat Farley, DAS, Director
George Aldrich, Chief of Staff, County Executive's Office
Tia Torhorst, County Executive's Office
Terrence Cooley, Chief of Staff – County Board

Pamela Bryant, Fiscal and Budget Administrator – DAS
Steve Cady, County Board Staff

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: January 10, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Eric Meaux, Administrator/Chief Intake Office - Delinquency & Court Services Division

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into a State/County contract for Community Youth and Family Aids for 2012 and to accept \$33,260,076 for State Corrections Charges and Community Based Services

ISSUE

Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the state Department of Corrections (DOC) for the “Community Youth and Family Aids Program.” This program provides state funding for county services to juvenile offenders as mandated by state and/or federal law.

County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2012 contract with the state DOC for the provision of juvenile justice services mandated by state law. The county cannot receive 2012 revenue from the state until this contract is signed.

BACKGROUND

The Community Youth and Family Aids Program, commonly referred to as “Youth Aids,” is the state’s primary means of providing counties with direct assistance to fund the cost of services to juvenile delinquents. This revenue is used exclusively to fund costs in the DHHS Delinquency and Court Services Division (DCSD). Counties supplement their juvenile justice funding needs with Basic Community Aids, property tax levy and various grant revenues to fund the overall costs of the juvenile justice system.

On December 29, 2011, DHHS received the actual 2012 contract from DOC for Youth Aids. The state’s 2012 contract will provide Milwaukee County with \$33,260,076 of Youth Aids funding (excluding the DHHS estimate of Corrective Sanctions funding - see Attachment 1, pg. 1 of 1).

Youth Aids Revenue

The state contract allocation consists of three components: 1) the annual state budget amount allocated by several formulae; 2) any surplus amount from “over-charging” counties during the prior state fiscal year for the cost of state Juvenile Institutions compared to DOC’s actual costs; and 3) an allocation for the Corrective Sanctions program. The actual 2012 state funding for Corrective Sanctions will not be determined until January 2012, based on actual usage of the program by each county during 2011.

The attached exhibit lists the Youth Aids funding from 2010 through 2012. The Base Funding amount is based on the seven (7) separate allocations contained in s. 301.26, Wis. Stats. Beginning with 2009, DOC no longer provided the same level of detail regarding the allocations therefore the exhibit has changed slightly from prior years.

The separate allocations are as follows:

- The Original Base Allocation which is based on the initial formula for allocations to counties when Youth Aids was created in 1979;
- Prior Year Refund revenue. Statutes require that DOC provide a refund to counties if the amount paid by counties under the statutory daily rates is greater than DOC’s actual costs in the preceding state fiscal year. The refund would be based on each county’s proportionate share of the days of care provided by DOC.
- The 1999 Act 9 supplemental funding is allocated based on three factors: a) a county’s proportion of the statewide juvenile population for the most recent year available; b) a county’s proportion of statewide Part 1 juvenile arrests under the uniform crime reporting system of the Office of Justice Assistance for the most recent three year period available; and c) a county’s proportion of statewide juveniles placed in a juvenile correctional institution, a secure child caring institution or secure group home for the most recent three-year period available;
- The 2001 Act 16 supplemental funding is allocated based on the same three factors above, but with an “override” provision that no county receives less than 93% nor more than 115% of the amount it would have received if the juvenile placement factor (item “c” above) were the sole factor used to determine county allocations;
- The 2007 Act 20 supplemental funding is allocated based on each county’s proportion of the number of juveniles statewide who are placed in a juvenile correctional facility during the most recent three-year period for which that information is available;

- Alcohol & Other Drug Abuse (AODA) funding is allocated based on each county's Youth Aids spending on community services (defined as the amount of Youth Aids left after state charges); and
- Corrective Sanctions funding is allocated following the close of the calendar year, based on each county's usage of the 136 total slots authorized by statute.

The DOC 2012 allocation for Milwaukee County of \$33,260,076 (excluding Corrective Sanctions) represents a revenue decrease for DHHS of \$2,925,434, compared to the 2011 Contract (including the adjustment from the State based on the 2011-2013 State Budget) of \$36,185,510. The 2012 DHHS Budget included an estimate of \$34,049,523 in Youth Aids revenue (excluding Corrective Sanctions), which results in a budgeted revenue shortfall of \$789,447 for DHHS in 2012.

In December 2011, DHHS brought an information report to the Board regarding this potential Youth Aids revenue shortfall. Youth Aids revenue is primarily a direct result of the Average Daily Population (ADP) of Milwaukee County juveniles in State Juvenile Correctional Institutions (JCI's). DHHS will continue to monitor the ADP and make projections based on historical data to determine if the \$789,447 deficit can be absorbed within the department or if other actions are necessary. In consideration of the potential deficit, DHHS has taken a very thoughtful and prospective approach to contract recommendations and allocations in 2012 that would best position the Department to respond to emerging challenges and the State revenue reductions.

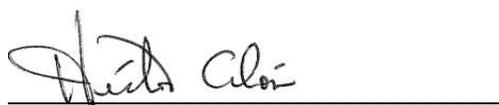
DHHS will continue to monitor the situation and inform the County Executive and County Board of changes.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of DHHS, or his designee, to execute the 2012 State/County contract following Department review for Community Youth and Family Aids, and any addenda to that contract.

Fiscal Impact

The 2012 state contract provides \$789,447 less revenue than was anticipated in the 2012 Budget (excluding Corrective Sanctions). A fiscal note form is attached and further corrective actions will be put in place later in 2012 if necessary based on the ADP and spending early in the year.



Héctor Colón, Director
Department of Health and Human Services

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

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into a State/County contract for Community Youth and Family Aids for 2012, by recommending adoption of the following:

A RESOLUTION

WHEREAS, Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the state Department of Corrections (DOC) for the “Community Youth and Family Aids Program,” and county ordinances require that departments obtain authorization from the County Board in order to execute contracts; and

WHEREAS, the Director, Department of Health and Human Services (DHHS), is requesting authorization to sign the 2012 contract with the State DOC for the provision of juvenile justice services mandated by State law, and the county cannot receive 2012 revenue from the State until this contract is signed; and

WHEREAS, the state’s 2012 contract will provide Milwaukee County with \$33,260,076 of Youth Aids funding (excluding Corrective Sanctions); now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into a contract with the State Department of Corrections covering Community Youth and Family Aids for the period of January 1 through December 31, 2012, and any addendum thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/3/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into a State/County Contract for Community Youth and Family Aids for 2012 and to accept \$33,260,076 for State Corrections Charges and Community Based Services

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure		0
	Revenue	(789,447)	0
	Net Cost	(789,447)	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the State Department of Corrections (DOC) for the "Community Youth and Family Aids Program." This program provides state funding for county services to juvenile offenders as mandated by state and/or federal law. County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2012 contract with the State DOC for the provision of juvenile justice services mandated by state law.

B. The 2012 Contract provides \$33,260,076, which is \$789,447 less revenue than budgeted in 2012 for Youth Aids revenue for State Charges and County community-based programs. DHHS will continue to update projections based on monthly State Juvenile Corrections Charges and bring a corrective action plan forward, if necessary, as soon as possible in 2012.

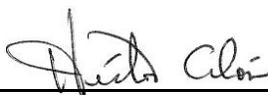
In December 2011, DHHS brought an information report to the Board regarding this potential Youth Aids revenue shortfall. Youth Aids revenue is primarily a direct result of the Average Daily Population (ADP) of Milwaukee County juveniles in State Juvenile Correctional Institutions (JCI's). DHHS will continue to monitor the ADP and make projections based on historical data to determine if the \$789,447 deficit can be absorbed within the department or if other actions are necessary. In consideration of the potential deficit, DHHS reduced the length of many purchase of service contracts in the Delinquency area for 2012 to best position the Department to respond to emerging challenges and the State revenue reductions.

C. See Section B above

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

D. No assumptions. Data based on State contract.

Department/Prepared By Alex Kotze, DHHS Budget Manager

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Community Youth and Family Aids 2012 State Funding Notice vs 2012 Adopted Budget

State Contract Revenue Source	2010 State Contract	2011 State Contract	2012 Adopted Budget	2012 State Notice	Difference State Notice vs 2012 Budget	Comments About State Amount
Base Funding	\$37,319,022	\$37,692,906	\$37,319,022	\$32,940,876	(\$4,378,146)	Constant Original Base funding (1979 formula)
Youth Aids AODA	\$310,593	\$310,593	\$310,593	\$319,200	\$8,607	County Community spending % of Statewide - last 3 years
Sub-Total Youth Aids Revenue excl CS	\$37,629,615	\$38,003,499	\$37,629,615	\$33,260,076	(\$4,369,539)	
2011-2013 State Budget Adjustment		(\$1,817,989)	(\$3,580,092)	\$0	\$3,580,092	
Sub-Total Youth Aids Including 2011-2013 State Budget	\$37,629,615	\$36,185,510	\$34,049,523	\$33,260,076	(\$789,447)	Final State Allocation; Corr Sanctions added year-end
YA Corrective Sanctions (CS)-Budget	\$1,142,701	\$1,142,701	\$1,230,037	\$1,230,037	\$0	Estimated 2012; based on 2011 actual
Total Youth Aids Revenue incl CS	\$38,772,316	\$37,328,211	\$35,279,560	\$34,490,113	(\$789,447)	Youth Aids for State Charges & Community Programs

Scott Walker
Governor

Gary H. Hamblin
Secretary



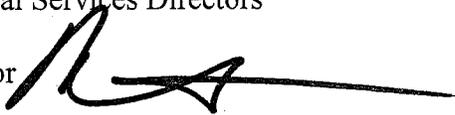
Division of Juvenile Corrections
3099 E. Washington Avenue
Post Office Box 8930
Madison, WI 53708-8930
Telephone (608) 240-5900
Fax (608) 240-3370

**State of Wisconsin
Department of Corrections**

Margaret C. Carpenter
Administrator

ADMINISTRATOR'S MEMO TO COUNTIES

MEMO # 11-18

DATE: December 19, 2011
TO: County Departments of Human/Social Services Directors
FROM: Margaret C. Carpenter, Administrator 
SUBJECT: **CY 2012 Youth Aids Allocations & Administration**

This memo is to inform you of a number of changes to the CY 2012 Youth Aids Allocations and the administration of Youth Aids. The Youth Aids contracts will be distributed to counties later this month.

Reductions in Youth Aids Funding

There are several reductions in CY 2012 Youth Aids funding. As required under s. 301.031(2g)(b) and s. 301.26(7) of Wisconsin Statutes, Youth Aids allocations cannot exceed available revenues. Therefore, DJC is required to reduce Youth Aids allocations in response to these reductions in funding.

Funding Reductions in 2011 Wisconsin Act 32: \$9.8 million

Under 2011 Wisconsin Act 32, the biennial budget act, Youth Aids funding was reduced by \$9.8 million per state fiscal year for FY 12 and FY 13. This results in a corresponding decrease in CY 2012 Youth Aids funding of \$9.8 million.

Shortfall in Title IV-B Federal Funds: \$250,000

As noted in Administrator's Memos to Counties #10-01 and #10-20, the shortfall of Title IV-B federal funds has required the Division of Juvenile Corrections to adjust Youth Aids allocations in order to reflect available revenues. To address the anticipated CY 2012 shortfall, the CY 2012 Youth Aids funding has been reduced by an additional \$250,000.

FY 12 & FY 13 Agency Lapses: \$3.9 million in CY 12 and \$1.7 million in CY 13

The biennial budget act, 2011 Wisconsin Act 32, balanced the budget in part through \$174.3 million in anticipated lapses from state agencies. Section 9255(1)(b) of the Act directed the Department of Administration (DOA) to implement the lapses.

In October 2011, DOA Secretary Huebsch released a letter to state agencies requesting agencies to submit plans for the lapses. The Department is developing a lapse plan that will allow it to fulfill its requirement while maintaining fidelity to its mission. The Department also recognizes the counties' need for expedient information

about Youth Aids to fulfill their missions. On balance, the Department is at this time making a reduced allocation available to the counties. It is anticipated that this allocation may be adjusted subsequent to a final determination of the full lapse amount required to balance the state budget and the portion of that lapse assigned to the Department.

DJC has been engaged in ongoing efforts to operate more efficiently and effectively, and in order to meet its share of the lapse requirement, DJC will first use savings generated by those efforts. DJC's largest appropriation outside of Youth Aids is the Juvenile Correctional Services appropriation, which ended FY 11 with a \$19.5 million deficit. Because of the deficit, DOC is not permitted to lapse funds from that appropriation. DJC will continue to hold vacancies and reduce expenditures in Central Office and community supervision, in addition to lapsing any cash balances in program revenue appropriations, including the Corrective Sanctions Program appropriation.

However, the available balances and savings are insufficient to meet DJC's anticipated lapse requirement. Therefore, the Department's lapse plan includes reducing Youth Aids funding by an additional \$3.9 million for CY 12 and \$1.7 million for CY 13. DJC's lapse plans call for lapsing funds from other available appropriations before reducing Youth Aids funding, and we are committed to continuing to seek operating efficiencies in order to do so. We believe this will be in essence, the "worst case scenario" which means that we do not anticipate further reductions. In fact, it is possible that as the economy improves, we may be able to provide additional funding in the future.

In summary, CY 2012 Youth Aids funding will be reduced by:

\$ 9.8 million	(Act 32 reductions)
\$ 250,000	(Title IV-B shortfall)
\$ 3.9 million	(Act 32 lapses)
\$ 14.0 million	(Total)

This represents a decrease of 13.8 percent: from \$98.2 million in initial CY 2011 allocations to \$84.6 million for CY 2012. These reductions in funding will occur through reductions in the Basic State & Community Allocation. In a manner first outlined in Administrator's Memos to Counties #10-01 & #10-20, Youth Aids allocations will be reduced by an amount proportional to each county's share of the 1999 Base Funding amounts. This will distribute the reduction in Youth Aids funding across all counties. The attached schedule includes the allocations to counties, and DJC expects to distribute the CY 12 Youth Aids contracts to counties by the end of December. Again, the Department will make every effort to assure that future adjustments, if any, will be positive.

Changes to the Administration of Youth Aids

In January 2011, the Legislative Audit Bureau (LAB) released a letter report regarding issues found during their work on the State's Comprehensive Annual Financial Report (CAFR). The report identified \$5.6 million in Youth Aids expenses that had been incurred in FY 10 but were charged to FY 11 appropriations.

This was a long-standing practice the Department used to manage cash flow between fiscal years, since Youth Aids is funded on a fiscal year basis but administered on a calendar year basis. The entire Basic State & Community Allocation has been available to counties at beginning of the calendar year, and eligible expenses have been reimbursed as reported. In most cases, more Youth Aids funds were spent by counties in the first six months of the calendar year than the last six months.

Through the letter report and the Department's subsequent discussions with DOA & LAB, it was determined that these practices are no longer allowable. Specifically:

- Youth Aids fiscal year expenses cannot exceed fiscal year revenues.
- Youth Aids expenses must be funded in the fiscal year they are incurred.

Therefore, the following changes to the administration of Youth Aids will occur in CY 2012 and will be reflected in the CY 2012 Youth Aids contract:

- The Basic State & Community Allocation will be separated into two portions, one for the period 01/01/12 through 06/30/12, the other for the period 07/01/12 through 12/31/12.
- The Schedule 1 will be modified to reflect the split in the allocation.
- Once the funding allocation portion for the period 01/01/12 through 06/30/12 is exhausted, no further reimbursements will be made until the next funding period begins.
- Only eligible expenses incurred during the appropriate funding period can be reimbursed. For example, expenses incurred in May 2012 would not be eligible for reimbursement from the allocation portion for the funding period 07/01/12 through 12/31/12.
- Any unused Basic State & Community Allocation for the funding period 01/01/12 through 06/30/12 will be carried over into the funding period 07/01/12 through 12/31/12.
- The AODA Allocation will be administered in the same manner as the Basic State & Community Allocation.
- The Corrective Sanctions Program reimbursement will occur semi-annually as opposed to annually.
- Draws of the following year's allocation to pay a balance due from the previous funding year will no longer be allowed.
- In addition, the Department of Administration (as authorized by the Legislature) will be identified as an entity that can modify the budget appropriations of Youth Aids (For example, DOA was authorized to lapse funds in appropriations through 2011 Wisconsin Act 32).

Note that as a result of these changes, the lapse requirements described above must be implemented during the fiscal year in which they are required. Therefore:

- The FY 12 lapse requirement of \$3.9 million must be implemented as a reduction in funding available for 01/01/12 through 06/30/12.
- The \$1.7 million FY 13 lapse will be implemented in CY 13, as a reduction in funding available 01/01/13 through 06/30/13.

The Department recognizes that these funding reductions will pose a significant challenge to counties. DJC remains committed to partnering with counties in serving the youth under our supervision, and we welcome your suggestions for improving the effectiveness and efficiency of our mutual efforts.

Questions on the memo and attachments should be directed to Shelby McCulley at (608) 240-5957 or Shelby.McCulley@wisconsin.gov.

cc: Gary Hamblin, Secretary, DOC
Chuck Cole, Deputy Secretary, DOC
Dennis Schuh, Executive Assistant, DOC
Silvia Jackson, Assistant Administrator, DOC/DJC
Fred Ellen Bove, Administrator, DCF/DSP
Diane Bloecker, Director, Child Welfare Licensing Section DCF/DSP
John Touhy, Director, Bureau of Regional Operations, DCF/DES
Patrick Cork, Director of Area Administration, DHS/OBIP

Memo # 11-18
December 16, 2011
Page 4

Greg Van Rybroek, Director, DHS/MJTC
DHS/DCF Area Administrators
DHS/DCF Human Service Area Coordinators
DOC/DJC Management staff
County Youth Aids contacts
Court-attached juvenile court intake offices
Type 2 RCC Providers

DEPARTMENT OF CORRECTIONS
 DIVISION OF JUVENILE CORRECTIONS
 COMMUNITY YOUTH AND FAMILY AIDS ALLOCATION
 CALENDAR YEAR 2012

ATTACHMENT 1

2012 Youth Aids Contract					
	1	2	3	4	5
COUNTY	2012 YOUTH AIDS CONTRACT AMOUNT (INITIAL)	RESTRICTED FOR COMMUNITY BASED AODA (INITIAL)	BASIC STATE & COMMUNITY ALLOCATION	BASIC STATE ALLOCATION (RESERVE FOR STATE SERVICES)	BASIC COMMUNITY ALLOCATION
ADAMS	\$ 217,505	\$ 4,160	\$ 213,345	\$ -	\$ 213,345
ASHLAND	\$ 201,045	\$ 4,124	\$ 196,921	\$ -	\$ 196,921
BARRON	\$ 457,169	\$ 8,484	\$ 448,685	\$ 114,776	\$ 333,909
BAYFIELD	\$ 127,664	\$ 3,606	\$ 124,058	\$ -	\$ 124,058
BROWN	\$ 2,172,133	\$ 40,573	\$ 2,131,560	\$ 709,066	\$ 1,422,494
BUFFALO	\$ 50,266	\$ 1,421	\$ 48,845	\$ -	\$ 48,845
BURNETT	\$ 173,063	\$ 5,254	\$ 167,809	\$ -	\$ 167,809
CALUMET	\$ 299,936	\$ 5,300	\$ 294,636	\$ -	\$ 294,636
CHIPPEWA	\$ 615,666	\$ 10,939	\$ 604,727	\$ 191,955	\$ 412,772
CLARK	\$ 444,803	\$ 9,291	\$ 435,512	\$ 15,057	\$ 420,455
COLUMBIA	\$ 367,120	\$ 7,124	\$ 359,996	\$ 202,842	\$ 157,154
CRAWFORD	\$ 123,611	\$ 3,642	\$ 119,969	\$ -	\$ 119,969
DANE	\$ 6,130,881	\$ 74,973	\$ 6,055,908	\$ 3,272,340	\$ 2,783,568
DODGE	\$ 635,544	\$ 14,113	\$ 621,431	\$ 79,647	\$ 541,784
DOOR	\$ 177,712	\$ 5,404	\$ 172,308	\$ -	\$ 172,308
DOUGLAS	\$ 943,095	\$ 23,752	\$ 919,343	\$ 14,325	\$ 905,018
DUNN	\$ 206,250	\$ 5,356	\$ 200,894	\$ -	\$ 200,894
EAU CLAIRE	\$ 1,055,579	\$ 19,965	\$ 1,035,614	\$ 120,169	\$ 915,445
FLORENCE	\$ 46,947	\$ 1,553	\$ 45,394	\$ -	\$ 45,394
FOND DU LAC	\$ 1,027,137	\$ 14,471	\$ 1,012,666	\$ 60,738	\$ 951,928
FOREST	\$ 77,090	\$ 1,417	\$ 75,673	\$ -	\$ 75,673
GRANT	\$ 228,873	\$ 6,538	\$ 222,335	\$ -	\$ 222,335
GREEN	\$ 218,361	\$ 5,168	\$ 213,193	\$ -	\$ 213,193
GREEN LAKE	\$ 128,832	\$ 2,464	\$ 126,368	\$ -	\$ 126,368
IOWA	\$ 144,738	\$ 4,111	\$ 140,627	\$ -	\$ 140,627
IRON	\$ 38,464	\$ 1,225	\$ 37,239	\$ -	\$ 37,239
JACKSON	\$ 172,776	\$ 3,914	\$ 168,862	\$ -	\$ 168,862
JEFFERSON	\$ 580,967	\$ 13,607	\$ 567,360	\$ 29,223	\$ 538,137
JUNEAU	\$ 233,976	\$ 6,764	\$ 227,212	\$ 8,595	\$ 218,617
KENOSHA	\$ 3,190,826	\$ 55,788	\$ 3,135,038	\$ 811,941	\$ 2,323,097
KEWAUNEE	\$ 101,743	\$ 3,063	\$ 98,680	\$ -	\$ 98,680
LACROSSE	\$ 1,225,717	\$ 25,197	\$ 1,200,520	\$ 115,746	\$ 1,084,774
LAFAYETTE	\$ 67,465	\$ 2,166	\$ 65,309	\$ -	\$ 65,309
LANGLADE	\$ 345,583	\$ 7,851	\$ 337,732	\$ 102,567	\$ 235,165
LINCOLN	\$ 355,135	\$ 8,502	\$ 346,633	\$ 160,110	\$ 186,523
MANITOWOC	\$ 545,724	\$ 15,730	\$ 529,994	\$ -	\$ 529,994
MARATHON	\$ 1,383,067	\$ 30,243	\$ 1,352,824	\$ 179,922	\$ 1,172,902
MARINETTE	\$ 487,271	\$ 12,383	\$ 474,888	\$ 59,019	\$ 415,869
MARQUETTE	\$ 80,146	\$ 2,492	\$ 77,654	\$ -	\$ 77,654
MENOMINEE	\$ 499,689	\$ 10,334	\$ 489,355	\$ 155,283	\$ 334,072
MILWAUKEE	\$ 33,260,076	\$ 319,200	\$ 32,940,876	\$ 16,373,292	\$ 16,567,584
MONROE	\$ 632,406	\$ 16,245	\$ 616,161	\$ -	\$ 616,161
OCONTO	\$ 339,561	\$ 6,042	\$ 333,519	\$ 83,658	\$ 249,861
ONEIDA	\$ 551,038	\$ 11,089	\$ 539,949	\$ 148,407	\$ 391,542
OUTAGAMIE	\$ 1,662,338	\$ 35,695	\$ 1,626,643	\$ 492,780	\$ 1,133,863
OZAUKEE	\$ 686,470	\$ 10,991	\$ 675,479	\$ 183,933	\$ 491,546
PEPIN	\$ 54,256	\$ 1,471	\$ 52,785	\$ -	\$ 52,785
PIERCE	\$ 260,525	\$ 7,310	\$ 253,215	\$ -	\$ 253,215

DEPARTMENT OF CORRECTIONS
 DIVISION OF JUVENILE CORRECTIONS
 COMMUNITY YOUTH AND FAMILY AIDS ALLOCATION
 CALENDAR YEAR 2012

ATTACHMENT 1

2012 Youth Aids Contract					
	1	2	3	4	5
COUNTY	2012 YOUTH AIDS CONTRACT AMOUNT (INITIAL)	RESTRICTED FOR COMMUNITY BASED AODA (INITIAL)	BASIC STATE & COMMUNITY ALLOCATION	BASIC STATE ALLOCATION (RESERVE FOR STATE SERVICES)	BASIC COMMUNITY ALLOCATION
POLK	\$ 388,380	\$ 9,719	\$ 378,661	\$ -	\$ 378,661
PORTAGE	\$ 522,758	\$ 9,516	\$ 513,242	\$ 286,704	\$ 226,538
PRICE	\$ 119,777	\$ 3,394	\$ 116,383	\$ -	\$ 116,383
RACINE	\$ 4,082,424	\$ 70,176	\$ 4,012,248	\$ 701,925	\$ 3,310,323
RICHLAND	\$ 100,133	\$ 308	\$ 99,825	\$ -	\$ 99,825
ROCK	\$ 3,402,420	\$ 54,825	\$ 3,347,595	\$ 665,253	\$ 2,682,342
RUSK	\$ 200,359	\$ 5,467	\$ 194,892	\$ -	\$ 194,892
SAINT CROIX	\$ 533,885	\$ 12,506	\$ 521,379	\$ 103,713	\$ 417,666
SAUK	\$ 607,728	\$ 7,091	\$ 600,637	\$ 103,713	\$ 496,924
SAWYER	\$ 201,278	\$ 3,344	\$ 197,934	\$ -	\$ 197,934
SHAWANO	\$ 494,261	\$ 11,837	\$ 482,424	\$ -	\$ 482,424
SHEBOYGAN	\$ 1,135,407	\$ 26,839	\$ 1,108,568	\$ 314,145	\$ 794,423
TAYLOR	\$ 196,397	\$ 4,494	\$ 191,903	\$ -	\$ 191,903
TREMPEALEAU	\$ 127,362	\$ 3,760	\$ 123,602	\$ 61,311	\$ 62,291
VERNON	\$ 175,902	\$ 4,848	\$ 171,054	\$ -	\$ 171,054
VILAS	\$ 300,376	\$ 3,157	\$ 297,219	\$ 61,884	\$ 235,335
WALWORTH	\$ 857,783	\$ 18,261	\$ 839,522	\$ 53,975	\$ 785,547
WASHBURN	\$ 149,943	\$ 4,074	\$ 145,869	\$ -	\$ 145,869
WASHINGTON	\$ 1,202,482	\$ 23,000	\$ 1,179,482	\$ 30,942	\$ 1,148,540
WAUKESHA	\$ 3,251,340	\$ 80,720	\$ 3,170,620	\$ 99,702	\$ 3,070,918
WAUPACA	\$ 480,896	\$ 11,110	\$ 469,786	\$ 326,037	\$ 143,749
WAUSHARA	\$ 237,747	\$ 6,450	\$ 231,297	\$ -	\$ 231,297
WINNEBAGO	\$ 1,685,350	\$ 37,502	\$ 1,647,848	\$ 150,113	\$ 1,497,735
WOOD	\$ 1,071,329	\$ 30,507	\$ 1,040,822	\$ -	\$ 1,040,822
COUNTY TOTAL	\$ 84,551,956	\$ 1,333,400	\$ 83,218,556	\$ 26,644,808	\$ 56,573,748

**COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION**

DATE: January 3, 2011

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Eric Meaux, Administrator/ Chief Intake Officer – DCSD

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to apply for and accept grant revenue totaling \$92,244 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division**

Issue

In accordance with section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to apply for grant revenue that requires a 10% local cash match from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD).

Background

Juvenile Accountability Block Grant (JABG) funds were initially awarded to Milwaukee County in 1999 to target youth found to be in possession of a firearm. This funding became available at a critical time when there was both a large number of youth being committed to State correctional facilities and a high demand for structured, community services for delinquent youth. These community services were viewed as effective in reducing youth reoffense, while resulting in cost-effectiveness and maintaining community safety.

Due to the success of the Firearm Project, the Division has continued to be eligible for JABG funds on an annual basis since 1999. As a result of the annual allocation of these funds by OJA, the Division has planned for the availability of these grant funds during annual budget development.

Similarly to the Firearm Project, the Serious Chronic Offender program, targets a specific juvenile subpopulation. In early 2009, in response to changing subpopulation demands for service, the current provider and the Division mutually agreed to combine the contract allocations for the respective target populations to improve overall service capacity and provide program efficiencies. The subpopulations and program are now known as the Targeted Monitoring Program. This has removed episodic waitlist issues that become problematic for both the Division and the juvenile courts.

The Department received an OJA Notice of Intent to Apply on 12/16/2011.

Discussion

These grant funds allow the Division to provide more capacity for the Targeted Monitoring Program, a contractual service currently provided by the Running Rebels Community Organization. The Targeted Monitoring Program is comprised of two focus areas that target two separate juvenile subpopulations: 1) youth found in possession of a firearm (typically a handgun) and 2) youth determined to be serious chronic offender.

The Targeted Monitoring Program allows youth to remain in the community as an alternative to past traditional correctional placement. The program is intended to hold youth accountable, improve social competencies and reduce the probability of reoffense. These program services are considered targeted enhancements to regular probation services. All youth referred to the program have been adjudicated delinquent and are serving a supervision period under the supervision of the DCSD. Many youth are on a stayed order to juvenile corrections.

DCSD is required to report quarterly on a number of performance outcome measures during the period in which the grant funds are expended. DCSD has successfully maintained these requirements with in-house personnel since receiving the funds.

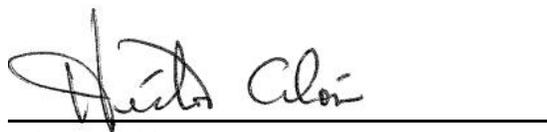
The award amount of \$92,244 will provide DCSD with additional funds to maintain necessary capacity for the Targeted Monitoring Program. The award amount would include a local cash match of \$10,249, which would be achieved through budgeted program operating costs.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of DHHS, or his designee, to apply for and accept grant funds in the amount of \$92,244 associated with Juvenile Accountability Block Grant funds from the State of Wisconsin Office of Justice Assistance.

Fiscal Impact

Approval of this request will result in no additional expenditures in 2012. The local match requirement is achieved within the 2012 Budget and will not result in any tax levy change. A fiscal note is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive Staff
Terrence Cooley, Chief of Staff – County Board
Patrick Farley, Administrator – DAS
Pam Bryant, Interim Fiscal and Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

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(Item *) From the Director, Department of Health and Human Services, requesting authorization to apply for and accept grant revenue totaling \$92,244 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division:

A RESOLUTION

WHEREAS, in accordance with section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to apply for grant revenue that requires a 10% local cash match from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD); and

WHEREAS, Juvenile Accountability Block Grant (JABG) funds were initially awarded to Milwaukee County in 1999 to target youth found to be in possession of a firearm and due to the success of the Firearm Project, the Division has continued to be eligible for JABG funds on an annual basis since 1999; and

WHEREAS, the Department received an OJA Notice of Intent to Apply on 12/16/2011; and

WHEREAS, the services that target both firearm offenders and serious chronic offenders has had a very positive impact on the lives of many youth and has produced significant fiscal savings directly related to reduced commitments to the Division of Juvenile Corrections from Milwaukee County; and

WHEREAS, the award amount of \$92,244 will provide DCSD with additional funds to maintain necessary capacity for the Targeted Monitoring Program; and

WHEREAS, approval of this grant award would result in no additional expenditures in 2012; and

WHEREAS, approval of this grant award would require a local match contribution of \$10,249 in 2012, which is included as part of the Division's 2012 Budget; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the Director of Health and Human Services, or his designee, to accept grant dollars from the State of Wisconsin Office of Justice Assistance support programs administered by the Delinquency and Court Services Division.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/3/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to apply for and accept grant revenue totaling \$92,244 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. In accordance with section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to apply for grant revenue that requires a 10% local cash match from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD). The award amount of \$92,244 will provide DCSD with additional funds to maintain necessary capacity for the Targeted Monitoring Program. The award amount would include a local cash match of \$10,249, which would be achieved through budgeted program operating costs.

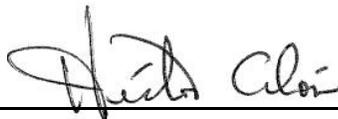
B. Approval of this request will result in no additional expenditures in 2012.

C. There is no tax levy impact associated with approval of this request in 2012 as funds sufficient to meet the required local match contribution and the revenue grant are included as part of the Division's 2012 Budget.

D. No further assumptions are made.

Department/Prepared By Alex Kotze, DHHS Budget Manager

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 10, 2011

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

FROM: Héctor Colón, Acting Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: Informational Report from the Acting Director, Department of Health and Human Services on the Wraparound Milwaukee Program Operated by the Behavioral Health Division

Background

Wraparound Milwaukee is a unique county program that annually serves over 1400 children and adolescents with severe emotional, behavioral and mental health needs and their families. The program is considered a national model in children's mental health and won Harvard University's prestigious "Best Innovation in America Award in 2009". The following informational report is provided at the request of the Health and Human Needs Committee to give the committee more information about the background for design and operation of the program as well as outcomes it has achieved for Milwaukee County families.

Discussion

Wraparound Milwaukee was initiated in 1995 as part of the re-design of the children's mental health system, the impetus being Milwaukee County's receipt of a five-year, \$15 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create a more community-based system of care. At that time, the County had very limited community-based mental health services and relied heavily on institutional care for children with severe mental health and behavioral needs. This resulted in overutilization of costly and restrictive psychiatric inpatient care, residential treatment placements and juvenile correctional placements. The overuse of such institutional care was resulting in large budget deficits for Milwaukee County and studies by research groups like the Planning Council of Milwaukee showed that the outcomes for youth returning from such facilities was very poor.

The Milwaukee County Executive and County Board of Supervisors was challenging the Interim Human Services Director and Administrator of Child Welfare and Delinquency Services to come up with less costly and more effective programs for these youth.

The new Wraparound Milwaukee model that emerged out of those discussions and was piloted with SAMHSA funds beginning in 1995 and was based on an innovative new philosophy and approach to treating, funding and delivering services to these youth and their families. The wraparound philosophy was different than traditional approaches in that it was family-centered versus child centered, was built on identifying and building on child and family strengths to meet needs versus focusing on deficits, emphasized coordination and collaboration across child-serving systems such as developing a single coordinated care plan, stressed developing and delivering services and supports in the community versus institutions, emphasized best fit of these services with the cultures and preferences of families, was highly individualized based on the unique needs of each child and family and promised “unconditional care” never giving up on a child and family. Those values, which the program was built on, remain the hallmark of the Wraparound Milwaukee approach today.

Structure and Financing

The financing model used by Wraparound Milwaukee since its inception in 1995/1996 and that was designed and developed with the Wisconsin Medicaid Program, relies on a special provision of the Social Security Act called 1915(a). This provision allows a State to implement a voluntary, managed care entity within a deferred geographical area (Milwaukee County and Dane County) for a defined Medicaid population (children with serious emotional and mental health needs at risk of residential treatment, psychiatric hospitalization and juvenile correctional placement). The 1915 (a) allowed Milwaukee County to create a special type of HMO model covering the provision of mental health, substance abuse and other behavioral care covered within the State Medicaid Plan. The State Medicaid program contracts with Milwaukee County to operate this special managed care entity, called Wraparound Milwaukee and provides a monthly per enrollee capitated payment up to the overall enrollment limit of 945 SED youth/families. The operation of the Care Management Entity (CME) by Milwaukee County must be approved annually by the Center for Medicare/Medicaid Services (CMS) and the capitated rates must be re-determined each year by the Department of Health (Medicaid).

Medicaid’s support and approval of the CME model under the 1915(a) is based on the availability of non-Medicaid funds to pay for the services and supports these youth and families need to succeed in the community and are not covered under Medicaid. This includes the cost of foster care and group home care, the non-treatment component of residential care, services such as mentors, tutors, employment services, after school, day treatment, transportation, respite services, etc. For the payment of those services, Wraparound Milwaukee receives fixed funding from Delinquency and Court Services and case rate funding from the Bureau of Milwaukee Child Welfare, which is pooled with the Medicaid monies to create a flexible funding pool now totaling nearly \$47 million.

The \$27 million in Medicaid funds for 2011 includes approximately \$21 million in capitated payments plus \$6 million in fee-for-services billing for crisis intervention services such as the Mobile Urgent Treatment Team (MUTT). As for referral sources into Wraparound Milwaukee, currently about 46% of our enrolled youth have been referred from the Delinquency and Court system and have been court ordered into Wraparound; about 26% have been enrolled in a child

welfare referral and court order and the remaining youth/families are voluntarily enrolled in the program without any formal court order. While Wraparound Milwaukee must occasionally serve non-Medicaid eligible youth/families ordered in the program, overall an average of 96%, meet Badger Care Plus eligibility for full capitation rate.

The BHD-Wraparound Milwaukee Program is required to operate the CME model and perform all the functions that any managed care entity would be required to do, but tailored to this unique population. This includes financial oversight, care coordination, clinical oversight, operation of crisis services, partnership with a family advocate organization, operation of the Provider Network, Quality Assurance and Information Technology. Our IT and electronics health record, called *Synthesis*, is tailored to the unique CME design and population and is considered among the best in the U.S. Milwaukee County, which owns the data system, has leased and sold the application to several other cities and states.

Critical Services Components to Wraparound Milwaukee

While pooled funding is a key to the fiscal sustainability of Wraparound Milwaukee, the cornerstone of the actual delivery of services is the Care Coordinator and child and family team. The Care Coordinator facilitates the development of the child and family teams, helps the family identify their strengths, needs and also helps them form strategies to meet those needs. The Care Coordinator also arranges for needed community services, monitors the plan and coordinates implementation of care plans with the child welfare or probation worker.

Wraparound care plans must be family-driven, so Wraparound Milwaukee utilizes what is called the “child and family team” as the principal planning entity for service delivery. The function of the Child and Family Team is to develop the wraparound plans, develop crisis safety plans, identify and put into place formal and informal services to meet the needs of the child and family, monitor and review the plan on a regular basis and other activities.

Families in Wraparound Milwaukee have access to “family advocates” through a current contract with Families United of Milwaukee. Family advocates are usually family members who currently or in the past have had children with serious emotional and mental health needs enrolled in Wraparound Milwaukee. They can help families navigate the child serving system, build trust, support them through crisis and advocate for their best interests. They also operate support groups for parents, do training/orientation of new families, perform satisfaction surveys and other activities.

Provider Network

Wraparound Milwaukee provides a very comprehensive array of over 70 services to families in its Benefit Plan. Those services are delivered by over 200 community agencies (40% minority owned and operated). Providers are mostly paid through our managed fee-for-service basis with all service authorizations and claims processing done electronically through the *Synthesis* IT System.

Wraparound Milwaukee Service Array

• Care Coordination	• Crisis Home Care
• In-Home Therapy	• Treatment Foster Care
• Medication Management	• Residential Treatment
• Outpatient Individual Family Therapy	• Foster Care
• Alcohol and Substance Abuse Counseling	• Day Treatment/Alternative School
• Psychiatric Assessment	• Nursing Assessment/Management
• Psychological Evaluation	• Job Development/Placement
• Housing Assistance	• Kinship Care
• Mental Health Assessment/Evaluation	• Transportation Services
• Mentoring	• Supervision/Observation In Home
• Parent Aide	• After School Programming
• Group Home Care	• Recreation/Child Orient. Activities
• Respite Care	• Discretionary Funds/Flexible Funds
• Crisis 1:1 Stabilization	• Housekeeping/Chore Services
• Child Care for Parent	• Independent Living Support
• Tutor	• Psychiatric Inpatient
• Specialized Camps	• Emergency Food Pantry

Mobile Crisis Services

The Mobile Crisis services provided by the MUTT team and crisis stabilization services are a critical component of the Wraparound Milwaukee program. All enrolled families in Wraparound have access to the crisis team whenever such intervention is needed and also can access crisis 1:1 stabilizers to come to the home as needed. MUTT is also the gatekeeper for psychiatric inpatient hospitalization for families in Wraparound and operates alternative resources such as an 8-bed crisis group home for youth who need temporary care and supervision but do not require an inpatient hospital setting.

Outcomes for the System and Youth Served in Wraparound Milwaukee

Outcomes currently being measured for Wraparound Milwaukee include programmatic outcomes, fiscal outcomes, clinical outcomes, public safety, child permanence and consumer satisfaction with the program.

- Programmatically – from the baseline year in 1996 to today, the average daily residential treatment population has dropped from 375 youth to 80 youth, inpatient psychiatric days from 5,000 to under 500 days per year
- Fiscally – the average cost for a child/family in Wraparound is under \$4,000 per month versus over \$9,000 per month for a residential treatment placement, over \$8,000 per month for a correctional placement or well over \$10,000 for a 7-day hospital stay

- Clinically – Wraparound children function better at home, school and in the community based on administration of nationally normed measures such as the CBCL (Achenbach) used at the time of enrollment and discharge
- Public Safety – recidivism rates for delinquents are low (15.2%) for youth in the program for at least one year and even lower (6.7%) for high risk offenders including juvenile sex offenders (this is considerably under national standards)
- Child Permanence – about 80% of youth achieve permanency, i.e., return to parents, relatives, adoptive resources or subsidized guardianship upon leaving Wraparound
- Family Satisfaction – families surveyed upon completing Wraparound (average 18 months) gave the program a rating of 4.4 out of 5 points in terms of their perception of the progress their child made while in the program

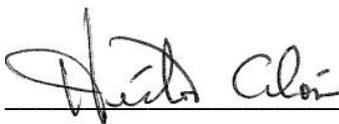
Looking Forward

Wraparound Milwaukee is beginning the third year of a new, five-year federal SAMHSA grant called Healthy Transitions to serve 16½ - 24 year old youth with serious emotional and mental health, needing help to transition successfully to adulthood. This grant incorporates transitional specialists, has developed a club house model and linkage with key community agencies such as pathfinders (homeless youth) and Lad Lake's Independent Living Program for youth aging out of foster care.

Wraparound Milwaukee is also hoping to partner with Children's Hospital and other health systems on development of the "medical home model" for children in foster care, which is an important component of health care reform and a new Medicaid initiative.

Recommendation

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



Héctor Colón, Acting Director
Department of Health and Human Services

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

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

Date: January 4, 2012

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

From: Laurie Panella, Interim Chief Information Officer, IMSD

Subject: Request for Authorization to execute a Professional Services Contract with the Joxel Group, LLC for Information Technology support of the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division

REQUEST

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. Per Section 56.30, the Acting Chief Information Officer of the Information Management Services Division (IMSD) is requesting authorization to enter into a professional service contract with the Joxel Group, LLC (TJG) for information technology support service of the Community Mental Health Care (CMHC) application, the Behavioral Health Division's current core business system. The contract will be effective as of January 1, 2012.

BACKGROUND

In December 2011, the Behavioral Health Division (BHD) proposed a 2012 professional service contract with Accenture, LLP for \$700,000 to provide support and technical assistance to CMHC, BHD's current core business system. In the report, BHD explained that an Electronic Medical Record (EMR) project is underway and upon completion the new EMR would include, but is not limited to, the functions currently performed by CMHC. It was also noted in the December report that the project would not be fully implemented until 2013; therefore, BHD requested a one-year extension to the current contract with Accenture.

Due to the EMR initiative, the BHD contract recommendation with Accenture for 2012 was \$700,000, which is a decrease of over \$1.4 million from 2011. Throughout the month of December, BHD and IMSD met with Accenture to solidify the services provided under the 2012 contract. Accenture could not guarantee that the current state of the CMHC system and data integrity would be maintained under a contract with a value of \$700,000. Therefore, BHD and IMSD looked for an alternative to maintain the core functions and services during the transition to the EMR. TJG has been an instrumental partner for BHD for the EMR and agreed to provide full support of the CMHC application in 2012. The four (4) Accenture employees that provided support services to BHD in 2011 have agreed to move to TJG, thus providing continuity of services in 2012 and additional support and assistance to the EMR project. Therefore, in 2012 the County would no longer have a contract with Accenture but would execute a contract with TJG for support services of CMHC.

RECOMMENDATION

The Interim Chief Information Officer of the Department of Administrative Services – Information Management Services Division (IMSD) respectfully requests approval to execute a professional services contract in the amount of \$700,000 effective January 1, 2012, with the Joxel Group, LLC (TJG) for information technology support service of the Community Mental Health Care (CMHC) application, the Behavioral Health Division's current core business system.

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

Prepared By:

Laurie Panella, IMSD
Interim Chief Information Officer

cc: Chris Abele, County Executive
Amber Moreen, Chief of Staff, County Executive's Office
Tia Torhorst, County Executive's Office
Supervisor Johnny Thomas, Chair, Finance and Audit Committee
Peggy Romo West, Chair, Health and Human Needs Committee
Lynne Debruin, Vice Chair, Finance and Audit Committee
Eyon Biddle, Sr., Vice Chair, Health and Human Needs Committee
Patrick Farley, Director, DAS
Pamela Bryant, Interim Fiscal and Budget Manager, DAS
Hector Colon, Director, DHHS
Paula Lucey, Administrator BHD
Jeanne Dorf, Fiscal Associate Administrator, DHHS
Steve Cady, Fiscal and Budget Analyst, County Board
Jennifer Collins, Research Analyst, County Board
Carol Mueller, Committee Clerk, Finance and Audit Committee
Jodi Mapp, Committee Clerk, Finance and Audit Committee
Alex Kotze, Budget Manager, DHHS
Sushil Pillai, the Joxel Group, LLC

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(ITEM *) Request for Authorization to execute a Professional Services Contract with the Joxel Group, LLC for Information Technology support of the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division by recommending adoption of the following:

A RESOLUTION

WHEREAS, section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater; and

WHEREAS, per Section 56.30, the Acting Chief Information Officer of the Information Management Services Division (IMSD) is requesting authorization to enter into a professional service contract with the Joxel Group, LLC (TJG) for information technology support service of the Community Mental Health Care (CMHC) application, the Behavioral Health Division’s current core business system; and

WHEREAS, the contract will be effective as of January 1, 2012; and

WHEREAS, in December 2011, the Behavioral Health Division (BHD) proposed a 2012 professional service contract with Accenture, LLP for \$700,000 to provide support and technical assistance to CMHC; and

WHEREAS, an Electronic Medical Record (EMR) project is underway at BHD and upon completion the new EMR would include, but is not limited to, the functions currently performed by CMHC; and

WHEREAS, the project would not be fully implemented until 2013; therefore, BHD requested a one-year extension to the current contract with Accenture; and

WHEREAS, due to the EMR initiative, the BHD contract recommendation with Accenture for 2012 was \$700,000, which is a decrease from the \$1.4 million value of 2011; and

WHEREAS, throughout the month of December, BHD and IMSD met with Accenture to solidify the services provided under the 2012 contract; and

WHEREAS , Accenture could not guarantee that the current state of the CMHC system and data integrity would be maintained under a contract with a value of \$700,000; and

WHEREAS, BHD and IMSD looked for an alternative to maintain the core functions and services during the transition to the EMR; and

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WHEREAS, TJG has been an instrumental partner for BHD for the EMR and agreed to provide full support of the CMHC application in 2012; and

WHEREAS, the four (4) Accenture employees that provided support services to BHD in 2011 have agreed to move to TJG, thus providing continuity of services in 2012 and additional support and assistance to the EMR project; and,

now, therefore,

BE IT RESOLVED, the Interim Chief Information Officer of the Department of Administrative Services – Information Management Services Division (IMSD) is authorized to execute a professional services contract with the Joxel Group, LLC (TJG) for information technology support service of the Community Mental Health Care (CMHC) application, the Behavioral Health Division’s current core business system.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/5/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for Authorization to execute a Professional Services Contract with the Joxel Group, LLC for Information Technology support of the Community Mental Health Care application for the Department of Health and Human Services – 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
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

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

- A. The Information Management Services Division (IMSD) respectfully requests authorization to execute a professional services contract with the Joxel Group, LLC (TJG) on behalf of the Behavioral Health Division (BHD) for support service of BHD's current core business system, Community Mental Health Care (CMHC). The contract will be for 12 months, January 1 through December 31 of 2012 for a total of \$700,000. The contract will be retroactive to January 1, 2012 upon the approval of the County Board of Supervisors and the County Executive.

- B. The cost related to the proposed contract is \$700,000 for four (4) high level technical resources and will fund not only support services of CMHC but will provide assistance in the implementation of the new Electronic Medical Records system at BHD. IMSD and BHD are recommending that the funding for this contract be provided through BHD. The 2012 BHD Budget includes sufficient funding for this contract.

- C. The County Board and the County Executive approved a contract with Accenture LLC to provide CMHC support in the December 2011 cycle. Throughout the month of December, BHD and IMSD met with Accenture to solidify the services provided under the 2012 contract. Accenture could not guarantee that the current state of the CMHC system and data integrity would be maintained under a contract with a value of \$700,000. Therefore, in 2012, the County would no longer have a contract with Accenture LLC and would contract with TJG. There is efficiency gained in contracting with TJG, not only will the contract fund four (4) resources to support CMHC but support in the implementation of the new EMR system will be provided as well.

- D. The \$700,000 cost is an estimate and provides for full time support of CMHC as well as implementation services of the new EMR. The reliance on the CMHC application throughout 2012 will be greatly reduced but will not cease until the new EMR system is fully implemented at BHD. In 2013 the level of CMHC support is unknown. IMSD will return in December of 2012 to seek authority of the County Board of Supervisors and the County Executive to amend the contract with TJG for 2013 CMHC services, if needed.

Department/Prepared By Laurie Panella, Interim Chief Information Officer

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 3, 2012

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2012 Purchase of Service Contracts for Targeted Case Management Services for the Behavioral Health 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. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase of service (POS) contracts with community agencies for Targeted Case Management services for the Behavioral Health Division (BHD).

Discussion

In 2012, the BHD-operated Targeted Case Management (TCM) program will be outsourced. As indicated in the 2012 Budget, there will be no lay-offs as a result of this initiative and staff will be reassigned elsewhere in the Division. As part of the 2012 contract process, BHD requested a desk review from all current TCM community providers and they were asked to indicate if they were interested in expansion. Once the budget was approved, BHD reviewed the desk reviews for TCM and sent each community agency a letter requesting a budget for an expansion of two caseloads (25 clients per caseload). BHD Administration has since spoken with all of the community providers and put together an expansion plan to move all current internal TCM caseloads to community providers by March 2012. All agencies that expressed interest in expansion are receiving an expansion opportunity.

The caseload expansion for each agency was based on participation in co-occurring initiatives, ability to expand and budget. The agencies that were awarded expansion of two caseloads have been most involved in the co-occurring initiative. The expansion caseloads also require that the agencies provide a Peer Specialist component to their programming. This is a new expectation of the TCM providers that is aligned with the 2012 Budget BHD Community Investment supported by the County Executive and County Board, and is also consistent with the Mental Health Redesign Taskforce goals. In addition, there will be at least one Spanish-speaking case manager added to the system through this expansion. TCM will be part of the 2013 Request for Proposals process so that at that time this service will be competitively bid in its entirety. At that time, the ability to add

caseloads will be considered based on a full-year of funding. Below is BHD Administration's recommendation for expansion of community TCM services:

<u>Agency</u>	<u># of Caseloads (25 clients)</u>	<u>Proposed 2012 Contract Expansion</u>
Alternatives to Psychological Consult	2 caseloads	\$119,305
ARO Behavioral Health	1 caseload	\$74,393
HealthCare for the Homeless	2 caseloads	\$132,378
Milwaukee Mental Health Associates	1 caseload	\$83,164
Project Access	1 caseload	\$52,175
Transitional Living Services	2 caseloads	\$150,000
Total TCM Contracts	225 Clients	\$611,413

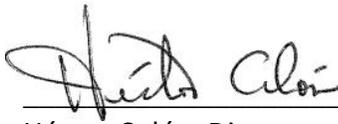
BHD has started to transition clients to existing community TCM slots with the agencies listed above (due to vacancies in BHD TCM positions) and will continue to work with the agencies, clients and BHD staff to move caseloads to the community in a systematic and thoughtful way. This process focuses on a safe and healthy transition for all consumers and includes the opportunity for the existing case manager to meet extensively with the new case manager, make introductions and transfer knowledge and information. The entire transition process will be completed by February 29, 2012.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2012 purchase of service contracts for TCM services with provider agencies for the time period of January 1 through December 31, 2012 with the contractors listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow BHD to successfully transition clients from the internal operated TCM program to community-based agencies by March 2012.

Fiscal Effect

The 2012 Budget included \$740,000 for community based TCM contracts in 2012, assuming the transition of all clients as of January 1, 2012. The proposed contracts total \$611,413 and cover all current internal TCM caseloads. The remaining funding will be used to pay the internal BHD TCM staff during the transition period from January 2012 to March 2012. The staff will then be redeployed within BHD. The amounts recommended in these contracts have been included in BHD's 2012 Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Terrence Cooley, County Board
Patrick Farley, Director, DAS
Pam Bryant, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Antionette Thomas-Bailey, Fiscal & Management Analyst, DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

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(ITEM *) Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2012 purchase of service contracts for Targeted Case Management Services for the Behavioral Health Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Acting Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase of service contracts with community agencies for Targeted Case Management (TCM) Services for the Behavioral Health Division (BHD); and

WHEREAS, in 2012, the BHD-operated TCM program will be outsourced and as indicated in the 2012 Budget, there will be no lay-offs as a result of this initiative and staff will be reassigned elsewhere in the Division; and

WHEREAS, BHD reviewed the desk reviews for TCM and sent each community agency a letter requesting a budget for an expansion of two caseloads (25 clients per caseload) and then spoke with all of the community providers and put together an expansion plan to move all current internal TCM caseloads to community providers by March 2012; and

WHEREAS, the caseload expansion for each agency was based on participation in co-occurring initiatives, ability to expand and budget and the expansion caseloads also require that the agencies provide a Peer Specialist component to their programming; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2012 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2012 purchase-of-service contracts for Targeted Case Management Services for the Behavioral Health Division with the following provider agencies for the time period of January 1 through December 31, 2012, in the amounts specified below:

Agency	2012 Original Contract Amount	TCM Expansion Amount	Revised 2012 Contract
Alternatives in Psychological Consultation	338,305	119,305	457,610
ARO Behavioral Health	224,112	74,393	298,505
HealthCare for the Homeless	1,443,338	132,378	1,575,716
Milwaukee Mental Health Assoc	603,506	83,164	686,670

Project Access	601,855	52,175	654,030
Transition Living Services	1,922,378	150,000	2,072,378
TOTAL	5,133,494	611,415	5,744,909

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/3/2012

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2012 Purchase of Service Contracts for Targeted Case Management Services for the Behavioral Health Division

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinance 46.09 requires County Board approval of Purchase of Service contracts to provide services under Sec. 51.42/437 Wis. Stats. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase of service (POS) contracts with community agencies for Targeted Case Management services for the Behavioral Health Division (BHD).

B) The 2012 Budget included \$740,000 for community based TCM contracts in 2012, assuming the transition of all clients as of January 1, 2012. The proposed contracts total \$611,413 and cover all current internal TCM caseloads. The remaining funding will be used to pay the internal BHD TCM staff during the transition period from January 2012 to March 2012. The staff will then be redeployed within BHD. The amounts recommended in these contracts have been included in BHD's 2012 Budget.

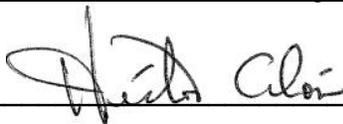
C) These funds are budgeted in BHD Community Services area, account series #8100.

D. No assumptions/interpretations.

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

Department/Prepared By Alexandra Kotze, DHHS Budget Manager

Authorized Signature

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

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 3, 2012

TO: Chairman Lee Holloway, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division, on behalf of the Mental Health Redesign and Implementation Task Force

SUBJECT: **From the Director, Department of Health and Human Services, submitting an informational report regarding the progress and recommendations of the Mental Health Redesign and Implementation Task Force**

Background

In April 2011, the County Board of Supervisors passed a resolution (File No. 11-173) supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign and Implementation Task Force (Redesign Task Force) to provide the Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities. The Redesign Task Force commenced monthly meetings in July 2011, and quarterly reports were requested on its activities.

In September 2011, the County Board passed a resolution (File No. 11-516) endorsing a plan submitted by the New Behavioral Health Facility Study Committee (Facility Committee) which directed the Director of the Department of Health and Human Services (DHHS) and the Administrator of the Behavioral Health Division (BHD) to return to the Committee on Health and Human Needs in the January 2012 meeting cycle to report on the recommendations of the Redesign Task Force.

In October 2011, the DHHS Director and the BHD Administrator submitted an informational report to the Health and Human Needs Committee on the progress of the Redesign Task Force, including the development of a charter document and the appointment and initiation of five Action Teams (AT). The Redesign Task Force is co-chaired by Pete Carlson, Vice President and CAO of Aurora Psychiatric Hospital and Aurora Behavioral Health Services, and Paula Lucey, BHD Administrator.

Each AT's membership was developed by nominations from the Redesign Task Force and self-nominations. The teams were co-chaired to encourage partnership in facilitation. A sincere attempt was made to ensure that individuals with "lived experience" were involved at all levels – including leadership – and to represent all aspects of the community.

The ATs were tasked with addressing key areas of the redesign and how to prioritize and advance select recommendations within those key areas – Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. As previously reported, there were challenges in garnering broad, diverse community participation on the ATs within the timeframe dictated by the Facility Committee.

Discussion

The deliberations of the ATs were rooted in various proposals recognized by the County Board in its initial charge to the Redesign Task Force:

- *Transforming the Adult Mental Health Care Delivery System in Milwaukee County* by Human Services Research Institute in partnership with the Public Policy Forum and the Technical Assistance Collaborative, Inc.
- Reports to the Milwaukee County Board of Supervisors from the Community Advisory Board for Mental Health
- *System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division* by the Milwaukee County Department of Audit
- *Follow-Up Report to BHD Administrator: Mixed-Gender Units* by the Gender Unit Work Group
- *Milwaukee County Executive's Mental Health Vision and Initiative* by Chairman Lee Holloway, Milwaukee County Board of Supervisors
- Reports to the Milwaukee County Board of Supervisors from the New Behavioral Health Facility Study Committee

These thoughtful studies yielded over 120 recommendations, which were categorized and assigned to the ATs for review. Some of the recommendations were consistent with each other, some had the same concept but different nuances, and still others were in direct conflict. The ATs were given these recommendations as a basis for their work. Thus, the Redesign Task Force has been inclusive of all the previous work and has synthesized those efforts to create consensus in defining an approach to a redesigned system.

The ATs held a total of 20 meetings beginning in early October 2011 and continuing through early December 2011. The ATs involved more than 90 participants from over 40 public and private entities. Participants included service providers, advocates, consumers, administrators, and various others. The Continuum of Care and Community Linkages ATs met five times each; Person-Centered Care met four times; Workforce and Quality were launched later in the process and met three times each. Co-chairs for the ATs presented at the December 8th meeting of the Redesign Task Force on the consensus vision and recommendations that had emerged from the discussions of their respective groups. There was significant overlap in many of the themes running throughout the five AT reports (see *attached documents from each AT*).

The Person-Centered Care AT is notable for the general guidance it offers for the system on how to provide services that are consumer-driven and recovery-oriented. Many of the values affirmed by that team were consistently echoed in the reports of other ATs.

The full reports will be utilized to create implementation plans. Greater detail and background is included in the AT reports, summarized below are the consistent themes only. While the summaries are concise, each of the concepts is powerful and represents a significant opportunity to change the way that mental health services are delivered in Milwaukee County.

Guiding values

Individuals served by the system should be empowered to live independently and make informed choices with maximized options. Therapeutic and welcoming environments in which individuals receive care that is timely, accessible, culturally competent, person-centered, co-occurring, and trauma-informed should characterize the system. Trauma-informed care is emphasized in the reports as a necessary subject for initial and ongoing training and evaluation of service providers. Consumers should be active participants in the planning, provision, and evaluation of services at both the individual and system levels. Because individuals should experience recovery in the least restrictive setting, the expansion of community-based services is a central tenet and top priority of the redesign.

Shifting continuum of care

The ATs affirm the goal of downsizing inpatient units, concurring with earlier discussions of system redesign. However, the ATs urge the Redesign Task Force and policymakers to focus first on the expansion and enhancement of the community-based services and supports necessary to facilitate responsible patient discharges and ensure consumer stability and independence. Consumer-directed services should be developed, and use of Peer Specialists should be expanded. The expansion of accessible outpatient therapy and medication services is a top priority. Mobile crisis teams should be enhanced and should collaborate closely with the criminal justice system to connect individuals with appropriate resources and promote diversions from expensive emergency or inpatient care. The ATs also urge the development of additional crisis resource centers in high-need areas. Specialized supports must also be developed and sustained for people dually diagnosed with developmental disabilities and mental illness – individuals typically served at the Hilltop facility – to meet their unique needs and enable them to be successful in their communities.

Consistent with previous discussions and actions, a high value is placed on public/private partnerships and arrangements to move clients within the overall system as their care dictates.

The 2012 Budget actions are consistent with this direction. Community investment funds that were proposed by the County Executive and approved by the County Board will allow for a number of initiatives including a discharge care coordination program employing Certified Peer Specialists, increased community crisis support, and respite opportunities. During discussions with the County Executive and County Board, it was noted that the programs identified in the budget may be modified based on the work and recommendations of the Redesign Task Force.

Integrated approach & community-wide education

Every effort must be made to integrate mental health care with other essential health services such as primary and dental care. Such integration is presently outside the scope of the ATs and Redesign Task Force, but many participants in the process stressed the importance of the matter. Clear, timely, accurate communication between providers and interacting systems will yield the best outcomes. The ATs likewise emphasized the value of publicly accessible information and outreach about mental health and the resources that are available in the community. Information campaigns can reduce the stigma of mental health care and promote early intervention to improve outcomes and reduce system costs.

Social support

Research indicates that 40% of an individual's health is related to non-health care related factors commonly called the social determinants of health. Within behavioral health, these factors are critical for the success of clients to live an independent and meaningful life in the community. The ATs recommend that strong emphasis needs to continue in the area of supportive housing and recognizes that much progress has already been made in this area. One recommendation relates to the development of an intermediate level of housing to assist clients in learning living skills.

Greater emphasis needs to be placed on promoting employment and providing access to employment services. Individuals with severe and persistent mental illness are frequently unemployed or underemployed. Milwaukee County should move forward with programs that fund integrated employment services up to and including pathways to competitive employment, such as the Community Recovery Services § 1937 Benchmark Plan. The benefits of employment offer individuals access to financial support as well as creating a structured lifestyle that promotes healthy habits and self-care. Access to benefits counseling should likewise be prioritized, as it improves access to health care while also bringing in significant Federal funding to lessen reliance on County tax levy.

Workforce

The importance of preparing a workforce to meet the needs of a shifting continuum of care cannot be overstated. The challenges in this area include workforce supply (especially prescribers such as doctors and advanced practice nurses), skill sets (especially in the area of community care coordination), diversity, and stigma. Efforts are needed to educate current providers to embrace culture and system change. Recovery and health maintenance will be driven by consumer-centered *teams* that involve multiple disciplines and Peer Specialists; the education, recruitment, and retention of sufficient numbers of skilled personnel for such teams requires thoughtful planning and investment by all public and private stakeholders. Competitive wages and opportunities for professional development will be essential to successfully maintain an enhanced community workforce. Peer Specialists are specifically emphasized by the ATs as an important component of the mental health workforce.

Peer Specialists

Certified Peer Specialists are persons who have not only lived the experience of mental illness but have also had formal training in the Peer Specialist model of mental health supports for adults. They use their unique set of recovery experiences in combination with skills training to support peers who have mental illness. The experiences and expertise of Peer Specialists should be put to their optimal use throughout the system to reduce service refusals, promote better navigation of the system, and improve consumer satisfaction. High quality certification programs must be further developed to meet the demand for Peer Specialists. Peer Specialist roles within multidisciplinary care teams should be well delineated and understood by all team members. Ongoing education and evaluation of performance standards for Peer Specialists is essential to maintain system-wide professionalism and consistency on par with that of other licensed professions within the continuum of care.

Quality

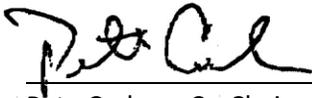
Strong quality assurance and quality improvement processes are essential to the success of a community-based mental health system and must be adequately resourced. As the Redesign Task Force and system stakeholders proceed in the implementation of the redesign initiatives, processes and outcomes will need to be monitored and evaluated to ensure adherence to the principles of the redesign, monitor consumer satisfaction and quality of life, affirm the value of the specific initiatives, and respond to any unforeseen issues that may arise. The ATs – Quality in particular – could serve well in this capacity.

Next Steps

The Redesign Task Force proposes that a summit be held in early 2012 to bring together AT participants, policy makers, consumers, system stakeholders, members of the broader community, and invited guests for an assessment of the work that has been done and an appraisal of what lies ahead. The invited guests at the summit would include experts in mental health models, policy and data analysis, and change management to help strategize for the implementation phase and determine technical assistance needs. Representatives of the Human Services Research Institute are proposed as a resource for the summit, due to their experience helping other communities implement plans to transition to a community-based mental health system. Community Advocates' Public Policy Institute and the Comprehensive, Continuous, Integrated System of Care are also proposed as invited guests.

Action Requested

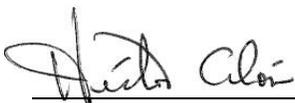
This is an informational report. No action is necessary.



Pete Carlson, Co-Chair
Mental Health Redesign and Implementation Task Force



Paula Lucey, Co-Chair
Mental Health Redesign and Implementation Task Force



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Action Team: Person-Centered Care Mental Health Redesign and Implementation Task Force

All people, programs, and systems providing and supporting mental health care in Milwaukee County should commit to multiple pathways to improve person-centered, welcoming, recovery-oriented, trauma-informed, and co-occurring-capable service. Community-based services and supports must be expanded to ensure that individuals experience recovery in the least restrictive setting. A culture of person-centered care strives to inspire the hopes of all individuals and families with complex needs and appreciates the value of life experiences and personal strengths that form the foundation of caring partnerships. The aim of person-centered care is to assist individuals and families in facing the challenges that arise from combinations of emotional and mental health conditions, substance use issues, cognitive and intellectual disabilities and brain injuries, trauma, physical health problems, and myriad social wellbeing concerns. By ensuring that all services are person-centered, the mental health system in Milwaukee County will empower all individuals and families to live their vision of happiness.

Individuals seeking mental health services in Milwaukee County will be welcomed as full collaborative partners whose values and informed choices guide the evolution of the mental health system and the ongoing provision of recovery-oriented, culturally competent services throughout the community, including expanded peer support and consumer-operated services to increase satisfaction, increase participation in services, and facilitate easier navigation between various access points and levels of care. Informed choice includes the maximization of options available to individuals and families enabling them to choose how, when, and where they can access services.

Public and private stakeholders will incorporate the principles of trauma-informed care and person-centered recovery into policies and procedures, hiring and training processes, and service delivery at all levels, and the application of the Comprehensive, Continuous, Integrated System of Care (Minkoff & Cline, 2004, 2005) will be expanded to create accessible and therapeutic environments for persons with mental health needs throughout the community.

In order to create educated and responsive communities, move beyond the medical model, and maximize the independence of consumers to experience recovery in least restrictive environments, information about prevention, early signs and symptoms, and the spectrum of available services will be freely and easily accessible in multiple media, written in understandable language, promoted by outreach efforts, and maintained for accuracy.

This team anticipates providing guidance for the implementation and monitoring of the recommendations it has endorsed. An entity such as this team – comprised of consumers, providers, and other mental health stakeholders – should periodically convene throughout the redesign and the coming transitions in the system to ensure ongoing adherence to the principles of person-centered care and recovery. Training will be necessary at all levels of service delivery to achieve the vision articulated here, and we are eager to work with an entity such as the Workforce Action Team to determine specific training needs and strategies for workforce development. Additionally, this team anticipates collaborating with the Quality Action Team (or a QA/QI Steering Committee, per that team's vision) to identify outcome measures and fidelity tools to achieve consistent, system-wide application of our envisioned principles.

The redesigned, recovery-oriented system will support person-centered and self-directed approaches to care that build upon the strengths of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery.

Glossary of terms

Cultural competence includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations, i.e., to work within the person's values and reality conditions. Recovery and rehabilitation are more likely to occur where managed care systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers from the four underserved/underrepresented racial/ethnic groups, their families, and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in determining an individual's mental wellness/illness and incorporating those variables into assessment and treatment. (SAMHSA)

Person-centered care is an ongoing, interactive process between consumers, caregivers, and others that honor an individual's dignity and choices in directing his or her daily life. This is accomplished through communication, education, and collaboration. (*Wisconsin Coalition for Person Directed Care*)

Person-centered planning . . . is widely respected as a best practice to design effective networks of services and supports that enable people to have a higher quality of life and to achieve full citizenship and integration into their communities. (*Yale Program for Recovery and Community Health* – <http://www.yale.edu/PRCH/index.html>)

Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Recovery:

- Is person-driven;
- Occurs via many pathways;
- Is holistic;
- Is supported by peers;
- Is supported through relationships;
- Is culturally-based and influenced;
- Is supported by addressing trauma;
- Involves individual, family, and community strengths and responsibility;
- Is based on respect; and
- Emerges from hope. (SAMHSA)

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. (SAMHSA-NCTIC)

Action Team: Continuum of Care Mental Health Redesign and Implementation Task Force

Behavioral health services at all levels should be person-centered, recovery-oriented, holistic, and accessible. Accessibility – particularly to community-based services – and flexibility must be hallmarks of the redesigned continuum of care, with consumers able to transition between types and levels of care in response to their changing needs and desires. Consumer-directed services should be a prominent feature throughout this continuum, using peer specialists and the experience of peers to assist consumers in system navigation, the development of individualized recovery plans, and the provision of services.

Community-Based Outpatient Services:

Fundamental to this redesign is the commitment to immediately increasing and sustainably supporting community-based behavioral health services to ensure accessibility so that all consumers receive the most appropriate type and level of care in the least restrictive environment. Resources within the system should be shifted to increase the availability of services and supports that promote recovery. Priorities should include:

- Expansion of community-based services, including increasing the availability of counseling and medication options for uninsured and underinsured consumers;
- Expansion of services that provide necessary specialization and Evidence-Based Practices consistent with SAMHSA guidance;
- Increasing the geographic diversity of service locations, ensuring coverage in high-need areas of the community;
- Development of alternative housing services to accommodate specialty populations;
- Expansion of small, community-based, short-term residential options capable of meeting the most challenging behavioral needs of some individuals with developmental disabilities, including specialized training for all support staff;
- Encouraging continued state level discussion towards the expansion of community-based rehabilitative services offered through Section 1937 of the Social Security Act.

Crisis Services & Reduction of Emergency Detentions:

The County should further commit to increasing community-based knowledge of crisis intervention training for law enforcement and health care personnel through participation in Crisis Intervention Team (CIT) and Crisis Intervention Partner (CIP) training programs.

Increasing the availability of mobile crisis services to assist law enforcement, residential providers, and families in helping consumers experiencing an acute behavioral episode is an essential component of building the community capacity to deal with crisis situations and direct consumers to appropriate community resources. A mobile crisis team should include expertise in mental illness, developmental disabilities, and substance use disorders.

Alternative crisis services such as the Crisis Resource Center (CRC) should be developed and expanded to enable diversions from unnecessary emergency care or hospitalization. The development of additional CRCs in the northern part of Milwaukee County is a priority.

Inpatient Downsizing & Discharge:

Recommendations for significantly downsizing the acute inpatient and long-term care capacity at the Mental Health Complex cannot be undertaken responsibly until there are sufficient services and supports in the community to maintain health, enhance recovery, and promote the independence and self-determination of the people served. This team supports recommendations to downsize inpatient capacity, provided that adequate community-based supports are in place and patient discharges are carefully planned and monitored.

There must be a realized effort on the part of all stakeholders to adjust culture and build the clinical capacity to support persons with severe psychiatric symptoms and complex psychosocial needs. Milwaukee County should continue to work with the provider community to accomplish this goal.

The ongoing initiative to downsize the Hilltop facility must ensure that a spectrum of services is in place and accessible for individuals with developmental disabilities to be successful in their communities before any kind of downsizing occurs. This team supports the downsizing initiative and the recommendations of the Community Linkages team regarding increased community-based crisis capacity for the affected population.

Collaboration among private, public, and consumer stakeholders is essential to reduce unnecessary inpatient admissions and promptly facilitate appropriate discharges from inpatient care to community programs and services.

Conclusion:

Throughout all of the recommendations that comprise this vision for the continuum of mental health services in Milwaukee County, the principles of recovery and person-centered planning are paramount and should guide the decision-making process from the direct service level to the systems level.

Action Team: Community Linkages

Mental Health Redesign and Implementation Task Force

Housing:

First and foremost among the recommendations supported by this team is the expansion of housing options in Milwaukee County, as virtually every other recommendation related to community linkages and supports leads back to the essential need for safe and stable housing. There is a well documented lack of permanent supportive housing units; the Milwaukee Continuum of Care – in its *10-Year Plan to End Homelessness* – estimated that 1,280 units of supportive housing need to be developed over the next ten years.

Milwaukee County will continue to focus on the expansion of various supportive housing options in all areas of the County. The Housing Division will continue to actively partner with developers, landlords, and service providers using the successful “blended management” approach. The County will also continue its working relationship with the City of Milwaukee to maximize public dollars for construction and collectively will begin to forge a new strategic partnership with the private sector to attract additional gap financing dollars. The Housing Division will continue to pursue and maintain partnerships to produce new housing units for individuals with developmental disabilities within the Family Care system.

Due to the cost advantages of supportive housing, many new units can be created with the downsizing of a relatively small number of Community Based Residential Facility beds. The Action Team recommends the downsizing of approximately 10% of Milwaukee County’s contracted CBRF beds. This reduction would occur: 1) as providers begin to fill vacant County contracted beds with Family Care individuals, as has been the practice this past year; and 2) by an aggressive utilization process with additional stakeholders that have a broad range of housing knowledge and experience to ensure individuals have increased recovery-oriented housing options. Milwaukee County will also explore a new housing model that will be a “step-down” from a CBRF to ensure individuals are able to live in a least restrictive setting if consumers are not able to live in permanent supportive housing.

Law enforcement & crisis resources:

A community-based Mobile Crisis Team (or Teams) should be supported and expanded to meet the needs of the community and improve slow response times. The Team(s) should collaborate closely with law enforcement personnel engaged in Crisis Intervention Team (CIT) training. CIT is consistent with evidence-based practices, and the successful partnership of mobile clinicians and a crisis-equipped police force could greatly reduce emergency detentions and ensure appropriate, responsive care for individuals in mental health crisis situations. Opportunities for diversion from Psychiatric Crisis Service and inpatient admission should be consistently sought and evaluated by law enforcement, mobile crisis staff, hospital emergency departments, and all service providers interacting with consumers with challenging behaviors.

This team urges the County to support a data link between the Behavioral Health Division and the criminal justice system to facilitate better discharge planning and produce better outcomes for mental health consumers. Regular cross-training activities between BHD and the jail should likewise be supported.

Developmental disability & Family Care:

We support the downsizing of Hilltop and the development of additional community-based crisis intervention and stabilization capacity to support the independence of individuals with developmental disabilities, including those with co-occurring mental illness. Crisis stabilization services must be enhanced to ensure 24-hour access for individuals in need.

Milwaukee County should also increase crisis respite bed capacity for individuals with developmental disabilities to provide another alternative to Psychiatric Crisis Service and inpatient admission for individuals experiencing periods of acute behavioral issues or other short-term emergency needs.

The County should establish a workgroup including Family Care managed care organizations (and IRIS) and the Aging and Disability Resource Centers to streamline procedures to facilitate timely enrollment in Family Care for eligible individuals who are admitted to BHD or discharged/relocated from Hilltop, including both those who have and have not previously enrolled in Family Care. The workgroup would aim to increase consumer independence and community integration while reducing unnecessary inpatient admissions.

Milwaukee County should convene a workgroup including DHHS Special Needs Housing, Family Care managed care organizations and IRIS, and the Aging and Disability Resource Centers to explore funding options that support development of accessible housing alternatives for individuals eligible for Family Care.

Peer support:

The use of Certified Peer Specialists (CPS) should be increased throughout the behavioral health system to help empower consumers as partners in their own recovery and be of direct assistance to the treatment team. They can assist consumers by ensuring their basic needs are being met, forming a wellness plan, connecting them with community resources (including employment), and assisting them in transitions between types and levels of care. Peer support should be incorporated into CSP and TCM programs, Crisis Resource Centers, supportive housing, inpatient units and throughout community agencies. The role and expectations of Certified Peer Specialists need to be clearly defined and communicated to the entire treatment team. Training for the CPS and all team members may be essential for effective integration. We urge Milwaukee County to support CPS trainings, and we strongly support efforts by NAMI to utilize Community Development Block Grant funds for this purpose. Non-crisis peer-supported listening and referral services should be sustained and expanded to serve more consumers. A few successful peer-supported models already exist in the community, such as Warmline, Mental Health America of Wisconsin, Disability Rights Wisconsin, and NAMI (PeerLink). These models should be replicated wherever appropriate and relevant throughout the community.

Discharge planning:

Discharge planning from acute inpatient and long-term care must be improved to ensure that consumers have secured sufficient community-based services to prevent avoidable emergency care or readmission to inpatient care. Planners throughout the system should maintain current information on the options available in the community for persons being discharged. We recommend that system stakeholders establish a clearinghouse of current, accurate, accessible information about resources related to behavioral health. These resources would include housing, employment training and support, legal, family resources, support groups, crisis lines and more. Resources would be available in print, online, and over the phone. Community groups such as 211, Mental Health America, Disability Rights Wisconsin, and Community Advocates might serve as valuable collaborators for this purpose.

Benefits counseling is also a vital component of planning, and the County can increase access and ensure maximum revenue to fund services by prioritizing benefits counseling for consumers throughout the system.

Community Intervention Specialist:

Ensuring timely linkages to appropriate services for consumers requires interagency and interdisciplinary collaboration. We propose that an Intervention Specialist with co-occurring, trauma-informed, clinical mental health knowledge be designated as the liaison between the various public and private entities commonly interacting with individuals in the community with the most complex and challenging mental health needs. The primary role of the Specialist is to secure appropriate housing placements for consumers, including individuals who may not be eligible for long-term placement services through the Behavioral Health Division. The Intervention Specialist would consult with the jail, private hospitals, employers and the shelter system.

Community Interdisciplinary Consultation Team:

The Intervention Specialist will also serve as the main point of contact for a new Community Interdisciplinary Consultation Team (CICT). The team discussed several examples of individuals for whom the community was unable to find creative solutions. In some cases, this led to extremely long and costly inpatient stays and poor outcomes. The Committee believes that if the decision makers had access to others in the community for consultation, timely solutions could be found. The CICT would consist of representatives from several agencies throughout the County, including (but not limited to) BHD staff, consumers, shelter system staff, criminal justice representatives, private hospitals, housing providers, employers, and others. Providers that need assistance on specific cases can ask for a consult from the CICT through the Community Intervention Specialist. The Specialist would find the appropriate members of the CICT that could best assess the situation and arrange the consult.

Action Team: Workforce

Mental Health Redesign and Implementation Task Force

This team has evaluated recommendations from previous studies and assessed challenges facing providers, consumers, and employers related to the mental health workforce. The resulting consensus outlined here assumes a policy direction that improves and “right-sizes” acute care and expands the mental health workforce operating in a variety of community settings. The team recognizes, however, that the mental health workforce ultimately will reflect the continuum of care, quality, person-centered care, and community linkage strategies which embody the work of the Task Force as a whole. While we cannot fully anticipate the work of our colleagues, we believe these recommendations are an important piece of the final puzzle. We wish to thank all stakeholders who have participated in this redesign process to date, particularly the individuals and organizations responsible for producing the reports and recommendations that led to the establishment of the Mental Health Redesign and Implementation Task Force.

Points of emphasis:

- The system must better engage consumers and their families through varied means including the expansion of peer support specialists and recognition of consumer-operated programs as a part of the service mix.
- Recognizing the long-term benefits of retaining skilled people in mental health services, retention emerged as a concern in our discussions.
- Workforce discussions often focus on individual positions and skills, but consumer recovery will be driven by *teams* involving doctors, nurses, and peer support teammates. Nonetheless, some specific workforce skills are in short supply and pose a challenge.
- These recommendations are offered to BHD, organizations that contract with BHD, and providers seeking to enter the mental health system in Milwaukee County. Recommendations herein are not intended to apply to any one employer or worksite in particular unless the recommendation so stipulates. As reviewers will note, many target worksite culture and practices associated with improving skills among the existing mental health workforce.
- Due to time constraints in this phase, major challenges remain to be carefully assessed; this presentation is a threshold for further study and work in 2012. To appropriately complete our work beyond this phase, additional skills should be represented on the team, including persons who work with oral and sign language translators and interpreters, larger private behavioral health employers, and at least one school of nursing.

Recruitment, hiring, and retention:

A core principle for the mental health workforce should be achieving diversity. Employers within the system should strive to retain a workforce that is reflective of and sensitive to the consumer population. Providers throughout the mental health system – as well as in interacting systems such as Family Care managed care organizations – should also exercise a preference (to the greatest extent possible) for hiring staff with expertise in serving dually diagnosed individuals and people with disabilities.

BHD leaders and managers should seek a review of the hiring process with the Milwaukee County Department of Human Resources and Department of Administrative Services to create a more responsive and timely hiring procedure. Concurrently, the County and other mental health service providers should emphasize trauma-informed care as a skill for new hires and a priority in professional development for existing staff

Public sector entities must strategize on ways to become more competitive with the private sector – including reviewing and adjusting compensation, particularly for licensed professionals – to improve recruitment and retention of quality providers and ensure consistently high quality services throughout the system. A variety of incentives may be useful to consider, ranging from student loan forgiveness to professional development incentives.

Consumer-operated services such as non-crisis support lines should be expanded, and the cost-effective and evidence-based practice of peer support should be utilized to its optimal potential throughout the system. Certified Peer Specialists (CPS) can empower consumers as partners in their own recovery and aid their navigation between various types and levels of care. Training programs for CPS should be expanded to meet the needs of consumers in recovery throughout the community; this will also create a larger pool from which to hire. CPS should receive regular training and evaluation to ensure consistent and high quality service system-wide. CPS wages should be adjusted with a goal to ensure compensation that is reflective of the demand for peer support and commensurate with the value of the services being provided.

Education and training:

According to employers and program operators, Milwaukee County faces a number of challenges in staffing a redesigned, community-oriented mental health system. It is incumbent upon stakeholders to assess and strategize about how to ensure that future supply will be in place to meet the demand for numerous positions, including (but not limited to): Psychiatrists (with various specialties including inpatient, child, addiction, geriatric, consultation/liason, general adult), registered nurses and nurse practitioners with mental health certification, psychiatric nurse managers and executives, psychologists, occupational therapists, and psychotherapists with certification in substance abuse.

System stakeholders should foster partnerships with higher education institutions to increase and enhance interdisciplinary teams, focusing on recruitment, retention, and education of licensed professionals, including social workers, psychologists, nurses, nursing aides, as well as those listed above. BHD and other employers in the mental health system must collaborate to devise strategies to encourage psychiatry and psychiatric nursing as career paths to combat an acute shortage of providers. To that end, the County could benefit from providing more clinical experience hours to medical and nursing schools requesting them. Seeking opportunities with community providers is also an option to pursue.

Educational curricula at nursing and medical schools should be updated to align with evidence-based practices and the principles of recovery and person-centered planning. Mental health stakeholders – including the County – should engage nursing schools about including psychiatry requirements and educational opportunities as part of core curriculum.

Employers should emphasize a culture of learning, interdisciplinary fluency (systems thinking), and professional development, with enhanced initial and ongoing training at BHD (Educational Services) and compulsory cross-training for CNAs and unit clerks on behavioral health and disabilities. A normalization of minimum skill and training requirements should be put into place for persons working in behavioral health, including a basic knowledge of human development.

Providers – especially case managers – should be trained and evaluated on their use of motivational and person-centered approaches, such as motivational interviewing, which could promote increased participation in services.

Community-wide and position-wide competencies and training standards should be established and regularly evaluated for trauma-informed care, recovery, and person-centered planning. Providers throughout the system must ensure timely access to adequately trained interpreters and translators with proficiencies in person-centered care and trauma-informed care, and clinicians should likewise be trained in how to make appropriate use of interpretation services. Providers should participate in

ongoing training and periodic self-assessment to improve cultural competency, including how to identify and respond to diverse cultural, language, and service needs. Providers must be well versed in cross-cultural communication as well as aware of their own biases. Improving cultural competency may correlate to reducing service refusal.

Community engagement:

The County should continue to partner with hospitals and other health systems to expand necessary capacity in the mental health continuum. Community providers will need to adjust workplace culture and build clinical capacity to treat persons with more severe symptoms and complex psychosocial needs.

Such a partnership should include the development of better training for hospital emergency departments to deal with crises and address challenging behaviors to reduce emergency detention referrals to the Psychiatric Crisis Service.

It also is important to cast a broad net to collaborate on access to services and professional development. For instance, school nurses and nurses employed in county correctional settings are two instances where there is (reportedly) a high incidence of mental health service requests outside a formal mental health treatment setting.

Conclusion:

There is a group of natural resource partners in the broader community that could be key allies in creating an enhanced mental health workforce in Milwaukee County. These include the Workforce Investment Board, Department of Workforce Development, Division of Vocational Rehabilitation, private funders, and Wisconsin Works (W-2). With an even broader partnership to include other key players such as health systems and FQHCs, additional sources may be available at the Federal level.

Action Team: Quality Mental Health Redesign and Implementation Task Force

Strong quality assurance and quality improvement (QA/QI) processes are essential to the success of a community-based mental health system. The Quality Action Team presents this consensus report with the qualification that significant work lies ahead. The principles presented here are a good first step, and the future efforts of this team and the Task Force should include review of best practices and models used in other urban community-based mental health systems.

Coordinated QA/QI Process:

The Quality Action Team recommends the development of a QA/QI Steering Committee to monitor core outcome measures, identify process indicators (as deemed appropriate), and develop a dashboard for reporting system-wide. This Committee should engage senior management personnel from public and private entities, staff members from various levels within those entities, consumers of mental health services, representatives of mental health advocacy organizations, and representatives of disciplines including (but not limited to) the following: Psychiatry; Psychology; Internal Medicine; Nursing; Operations; and Data Analysis. A charter document for the Committee should enumerate the purpose, scope, and guidelines for open and collaborative participation. The Committee will oversee the operation of subcommittees charged with ongoing standards and outcomes review; subcommittees may include (but not be limited to): Inpatient Services, Crisis Services, Community-Based/Outpatient Services, Residential Services, and Linkages/Social Services.

This Team supports the establishment of a set of system-wide performance and outcomes indicators and goals addressing the following areas:

- Service utilization:
 - Inpatient
 - Crisis
 - Outpatient
 - Case management
 - Benefits counseling and advocacy
 - Peer support
 - Employment services
- System monitors:
 - Consumer satisfaction
 - Quality of life
 - Independent living
 - Meaningful life options (e.g., housing, employment, education, etc.)
 - Emergency detentions
 - Discharge planning
 - Continuity of engagement in community-based services
 - Person-centered planning and recovery orientation
 - Cultural competency
 - Trauma-informed care
 - Evidence-based practices (EBP)
 - Utilization of and fidelity to EBPs are complex and resource intensive but can yield savings by increasing independence and stability of consumers. Adequate resources should be available to support EBPs.
 - Peer support is an EBP currently being utilized in Milwaukee County, and it should be expanded and regularly evaluated for fidelity.

- The Human Services Research Institute (HSRI) suggests and our team supports Permanent Supportive Housing, Supported Employment, Integrated Dual Disorder Treatment, and Assertive Community Treatment as priorities for Milwaukee County based on identified gaps in services, as well as consumer input. This team supports equally thoughtful consideration of EBPs not specifically noted by HSRI.

Adequate Resources:

To develop and sustain quality services, there must be adequate resources committed to the QA/QI process. This team recommends a review of current resources available from all stakeholders, including a consideration of adding Quality Assurance staff at BHD, including a Peer Specialist.

We also recommends the development of a management information system to collect and report common data elements, with the understanding of the cost and investment limitations of providers. Data points should be mutually agreed upon, and a process should be collaboratively designed to store, share, and act upon data accurately and reliably. This recommendation will require further discussion with system stakeholders to fully develop.

Provider Contracts:

We recommend that a QA/QI performance evaluation be considered when reviewing proposals for adult community services such as Targeted Case Management and Community Support Programs. Additionally, we recommend the review of other models of ongoing monitoring and system review (e.g., Wraparound Milwaukee) for potential guidance.

Cultural Competency & Language Access:

The Team supports a system-wide commitment to cultural competence and recommends that private and public entities conduct initial and ongoing self-assessments to identify cultural, language, and service needs and gaps. This analysis should include an in-depth review of community demographic data. The system must ensure effective communication with individuals with Limited English Proficiency and the deaf community, including training and evaluating staff on culturally and linguistically appropriate service delivery.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 3, 2012

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

FROM: Hector Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: From the Director, Department of Health and Human Services, submitting an informational report regarding the work plan to study the possible transfer of management of inmate mental health and health care services to DHHS

Background

As part of the 2012 Budget, the County Board passed an amendment directing the Director of the Department of Health and Human Services (DHHS) to study and make recommendations related to the possible transfer of management of the physical and mental health services for inmates from the Office of the Sheriff to DHHS. The Sheriff had proposed to out-source this service as part of his 2012 Requested Budget, but concerns were raised and the direction was given to study this potential transfer with county departments or to identify alternatives.

Discussion

The physical and mental health care of inmates has been a point of discussion for many years. The Christiansen Consent Decree outlines the standards of care to which the Milwaukee County Sheriff is accountable. The method or agent to provide services to achieve those standards is not defined and a number of alternatives could exist. As discussed within the budget process, there is an interest in exploring alternative options for the management of inmate physical and mental health services, with one possible option being the transfer of the service management to DHHS.

Any change of this magnitude, and with the consideration of human lives at stake, requires a careful and thoughtful process to ensure the best outcomes are achieved.

To achieve that a work plan has been developed to manage the process. The objectives of the study group will be to:

- Determine the inmates medical and behavioral health needs by:
 - Reviewing data related to current inmate health requests and activities
 - Reviewing national standards of accreditation
 - Having discussions with advocates
- Review the current standard of care by:
 - Reviewing current policies and procedures
 - Analyzing the current pharmacy formulary and practices

- Assessing quality assurance data and metrics
- Reviewing inmate grievances
- Having discussion with staff and medical management
- Determine gaps in standards by:
 - Meeting with the Medical Monitor to review information
 - Reviewing any opportunities to achieve national accreditation
- Determine appropriate staffing model, including medical providers by:
 - Reviewing current staffing model and recruitment and retention challenges
 - Considering different providers for the model such as psychologists
- Determine gaps and resource levels needed to meet staffing model
- Determine management structure
- Establish quality program and metrics, which will be utilized regardless of what management structure is in place and establish a benchmark for reporting

Work Group

The Director of DHHS will work with the Office of the Sheriff, Corporation Counsel and Department of Administrative Services to determine the members of the work group. It will include staff from all of those areas as well as representatives from legal services, advocates, and community staff. The exact membership will be announced in January 2012.

Plan of Work

Within the budget discussions, it was noted that a report was due to the Health and Human Needs Committee in June. To achieve that goal, the following work plan has been developed. As discussed during the budget debate, the work group will let the Health and Human Needs Committee know if additional time or resources are needed in order to provide the best information for policy decisions.

Month	Goal	Selected Activities
January	Implement work group and orientation to issues	-Create work group -Review of current data -Identify additional data needs
February	Defining standards of care	-Review current policy, procedures, formulary, practices -Review accreditation standards -Discussion/focus group with advocates

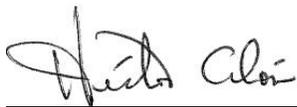
March	Define staffing model	-Review of current staffing model -Review of staff recruitment and retention -Consider alternative models based on national trends
April	Define resources <i>Progress report to board</i>	-Review budget -Review positions -Review other resources such as equipment, Electronic Medical Record, etc
May	Define Management Structure	-Review options -Consider transition planning if needed -Develop recommendations
June	Report of recommendations to board	

Next Steps

The work group will be meeting aggressively to address the work plan as outlined above.

Recommendation

This is an informational report.



Héctor Colón, Director
Department of Health and Human Services

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

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: January 3, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
*Prepared By: Paula Lucey and Jim Kubicek, BHD Administration
Dennis Buesing, DHHS Contract Administration*

SUBJECT: **From the Director, Department of Health and Human Services, submitting an informational report regarding the status of the Request for Information (RFI) issued to determine community capacity for behavioral health services**

BACKGROUND

The adopted resolution issued by the Milwaukee County New Behavioral Health Facility Study Committee authorized and directed the Department of Health and Human Services (DHHS) to issue a Request for Information (RFI) based on planning efforts to determine what capacity presently exists in the community and how it can be successfully incorporated into a new delivery model. The information received in the RFI will inform the Mental Health Redesign and Implementation Task Force (Task Force) as to the need to develop follow-up Request for Proposals (RFPs), contract revisions, and other system changes as recommended by the Task Force and approved by the County Board.

DISCUSSION

Mental Health Redesign Task Force

The Task Force is a partnership between public and private stakeholders, sharing a goal of reducing reliance on emergency mental health services and inpatient care in Milwaukee County. Ultimately, a redesigned mental health system needs to provide for the effective and sustainable delivery of mental health services within Milwaukee County. The Task Force identified a number of key objectives, which served as a template for the RFI design.

Key objectives of the Mental Health Redesign include:

- Improve access to timely and appropriate mental health services
- Expand public and private community-based mental health services
- Reduce unnecessary and costly reliance on inpatient treatment
- Determine and achieve optimal capacities in public and private inpatient facilities and the Hilltop units at the BHD
- Minimize use of emergency detentions

- Improve consumer satisfaction and quality of care
- Achieve system-wide application of principles of recovery and trauma-informed care
- Increase independence, community integration, and quality of life for consumers
- Manage or reduce overall costs within the mental health system
- Achieve and maintain an efficient, well trained workforce through strong recruitment, retention, and continuing education efforts

Request for Information

Behavioral Health Division (BHD) staff drafted the RFI, with input from the Task Force Executive Committee. The RFI was issued on October 3, 2011, with responses due back to the Department on November 4, 2011. The RFI stated that BHD was seeking information from community providers and organizations on each entity’s current capacity to provide mental health services, and interest and ability to participate in a redesigned mental health system. It further noted that the overall goal of the redesigned mental health system is to decrease reliance on emergency and inpatient levels of care and increase community-based programming and support. It was anticipated that the RFI would provide baseline data to help the Task Force with its charge of implementing new mental health system design ideas and innovative strategies.

To ensure broad participation, notice of the RFI was posted on the county website and all providers in any of the BHD networks, including Wraparound, WisserChoice, and SAIL were notified of the RFI. In addition, it was posted in the newspaper and members of the Task Force were encouraged to promote the opportunity. Further, a pre-submission meeting was held for potential respondents at Zoofari to answer questions.

The RFI asked respondents to report in four basic areas. First, the Task Force wanted respondents to discuss their philosophy of care. Second, providers were asked to outline current services provided to Milwaukee County and other funders. Third, providers were asked to identify which services they would be able to potentially expand. Lastly, a “suggestion box” was included and respondents could offer any ideas about system redesign. In addition, the RFI collected basic demographic information about each of the respondents.

Summary Data from RFI

A total of fifty-two agencies submitted complete responses to the RFI. The below table includes a summary of some of the information collected as part of the RFI.

Description	# of Agencies	% of Total
New Agencies (not currently BHD, WisserChoice or Wraparound Providers)	22	42%
Agencies with Potential Expansion	32	62%
Agencies with New System Ideas	37	71%
Agencies with New Services	18	35%
Agencies with Language other than English	32	62%

Description	# of Agencies	% of Total
Agencies using Peer Specialist	8	15%
Agencies where at least 51% of the Board of Directors are Minorities	13	25%
Agencies where organization is owned and operated by at least 51% Minorities	10	19%
Agencies where at least 51% of the Board of Directors are Women	16	31%
Agencies where organization is owned and operated by at least 51% Women	11	21%
Agencies are Faith Based Organization	7	13%
Agencies having a Partnership with Milwaukee County	28	54%
Agencies willing to use Milwaukee County Employees	18	35%
Agencies with Milwaukee County Contracts	42	81%

NEXT STEPS

Responses related to agencies' philosophy of care will be sent to the Task Force Patient Centered Care Action Team for review. It is anticipated that they will use these responses to determine community education needs and develop plans to meet those needs. The information about existing services and potential expansion will be shared with the Task Force Continuum of Care and Community Linkages Action Teams for their review and consideration in system redesign.

The process also brought new agencies to the attention of BHD staff, and the list of respondents will be used as a reference for future needs.

RECOMMENDATION

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Terrence Cooley, County Board
Patrick Farley, Director, DAS
Pam Bryant, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Antionette 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: January 3, 2012

TO: Supervisor Lee Holloway, Chairman – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **An Informational Report from the Director, Health and Human Services, regarding the 2011 professional service contract with Roeschen’s Omnicare for the Behavioral Health Division**

Issue

The Director, Department of Health and Human Services (DHHS), and the Administrator, Behavioral Health Division (BHD) have been monitoring the 2011 contract for pharmacy services with Roeschen’s Omnicare. At this time it appears that the contract will exceed the 2011 authorization by over \$650,000. BHD is now reporting to the Board to brief them on the actions being taken to assess the issue and find a resolution. At this time, BHD is not requesting to increase the contract amount.

Background

In December 2010, BHD brought forward a report to establish 2011 professional service contracts with various vendors, including Roeschen’s Omnicare. Roeschen’s Omnicare provides all pharmacy services to the Behavioral Health Division, including outpatient clients. The contract amount for 2011 was recommended to be \$5,090,120, which was the same as the 2010 contract including the additional pharmaceutical costs for clients previously paid out of the Medical College outpatient purchase of service contract. Since that report was submitted, BHD has been monitoring the contract and has been reporting deficits for pharmacy in the quarterly fiscal projections.

BHD has experienced the same trends in pharmacy as many others in the health care field, including increased costs for drugs and increased utilization. In 2011, BHD has had overspending on this contract primarily in the outpatient area including the BHD Access Clinic and the Medical College of Wisconsin outpatient clinic. This has resulted in projected overspending of \$650,000 for 2011.

The pharmaceutical services contract was competitively bid in 2004, 2005, and 2008. Roeschen's Omnicare Pharmacy was the only company that responded to BHD's Request for Proposal (RFP) on all three occasions. In 2009, a two-year contract with an option for two additional one-year terms was recommended. 2012 is the second optional renewal and this service will be put out for RFP for 2013. BHD is also considering the option of bringing pharmacy services back in-house rather than using an outside vendor.

BHD is working with Cambridge Advisory Group, the Department of Audit and DHHS Contract Administration to assess the situation and will be conducting an audit, including fiscal and clinical considerations, going back three years on this contract. BHD has met with Roeschen's Omnicare and they are aware of the situation. Once the audit is complete we will return to the County Board to request additional expenditure authority if necessary. BHD is hopeful that the audit will identify some savings that will cover some or all of the 2011 overspending.

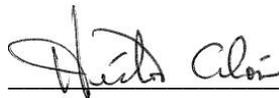
Recommendation

This is an informational report. No action is necessary.

Fiscal Effect

BHD has assumed, as part of their quarterly reports, that this contract will be overspent by \$650,000. Therefore, there will be no fiscal impact for 2011 and BHD's overall projection will not change.

BHD has submitted a fund transfer in the January cycle to reallocate funds to the pharmacy accounts to pay for this potential overspending. January 2012 is the last month a fund transfer can be submitted for 2011 therefore BHD feels it is necessary to complete this action so if an additional payment must be made the funding is there. No payment will be made to Roeschen's Omnicare above the original contract amount for 2011 without Board approval.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Terrence Cooley, County Board
Patrick Farley, Director, DAS
Pam Bryant, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS

Antionette Thomas-Bailey, Fiscal & Management Analyst, DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: January 3, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2012 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin**

Issue

The Director of the Department of Health and Human Services (DHHS) is requesting approval to enter into separate contracts with the State Department of Health Services (DHS) and the Department of Children and Families (DCF) for certain shared services provided by DHHS to the State-operated Income Maintenance (IM) and Child Care Programs. The 2012 lease agreement with DHS for the Marcia P. Coggs Center is included as an attachment to the DHS contract.

Background

As of January 1, 2010, the State of Wisconsin assumed control over the Income Maintenance and Child Care programs. Under this arrangement, the 344.5 county positions that supported Income Maintenance (IM) and Child Care remained county employees, retaining the same benefits, but were supervised by the State.

The 2010 and 2011 contracts reimbursed Milwaukee County for the personnel costs of county staff managed by the State, shared services, Medical Assistance Transportation program and the actual lease. In turn, the county contributed \$2.7 million in property tax levy to support these costs.

In July 2011, the State Budget converted the county IM staff to State employees effective December 31, 2011. In addition, the State Legislature converted the Child Care positions as of October 1, 2011 as part of a passive review process.

Given the conversion of former county staff to State employment, the 2012 contracts only reimburse the county for staff costs related to IT services, employee pension benefits, Records Center Services, Medical Assistance (MA) Transportation administration and mail services. These services are provided to assist the State in its administration of the IM and Child Care Programs under Wisconsin Statutes 49.78 and 49.826 (3) (c). The 2012 lease is still included in the DHS contract as an attachment.

Instead of requiring the County to contribute \$2.7 million in tax levy, the State will now intercept \$2.7 million of the department's Basic County Allocation (BCA) provided to DHHS as required in Wisconsin Statutes 49.78 (1m) (d).

The following narrative highlights major changes to the 2012 contracts and lease compared to 2011. These changes are also identified in Attachment 1.

State/County Lease Agreement

The proposed lease reflects 84,269 square feet of space in the Coggs Center and a term of January 1 through December 31, 2012. This reflects a reduction in square footage of 1,883 compared to 2011. The square footage allocated to the State was reduced by the amount occupied by the Hunger Task Force on the first floor of the Coggs Center. In 2010 and 2011, the State paid for this space but will no longer do so in 2012. A separate Memorandum of Understanding (MOU) has been executed between DHHS and the Hunger Task Force for the space as well as a required \$1,500 monthly lease payment.

The lease with the State anticipates a monthly payment of \$135,181 for building operations or \$1,622,169 annually. This compares to \$141,763 per month or \$1,701,156 annually in 2011. This reflects a reduction of \$78,987 compared to the 2011 contract due to the Hunger Task Force adjustment and a reduction in the cost per square foot for 2,600 square feet of space occupied by Friedens Food Pantry. The food pantry is located in the basement of the Coggs Center and the State has been paying for this space under previous leases. However, DHS argued that because the space is in the basement, it should be considered "Class B" space and subject to a lower cost per square foot.

State DHS has verbally indicated that it will maintain the lease through the end of 2012. The same language has been retained in the 2012 lease that was included in the 2011 lease relative to vacating space. If DHS decides to vacate space at the Coggs Center, the lease requires that the space vacated be contiguous, exceed 5,000 square feet and the State provide 90 days written notice to allow the county time and adequate space to secure new tenants.

DHS IM and DCF Child Care Contract Changes

Pension Costs: In accordance with Wisconsin Statutes 49.825(4)(c)2 and (5)(c)2, the county must maintain employees who are not currently vested in the Milwaukee County Employee Retirement System (ERS) until they are vested (at five years of service) and the State will reimburse the county the employer contribution. There are currently 56 employees who will not be vested as of November 2011. Former county Child Care employees that are now State DCF employees can opt in writing to remain in the county's ERS within 10 days of their appointment to State positions, and the State will reimburse the county the employer contribution per Wisconsin Statutes 49.826 (4)(c). There are about 12 State Child Care employees that have exercised this option as of November 2011.

In addition to reimbursing the county's employer contribution, the State will reimburse the county's administrative costs associated with maintaining these employees in the ERS.

IT Services: In 2010 and 2011, Milwaukee County Information Technology Services Division (IMSD) provided Information Technology (IT) services to DCF and DHS at the Cogg Center. IMSD worked collaboratively throughout the past few years to adjust IT service levels based upon feedback from the state. For 2012, IMSD has once again worked collaboratively with the State to devise a mutually agreeable IT support model, which is included in the overall contracts with each agency and is calculated based on the number of devices deployed by the State. IMSD anticipates charging \$3,799 per month to DCF and \$85,114 per month to DHS for a combined total monthly charge of \$88,913 compared to \$68,033 in 2011. The increased monthly rate is due to additional State IM staff located at the Cogg Center.

Please see the separate fiscal note prepared by IMSD for IT services.

General Assistance Burials & Interim Disability Assistance Program (IDAP): Since the 2010 takeover, the State has allocated staff resources to the IDAP and the GA Burials programs and the county paid for a portion of the associated staffing costs. The two positions that provided eligibility support to the IDAP and GA Burials programs, however, are among the positions being converted to DHS. DHHS' 2012 Budget includes a new Human Services Worker¹ that will assume the eligibility support previously provided by the State supervised staff. In addition, the 2012 contract provides for ongoing support from the State for the first quarter of 2012 in order to create a smooth transition.

Medical Assistance Transportation: As part of the 2010 and 2011 contracts, DHHS processed invoices related to common carrier transportation services for Wisconsin Medicaid and BadgerCare Plus Standard Plan. As of July 1, 2011, the State implemented a transportation broker to manage this program and DHHS is no longer required to process provider invoices. However, providers can continue to bill for services a full year after the service was rendered, or until June 30, 2012. As a result, DHHS will need to process some invoices into 2012 and the State will fully reimburse the County for all transportation provider costs incurred prior to July 1 as well as the county's administrative costs related to this service.

DCF Child Care Contract Changes

The DCF proposed contract is a separate contract. There are no major changes to this contract other than the ones described above.

Fiscal Effect

¹ DHHS is also requesting the abolishment of this position and creation of a Bilingual Human Service Worker in the January County Board cycle. This will better meet the needs of the IDAP and GA Burials program and has no fiscal impact.

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

Recommendation

The Director of the Department of Health and Human Services (DHHS) recommends approval of the 2012 contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for the Income Maintenance and Child Care Programs. This action will allow the County to begin receiving monthly reimbursement for costs related to shared services and the Coggs Center lease.



Héctor Colón, Director
Department of Health and Human Services

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

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(ITEM) Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2012 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin by recommending adoption of the following:

A RESOLUTION

WHEREAS, section 49.78 of the Wisconsin Statutes authorizes the State Department of Health Services to enter into a contract with Milwaukee County for the performance of administrative functions for Income Maintenance programs under that subsection, and

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

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

WHEREAS, section 49.78 of the Wisconsin Statutes requires the County to contribute \$2.7 million of its Basic County Aids (BCA) allocation for 2012; and

WHEREAS, included as an attachment to the State DHS contract is a one-year lease (January 1 to December 31, 2012) for the use of 84,269 square feet of space at the Marcia P. Coggs Human Services Center; and

WHEREAS, per Wisconsin Statutes the county must maintain certain State Income Maintenance and Child Care employees in the Milwaukee County Employee Retirement System (ERS) and the State will reimburse the county for the employer contribution; and

WHEREAS, the 2012 contract provides for ongoing support from the State for the General Assistance (GA) Burials Program and Interim Disability Assistance Program (IDAP) for the first quarter of 2012 in order transition the eligibility function from the State back to the County; and

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

BE IT RESOLVED, that the Director of the Department of Health and Human Services, is hereby authorized to enter into 2012 contracts with the State of Wisconsin covering Income

- 44 Maintenance and Child Day Care Administration for the period of January 1 through December
45 31, 2012, and any addenda thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/3/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2012 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure		0
	Revenue	-125,156	0
	Net Cost	125,156	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director, Department of Health and Human services is requesting authorization to enter into 2012 contracts with the State Department of Health Services for the Income Maintenance program and with the State Department of Children and Families for the Child Day Care program. Approval will allow Milwaukee County to receive State reimbursement revenue for certain administrative functions such as Records Management, Employee Benefits Support, IT services and Mail Services. In addition, approval would also execute a lease (January 1 to December 31, 2012) with DHS. The lease is included as an attachment to the DHS contract.

B. Outside lease revenue included in the 2012 Budget is \$1,746,825. The revenue anticipated in the State lease is \$1,622,169 and an additional \$18,000 is anticipated from the Hunger Task Force for a total of \$1,640,169 in outside lease revenue. This reflects a reduction of \$106,656 compared to the 2012 Budget. This shortfall is partially the result of adjusting the square footage allocated to the State. The State is no longer paying the full cost of the space occupied by the Hunger Task Force and is paying a lower square footage rate for the Friedens Food Pantry space. In addition, rental revenue was increased in the 2012 Budget by nearly \$46,000 compared to the 2011 Budget.

DHHS also did not budget the \$18,500 in eligibility support for the General Assistance (GA) Burials Program and Interim Disability Assistance Program (IDAP) which may be needed from the State in the first quarter of 2012. Therefore, the total estimated shortfall in DHHS is \$125,156. DHHS will work diligently to reduce costs elsewhere and maximize revenue where possible to cover this shortfall in 2012. This will be included in all 2012 quarterly reports from the department.

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

Finally, there is unanticipated revenue and offsetting expenses of \$31,086 related to pension benefit support services provided by the county's pension office for IM and Child Care employees participating in the ERS. This revenue will be provided to the pension office by DHHS in 2012.

C. The county is statutorily required to contribute \$2.7 million of its Basic County Allocation (BCA) toward the Income Maintenance program in Milwaukee County. This contribution is included in the 2012 Budget but is reflected as property tax levy. The department will submit a fund transfer in 2012 to reduce its budgeted BCA revenue for a net tax levy effect of \$0.

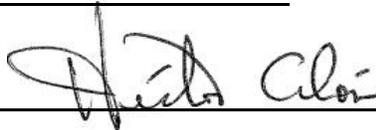
A total of \$329,115 in Shared Services revenue is included in the 2012 Budget. Shared services are provided to the State by county employees in the areas of Record Center Services, Medical Assistance Transportation administration and Mail Services. The ability to earn the full revenue, however, is dependent upon 100% time reporting by county staff as well as the budgeted hourly rates reflecting 2012 actual costs. The contract requires the budgeted rates charged for shared services be reconciled against actual costs throughout the calendar year.

D. The fiscal note assumes that the State will occupy the full 84,269 square feet of space for the entire year. However, the lease allows DHS to vacate contiguous office space in excess of 5,000 square feet with at least 90 days written notice. If this should occur, this will negatively impact the 2012 anticipated lease revenue.

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

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

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/1/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Chief Information Officer , Department of Administrative Services Information Management Services Division (DAS-IMSD), requesting authorization to enter into 2012 contracts with the State of Wisconsin for IT Services to Income Maintenance and Child Care at the Coggs Center.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	470,561	0
	Revenue	470,561	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Authorization is requested to execute the 2012 contracts for Information Technology (IT) services provided by the Department of Administrative Services - Information Management Services Division (DAS -- IMSD) with the State Department of Health Services for the Income Maintenance program and with the State Department of Children and Families for the Child Day Care program at the Coggs Center.

DAS -- IMSD is included within the overall contract (requested for execution by the Milwaukee County Department of Health and Human Services (DHHS)) with the State. However, DAS -- IMSD is preparing a separate fiscal note due to the increase in budgeted revenue and the corresponding expenditures from the amount included in the department's 2012 Budget for services to the State.

B. The expenditures and offsetting revenue from the State of Wisconsin for 2012 based upon the new negotiated rate for IT services will total \$1,066,956 on an annual basis. DAS -- IMSD's 2012 budget included \$596,395.

C. Approval of this action would increase IMSD budgeted expenditure authority and offsetting revenue from the State in the amount of \$470,561

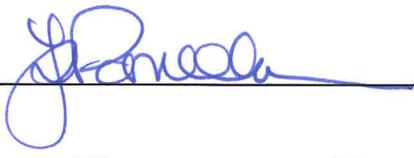
D. The fiscal note assumes that the new negotiated rate received from the State of Wisconsin will apply from January 1, 2012 and extend through December 31, 2012 (covering an entire year of service).

This negotiated rate is a flat monthly fee for services based upon a predetermined level of IT support. The increased rate for 2012 is due to additional State Income Management staff located at the Coggs Center that require IT support.

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

Department/Prepared By Laurie Panella, Interim Chief Information Officer, DAS - IMSD

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

Attachment 1 - Major Components of State DHS & DCF 2012 Contracts & Lease

	2011 Contract	2012 DHHS Budget	2012 Contract	Var 2012 Contract/ 2012 Budget
1) County Personnel Costs				
Income Maintenance	\$21,309,824	\$0	\$0	\$0
County Portion for IM	(\$2,700,000)	\$0	\$0	\$0
Net IM	\$18,609,824	\$0	\$0	\$0
Child Care	\$6,202,859	\$0	\$0	\$0
County Portion	\$0	\$0	\$0	\$0
Net Child Care	\$6,202,859	\$0	\$0	\$0
Net State Reimb. for Personnel Costs	\$24,812,683	\$0	\$0	\$0
2) DHHS Outside Lease Revenue				
Coggs Center Lease with State DHS	\$1,701,156	\$1,746,825	\$1,622,169	(\$124,656)
Hunger Task Force MOU with DHHS	\$0	\$0	\$18,000	\$18,000
Total Outside Revenue	\$1,701,156	\$1,746,825	\$1,640,169	(\$106,656)
3) Shared Services¹	\$531,853	\$329,115	\$329,115	\$0
4) Other Services				
GA Burials Elig. State Charge	(\$24,000)		(\$6,000)	(\$6,000)
IDAP Elig. State Charge	(\$50,000)		(\$12,500)	(\$12,500)
Net Other Services Reimbursement	(\$74,000)		(\$18,500)	(\$18,500)
Grand Total DHHS Reimbursement	\$26,971,692	\$2,075,940	\$1,950,784	(\$125,156)

	2011 Contract	2012 Contract	Variance 2012/'11 Contracts
Items in Other County Departments²			
Fringe Benefits - Pension Employer Contribution ³	\$60,000		(\$60,000)
DAS Div of Employee Benefits - Pension Benefit Services	\$0	\$31,086	\$31,086
IMSD Services	\$816,396	\$1,066,956	\$250,560

¹Shared Services reflect services provided by the County to the State for the Records Center, Medical Assistance Transportation and Mail Services. The estimated revenue is based on budgeted rates which must be reconciled to actual costs.

The reduction of \$202,738 in the 2012 Contract compared to the 2011 Contract is due to the elimination of county HR services resulting from the conversion of county staff to State employees.

²The items in this section have offsetting expenditures so the net tax levy effect is \$0.

³An estimate related to the employer share of the ERS costs for the IM and Child Care employees is not available at this time. Once an estimate is completed, a contract amendment will be done to increase the contract accordingly. The State is required to reimburse all employer contributions per Wisconsin Statutes 49.825 (4) and 49.826 (4) c 2.