

**County of Milwaukee**  
INTEROFFICE COMMUNICATION

DATE: February 21, 2012

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to increase awards for three contracts with Goodwill Industries of Southeastern Wisconsin, Inc., and one contract with Transit Express, Inc., for services provided in 2011 under contracts originally authorized by the County Board under File No. 11-34 (a)(a)

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on March 7, 2012.

The attached resolution authorizes the Director, Department on Aging, to increase awards for three contracts with Goodwill Industries of Southeastern Wisconsin, Inc., and one contract with Transit Express, Inc., for services provided in 2011 under contracts originally authorized by the County Board under File No. 11-34 (a)(a). The proposed changes are as follows:

1. Increase by \$14,296, from \$1,382,945 to \$1,397,241, the contract with Transit Express, Inc., to provide Specialized Elderly Transportation Services; and
2. Increase by \$40,294, from \$829,000 to \$869,294, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals; and
3. Increase by \$16,169, from \$87,300 to \$103,469, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Shopping and Errand Services; and
4. Increase by \$7,626, from \$240,000 to \$247,626, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Nutrition Site Supervision (Multiple Sites).

The Department awards funds to provider agencies based on the availability of federal, state, and local funds, allowable costs, recent usage by older persons of programs and services, anticipated changes in service demand, and other factors. As with many contractual services, actual participation is a function of service availability, client needs, weather, and other factors that cannot be precisely known at the time contracts are awarded. When additional funds become available, the Department seeks to use those funds to fully reimburse vendors for the services they provide.

February 21, 2012  
Sup. Lee Holloway  
Sup. Peggy Romo West  
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The proposed increases in contract awards contained in the attached resolution will be funded from allocations in the Older Americans Act and the Specialized Transportation Assistance Program for Counties.

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

A handwritten signature in purple ink, appearing to read "Stephanie Sue Stein", is written over a light yellow rectangular background.

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Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

cc: County Executive Chris Abele  
Tia Torhorst  
Jennifer Collins  
Antionette Thomas-Bailey  
Jonette Arms  
Keith Garland  
Mary Proctor Brown  
Nubia Serrano  
Gary Portenier  
Pat Rogers

Attachments

## RESOLUTION

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

WHEREAS, the Department awards funds to provider agencies based on the availability of federal, state, and local funds, previous usage by older persons of the programs and services provided, anticipated changes in service demand, and allowable costs; and

WHEREAS, the actual amount of services that occur under a specific contract is a function of changes in the number of participants, evolving client needs, weather, and other factors that cannot be precisely known at the time contracts are awarded; and

WHEREAS, when additional funds become available, the Department seeks to use those funds to fully reimburse vendors for the services provided to eligible older persons and for one-time only expenditures designed to enhance the quality of programs and services provided; and

WHEREAS, the actual cost to provide contractual services in 2011 under four (4) program and service contracts exceed the amounts originally awarded; and

WHEREAS, the Department has identified sufficient funds to increase awards to the four 2011 contracts; and

WHEREAS, the Department recommends increasing awards for the following contractual services based on actual costs and to amend the awards as follows:

1. Increase by \$14,296, from \$1,382,945 to \$1,397,241, the contract with Transit Express, Inc., to provide Specialized Elderly Transportation Services; and
2. Increase by \$40,294, from \$829,000 to \$869,294, the contract with Goodwill

Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals; and

3. Increase by \$16,169, from \$87,300 to \$103,469, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Shopping and Errand Services; and
4. Increase by \$7,626, from \$240,000 to \$247,626, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Nutrition Site Supervision (Multiple Sites); now, therefore

BE IT RESOLVED, that the Director, Department on Aging, is hereby authorized to increase awards in the 2011 program and service contracts listed above, and in the award amounts recommended.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** February 21, 2012

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to increase awards for three contracts with Goodwill Industries of Southeastern Wisconsin, Inc., and one contract with Transit Express, Inc., for services provided in 2011 contracts first authorized by the County Board under File No. 11-34 (a)(a)

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

The attached resolution authorizes the Director, Department on Aging, to amend File No. 11-34 (a) (a) and adjust 2011 awards as follows: (1) \$14,296 to Transit Express, Inc., increasing the award to provide Specialized Elderly Transportation Services from \$1,382,945 to \$1,397,241; (2) \$40,294 to Goodwill Industries of Southeastern Wisconsin, Inc., increasing the award to provide Case Management and Delivery Services for Home Delivered Meals from \$829,000 to \$869,294; (3) \$16,169 to Goodwill Industries, increasing the award to provided Shopping and Errand Services from \$87,300 to \$103,469; and (4) \$7,626 to Goodwill Industries, increasing the award to provide Nutrition Site Supervision (Multiple Sites) from \$240,000 to \$247,626.

The Department awards funds to provider agencies based on the availability of federal, state, or local funds, allowable costs, and other factors. When additional funds become available, the Department seeks to use those funds to fully reimburse vendors for the services they provide. The proposed increases cover costs incurred by vendors during the administration and provision of services in 2011.

Sufficient Older Americans Act funds exist within the 2011 State/County contract between Milwaukee County and Wisconsin Department of Health Services to fund the award increases.

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

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

Department/Prepared By Department on Aging / Gary W. Portenier, Program Planning Coordinator



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

Did DAS-Fiscal Staff Review?        Yes        No

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** February 14, 2012

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by: Geri Lyday, Administrator, Disabilities Services Division*

**SUBJECT: REPORT FROM THE DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO EXTEND AND INCREASE 2012 PURCHASE OF SERVICE CONTRACTS WITH BIRTH TO THREE PROVIDERS FOR THE PROVISION OF BIRTH-TO-THREE/EARLY INTERVENTION SERVICES IN THE DISABILITIES SERVICES DIVISION**

**Policy Issue**

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to extend and increase the 2012 purchase-of-service (POS) contracts with Birth-to-Three providers for the provision of Birth-to-Three/Early Intervention services for the Disability Services Division (DSD) for April 1 through December 31, 2012.

**Background and Rationale**

DSD administers the Birth-to-Three program/Early Intervention (Birth-to-Three) program in Milwaukee County for infants and toddlers with developmental delays or disabilities. This long-standing program has a goal of providing educational and therapeutic services to support optimum functioning of children with disabilities in the early developmental years. The Birth-to-Three program has a high-volume of referrals and is intricately linked to the health care system, various social service agencies, and school systems. This program is monitored under the annual State-County contract and includes a Maintenance of Effort requirement.

In December 2011, the County Board authorized 2012 purchase of service contracts for only three months to nine community agencies for the provision of Birth-to-Three services. The accompanying report noted that this would allow DSD to undertake a more thorough review of the agencies' referral patterns, units of service, performance outcomes, and services. Several agencies had raised concerns about the allocation distribution and requested such a review.

The nine agencies receiving three-month Birth-to-Three contracts include:

- Penfield Children's Center

- Easter Seals
- Center for Communication, Hearing and Deafness, Inc (CCHD)
- Vision Forward Association, Inc
- Curative Care Network
- St. Frances Children's Center
- Milwaukee Center for Independence (MCFI)
- Next Door Foundation
- Lutheran Social Services (LSS)

Seven of the agencies provide a traditional model of Birth-to-Three services. Lutheran Social Services (LSS) and Next Door Foundation provide traditional services to some children but their primary role in Birth-to-Three programming is to provide CAPTA (Child Abuse Prevention and Treatment Act) screens, non-CAPTA developmental screens and service coordination. LSS also provides screens, service coordination and services to Milwaukee County children placed in foster care outside Milwaukee County, and has a hospital transition team providing services to families transitioning infants with critical health concerns from the hospital to home. Next Door Foundation has a strong partnership of service coordination with MCFI and provides Infant Mental Health screenings/evaluations and services.

There are two important issues related to Birth-to-Three funding and the contract allocation process:

1. Decreased State funds and increased demands on the service system, and
2. Allocations to agencies have not been adjusted for years.

#### Decreased State Funds and Increased Demands

State funding for Birth-to-Three programming has decreased from 2008 to 2011 and allocations to the agencies decreased by almost 5% between 2009 and 2010. State promises to make programmatic changes to lessen the impact of the funding decreases have not been kept. Milwaukee County DSD is receiving the same amount of State Birth-to-Three funding for 2012, as in 2011.

In 2010 and 2011, the Birth-to-Three agencies did receive \$515,650 in Federal AARA support for staffing, training and purchasing of equipment but these extra funds were for one-time or short-term expenses and are no longer available. The Birth-to-Three contract agencies have continued to accept referrals while maintaining service levels for children and their families in spite of the fiscal challenges and indicate that they rely on outside fund-raising to meet the actual costs of serving children in the Birth-to-Three program.

Referrals have increased from 2008 through 2011, though they have stabilized in the last year. In 2008, there were 1,624 referrals to the Birth-to-Three agencies, 3,064 in 2009, 3,499 in 2010 and 3,457 in 2011. The increase in referrals between 2008 and 2009 was directly related to the Bureau of Milwaukee Child Welfare (BMCW) understanding its responsibility to refer children to Birth-to-Three as identified in CAPTA legislation. Referrals remained essentially the same

between 2010 and 2011 due to DSD efforts to implement procedures to increase the appropriateness of referrals. These efforts included: developing an interagency referral process agreement between DSD and the BMCW and providing outreach to doctors, clinics and health organizations addressing the criteria for appropriate referrals. Demand for Birth-to-Three services, however, is expected to increase.

While State funding has decreased, State requirements on the Birth-to-Three program have increased. This creates a challenge for DSD and the agencies trying to meet strict compliance targets with fewer resources. Several requirements have increased the workload for agencies:

- The State-required 100% compliance with federal Indicators 1 (related to timely service), 7 (related to timely completion of IFSP), and 8 (related to timely transition planning) when the Federal compliance standard is 95%.
- Since 2009, the State requires use of the Program Participation System (PPS), which requires each agency to input data regarding new referrals, enrollments, services provided, and transition steps taken and exit outcomes. The required data elements have increased each year.
- Providing services in the child's natural environment, while evidence-based practices demonstrate that it provides the best outcomes for children and families, is more costly in terms of staff time, training and transportation.
- The Primary Service Provider Model, which is encouraged by the State, is considered more costly by some agencies, while others find that implementing the model is beneficial to families and is revenue neutral.
- In mid-2012, there will be additional Federal requirements tightening the referral/assessment timeframes.

#### Agency Allocation Distribution

DSD has not changed the allocation distribution to each Birth-to-Three agency for several years and therefore, has not recognized or rewarded differences in performance and/or outcomes or in the average Birth-to-Three cost per child served among the agencies. The Division would like to move toward performance-based contracting based on factors such as the required Birth-to-Three Federal Indicators, other outcomes measures, the extent of outside fundraising in support of the program, and unit rates. This 2012 contract extension process is a first step in working collaboratively with the contract agencies to move in that direction and maximize available funding.

Birth-to-Three services continue to be invaluable to families who have a child with a developmental delay. These programs are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities.

#### Allocation Review Process

In January 2012, DSD met with representatives from all nine Birth-to-Three agencies to discuss the factors and quantitative data DSD was analyzing to make allocation recommendations for

the remainder of 2012. The agencies provided feedback and provided additional information about each of their programs. DSD also met with the agencies to share the results of the analysis and allocations recommendations.

The factors considered in the allocation review analysis include:

- Number of referrals taken, children enrolled and children served
- The proportion of each agency's funding, referrals and children served to the total allocation, referrals and children served
- Performance outcomes as measured by Federal Indicator Compliance Scores, including Outcome results from the State administered 2010 Parent Survey
- Agency scores on the 2012 DHHS Request for Proposals (RFPs)
- Agency success in billing for Targeted Case Management
- Other considerations such as File Review results, geographic area served and incorporation of the Primary Service Provider Model
- Capacity to accommodate children and families with diverse and sign language needs and with limited English proficiency
- Additional information provided by each agency as requested at the meeting with the agencies.

Agency scores on compliance with federal indicators is a viable comparable measure of performance and outcomes. The Office of Special Education Programs (OSEP) in the U.S. Department of Education continues to enforce the Individuals with Disabilities Education Act (IDEA) by issuing state-level outcome determinations for Part C, Birth-to-Three Program, and Part B, 3-21 Year-Old Special Education Programs. The determinations are based on 14 federally defined indicators and are required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities. OSEP continues to require states to enforce IDEA by making local determinations annually on the performance of each early intervention program under Part C. States are required to monitor a county's performance on the Federal requirements.

Over the past two years, DSD has developed and implemented improved data collection and reporting processes and worked in partnership with the State Birth-to-Three Program and the Birth-to-Three agencies to improve Federal Indicator compliance scores. For this allocation analysis, federal indicators 1, 2, 3, 4, 7, and 8 were compared across agencies to look at each agency's performance outcomes and patterns and improvements in performance. These indicators were selected because they reflect agency performance, parent satisfaction and the extent to which agencies are providing services in natural environments, a critical and important principle in the Birth-to-Three service system.

The parent survey is conducted annually in November by DSD and compiled by the Wisconsin Department of Health Services. It measures compliance with the Federal Indicator 4, which addresses family outcomes. It solicits parent responses to questions concerning the parents' understanding of their rights, their ability to communicate their child's needs and their ability to

help their child learn and develop. As an independent assessment of parent satisfaction it was an important consideration in the allocation review process.

It should be noted that, in its analysis, DSD relied on available State data sources, using data agencies input into PPS, and used the same source for each agency. There may be some discrepancies between data analyzed and the data agencies keep in their own databases.

In 2011, DSD released a Request for Proposals (RFP) for Birth-to-Three programs. All nine Birth-to-Three agencies submitted proposals. DSD reviewed the proposals by utilizing a five to seven member panel, as outlined in the DHHS technical assistance Request for Proposal document. Each agency received an RFP score based on the independent review of the merit of their proposal and response to the RFP. Each agency's score was also considered in this comparative analysis.

DSD also analyzed fiscal information from each Birth-to-Three agency including the revenue they received from billing Medicaid for Targeted Case Management (TCM), which demonstrates efforts in maximizing available revenue to serve more children. Agencies can only bill for TCM if staff qualifications meet certain criteria and only for children who are Medicaid eligible so this would affect TCM revenue totals. DSD also looked at fiscal information submitted by the agencies to DHHS Contract Administration to try to assess the extent to which their fund-raising efforts bring in additional dollars to support Birth-to-Three programming and offset expenses not covered by the contract allocation but these data were not comparable across agencies. DSD hopes to work with the agencies to collect data on the expenses and revenues related to serving just children in the Birth-to-Three program.

The following attachments include the summaries of the information assessed for this allocation analysis:

- Attachment 1: Birth-to-Three Agency Allocation Factor Comparison
- Attachment 2: Federal Indicator Scores for Birth-to-Three Agencies
- Attachment 3: Federal Indicator 3: 2010 Outcomes related to Improved Child Outcomes
- Attachment 4: Federal Indicator 4: 2010 Parent Survey Outcome Data for Birth-to-Three Agencies

Allocation Adjustments based on factor analysis

Based on analysis of all the factors noted as summarized in the attached charts, DSD is recommending the following adjustments to each agency's 12-month contract allocation comparing 2011 actual to 2012 proposed.

<b>Agency</b>	<b>2011 Allocation</b>	<b>Contract</b>	<b>Proposed total 2012 Contract</b>
Vision Forward		\$80,719	\$82,719

Center for Communication, Hearing & Deafness	\$79,588	\$81,588
Curative Care Network	\$1,329,846	\$1,229,846
Easter Seals Kindcare	\$575,401	\$545,401
Milwaukee Center for Independence	\$338,970	\$388,970
Penfield Children’s Center	\$1,125,597	\$1,175,597
St. Francis Children’s Center	\$430,169	\$459,169
Lutheran Social Services	\$231,530	\$246,530
Next Door Foundation	\$142,779	\$157,779
<b>Total</b>	<b>\$4,334,599</b>	<b>\$4,367,599</b>

In making this recommendation, DSD considered quality and an agency’s pattern of performance as measured by available performance indicators, and each agency’s unique characteristics and role in the Birth-to-Three service system, including their adaptation of the Primary Service Provider model. Average cost per child served was also considered with the idea that more efficient providers could serve more children with the same resources. Specifically, the justification for each agency’s recommended 2012 contract allocations is summarized below.

The proposed allocations to the agencies also reflect additional resources that DSD is devoting to the Birth-to-Three program. To support Birth-to-Three services, DSD has identified an additional \$33,000 from 2012 budgeted funding for purchase of service contracts, to add to the total 2012 allocation amount for Birth-to-Three agencies.

Vision Forward:

Vision Forward has moved its location to the central city. This location will increase its opportunity to team with other agencies to provide natural environment and support. Since Vision Forward is the only agency with specialized expertise in serving individuals who are blind or have visual impairments, travel expenses are higher since staff must travel throughout the entire County. It has a pattern of ranking high in compliance with Federal Indicators and its RFP score was high.

Center for Communication, Hearing and Deafness (CCHD):

Since CCHD is the only agency with specialized expertise in hearing loss, travel expenses are higher since staff must travel throughout the entire County. It ranked high in its RFP score.

Curative Care Network:

In June of 2011 Curative reduced its workforce and in July notified DSD that it was capping the number of Birth-to-Three referrals it was willing to take to an average of 15 per week, a 25% reduction from the average of 20 referrals it took per week previously. The proposed 7.5% reduction in Curative’s 2012 allocation enables funds to be shifted to agencies that are accepting the referrals no longer taken by Curative. In addition, DSD is adding \$33,000 to the total allocations to Birth-to-Three agencies to minimize the impact of reductions and maintain the integrity of the whole Birth-to-Three system.

Curative has a pattern of ranking low on the independently assessed or verifiable Federal Indicators, and high on the self-reported. It also ranked low on its RFP score. Curative notes, in its feedback as part of this allocation process, that it has a “spacious 18,000 sq. ft. dedicated space” in its facility but a key Federal and State goal of the program is to provide services in natural environments and Curative ranks last in compliance with that indicator. Birth-to-Three funds are for programming for children and not to support infrastructure.

#### Easter Seals:

Easter Seals had the lowest ranking on its RFP score and has the highest cost per child served (agency contract allocation/number of children served). It received 13% of the total Birth-to-Three allocations given to agencies for 2010 and 2011. However, Easter Seals only served 9% and 10% of the total children served in the program in those respective years. Shifting funds from Easter Seals to other agencies with a lower cost per child served will enable more children to be served for the same amount. Easter Seals has done initial training on the Primary Service Provider Model.

#### Milwaukee Center for Independence (MCFI):

MCFI has incorporated the Primary Provider Service model and has the capacity to absorb the referrals not taken by Curative. MCFI has demonstrated consistently high performance outcomes in terms of Federal Indicator compliance. The agency also serves a large Spanish-speaking only population, anticipating that over 50% of their families will be Spanish-speaking only in 2012. They also serve the very medically fragile in their Pediatric Special Care Unit.

#### Penfield Children’s Center:

Penfield has the capacity to also absorb additional referrals not taken by Curative. Penfield accepted those extra referrals in the 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2011 and still maintained a relatively high percentage of indicator compliance. Penfield also serves a high percentage (39%) of Hispanic/Latino families and has a large number of bilingual staff. They maximize Targeted Case Management revenue. Penfield’s Special Care Nursery provides services for medically fragile children, including children recently discharged from area hospitals.

#### St. Francis Children’s Center:

Over half (52%) of St. Francis children are not eligible for them to bill Targeted Case Management but its cost per child served (agency contract allocation/number of children served) is one of the lowest. Therefore, at a lower cost per child served more children could be served for the same amount given to some other agencies. The agency has relatively high Federal Indicator compliance scores though it ranks last in the results of the parent survey. It also has the capacity to absorb additional referrals not taken by Curative.

#### Lutheran Social Services (LSS):

LSS has proposed to increase staffing to accommodate the Birth-to-Three’s increase in infants ages 0-1 Neonatal Intensive Care Unit (NICU) referrals and changing Federal CAPTA and

screening compliances. It is expected that LSS will have more CAPTA and non-CAPTA referrals for screening in 2012.

Next Door Foundation:

It is expected that Next Door will also have more CAPTA and non-CAPTA referrals in 2012. They will also need to accommodate changing Federal CAPTA and screening compliances. The agency also has a pattern of rating fairly highly in compliance with Federal performance indicators. It has a strong partnership with MCFI.

Addressing the larger issue of Insufficient Federal and State funding and other Program Issues

The nine-month Birth-to-Three contract allocation extension and recommended redistribution based on performance is only a beginning step in what DSD hopes is an ongoing process in working with the Birth-to-Three agencies. This work is expected to involve enhancing data, fiscal and performance-based contracting, advocating for increased federal and state funds for the program, responding collaboratively to proposed State initiatives in the programs and identifying and implementing Birth-to-Three system improvements. In preparation for 2013 contract allocation decisions, DSD hopes to meet with each agency individually to understand their Birth-to-Three program expenditures and revenues and unique challenges.

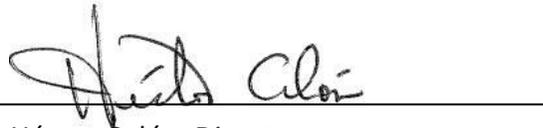
Recommendations

It is recommended that the County Board authorize the Director, DHHS or his designee to extend and increase the purchase of services contracts for nine months from April 1, 2012 through December 31, 2012 as follows:

<b>Agency</b>	<b>3-Month (Jan. 1- March 31, 2012)</b>	<b>9-Month (April 1-Dec. 31, 2012)</b>	<b>New Total 2012 Contract Amount</b>
Vision Forward	\$20,180	\$62,539	\$82,719
Center for Communication, Hearing & Deafness	\$19,897	\$61,691	\$81,588
Curative Care Network	\$332,462	\$897,384	\$1,229,846
Easter Seals Kindcare	\$143,850	\$401,551	\$545,401
Milwaukee Center for Independence	\$84,743	\$304,227	\$388,970
Penfield Children’s Center	\$281,399	\$894,198	\$1,175,597
St. Francis Children’s Center	\$107,542	\$351,627	\$459,169
Lutheran Social Services	\$57,883	\$188,647	\$246,530
Next Door Foundation	\$35,695	\$122,084	\$157,779
<b>Total</b>	<b>\$1,083,651</b>	<b>\$3,283,948</b>	<b>\$4,367,599</b>

**Fiscal Effect**

Funding for this amendment is already budgeted in DSD's 2012 purchase of service budget. There is no additional tax levy required (see attached fiscal note).

A handwritten signature in black ink, appearing to read "Héctor Colón", is written over a horizontal line.

Héctor Colón, Director  
Department of Health and Human Services

cc: Chris Abele, County Executive  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff, County Board  
Jennifer Collins, Policy Research Analyst, County Board  
Patrick Farley, Director, DAS  
Pam Bryant, Interim Fiscal & Budget Administrator, DAS  
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS  
Jodi Mapp, Committee Clerk, Health and Human Needs Committee

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(ITEM) from the Director, Department of Health and Human Services, requesting authorization to extend and increase 2012 purchase of service contracts with Birth-to-Three providers for the provision of Birth-To-Three/Early Intervention services in the Disabilities Services Division:

**A RESOLUTION**

WHEREAS, section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors; and

WHEREAS, the Disabilities Services Division (DSD) of the Department of Health and Human Services (DHHS) administers Birth-to-Three Program/Early Intervention services in Milwaukee County to infants and toddlers with developmental delays or disabilities; and

WHEREAS, in December 2011 the County Board authorized three-month contracts to nine community agencies for 2012 pending development of a new allocation methodology; and

WHEREAS, insufficient funds and increased demands for Birth-to-Three services as well as new State requirements have created considerable challenges to the Birth-to-Three program; and

WHEREAS, after years of flat funding, State funding for Birth-to-Three programming decreased from 2008 to 2011, and allocations to the agencies decreased by almost 5 percent between 2009 and 2010; and

WHEREAS, DSD has not changed the allocation distribution to each Birth-to-Three agency for several years and therefore, has not recognized or rewarded differences in performance and in unit rates among the agencies; and

WHEREAS, in early 2012 DSD conducted a thorough review of the agencies' referral patterns, units of service, performance outcomes, and services and has developed a new allocation formula based on these measurements; and

WHEREAS, the contract extensions being recommended by DSD represent a formidable first step toward performance-based contracting and an effort to maximize available funding; now, therefore,

46 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby  
 47 authorizes the Director, DHHS, or his designee, to execute amendments to 2012  
 48 purchase of service contracts to be extended nine months from April 1, 2012 through  
 49 December 31, 2012 with the following Birth to Three providers in the following amounts:  
 50

<b>Agency</b>	<b>3-Month (Jan. 1- March 31, 2012) Contract</b>	<b>9-Month (April 1-Dec. 31, 2012) Contract</b>	<b>New Total 2012 Contract Amount</b>
Vision Forward	\$20,180	\$62,539	\$82,719
Center for Communication, Hearing & Deafness	\$19,897	\$61,691	\$81,588
Curative Care Network	\$332,462	\$897,384	\$1,229,846
Easter Seals Kindcare	\$143,850	\$401,551	\$545,401
Milwaukee Center for Independence	\$84,743	\$304,227	\$388,970
Penfield Children's Center	\$281,399	\$894,198	\$1,175,597
St. Francis Children's Center	\$107,542	\$351,627	\$459,169
Lutheran Social Services	\$57,883	\$188,647	\$246,530
Next Door Foundation	\$35,695	\$122,084	\$157,779
<b>Total</b>	<b>\$1,083,651</b>	<b>\$3,283,948</b>	<b>\$4,367,599</b>

51

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 2/9/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to extend and increase 2012 purchase of service contracts with Birth-to-Three providers for the provision of Birth-to-Three/Early Intervention services in the Disabilities Services Division

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) requests authorization to extend and increase existing Purchase of Service Agreements with a variety of community vendors for the provision of services in the Birth-to-Three program located within the DHHS-Disabilities Services Division (DSD).

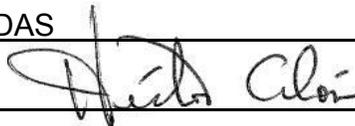
B. Initial 2012 contracts for the Birth-to-Three program were executed for the period January 1, 2012 through March 31, 2012 in the total amount of \$1,083,651. This request extends the existing contracts for the period April 1, 2012 through December 31, 2012. Approval of this request will result in an additional expenditure of \$3,283,948 for calendar year 2012 for a total allocation of \$4,367,599.

C. The revenue necessary to fund this request has been included in DSD's 2012 Adopted Budget for purchase of service contracts. As a result, there is no additional fiscal impact arising from approval of this request.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, DAS

Authorized Signature



Did DAS-Fiscal Staff Review?  Yes  No

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

**Birth-to-Three Agency Allocation Factor Comparison**

Agency	2011 Contract	2010		Volume Data 2011				Agency comparisons to total Allocation/ Volume			Performance Outcomes  Federal Indicators, Including Parent Survey. See Attachments 2, 3 & 4	File Review Results		Other factors reviewed TCM Revenue		Agency score on 2012 RFP
		Number of referrals in 2010, taken through 12/31/10*	Total number of children served in 2010	Number of referrals in 2011, taken through 12/31/11*	Number of children enrolled into B3 service in 2011 (& % of referrals enrolled)	Total number of children served as of 12/31/11**	2011 Average "cost" per child served (based on total contract allocation & number of children served)	Percent of total 2011 funding agency received	Percent of total referrals taken in 2011	Percent of total children served as of 12/31/11		Number of files reviewed in 2011	Percent of 2011 files reviewed found in compliance	2011 TCM Revenue as of 12/31/11 from TCM billing data through DHHS accounting	Percent of total TCM revenue	
		Vision Forward	\$80,719	37	57	31	20 (65%)	53	\$1,523	1.86%		0.98%	1.91%	8	50	
CCHD	\$79,588	39	75	28	24 (86%)	75	\$1,061	1.84%	0.81%	2.71%	7	57	\$6,333.03	1.04%	79.33	
Curative	\$1,329,846	970	927	857	486 (57%)	936	\$1,421	30.68%	24.83%	33.79%	54	55	\$86,341.59	14.20%	64.23	
Easter Seals	\$575,401	239	256	294	150 (51%)	269	\$2,139	13.27%	8.52%	9.71%	15	46	\$77,796.86	12.79%	63.57	
MCFI	\$338,970	238	190	176	94 (53%)	204	\$1,662	7.82%	5.10%	7.36%	12	83	\$134,207.48	22.07%	87.70	
Penfield	\$1,125,597	660	746	595	351 (59%)	731	\$1,540	25.97%	17.24%	26.39%	43	84	\$204,814.28	33.68%	73.72	
St. Francis	\$430,169	297	326	245	160 (65%)	325	\$1,324	9.92%	7.10%	11.73%	19	63	\$35,582.31	5.85%	70.88	
LSS	\$231,530	537	94	606	39 ***	82	***	5.34%	17.56%	2.96%	8	25	\$16,026.77	2.64%	68.38	
Next Door	\$142,779	482	99	619	46 ***	95	***	3.29%	17.94%	3.43%	9	66	\$35,971.71	5.92%	75.39	
<b>Total</b>	<b>\$4,334,599</b>	<b>3,499</b>	<b>2,770</b>	<b>3,451</b>	<b>1,370</b>	<b>2,770</b>							<b>\$608,143.27</b>	<b>100%</b>		

\* Includes all initial referrals for screens, evaluations, including re-evaluations as requested by referral sources. Data are from DHS MasterBlaster files and reflects agency workload. It is not an unduplicated count of children.

\*\* Though it could be useful in allocation determinations, information about the average number of, and frequency of, services each child received is not currently available.

\*\*\* The percent of referrals enrolled and average "cost" per child for these agencies are not comparable because they provide therapy services to fewer children since their major role is providing screenings and service coordination.

Ranking of RFP Score	
MCFI	87.70
VF	84.75
CCHD	79.33
Next Door	75.39
Penfield	73.72
St. Francis	70.88
LSS	68.38
Curative	64.23
Easter Seals	63.57

Federal Indicator Scores for Birth-to-Three Agencies														
Agency scores Federal Indicator 8 (related to children's transition to school)														
Agency	Federal Indicator 1 (related to timely service): State Expectation Score 100%		Federal Indicator 2 (related to service provided in natural environments *) Score is percent of children served in the home or community setting as agency-reported: State Expectation Score 95- 100%		Federal Indicator 3 (related to improved child outcomes): <b>See Attachment 3</b>	Federal Indicator 4 (parent survey outcomes) <b>See Attachment 4</b>	Federal Indicator 7 (related to timely completion of IFSP): State Expectation Score 100%		Indicator 8A (timely transition planning related to IFSPs) July -Dec 2011: State Expectation Score 100%		Indicator 8B (timely transition planning related to notification to LEA); State Expectation Score 100%		Indicator 8C (timely transition planning related to the transition planning conference); State Expectation Score 100%	
	Average Year End Percent Score CY 2010	Average Year End Percent Score CY 2011	Percent Score as of Oct 1, 2010	Percent Score as of Oct 1 2011			Agency Average Year End Percent Score CY 2010	Average Year End Percent Score CY 2011	Average Year End Percent Score CY 2010	Average Year End Percent Score CY 2011	Agency Average Year End Percent Score CY 2010	Agency Average Year End Percent Score CY 2011	Agency Average Year End Percent Score CY 2010	Agency Average Year End Percent Score CY 2011
Vision Forward	85.96	100	60.61	55.56		100	100	100	100	50	100	60	100	
CCHD	100	100	81.25	71.11		96	83.33	100	95	100	100	81.25	100	
Curative	95.36	98.52	67.24	56.46		88.45	89.71	99	100	95.51	100	72.92	81.51	
Easter Seals	99.61	100	90.16	80.15		100	100	100	100	94.59	100	100	98.63	
MCFI	99.47	100	100	93.64		100	97.87	100	100	78.95	96.97	75	96.43	
Penfield	99.2	99.86	91.25	81.12		96.53	99.15	98	97	94.47	100	91.43	93.42	
St. Francis	92.02	99.69	100	89.33		100	99.38	100	100	95.6	100	100	98.94	
LSS	95.74	100	52	69.77		93.02	97.44	95	91	84.21	100	100	90.91	
Next Door	95.96	100	100	95.92		100	100	100	100	72.22	100	93.33	100	
	Agency rank 2011		Agency rank 2011			Agency rank 2011		Agency rank 2011		Agency rank 2011		Agency rank 2011		
	VF	100	Next Door	95.92		VF	100	VF	100	VF	100	VF	100	
	CCHD	100	MCFI	93.64		Easter Seals	100	Curative	100	CCHD	100	CCHD	100	
	Easter Seals	100	St Francis	89.33		Next Door	100	Easter Seals	100	Curative	100	Next Door	100	
	MCFI	100	Penfield	81.12		St Francis	99.38	MCFI	100	Easter Seals	100	St Francis	98.94	
	LSS	100	Easter Seals	80.15		Penfield	99.15	St Francis	100	Penfield	100	Easter Seals	98.63	
	Next Door	100	CCHD	71.11		MCFI	97.87	Next Door	100	St Francis	100	MCFI	96.43	
	St Francis	99.69	LSS	69.77		LSS	97.44	Penfield	97	LSS	100	Penfield	93.42	
	Penfield	99.86	VF	55.56		Curative	89.71	CCHD	95	Next Door	100	LSS	90.91	
	Curative	98.52	Curative	56.46		CCHD	83.33	LSS	91	MCFI	96.97	Curative	81.51	
	* The data represent the location entered by the agency of the last service provided to the child.													

Federal Indicator 3: 2010 Outcomes related to improved Child Outcomes										
		This information is self-reported. Each agency works with the family to determine family outcomes & assess success when the child exits the program.								
<b>Compliance Factor measured: 1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome], by the time they exited.</b>										
	Outcome 1	Outcome 2	Outcome 3							
	Percent who demonstrate improved positive social-emotional skills. State expectation Score 72.7%	Percent who demonstrate improved acquisition and use of knowledge & skills. State Expectation Score 78.2%	Percent who demonstrate improved use of appropriate behaviors to meet their needs. State Expectation Score 76.7%							
	<b>Agency Ranking</b>									
					Outcome 1	Outcome 2	Outcome 3			
Vision Forward	66.7	66.7	71.4		Next Door	100.0	Next Door	90.0	Next Door	100.0
CCHD	25.0	36.4	40.0		LSS	80.0	LSS	87.5	Penfield	82.6
Curative	71.2	78.5	80.3		Penfield	77.2	Penfield	82.2	Curative	80.3
Easter Seals	66.7	63.8	63.2		Curative	71.2	Curative	78.5	MCFI	78.4
MCFI	70.4	72.7	78.4		MCFI	70.4	St Francis	77.9	LSS	74.1
Penfield	77.2	82.2	82.6		Vision Forward	66.7	MCFI	72.7	St Francis	73.7
St. Francis	66.1	77.9	73.7		Easter Seals	66.7	Vision Forward	66.7	Vision Forward	71.4
					St Francis	66.1	Easter Seals	63.8	Easter Seals	63.2
LSS	80.0	87.5	74.1		CCHD	25.0	CCHD	36.4	CCHD	40.0
Next Door	100.0	90.0	100.0							
<b>Compliance Factor measured: 2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.</b>										
	Outcome 1	Outcome 2	Outcome 3							
	Percent who demonstrate improved positive social-emotional skills. State Expectation Score 74%	Percent who demonstrate improved acquisition and use of knowledge & skills. State Expectation Score 58.9%	Percent who demonstrate improved use of appropriate behaviors to meet their needs. State Expectation Score 76.4%							
	<b>Agency Ranking</b>									
					Outcome 1	Outcome 2	Outcome 3			
Vision Forward	42.9	28.6	28.6		Next Door	93.9	Next Door	90.9	Next Door	90.9
CCHD	60.0	33.3	73.3		Curative	76.3	LSS	81.1	St Francis	79.8
Curative	76.3	56.1	78.8		St Francis	74.6	MCFI	74.0	Curative	78.8
Easter Seals	70.3	51.3	72.0		MCFI	74.0	St Francis	57.9	MCFI	76.0
MCFI	74.0	74.0	76.0		Easter Seals	70.3	Curative	56.1	Penfield	75.8
Penfield	68.7	42.3	75.8		LSS	70.3	Easter Seals	51.3	CCHD	73.3
St. Francis	74.6	57.9	79.8		Penfield	68.7	Penfield	42.3	Easter Seals	72.0
					CCHD	60.0	CCHD	33.3	LSS	64.9
LSS	70.3	81.1	64.9		Vision Forward	42.9	Vision Forward	28.6	Vision Forward	28.6
Next Door	93.9	90.9	90.9							

**Federal Indicator 4: 2010 Parent Survey Outcome Data for Birth-to-Three Agencies**

Compliance Data	Vision Forward	CCHD	Curative	Easter Seals	MCFI	Penfield	St Francis	LSS	Next Door
Parents know their rights	69.23%	81.25%	83.69%	77.19%	91.67%	88.80%	75.81%	84.62%	93.33%
Parents can communicate child's needs	92.31%	81.25%	82.83%	100.00%	93.75%	91.60%	79.03%	76.92%	90.00%
Parents are able to help their child learn & develop	100.00%	93.75%	78.54%	84.21%	95.83%	90.40%	77.42%	84.62%	90.00%
<b>Average</b>	87.18%	85.42%	81.69%	87.13%	93.75%	90.27%	77.42%	82.05%	91.11%

Agency ranking	Average percent score
MCFI	93.75%
Next Door	91.11%
Penfield	90.27%
Vision Forward	87.18%
Easter Seals	87.13%
CCHD	85.42%
LSS	82.05%
Curative	81.69%
St Francis	77.42%

Note: DSD mails the surveys to parents and parents mail completed surveys to the State DHS for processing.

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** February 7, 2012

**TO:** Supervisor Lynne DeBruin, Vice-Chair, Finance and Audit Committee  
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. In January 2012, DHHS returned to the Board with an updated report, including the final notification of the State Youth Aids contract. DHHS is now 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.

On December 29, 2011, DHHS received the actual 2012 contract from Department of Corrections (DOC) for Youth 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.

### **Discussion**

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 recently received final 2011 reports from DOC and has updated 2012 projections. The 18-month projection is showing over a \$600,000 surplus. In addition, DHHS has revised the purchase of service contracts (reported to the Board in December 2011) and is projecting at least a \$200,000 savings due to that initiative. Therefore, based on the revised DOC projections and savings from the contract changes, DHHS is confident that the reductions at the State level can be absorbed within the DHHS budget in 2012.

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.



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Héctor Colón, Director  
Department of Health and Human Services

- cc: County Executive Christ Abele  
Amber Moreen, Chief of Staff, County Executive's Office  
Tia Torhorst, County Executive's Office  
Terrence Cooley, Chief of Staff – County Board  
Pat Farley, DAS, Director  
Pamela Bryant, Fiscal and Budget Administrator – DAS  
CJ Pahl - DAS  
Steve Cady, County Board Staff  
Jodi Mapp – County Board Staff

**COUNTY OF MILWAUKEE**  
**Delinquency and Court Services Division (DHHS)**  
**INTER-OFFICE COMMUNICATION**

Revised Copy 2/24/2012

**4**

**DATE:** February 23, 2012

**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 amend various 2012 Purchase of Service Contracts for programs within the Delinquency and Court Services Division**

**Issue**

In accordance with sections 46.09 of the County Ordinances the Director of the Department of Health and Human Services (DHHS) is requesting approval to amend various 2012 purchase of service contracts for the Delinquency and Court Services Division (DCSD).

**Background**

In December 2011, the County Board approved the Department’s recommendation to enter into a number of purchase of service contracts that had a 2012 term that ended 6/30/2012.

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.

On December 29, 2011, DHHS received the actual 2012 contract from Department of Corrections (DOC) for Youth 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). With the recent receipt of the final 2011 DOC invoice, DHHS has been able to update the 2012 projection. The DHHS 2012 Adopted Budget estimated the ADP of children placed in the JCI will equal 158.5.

Comparing this to the actual ADP of 147.1 over the last 18 months generates a projected surplus of over \$600,000. In addition, DHHS made changes to certain purchase of service contracts and approved by the County Board in 2011 and is projecting at least a \$200,000 savings due to those changes. Therefore, based on the revised DOC projections and savings from the contract changes and other emerging initiatives, DHHS is confident that the reductions at the State level can be absorbed within the DHHS budget in 2012.

### Discussion

In light of these new projections, the Department is requesting permission to extend the terms and increase the amounts as indicated in the table below. Expenditure increases are commensurate with the additional contract months.

#### Purchase of Service Contracts

Service	Provider	Additional Allocation Amount	2012 Amended Allocation and Term
Re-entry Coordination Services	St. Charles Youth and Family Services	\$ 45,000	\$90,000 for the period of 1/1/2012-12/31/2012.
Level 2 In-Home Monitoring Services	Southwest Key Programs	\$ 332,345	\$664,690 for the period of 1/1/2012-12/31/2012.
Level 2 In-Home Monitoring Services	St. Charles Youth and Family Services	\$ 240,373	\$480,746 for the period of 1/1/2012-12/31/2012.
Targeted Monitoring Program	Running Rebels Community Organization	\$ 762,972	\$1,525,944 for the period of 1/1/2012-12/31/2012.
Day Treatment (Alternative School)	Lad Lake	\$ 122,267	\$244,534 for the period of 1/1/2012-12/31/2012.

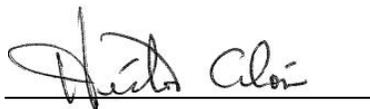
Day Treatment (Alternative School)	St. Charles Youth and Family Services	\$ 244,533	\$489,066 for the period of 1/1/2012-12/31/2012.
Day Treatment (Alternative School)	Wisconsin Community Services	\$ 244,533	\$489,066 for the period of 1/1/2012-12/31/2012.

### **Recommendation**

The Department recommends that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to amend various purchase of service contracts for 2012 for a variety of services and programs for the time period of January 1 through December 31, 2012 with the providers listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified priority community-based and detention related services for youth being served by the Delinquency and Court Services Division.

### **Fiscal Impact**

Sufficient funds have been allocated in the 2012 Budget to cover the proposed purchase of service contracts. A fiscal note form is attached.



Héctor Colón, Director  
Department of Health and Human Services

cc: Patrick Farley, Administrator - DAS  
Amber Moreen, Chief of Staff, County Executive's Office  
Tia Torhorst, County Executive Staff  
Terrence Cooley, County Board Chief of Staff  
Pamela Bryant, Fiscal and Budget Administrator - DAS  
Jennifer Collins, Analyst, County Board Staff  
Honorable Marshall Murray, Children's Court Judge Presiding

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to amend various 2012 Delinquency and Court Services Division purchase of service contracts and with community agencies for a variety of Delinquency and Court Services programs, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors; and

WHEREAS, per Section 46.09, the Director of the Department of Health and Human Services (DHHS) has requested authorization to amend various 2012 purchase of service contracts with community agencies for the Delinquency and Court Services Division (DCSD); and

WHEREAS, in December 2011, the County Board approved the Department's recommendation to enter into several six-month contracts with community agencies due to the uncertainty of the extent of further cuts by the State to Youth Aids, with initial estimates projecting a 2012 tax levy deficit ranging between \$1 million and \$2.7 million; and

WHEREAS, at that time, the Department indicated that authorization to extend some of the six-month contracts to a full year would be requested in Spring 2012, once the actual fiscal impact of the State reduction became clear; and

WHEREAS, DHHS has since received the 2012 Contract from the State Department of Corrections (DOC), and the actual variance to DCSD's 2012 Adopted Budget results in a budgeted revenue shortfall of \$789,447; and

WHEREAS, DHHS believes that this reduction by the State can be absorbed within the DHHS budget in 2012, based on revised DOC projections showing a 2012 surplus exceeding \$600,000, as well as from savings due to changes to certain purchase of service contracts and other emerging initiatives; and

WHEREAS, the recommended extension of these contracts will ensure an integrated delivery system for delinquent youth of both provided and purchased services in the community; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into 2012 Delinquency and Court Services Division Purchase of Service contracts, effective January 1, 2012 to December 31, 2012, with the agencies and in the amounts listed below:

	<u>PROVIDER</u>	<u>SERVICE/ PROGRAM</u>	<u>AMOUNT</u>
49			
50			
51			
52	St. Charles Youth and	Re-entry Coordination	\$ 90,000
53	Family Services		
54			
55	Southwest Key Program	Level II In-Home Monitoring	\$ 664,690
56			
57	St. Charles Youth and Family	Level II In-Home Monitoring	\$ 480,746
58			
59	Running Rebels	Targeted Monitoring	\$1,525,944
60			
61	Lad Lake	Day Treatment (Alternative School)	\$ 244,534
62			
63	St. Charles Youth and	Day Treatment (Alternative School)	\$ 489,066
64	Family Services		
65			
66	Wisconsin Community Services	Day Treatment (Alternative School)	\$ 489,066
67			
68	TOTAL 2012 Purchase of Service Contracts		
69	for DCSD included in this request:		<b>\$ 3,984,046</b>
70			

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 2/7/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to amend various 2012 Purchase of Service Contracts for programs within the Delinquency and Court Services Division.

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to amend various 2012 Delinquency and Court Services Division (DCSD) Purchase of Service contracts that have a 2012 term that ends on June 30th.

In December 2011, the County Board approved the Department's recommendation to enter into six-month contracts due to the uncertainty of the extent of further cuts by the State to Youth Aids, with initial estimates projecting a 2012 tax levy deficit ranging between \$1 million and \$2.7 million. At that time, the Department indicated that authorization to extend some of the six-month contracts would be requested in Spring 2012, once the actual fiscal impact of the State reduction became clear. DHHS has since received the 2012 Contract from the State Department of Corrections (DOC), and the actual variance to DCSD's 2012 Adopted Budget results in a budgeted revenue shortfall of \$789,447.

DHHS believes that this reduction by the State can be absorbed within the DHHS budget in 2012, based on revised DOC projections showing a 2012 surplus exceeding \$600,000, as well as from savings due to changes to certain purchase of service contracts and other emerging initiatives. Accordingly, the Department is now requesting permission to extend the terms and increase the amounts of these contracts to reflect the provision of services through December 31, 2012.

Approval of this request will allow the Director of DHHS to extend purchase of service contracts to continue provision of contracted Re-entry Coordination, Level 2 In-Home Monitoring, Targeted Monitoring and Day Treatment services for the period January 1, 2012 through December 31, 2012.

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

B. Total 2012 expenditures included in this request are \$3,984,046, representing an increase of \$1,992,023 over the amount approved in December 2011.

C. There is no tax levy impact associated with approval of this request in 2012 as funds sufficient to cover the expenditures associated with these contracts were included as part of DCSD's 2012 Budget, and because DHHS believes that the additional State reduction in Youth Aids can be absorbed within the 2012 DHHS budget.

D. No assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

**COUNTY OF MILWAUKEE**  
**Delinquency and Court Services Division (DHHS)**  
**INTER-OFFICE COMMUNICATION**

**DATE:** February 7, 2012

**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 amend various 2012 Professional Service Contracts for programs within the Delinquency and Court Services Division

**Issue**

In accordance with sections 56.30 of the County Ordinances the Director of the Department of Health and Human Services (DHHS) is requesting approval to amend various 2012 professional service contracts for the Delinquency and Court Services Division (DCSD).

**Background**

In December 2011, the County Board approved the Department's recommendation to enter into a number of professional services contracts that had a 2012 term that ended 6/30/2012.

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.

On December 29, 2011, DHHS received the actual 2012 contract from Department of Corrections (DOC) for Youth 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). With the recent receipt of the final 2011 DOC invoice, DHHS has been able to update the 2012 projection. The DHHS 2012 Adopted Budget estimated the ADP of children placed in the JCI will equal 158.5.

Comparing this to the actual ADP of 147.1 over the last 18 months generates a projected surplus of over \$600,000. In addition, DHHS made changes to certain purchase of service contracts and approved by the County Board in 2011 and is projecting at least a \$200,000 savings due to those changes. Therefore, based on the revised DOC projections and savings from the contract changes and other emerging initiatives, DHHS is confident that the reductions at the State level can be absorbed within the DHHS budget in 2012.

### Discussion

In light of these new projections, the Department is requesting permission to extend the terms and increase the amounts as indicated in the table below. Expenditure increases are commensurate with the additional contract months.

#### Professional Service Contracts

Service	Provider	Additional Allocation Amount	Period
Secure Detention Medical Services	Medical College of Wisconsin	\$ 71,530	\$ 143,060 for the period of 1/1/2012 - 12/31/2012.
Secure Detention Mental Health Services	Alternatives in Psychological Consultation	\$ 79,548	\$ 159,096 for the period of 1/1/2012 - 12/31/2012.
Funding for Youth Sports Authority Board	Jewish Family Services	\$ 50,000	\$ 100,000 for the period of 1/1/2012 - 12/31/2012.

### Recommendation

The Department recommends that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to amend various professional service contracts for 2012 for a variety of services and programs for the time period of January 1 through December 31, 2012 with the providers listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified priority community-based and detention related services for youth being served by the Delinquency and Court Services Division.

### Fiscal Impact

Sufficient funds have been allocated in the 2012 Budget to cover the proposed purchase of service contracts. A fiscal note form is attached.



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Héctor Colón, Director  
Department of Health and Human Services

cc: Patrick Farley, Administrator - DAS  
Amber Moreen, Chief of Staff, County Executive's Office  
Tia Torhorst, County Executive Staff  
Terrence Cooley, County Board Chief of Staff  
Pamela Bryant, Fiscal and Budget Administrator - DAS  
Jennifer Collins, Analyst, County Board Staff  
Honorable Marshall Murray, Children's Court Judge Presiding

1  
2  
3  
4 (ITEM) Report from the Director, Department of Health and Human Services, requesting  
5 authorization to amend various 2012 Professional Service Contracts for programs within the  
6 Delinquency and Court Services Division, by recommending adoption of the following:  
7

8 **A RESOLUTION**  
9

10 WHEREAS, in accordance with sections 56.30 of the County Ordinances the Director of  
11 the Department of Health and Human Services (DHHS) is requesting approval to amend various  
12 2012 professional service contracts for the Delinquency and Court Services Division (DCSD); and  
13

14 WHEREAS, in the past several years, DCSD has entered into a series of professional  
15 service contracts to support essential staff activities and functions; and  
16

17 WHEREAS, in accordance with Milwaukee County's Request for Proposals process, the  
18 providers, Medical College of Wisconsin and Alternatives in Psychological Consultation, are  
19 being recommended to provide their respective services during 2012; and  
20

21 WHEREAS, the County Board has identified Jewish Family Services to be the  
22 administrator of the Youth Sports Authority program; and  
23

24 WHEREAS, in December 2011, the County Board approved the Department's  
25 recommendation to enter into six-month contracts with the above agencies due to the  
26 uncertainty of the extent of further cuts by the State to Youth Aids, with initial estimates  
27 projecting a 2012 tax levy deficit ranging between \$1 million and \$2.7 million; and  
28

29 WHEREAS, at that time, the Department indicated that authorization to extend some of  
30 the six-month contracts would be requested in Spring 2012, once the actual fiscal impact of the  
31 State reduction became clear; and  
32

33 WHEREAS, DHHS has since received the 2012 Contract from the State Department of  
34 Corrections (DOC), and the actual variance to DCSD's 2012 Adopted Budget results in a  
35 budgeted revenue shortfall of \$789,447; and  
36

37 WHEREAS, DHHS believes that this reduction by the State can be absorbed within the  
38 DHHS budget in 2012, based on revised DOC projections showing a 2012 surplus exceeding  
39 \$600,000, as well as from savings due to changes to certain purchase of service contracts and  
40 other emerging initiatives; and  
41

42 WHEREAS, the recommended contract allocations will allow for the provision of  
43 identified priority community-based and detention related services for youth being served by  
44 the Delinquency and Court Services Division; now, therefore,

45  
46 BE IT RESOLVED, that the Director, Department of Health and Human Services, or his  
47 designee, is hereby authorized to enter into professional service contracts for the period  
48 January 1 through December 31, 2012 with the agencies and in the amounts listed below:  
49

<u>Agency</u>	<u>Service</u>	<u>Additional Amount</u>	<u>Total 2012 Contract Amount</u>
53 Medical College of 54 Wisconsin	Medical & Nursing	\$71,530	\$143,060
56 Alternatives in 57 Psychological Consultation	Mental Health	\$79,548	\$159,096
59 Jewish Family 60 Services	Youth Sports Authority	\$50,000	\$100,000

61

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 2/7/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to amend various 2012 Professional Services Contracts for programs and services within the Delinquency and Court Services Division.

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to amend various 2012 Delinquency and Court Services Division (DCSD) Professional Service contracts that have a 2012 term that ends on June 30th.

Approval of this request will allow the Director of DHHS to extend the Professional Service contracts for Detention Center Medical and Mental Health Services with the Medical College of Wisconsin and Alternatives in Psychological Consultation for the period January 1, 2012 through December 31, 2012. Approval of this request will also allow the Director of DHHS to extend the Professional Service contract with Jewish Family Services for funding of the Youth Sports Authority Board for the period January 1, 2012 through December 31, 2012.

B. Total 2012 expenditures included in this request are \$402,156, representing an increase of \$201,078 over the amount approved in December 2011.

DHHS received the 2012 Contract from the State Department of Corrections (DOC), and the actual variance to DCSD's 2012 Adopted Budget results in a budgeted revenue shortfall of \$789,447. Based on 2011 final year-end DOC 18-month projections indicating a surplus for 2012 of over \$600,000, approximately \$200,000 of savings from the December DCSD contract changes and other emerging initiatives, DHHS is confident that the reductions at the State level can be absorbed within the DHHS budget in 2012.

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

C. There is no tax levy impact associated with approval of this request in 2012 as funds sufficient to cover the expenditures associated with these contracts were included as part of DCSD's 2012 Budget, and because DHHS believes that the additional State reduction in Youth Aids can be absorbed within the 2012 DHHS budget.

D. No assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

**COUNTY OF MILWAUKEE**  
**Department of Health and Human Services**  
**INTER-OFFICE COMMUNICATION**

**DATE:** February 20, 2012

**TO:** Supervisor 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: INFORMATIONAL REPORT FROM THE DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING AN UPDATE RELATED TO LOCAL SECURE PLACEMENT OPTIONS FOR ADJUDICATED YOUTH IN MILWAUKEE COUNTY**

**Background**

In response to a request from the County Board, the Division submitted an informational report related to the status of regional or local considerations for short-term secure placement options (See attachment A). The Director, Department of Health and Human Services, is now returning to the Board with a status update on this issue.

The 2011 – 2013 State Budget (Act 32) contained statutory language changes recommended and advanced by Chairman Lee Holloway that would allow a juvenile court the ability to place a youth in a local secure detention facility for a period of up to 180 days if authorized by a county board of supervisors. Prior to Act 32, the juvenile court was limited to a period of up to 30 days if authorized by a county board of supervisors. In addition to county board approval, placement of a youth adjudicated delinquent in a detention facility beyond 30 days “...the county department shall offer the juvenile alcohol or other drug abuse treatment, counseling, and education services...” as required by the newly created statutory language.

**Discussion**

As indicated in the October 2011 informational report, some counties were exploring options within their own facilities and Racine continues to operate their short-term secure option known as Alternatives to Corrections through Education (ACE). In addition, the Division highlighted a number of efforts considered to be “capacity building” that would both work toward more evidence based practices and in part support efforts to conduct a more detailed analysis of the option of using other regionally located secure detention centers versus our own facility.

The most notable of these efforts was the training and beginning provision of cognitive intervention practices and the use of a new risk and needs assessment instrument. In collaboration with Waukesha County and with funding provided by the Office of Justice

Assistance, the Division completed training in Cognitive Programming and Intervention practices (EBP) for a number of public and private agencies at the end of 2011. In anticipation of ensuring, to the extent possible, that placement programming services could begin and transition with a youth, Racine County participated in this training as well.

In addition, the Division has collaborated with Rock County to replicate the EBP, which also involves the training and implementation of a new risk and needs assessment instrument. The Division feels strongly that a new risk tool, that is more discerning in terms of criminogenic needs and identification of protective factors, needs to be implemented to ensure that youth identified for a local short-term secure placement option is based on sound decision making practices and does not result in “net-widening” which would be contradictory if the option is intended to be an alternative to corrections. This training is scheduled to begin in March 2012.

The Division has considered the merits of using the Racine County secure detention center versus developing capacity within our own facility, and at this time, we believe the best course is to pursue both options.

It is important to note that any short term local secure option is really just one of three important phases – Secure Placement, Transition, and Reentry. A key best practice to any removal from the community is that reentry planning begins at the time of initial placement. The primary reasons driving this decision are:

- All youth, like State corrections, will return to our community necessitating our continued and uninterrupted involvement and support.
- Maintaining local control and proximity to community and family members.
- Improved reentry service capacity by using local providers and reach-in services.
- Maintaining local school systems for educational programming continuity and decrease risk of credit loss.
- Leveraging of existing services and access to other revenue streams.
- Reduction of risk potential associated with trial visits.
- Improved oversight of entire service provision, that is, placement through reentry.

The following items were considered as necessary in the October 2011 information report to move toward a more local option. An update to the status of those items is provided below.

- Replacing recently vacant probation officer positions and supervisor already funded to apply appropriate risk reduction strategies.

**STATUS:** The Division is moving forward with the filling of a number of probation officer positions and a supervisory position to assist with the delivery of the contemplated placement option.

- Continue efforts to train both staff and community providers in Cognitive Programming and Intervention practices (EBP).

STATUS: The Division now has a number of staff and agency providers trained and currently using the EBP.

- Continue efforts to implement new risk and needs assessment instrument (EBDM) to ensure proper assessment/ target population control.

STATUS: The Division, as mentioned above, is on track to begin this training March 2012.

- Consider expansion of Targeted Monitoring Program and or explore electronic monitoring as needed to ensure proper reentry supervision.

STATUS: No update.

#### *Potential Youth to be Served*

In 2010, the Division experienced 138 youth that were placed in State Corrections. This does not include another 13 youth that were deemed Serious Juvenile Offenders (SJO). As originally conceived in 2009, this alternative option would target non-SJO youth that are at risk for State Corrections and did not have a reoffense. In 2010, this subpopulation represented 28% (n=39) of the placements. This would result in an average of three youth per month if all youth we deemed appropriate for this placement option. This average number of youth is maintained when applying 2011 data.

#### *Potential Services to be Delivered and Anticipated Implementation Date*

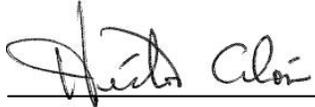
Attached is a draft flow chart of the service options that would be considered utilizing the Racine County secure detention center as well as developing existing local capacity (See attachment B). The Division still needs to coordinate and ensure support from the Presiding Judge regarding the general plan however informal discussions do not indicate any barriers.

In summary, youth that continue to present problematic behaviors resulting in a return to court and have already been found to be in need of more restrictive care would be targeted for the pilot. As an alternative to placement with State Corrections, youth would be placed in the secure detention facility for a period not to exceed 5 months with judicial progress review every 60 days. During this period, the listed anticipated services would be delivered based on an individualized case plan integrating areas identified through the youth's assessment. To the extent possible, services will be provided that will also continue during transition and reentry to the community. In the event that a youth is need of a more graduated transition, an existing alternative placement may be utilized. The Division is also recommending that electronic monitoring be available as part of the transition process to ensure adequate monitoring is provided as a means of mitigating risk and ensure public safety. Lastly, the Division, through new emerging information sharing collaborations with law enforcement would work in partnership to ensure all reasonable measures are taken to ensure public safety and success.

The Division believes it should be able to accomplish the necessary planning and tasks to provide this alternative in to the courts by July 1, 2012. The Division will return to the Board requesting any necessary approvals in the May 2012 cycle to take the necessary steps to plan and implement a local secure placement option.

**Recommendation**

This is an informational report. No action is necessary.



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Héctor Colón, Director  
Department of Health and Human Services

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

**COUNTY OF MILWAUKEE**  
**Department of Health and Human Services**  
**INTER-OFFICE COMMUNICATION**

**DATE:** October 11, 2011

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

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
(Prepared by Eric Meaux, Administrator/ Chief Intake Officer – DCSD)

**SUBJECT: INFORMATIONAL REPORT FROM INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING RESOLUTION 11-477 TO INITIATE COLLABORATIVE EFFORTS AMONG SOUTHEASTERN WISCONSIN COUNTIES TO DEVELOP ALTERNATIVE LOCAL SECURE PLACEMENT OPTIONS FOR ADJUDICATED YOUTH IN MILWAUKEE COUNTY TO BE CONSIDERED FOR 2012 BUDGET DELIBERATIONS.**

*Background*

The 2011 – 2013 State Budget (Act 32) contains statutory language changes that would allow a juvenile court the ability to place a youth in a local secure detention facility for a period of up to 180 days if authorized by a county board of supervisors. Prior to Act 32, the juvenile court was limited to a period of up to 30 days if authorized by a county board of supervisors. In addition to county board approval, placement of a youth adjudicated delinquent in a detention facility beyond 30 days “...the county department shall offer the juvenile alcohol or other drug abuse treatment, counseling, and education services...” as required by the newly created statutory language.

State-wide, and consistent with many national trends, the juvenile justice system has experienced a continuous decline in delinquency referrals. Milwaukee County has seen a decrease in police referrals of approximately 50% since 2000. In addition, from 2006 to 2010, the number of repeat offenders, that is, unique juveniles, having 2 or more repeat offenses has decreased by 7% while accounting for the reduction in overall referrals. As a result of these trends, and State-wide efforts to improve systems response through evidence based practices (EBP), a number of other impacts have occurred.

State Juvenile Correctional placements have decreased State-wide to the point that the State officially closed both the female and male State juvenile correctional facilities operated in Southeastern Wisconsin. Final closures of the two facilities occurred by the end of July 2011. All secure correctional placements now result in youth being placed in Irma, WI also known as Lincoln Hills. A separate female facility has been created at Lincoln Hills. Concurrently, locally

operated secure detention facilities have experienced similar trends in their average daily populations as recently highlighted in a recent Public Policy Forum Research Brief.<sup>1</sup> In 2006, the average daily population for the Milwaukee Juvenile Detention facility was 102 compared to an average daily population of 88 in 2010. It is worth noting as well that the reasons for youth being held have shifted. In 2006, sanction and state correctional holds accounted for 6% compared to 11% in 2010. From a state-wide perspective, locally operated secure detention facilities have operated below 40% approved capacity for the past 2 years<sup>2</sup>.

Similar relevant information for Southeastern Counties is contained in the table below.

County	Capacity	ADP*	Excess Capacity	Correctional Placements		
				2007	2008	2009
Kenosha County	NA	4	NA	37	21	19
Milwaukee County	120	92	24%	276	237	212
Racine County	131	30	77%	38	31	14
Rock County	35	10	71%	17	34	21
Waukesha County	18	3	81%	7	5	7
				375	328	273

\*Average Daily Population (ADP) is based on past 2009 - 2010

This changing population environment and the recent changes contained in Act 32 have resulted in increasing discussion involving the ability to sustain local detention center operations in light of fiscal challenges and emerging alternatives for “repurposing” such facilities. To this point, Waukesha is considering closure of its female detention operations<sup>3</sup> and Sheboygan is considering closure of both male and female detention operations.<sup>4</sup> In addition, Racine has operated a local secure placement utilizing the Racine juvenile detention center since 2003. It is this program, known as Alternatives to Corrections through Education program (ACE) that created awareness of the desirability for the language change that was eventually adopted in Act 32.

### *Collaborative Efforts and Best Practices*

In 2009, the Division pursued the alternative secure placement option with Racine resulting in a 2009 inter-county agreement. In early 2010 concerns were raised that certain statutory language did not support the use of a detention facility for placement purposes. It should be noted that the Juvenile Justice Code shall be “liberally construed” which may result in varying interpretations and or practices unique to counties. The recent changes contained within Act

<sup>1</sup> Milwaukee County Detainee Populations at Historic Lows; Public Policy Forum, <http://www.publicpolicyforum.org/pdfs/MilwaukeeCountyDetentionBrief>.

<sup>2</sup> Detention Report – Full Year 2010, Wisconsin Council on Children and Families, [http://wccf.org/pdf/justice?QDR\\_full-year\\_2010.pdf](http://wccf.org/pdf/justice?QDR_full-year_2010.pdf)

<sup>3</sup> Vrakas seeks to outsource girls' juvenile detention, <http://www.jsonline.com/news/waukesha/130445688.html>, September 23, 2011

<sup>4</sup> Decision delayed on Sheboygan County juvenile detention center, <http://www.sheboyganpress.com/article/20110920/SHE0101/109200387/Decision-delayed-Sheboygan-County-juvenile-detention-center>, September 19, 2011

32 were adopted with the intent of removing such concerns. For reference, the June 2009 Informational Report is attached regarding the inter-county agreement executed.

The table below briefly describes the status of other counties at the present time.

<b>County</b>	<b>Current Short Term Secure Plans in Brief</b>
Kenosha County	Not currently exploring - minimal youth
Milwaukee County	Past Racine inter-county agreement – current discussions with Racine
Racine County	Continuing ACE program and discussion with other counties
Rock County	Planning to replicate ACE-like concept within existing facility
Waukesha County	To move beyond current 30-day and very select (case by case) - minimal youth

Initial planning efforts have included outreach to the above listed counties and a meeting with Racine County regarding current and future collaborative opportunities, in particular ACE. While there are many components to consider such as facility capacity, current staffing levels, expanded programming and reentry costs, medical costs, and transportation costs, to name a few, it appears that similar continuation of the Milwaukee – Racine inter-county agreement would be the most advantageous in the short term as a means of seizing the opportunity created by the recent language change authored by Chairman Lee Holloway provided agreement terms remain agreeable.

#### *Potential Youth to be Served*

In 2010, the Division experienced 138 youth that were placed in State Corrections. This does not include another 13 youth that were deemed Serious Juvenile Offenders (SJO). As originally conceived in 2009, this alternative option would target non-SJO youth that at risk for State Corrections and did not have a reoffense. Put in other terms, those youth that are chronically violating the court expectations. In 2010, this subpopulation represented 28% (n=39) of the placements. This would result in an average of 3 youth per month if all youth we deemed appropriate for this placement option.

#### *Capacity Building*

As a result of the statutory changes, and continual recognition by more counties of evidence based practices (EBP), delinquency-related systems and service providers more than in the past are having more mutual discussions regarding collaborative opportunities that will likely foster other additional local secure placement options. Further development of data-driven practices (EBP), ensures to the extent possible, that the system is holding in the detention center only those youth that are necessary for community safety. Continual efforts to reduce and sustain the daily census will create opportunities for future considerations similar to the Racine program within the Milwaukee facility.

The Division, in collaboration with Waukesha County and funding provided by the Office of Justice Assistance, are currently hosting facilitators training in cognitive intervention programming (EBP) for a number of public and private providers including that of Racine County. It is envisioned that by implementing similar cognitive programming, reentry

performance measures would be improved. Implementing commonly used evidence based interventions both within a program such as ACE and post release is key to ensuring that youth not only learn new skills and behaviors but also have the opportunity to practice and reinforce those skills in their natural communities. As EBP interventions become more like among counties, cross training opportunities will become not only desirable but also economical creating a regional environment for further collaboration in the area of local secure placement. These efforts are the beginning and means by which local capacity will build upon.

In addition, and relevant to the discussion of local secure placement options, the Division has collaborated with Rock County to replicate EBP that involve evidence based decision making (EBDM). The Division was able to leverage funding from the MacArthur Foundation, Models for Change – Systems Reform in Juvenile Justice, to bring in a national consultant to provide EBP training for all staff in anticipation of implementing a new actuarial risk and needs assessment tool. In addition to this training, Rock County and two other counties greatly benefited from the experience and expertise to plan and implement their system reform efforts. The Division intends to replicate many of the EBP systems change efforts that have occurred in the tri-county Models for Change consortium. As a member of the Office of Justice Assistance Disproportionate Minority Contact grant sites, the Division has a working relationship with these counties to mutual benefit from their experience.

The Division feels strongly that a new risk tool, that is more discerning in terms of criminogenic needs and identification of protective factors, needs to be implemented to ensure that youth identified for a local secure detention placement such as ACE or other consideration is based upon a valid assessment of risk and individual needs. This focused systems change strategy is similar to efforts currently underway in the adult system and supported by Milwaukee County Community Justice Council. As relevant to the ACE program, a concern with any program involving risk control and risk reduction is that of “net-widening”. The challenge of any alternative program design is ensuring that the proper controls are in place so that youth, under pre-existing circumstances, are not funneled into the alternative program. This for obvious reasons can be not only counterproductive to the intent and design of the program but can also increase the likelihood of recidivism by mixing youth with opposite risk levels (EBP).

#### *Moving Forward in the Short-term*

The Division believes it will be able to move forward with efforts involving Racine County and the ACE program as a bridge toward a Milwaukee secure option with emphasis on obtaining the following:

- Replacing recently vacant probation officer positions and supervisor already funded to apply appropriate risk reduction strategies.
- Continue efforts to train both staff and community providers in Cognitive Programming and Intervention practices (EBP).
- Continue efforts to implement new risk and needs assessment instrument (EBDM) to ensure proper assessment/ target population control.
- Consider expansion of Targeted Monitoring Program and or explore electronic

monitoring as needed to ensure proper reentry supervision.

The Division, in part through efforts to forward evidence based practices and decision making, currently has funds contained within the present 2012 Executive Budget to begin implementation of the above items and would continue to seek approval and support for such planning and implementation efforts. In order to fully support these efforts and promote success, the Division would need to explore additional technical assistance and, possibly, professional services funding, resulting in improved systems planning and outcomes. Many juvenile justice systems that have fully embraced EBP and EBDM have enlisted the support of consultants similar to the tri-county consortium mentioned above to assist in their system change efforts. Bringing in experts can help jumpstart and maintain momentum as well as provide lessons learned from other jurisdictions including change action planning, layered staff and provider training, and system quality improvement efforts.

Lastly, the Division will need approval from the county board of supervisors to allow the court to make such a placement as required by State Statute. The Division plans to bring this policy issue back to the County Board by the March 2012 committee cycle.



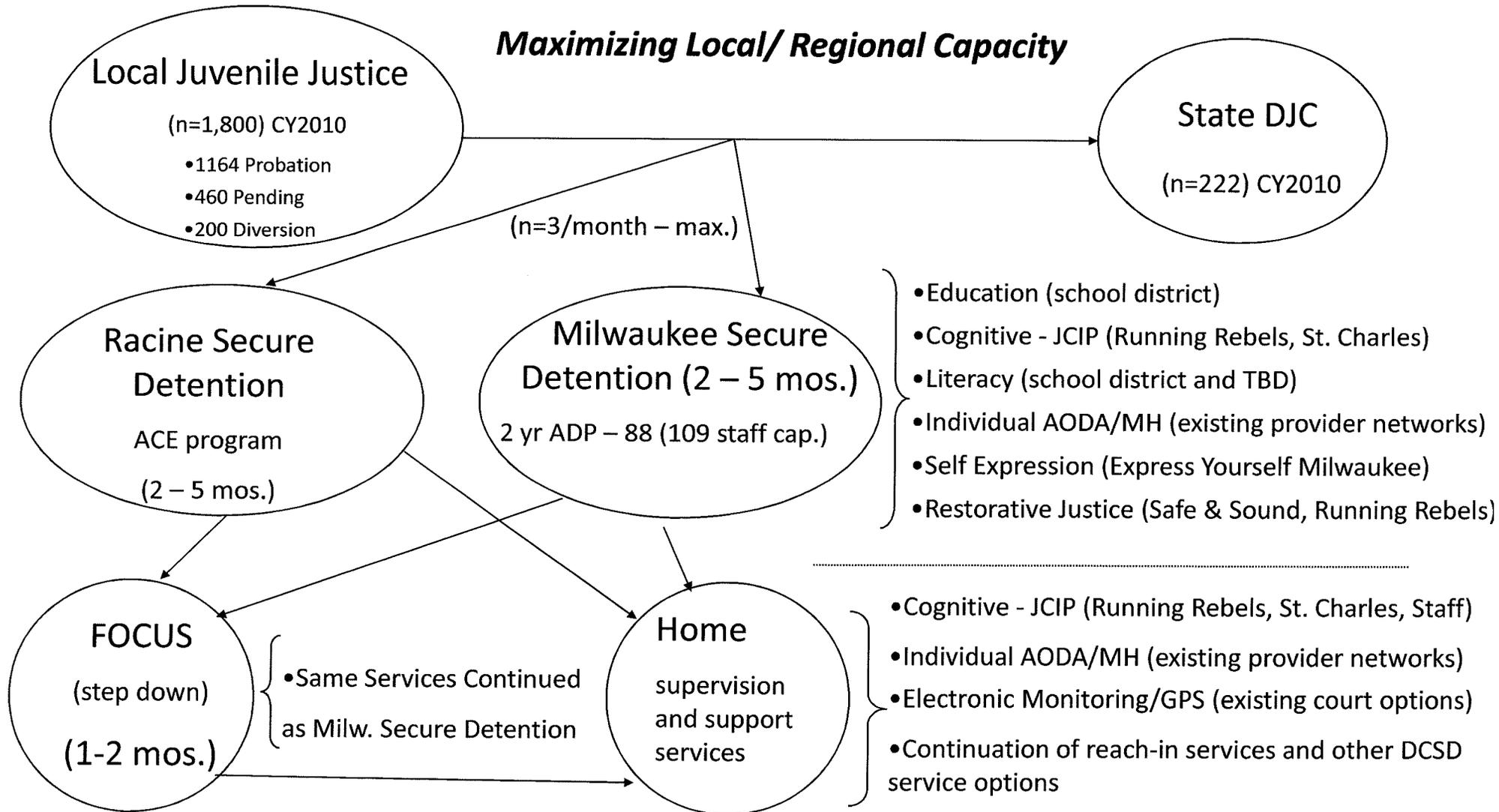
\_\_\_\_\_  
Geri Lyday, Interim Director  
Department of Health and Human Services

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

# Local Secure Short-Term Options

Attachment B

## Maximizing Local/ Regional Capacity



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

**DATE:** February 7, 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 Extend the 2012 Purchase of Service Contract with Our Space 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 extend the 2012 purchase of service (POS) contract with Our Space for the Behavioral Health Division (BHD). At the December Board meeting, the duration of the Our Space purchase of service contract was changed to a four-month time frame pending audit results.

**Discussion**

Shortly before the December meeting of the Health and Human Needs Committee, it was brought to the attention of BHD administration that there were some issues with the Our Space contract. BHD met with Our Space and the individuals who brought the concerns forward and all parties agreed with a BHD developed plan to conduct an audit of the Peer Support component of the Our Space contract. To ensure that these valuable services were maintained for BHD clients while the concerns were reviewed, BHD recommended, and the Board approved, a four-month contract for Our Space from January 1 – April 30, 2012 for a total of \$116,054.

The Our Space contract is made up of two service areas:

- **Consumer Support:** This service area includes the Drop In Center, which is a psycho-social center where consumers gather for social and recreational opportunities, and the Price is Right, which is a thrift store where mental health consumers can go to get clothing and house wares for free; and
- **Peer Support** for the Crisis Services area and for the Office of Consumer Affairs at BHD.

The audit mentioned above does not apply to Consumer Support Services. It is only focused on the Peer Support component of this contract. Therefore BHD is requesting to extend the Consumer

Support portion of the Our Space contract through December 31, 2012. The total 2012 amount for the Consumer Support service area is \$212,962. The original December Board Report approved \$70,987 for this service and BHD is now requesting the remaining amount \$141,975 be approved.

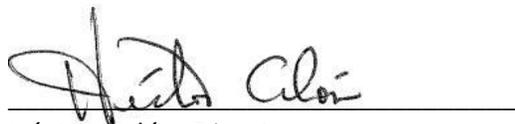
BHD has been working with the Department of Audit and is in the middle of the investigation into the Peer Support component of the Our Space contract. Due to the lack of an April County Board cycle in 2012, BHD is now requesting a two-month extension for a total of \$22,533 for Peer Support so that the audit can be completed and BHD can return to the Board with final results and recommendations.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to extend the 2012 purchase of service contracts with Our Space for Consumer Support services by \$141,975, to a total of \$212,962 for the time period of May 1 – December 31, 2012. It is also recommended that the Our Space contract for Peer Support be increased by \$22,533, to a total of \$67,600 for the time period of May 1 – June 30, 2012. Approval of the recommended contract allocations, as specified in the attached resolution, will allow for BHD to continue to provide needed client services and complete the audit of the Peer Support program.

### **Fiscal Effect**

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  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

1  
2  
3  
4 (ITEM \*) Report from the Director, Department of Health and Human Services,  
5 Requesting Authorization to Extend the 2012 Purchase of Service Contract with Our  
6 Space for the Behavioral Health Division by recommending adoption of the following:  
7

8 **A RESOLUTION**  
9

10 WHEREAS, per Section 46.09 of the Milwaukee County Code of General  
11 Ordinances, the Director of the Department of Health and Human Services (DHHS) is  
12 requesting authorization to extend the 2012 purchase of service (POS) contract with  
13 Our Space for the Behavioral Health Division (BHD); and  
14

15 WHEREAS, shortly before the December meeting of the Health and  
16 Human Needs Committee, it was brought to the attention of BHD administration that  
17 there were some issues with the Our Space contract therefore BHD met with Our  
18 Space and the individuals who brought the concerns forward and all parties agreed  
19 with a BHD developed plan to conduct an audit of the Peer Support component of  
20 the Our Space contract; and  
21

22 WHEREAS, to ensure that these valuable services were maintained for  
23 BHD clients while the concerns were reviewed, BHD recommended, and the Board  
24 approved, a four-month contract for Our Space from January 1 – April 30, 2012 for a  
25 total of \$116,054; and  
26

27 WHEREAS, the Our Space contract is made up of two service areas:  
28 Consumer Support and Peer Support; and  
29

30 WHEREAS, the audit mentioned above does not apply to Consumer  
31 Support Services and is only focused on the Peer Support component of this  
32 contract, therefore BHD is requesting to extend the Consumer Support portion of the  
33 Our Space contract through December 31, 2012; and  
34

35 WHEREAS, BHD has been working with the Department of Audit and is in  
36 the middle of the investigation into the Peer Support component of the Our Space  
37 contract; and  
38

39 WHEREAS, due to the lack of an April County Board cycle in 2012, BHD  
40 is now requesting a two-month extension for a total of \$22,533 for Peer Support so  
41 that the audit can be completed and BHD can return to the Board with final results  
42 and recommendations; and  
43

44 WHEREAS, the amounts recommended for the Our Space contract have been  
45 included in BHD's 2012 Budget; now, therefore,  
46

47 BE IT RESOLVED, that the Director of the Department of Health and Human  
48 Services, or his designee, is authorized to extend the 2012 purchase of service  
49 contract with Our Space for the time frame and amounts as specified below:  
50

51	<b>Agency</b>	<b>Service</b>	<b>Additional</b>	<b>Total</b>
52			<b>Amount</b>	<b>2012 Contract</b>
53				
54	Our Space	Community Support Services	\$ 141,975	\$212,962
55		(January 1 – December 31, 2012)		
56	Our Space	Peer Support	\$22,533	\$67,600
57		(January 1 – June 30, 2012)		
58				
59				

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 2/7/2012

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, Requesting Authorization to Extend the 2012 Purchase of Service Contract with Our Space for the Behavioral Health Division

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to extend the 2012 purchase of service (POS) contract with Our Space for the Behavioral Health Division (BHD). At the December Board meeting, the Our Space proposed purchase of service contract was changed to a four-month time frame pending audit results.

B) DHHS is requesting to extend the 2012 purchase of service contracts with Our Space for Consumer Support services by \$141,975, to a total of \$212,962 for the time period of May 1 – December 31, 2012. DHHS is also requesting that the Our Space contract for Peer Support be increased by \$22,533, to a total of \$67,600 for the time period of May 1 – June 30, 2012. Approval of the recommended contract allocations, as specified in the attached resolution, will allow for BHD to continue to provide needed client services and complete the audit of the Peer Support program.

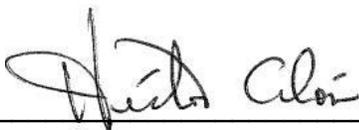
C) Sufficient funds are budgeted in the 2012 BHD Budget.

D. No assumptions/interpretations.

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

Department/Prepared By Alexandra Kotze, DHHS Budget Manager

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

**DATE:** January 30, 2012

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

**FROM:** Héctor 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 Status of the Contracting Out of Dietary Services**

**BACKGROUND**

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

**DISCUSSION**

*Performance*

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

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

<b>TABLE 1. SELECTED FOOD METRICS (FEB - DEC 2011)</b>											
	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Tray Accuracy</i>	88%	88%	75%	56%	89%	100%	72%	89%	82%	83%	100%
<i>Texture Modifications</i>	88%	88%	88%	89%	89%	100%	86%	100%	100%	100%	100%
<i>Portion Sizes</i>	100%	100%	88%	100%	89%	100%	100%	100%	89%	100%	100%
<i>Time</i>	75%	75%	62%	89%	56%	100%	71%	78%	55%	67%	86%

	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Cold Food Temperature</i>	30%	73%	100%	70%	56%	34%	34%	65%	77%	73%	82%
<i>Hot Food Temperature</i>	50%	62%	64%	69%	66%	62%	65%	75%	30%	70%	83%

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

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

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

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

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

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

	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Temperature</i>	89%	56%	57%	81%	60%	62%	43%	70%	100%	67%	66%
<i>Time</i>	100%	67%	78%	63%	80%	61%	83%	80%	84%	100%	66%
<i>Taste</i>	78%	45%	45%	50%	80%	63%	61%	60%	67%	66%	66%
<i>Variety</i>	100%	67%	56%	75%	30%	69%	70%	80%	66%	67%	66%
<i>Overall</i>	75%	67%	56%	62%	80%	84%	57%	60%	67%	50%	66%

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

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

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

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

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

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

With almost a full year of data now available, BHD is analyzing the new performance measures and will continue to use them to drive further improvements in dietary services.

A'viands also keeps a complaint log listing the type, nature, and location of complaints received via email and telephone and the follow-up and resolution provided. Table 3 provides a summary of the number of email and telephone complaints by type in 2011. The majority of the complaints are regarding food issues such as over-cooked food, substitutions or displeasure with a menu item and late or missing meals. Missing meals, incorrect food items and patient preferences are corrected immediately by A'viands at the point of service. Reported complaints as a percent of meals served are less than .1%, and this statistic has remained fairly constant since the beginning of the A'viands contract.

<b>TABLE 3. ISSUES LOG SUMMARY (JAN – DEC 2011)</b>			
<b>Type of Complaint</b>	<b>Email Complaints By Occurrence</b>	<b>Phone Complaints By Occurrence</b>	<b>Total Complaints by Occurrence</b>
Dietary Error - i.e. wrong texture served, inappropriate item served	31	4	35
Food Issue - i.e. substitution from menu, over-cooked, dislike item, etc	72	53	125
Portion Size	6	0	6
Late Meals, Missing Meals	59	66	125
Administrative - i.e. missing meal counts, tableware issue, in-service needs	37	0	37
<b>TOTAL COMPLAINTS</b>	<b>205</b>	<b>123</b>	<b>328</b>
2011 Total Meals Served	627,734	627,734	627,734
Complaints as a Percent of Meals Served	.03%	.02%	.05%

All complaints are considered formal complaints. Of the 328 complaints tracked in 2011, 35 were considered serious in nature and related to health and safety concerns. They included patients being given inappropriate diets and food being served that patients were allergic to. All of the situations were rectified immediately before any patient was harmed.

#### *Fiscal Savings*

BHD closely monitors the fiscal impact of the dietary contract with A'viands. For 2011, the average monthly cost for BHD for meals was \$434,675 and \$24,148 for required supplements and snacks/nourishments. The total cost for meals and supplements/snacks in 2011 was \$5,315,770. The A'viands contract is for an amount not to exceed \$5,416,186. BHD also has four dietary staff, continuing unemployment costs, prior legacy costs, various small expenses and cross charges. These costs total an average of \$67,189 per month. Therefore, the total average monthly cost including BHD and contracted expenses for 2011 was \$510,170. The actual monthly expenditure cost in 2008, including legacy costs, for the BHD run dietary service was \$621,932. This is an average monthly savings of \$111,762 and translates into an annual savings of over \$1.3 million.

#### *Initiatives*

BHD expanded its patient-centered dining program to the new Women's Treatment Unit in December. A plan is being developed, in collaboration with A'viands, to transition the remaining units to the new food service delivery methodology. BHD has already begun to see success in achieving several of the goals of the program, including:

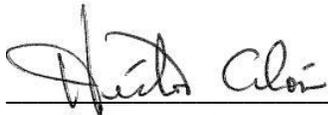
- Fostering independence in clients in regards to choice at meal and snack times;
- Improving consumer satisfaction with meals;
- Decreasing the amount of food waste;
- New way of providing snacks that increase client choice;

- Promoting positive interactions between consumers, BHD staff and A'viands staff;
- Decreasing errors due to dietary cart issues such as cold or burnt items;
- Eliminating the need for operational improvements to the tray line and dish room area;  
and
- Correcting state survey notations (on a preliminary basis) in regard to resident choice and accommodation of needs

In addition, the 2012 Budget contains an initiative to reduce dietary costs by \$500,000. BHD has let a Sandwich RFP, is discussing potential savings ideas with the Department on Aging and has begun discussions with A'viands regarding how these savings will be achieved. BHD is confident that they will achieve the budgeted savings in 2012.

**Recommendation**

This is an informational report. No action is necessary.



---

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  
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  
Jodi Mapp, Committee Clerk, County Board Staff  
Jennifer Collins, Analyst, County Board Staff

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

Revised Copy 2/24/2012

**9**

**DATE:** February 24, 2012

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

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

**SUBJECT: Informational Report From the Director, Department of Health and Human Services, Regarding a Cooperative Agreement Between the Behavioral Health Division and Children’s Service Society of Wisconsin for AODA Services**

**BACKGROUND**

The Behavioral Health Division (BHD) Community Services Branch (CSB) has been meeting with Children’s Service Society of Wisconsin (CSSW) for several months to share information and identify ways in which the two entities could work together to best meet the needs of the individuals served in each system. In so doing, it became apparent that there is a considerable amount of population overlap, particularly between CSSW and the CSB Wiser Choice program, which serves adults with substance abuse issues. Upon further examination of the possibilities, it has been established that because of this population overlap, there exists an opportunity to leverage one another’s expertise and resources to more effectively and efficiently serve the individuals who are or should be served by both BHD and CSSW.

**DISCUSSION**

BHD and CSSW have been meeting regularly to establish the terms and details of an agreement between the two parties. The meetings have included discussions regarding everything from necessary services for the CSSW/Wiser Choice overlapping population, how services will be provided, fiscal considerations, and communication with the various stakeholders involved. Both BHD and CSSW believe that there are benefits to both parties by establishing this partner relationship. Some of the highlights of the partnership include:

- **Expertise:** CSSW has the most experience and knowledge in providing child welfare services. The BHD Wiser Choice services area has expertise at assessing and providing substance abuse services. This partnership will let each agency focus on their area of expertise, thus best meeting the needs of the clients served in each system.
- **Efficiencies:** Currently there are two separate systems, with CSSW establishing its own contracts with providers for AODA services. Many of the clients access both the BHD AODA system and the CSSW system at different points in their recovery. This will create a more

efficient system that is basically seamless and more user friendly for the client and the network of service providers. Also, it will alleviate the potential for services being duplicated between the two systems.

- **Funding:** Since CSSW and BHD have many clients in common, this will allow BHD to leverage CSSW funds with other Wiser Choice funding streams. This will allow for the service of individuals who already qualify for but may not be accessing services through Wiser Choice. Whereas funding streams have decreased significantly in the substance abuse system in the last two years, this will add service capacity to the system and will also increase Wiser Choice’s capability of meeting its target numbers for existing funding streams.
- **Data:** The Wiser Choice system has the ability to track an extensive amount of data. Leveraging this capability will enhance CSSW’s understanding of the needs, outcomes, successes and barriers of the individuals in their system requiring substance abuse services.
- **Seamless System:** BHD and CSSW have compared their provider networks and there are only four agencies that CSSW uses that are not currently within the Wiser Choice network. We are working on a plan to address those agencies. It is expected that this will be a seamless transition for clients in either system.
- **Infrastructure:** The CSSW clients will be able to utilize the existing BHD infrastructure for AODA services and BHD will be able to count CSSW clients toward their overall ATR grant goals, which increased the number of clients by 65% in 2012.

Overall, BHD feels that this partnership will be a great opportunity for CSSW and BHD to focus on what each does best and create a seamless system for clients who may need the services of both systems. It is also a testament to the community support and praise for the BHD AODA service network.

**FISCAL ANALYSIS**

For 2012, BHD and CSSW are proposing a nine-month contract, starting April 1, 2012. CSSW, after taking their administrative fee, will give their Block Grant funds for AODA services to BHD to manage. BHD will charge a 10% administrative fee to assist with the increased workload and then add the rest to the entire voucher pool. All of the funding from CSSW will be tracked separately and reported back to them. Below is an overview of the fiscal calculations:

	2012 Annual	9 month Contract
State Contract with CSSW	633,200	474,900
Total Admin Allowed - 15%	94,980	71,235
CSSW Admin Amount - 5%	31,660	23,745
BHD Admin Amount - 10%	63,320	47,490

	2012 Annual	9 month Contract
Contract Amount for Client Services	538,220	403,665

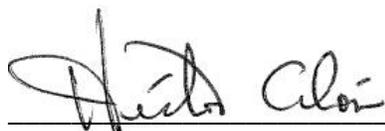
*\*Total client service amount subject to change for 2012 based on actual expenditures by CSSW from Jan-March 2012*

The agreement between CSSW and BHD will include provisions to hold CSSW responsible for any client service costs above the contract amount and also to deal with any potential surplus funds so that this is a net zero levy impact for the County.

### **RECOMMENDATION**

BHD is working with CSSW and the State of Wisconsin to have an agreement in place by April 1, 2012. BHD will be working closely with CSSW for the first few months to ensure that everything goes as planned. In addition, BHD will continue to work with the Board, State and other stakeholders as additional opportunities for partnership may arise.

BHD received an opinion from Corporation Counsel that County Board approval is not required prior to execution of the agreement, as the Milwaukee County Code of Ordinances does not mandate County Board approval for contracts and/or partnerships for a department's sale of services. As such, this is an informational report. No action is necessary.



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  
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  
Jodi Mapp, Committee Clerk, County Board Staff  
Jennifer Collins, Analyst, County Board Staff

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

**DATE:** February 15, 2012

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

**FROM:** Héctor 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 an update on the study group activities 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. A report was submitted in February to outline the study group and the work plan for the group. This report seeks to offer a brief summary of activities.

**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 were also developed.

**Work Group**

An initial meeting of the work group was held on February 7, 2012. The membership includes representatives from clinical and fiscal staff DHHS/BHD, Corporation Counsel, Milwaukee County Sheriff's Office staff, county board staff and the Christensen Decree Medical Monitor.

### **Plan of Work**

Based on the established plan of work, the initial meeting had a focus of orientation and data review. Members of the Sheriff's Office presented a review of the activity of the health services within both facilities. The data indicated that of the approximately 33,000 inmates screened at booking, approximately 50% or 18,000 inmates are screened as having a medical or mental health issue requiring additional assessment and potential treatment. Information was shared about the most common medications administered and the volume of medication administered annually.

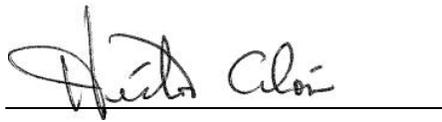
At the meeting, the Sheriff's Office announced they were recruiting for a medical director and had a potential candidate. In addition, the Sheriff's Office announced that they were anticipating the release of an RFP for health services.

### **Next Steps**

The work group will continue to meet aggressively to address the work plan as outlined in the previous report. The next meeting, scheduled for March 28, will focus on standards of care for inmates and accreditation standards.

### **Recommendation**

This is an informational report. No action is necessary.



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  
Rick Ceschin, County Board Staff  
Jennifer Collins, County Board Staff  
Jodi Mapp, County Board Staff  
Inspector Richard Schmidt, Sheriff's Office  
Jon Priebe, Sheriff's Office  
Molly Pahl, Sheriff's Office

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** February 8, 2012

**TO:** Lynne DeBruin, Vice-Chair, Finance and Audit Committee  
Supervisor Peggy Romo West, Chairperson, Health and Human Needs Committee

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

**SUBJECT: From the Director, Department of Health and Human Services, Submitting a Status Report on the Behavioral Health Division New Facility Options**

**Issue**

As part of the final resolution (File #11-516) of the Committee of the New Behavioral Health Facility Study, it was requested that a report be brought to the Health and Human Needs and Finance and Audit Committees. The resolution specified that the report would include: "Recommendations related to the option of Milwaukee County constructing and operating an inpatient facility on the County Grounds...and how these options would tie into the broader system redesign of mental health services; this report shall include recommendations as to the preferred level of continued inpatient care to be provided at a new facility, inpatient care services that are recommended for community-based inpatient or alternative community-based care, recommendations regarding future use of the current BHD facility, and potential options for financing the recommended services."

The Director, Department of Health and Human Services (DHHS) and Administrator of the Behavioral Health Division are returning to the Board with a status update.

**Background**

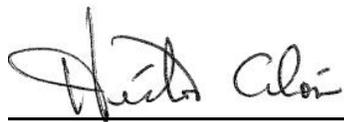
The Behavioral Health Division submitted two reports in the January Board cycle showing the progress and work of the Mental Health Redesign Task Force and its Action Teams and also sharing the information gathered as part of the RFI process for the expansion of community based services. In addition, BHD has been working with the DAS – Facility Management, Architectural, Engineering and Environmental Services (AE&E) Division on an RFP for design services for a potential new BHD facility. A status report regarding that RFP is also being submitted to the Board in the March cycle by AE&E. Finally, the Finance Workgroup, consisting of staff from the County Executive's Office, County Board, Department of Administrative Services (DAS), Department of Audit and BHD (as defined in the final recommendations of the Facility Committee) has begun to meet to discuss the various fiscal implications of this initiative.

BHD is continuing to work with the County Executive, County Board, DAS and Audit staff to start to assess the fiscal impact of the various scenarios possible as part of this project. At this time, the Mental Health Redesign Task Force is planning a Summit and is moving forward with solidifying recommendations and making implementation plans, AE&E and BHD will shortly be reviewing all of the RFP responses for design services. BHD continues to implement the 2012 Budget initiatives to expand community-based services, including working with DSD to consider opportunities to move more clients to community care. All of these projects and teams are underway and working diligently to provide the best information and recommendations possible to the policy makers of Milwaukee County. At this time, both the Finance Workgroup and the DHHS administration believe it is premature to propose actual facility options, recommend levels of care, options for the future use of the BHD facility, or financing options. Until final recommendations are determined by the various stakeholders and reviewed by the policy makers, it is extremely difficult to provide solid fiscal information and options to the Board.

DHHS will continue to provide status updates and the Finance Workgroup will continue to meet to assess the fiscal impacts of this project.

### **Recommendation**

This is an informational report. No action is necessary.



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Héctor Colón, Director  
Department of Health & Human Services

cc: County Executive Chris Abele  
Supervisor Joe Sanfelippo  
Terrence Cooley, County Board  
Patrick Farley, Director, DAS  
Pam Bryant, Interim Fiscal & Budget Administrator, DAS  
Jerry Heer, Department of Audit  
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS  
Antionette Thomas-Bailey, Fiscal & Management Analyst  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**12**

**DATE:** February 14, 2012

**TO:** Supervisor Michael Mayo, Sr., Chairperson, Transportation, Public Works & Transit Committee  
Supervisor Peggy Romo West, Chairperson, Health & Human Needs Committee  
Supervisor Lynn DeBruin, Vice-Chairperson, Finance & Audit Committee

**FROM:** Gregory G. High, Director, Architecture, Engineering and Environmental Services Section, DAS - Facilities Management

**SUBJECT:** **Informational Report Regarding Progress of an RFP for Architectural Design Services for a New Mental Health Facility**

**POLICY**

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 Administrative Services (DAS) to return to the Committee on Health and Human Needs and the Committee on Finance and Audit in the March 2012 County Board meeting cycle to report on the results of a Request for Proposal (RFP) for architectural design services for a new mental health facility.

**BACKGROUND**

In the last three months of 2011 DAS, Facilities Management Division (DAS-FM), Architecture, Engineering and Environmental Services Section (AE&ES) met several times with the project team comprised of Behavioral Health Division (BHD) and Department of Health and Human Services (DHHS) staff regarding the component of the approved Facility Committee plan dealing with actual planning, design and construction of a new mental health hospital. The team reviewed the approved County Board resolution, various reports and associated documents to develop a project scope of work required to issue the RFP (see attachments).

**Consultant Services Scope of Work**

After establishing the project scope, the project team decided to divide the consultant services scope of work in to two stages: Project Programming and Project Design. In the Programming stage the consultant is asked to:

- Establish a methodology to verify existing information and stimulate client and user groups decisions necessary to establish client goals
- Process extensive existing data
- Determine what goals and objectives are to be achieved
- Confirm the construction budget
- Synthesize spatial needs and quality of construction
- State what are the significant conditions and general directions the design of a new building or facility should take

# Informational Report Regarding Results of an RFP for Architectural Design Services for a New Mental Health Facility

Date: February 14, 2011

- Establish the likely annual costs for operation and maintenance over the life of the facility.

In the Design stage the consultant services include these project phases:

- Schematic Design
- Design Development
- Construction Documents
- Bidding/Negotiation
- Construction Administration.

The architect/engineer responsible for design must provide Milwaukee County with final plans stamped and signed by the responsible architect/engineer(s) with their respective Wisconsin Registration Seal(s).

## Tentative Schedule

The RFP document was advertised in the Daily Reporter and posted on the Milwaukee County Business Portal on 1/19/12. A mandatory pre-proposal meeting for the interested consultants was conducted on 1/31/12. Representatives from 21 consulting firms attended. The responses to the RFP are due on 2/20/12. The proposed schedule of remaining activities for consultant selection and award are as follows:

- Selection Committee Review 2/21/12 thru 2/29/12
- Selection Committee Picks Top 3 Consultants 3/01/12
- Interview of Top Three Consultant(s): 3/15/12

***Consultant Contract Award and all subsequent scheduled activities are contingent on County Board approval of the release of funding to proceed with the project.***

- Consultant Contract Award: 3/20/12 thru 3/27/12
- Consultant agreement signed and Notice to Proceed: 3/27/12 thru 4/10/12

The proposed schedule of activities for the Programming Stage are as follows:

- Programming Plan Phase completed: 4/12/12 thru 5/10/12
- Reviewed and approved: 5/11/12 thru 5/18/12

The proposed schedule of activities for the Design Stage are as follows:

- Schematic Design: 5/21/12 thru 7/02/12
- Design Development Phase completed: 7/16/12 thru 8/17/12
- Construction / Bid Documents 100% completed: 11/12/12
- Bidding Phase, project out to Bid: 11/19/12
- Bid Opening Due: December 2012
- Award Construction Contract: January 2013
- Pre-construction meeting: February 2013
- Project Closeout, Project completed: December 2014

**Informational Report Regarding Results of an RFP for Architectural Design Services for a New Mental Health Facility**

Date: February 14, 2011

**Next Steps**

As stated above, the consultant contract award cannot take place until the County Board authorizes the use of a portion of the 2010 budgeted capital funds remaining in the allocated contingency fund (WE033) to pay for these consultant services and the related services provided by DAS-FM, AE&ES staff.

As indicated in the New Behavioral Health Facility Study Committee's Final Report and resolution, approval to proceed with the planning and design of the new building cannot be provided until final recommendations from DHHS and BHD are presented and reviewed regarding the level of inpatient and outpatient care needed in the future. BHD has submitted reports to the County Board but is still working toward final recommendations with the Mental Health Redesign Task Force.

The consultant contract award is also contingent per the resolution on the outcomes of the pending report on alternatives to Milwaukee County owning a mental health facility, including but not limited to options of leasing, engaging a private developer to build a new hospital for Milwaukee County in exchange for long term guaranteed lease payments (build-lease), private public partnerships developed through a Health Care Authority model or the option of leveraging property owned at the County Grounds for public/private partnerships to realize the goal of providing the best care for mental health patients while also maximizing reimbursements for the County. The fiscal workgroup, as established per the resolution, has met to discuss this and other fiscal related issues but the group also needs more time before final recommendations can be made.

The Director of DAS-FM, AE&ES will submit an updated report on the results of the RFP for architectural design services for a new mental health facility in the next County Board Committee cycle.

Respectfully Submitted,

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Gregory G. High, P.E., Director  
AE&ES Section, DAS-FM Division

GGH:

Attachments (2):      1. RFP Cover Letter  
                                 2. Resolution (File No. 11-516)

cc:      Chris Abele, Milwaukee County Executive  
         Terrence Cooley, Chief of Staff, County Board of Supervisors  
         Amber Moreen, Chief of Staff, County Executive's Office

**Informational Report Regarding Results of an RFP for Architectural Design Services for a New Mental Health Facility**

Date: February 14, 2011

Pam Bryant, Interim Fiscal and Budget Administrator, DAS

Héctor Colón, Director, Department of Health and Human Services

Paula Lucey, Administrator, Behavioral Health Division

Tia Torhorst, County Executive's Office

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

REFERENCE NO. \_\_\_\_\_

January 19, 2012

**REQUEST FOR PROPOSALS TO PROVIDE PROFESSIONAL  
ARCHITECTURAL & ENGINEERING SERVICES  
TO DESIGN  
A NEW BEHAVIORAL HEALTH BUILDING  
FOR  
MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Project No.** E033-12415: Behavioral Health Department

**MILWAUKEE COUNTY  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
Facilities Management Division  
ARCHITECTURAL, ENGINEERING & ENVIRONMENTAL  
SERVICES  
2711 W. WELLS STREET  
MILWAUKEE, WI 53208**

January 19, 2012

Ref. No.

**All Interested Consultants.**

**Subject:**

**Request For Proposals (RFP) To Provide Professional Architectural and Engineering Design Services:**

**Project No. & Name -**

E033: Behavioral Health Department - New Building Design  
Milwaukee, Wisconsin

**Section I - Introduction:**

**Background**

This is a Request for Proposal (RFP) authorized by the Department of Health and Human Services (DHHS) to provide basic professional architectural and engineering design services necessary to program and design a new behavioral health building, which is necessary to assure continued mental health services in the Milwaukee area. The new building may replace functions now provided at the existing Behavioral Health Division (BHD) facility located at 9455 Watertown Plank Road, in Wauwatosa, Wisconsin.

The Mental Health Complex was constructed in 1978 and is located at 9455 Watertown Plank Road in Wauwatosa, Wisconsin. It is a four story, multi-level facility constructed slab on grade. The existing 300 bed facility includes a licensed psychiatric care hospital unit, with approximately 120 beds; two long term care nursing homes for mentally ill, approximately 21 beds; a chronically mentally ill patients unit, approximately 72 beds; and a dual diagnosis unit, approximately 72 beds. Emergency room services for 15 beds are provided to patients with mental related problems. Conference rooms, administrative support offices, doctor offices, and nurses' stations are located within the facility, as well. Minor renovations have occurred in various sections of the hospital since its original construction; although a code compliance upgrade, HF124, as mandated by the state of Wisconsin, is currently underway. The facility also includes a sandwich shop, a courtroom, a pharmacy, a group therapy and security station. The BHD currently uses approximately 425,400 total square feet of a total usable space of 591,000 square feet.

Over the last 5 years BHD has been actively exploring various ways to provide efficient space of their operations. Consideration has been given to consolidating space used within the existing building, relocating BHD into an existing newly remodeled code compliant building, building a new building, or a combination thereof.

**Design Considerations**

In the past two years, on behalf of Milwaukee County Department of Health and Human Services [DHHS], planning and space evaluation studies were conducted by a respected, local architectural firm, Zimmerman Architectural Studios [ZAS]. The studies first looked at relocating the Behavioral Health Division [BHD], including a Psychiatric Crisis Services/Observation Unit, Patient Units, and office space into the existing St. Michaels Hospital. Subsequently a plan submitted by the "New Behavioral Health Facility Study Committee" endorsed a plan stating that Milwaukee County's current inpatient model of providing mental health care is financially unsustainable and less cost effective than a community-based mental health system and urged county government to permanently and fundamentally shift its funding, staffing, and programming

into a community-based system of care, also, endorsing Milwaukee County's continued operation of an inpatient hospital facility with a hypothetical 120 (*maximum*) number of county provided inpatient beds as part of the Milwaukee County obligation to provide safety net services to persons with mental illness.

The New Behavioral Health Facility Study Committee, the DHHS and BHD presented a report that responded to the question, "If a new mental health facility were to be built, what would be the minimum size (*building*) needed and what would need to occur to assure continued service to individuals with mental health services needs in Milwaukee County?"

ZAS presented a preliminary model of what they envisioned a future mental health facility might look like to the New Behavioral Health Facility Study Committee. However, ZAS was clear in stating that the model that they presented was not intended to be taken as a final recommendation of what the future Milwaukee County mental health facility might look like. Based upon the ZAS report the following data was generated:

**Building Location:** 10 to 13 acres on Milwaukee County Grounds site

- 450 Surface parking spaces
- 0.75 Acre detention pond (*for storm water management*).
- Loop water system with two water sources per hospital code

**Building Gross Floor Area:** 200,000 gross square feet

- 96 long term inpatient beds
- 24 observation beds
- 140,000 square feet (approx.) Patient Units, Support Services and Day Treatment
- 60,000 square feet (approx.) Medical Office Building  
Note: 300 Offices/Cubicles
- Patient Care Hospital with 24 Beds/Patient Unit (*one-story unit*).
- Expansion or swing space (*to be used as needed*).

**Estimated Probable Construction Costs:** Between \$49,363,000 @ \$200/sf. and \$59,187,000 @ \$242/sf. (*Exclusive of engineering design and County A/E project management fees*)

**Information Technology Costs:** \$600,000 (approx.)/300 Units (*Offices/Cubes*), including phones, switches, new computers, cabling and internet, copiers, printers, and teleconferences units.

**Movable Equipment:** Not included

**Furniture Costs:** \$360,000 at \$6.00/square foot.

**Moving and Relocation Costs:** \$200,000 (*Moving existing furniture, patient belongings, support equipment and miscellaneous*).

## **Section II - General:**

*Consultant services shall be divided into two distinct parts: Programming and Design. Both parts are required to establish and confirm the design and construction of a new Behavioral Health Facility for Milwaukee County Department of Health and Human Services.*

### *Project Programming Stage:*

The Consultant shall establish a methodology to verify existing information and stimulate client and user groups decisions, which shall be necessary to establish client goals, process extensive

existing pertinent information and data, determine what goals and objectives shall be achieved, confirm the construction budget, synthesize spatial needs and quality of construction, and, finally, state what are the significant conditions and general directions the design of a new building or facility should take. The Consultant shall also establish in this phase the likely annual costs for operation and maintenance over the life of the facility.

The consultant shall demonstrate that it has an effective strategy to match up client goals, facts, concepts, needs, and problems with form, economy and time (historical, present, and future) as it relates to this project, a new behavioral health facility. The consultant's program must be well organized, make sense, and ease transition from program to design.

*(Refer to Attachment 2 – Milwaukee County Department of Administrative Services Type "A" Agreement, attached).*

### Project Design Stage:

Design services shall include programming, Schematic Design, Design Development, Construction Documents, Bidding/Negotiation and Construction Administration Phases. The architect/engineer responsible for design must provide Milwaukee County with final plans stamped and signed by the responsible architect/engineer(s) with their respective Wisconsin Registration Seal(s).

A copy of Milwaukee County Department of Public Works - Stipulated Sum (Lump Sum) Standard Prime Consultant Agreement for Professional Services (Type "A" Agreement) is attached. The Architect/Engineer's (*Consultant's*) scope of service is to be divided into six (6) phases.

*(Refer to Attachment 2 - Type "A" Agreement, Article 3: Basic Services).*

### **Section III - Scope of Consultant's Basic Services:**

A. Stage 1 – Project Programming

B. Stage 2 – Project Design

#### Phase 1 – Schematic Design Phase:

Provide a schematic design and cost estimate for this phase of the project. The cost estimate shall be broken down into the proposed respective construction phases and include a breakdown of the major components. Include a breakdown of work done as a part of this project's construction budget and, if necessary, those items that might need to be funded outside the project budget or in future years.

#### Phase 2 - Design Development Phase:

Based upon the approved written program and budget, the Consultant shall prepare studies and drawings, an outline specification of suggested construction materials and systems, and submit recommendations for approval by the Owner.

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Phase 3 - Construction Document Phase:

Based on the approved results of the Design Development Phase, this phase will include a minimum eighty percent (80%) completed construction / bid documents review period for the work to be included in the construction phase of this project, which includes the Project Manual and Drawings.

This phase of the project shall also include the 100% completion of the construction Bid Documents, printing and delivery of one (1) set of the completed construction Bid Documents for reproduction and distribution by Milwaukee County during the bidding phase of the project.

Phase 4 - Bid / Negotiation Phase

All Contract Documents shall be made available to the bidders through the Owner. The Consultant, however, shall be prepared to answer questions and provide necessary clarifications to the Contract Documents when required at no additional cost to the Owner.

Phase 5 - Construction Phase

In addition to the documentation requirements for each phase of work as noted in the attached agreement for professional services, the Consultant(s) will be required to provide a zip disk in Microsoft Word 2000 format, containing all relevant project documents they have prepared during each phase of the project. Those documents shall include all correspondence, transmittals, etc. to Milwaukee County, other agencies, sub-consultants, etc.

Milwaukee County reserves the right to request partial or full reimbursement from consultants for change orders resulting from errors and omissions in the services they are contracted to provide.

**General Services Required of Consultant(s):**

The Consultant shall provide complete and comprehensive architectural programming and design services. The architect/engineer responsible for the design must provide Milwaukee County with final plans stamped and signed by the responsible architect/engineer(s) with their Wisconsin Registration Seal(s).

*(Refer to Attachment 2 – Milwaukee County Department of Administrative Services Type “A” Agreement for additional information regarding the requirements of the Milwaukee County Professional Services contract.)*

**Section IV – Tentative Schedule:**

*The schedule shown below is based on Consultant Contract Award Date of April 9, 2012.*

- |    |  |                      |
|----|--|----------------------|
| 1. | RFP Public Advertisement start                     | 1/19/12 thru 2/20/12 |
| 2. | RFP Pre-proposal Meeting (MANDATORY)               | 1/31/12              |
| 3. | RFP Due: 2/20/12 and Selection Committee Review    | 2/21/12 thru 2/29/12 |
| 4. | Selection Committee top 3 Consultants              | 3/01/12              |
| 5. | Interview of Top Three Consultant(s):              | 3/15/12              |
| 6. | Consultant agreement signed and Notice to Proceed: | 3/27/12 thru 4/10/12 |

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*Part 1 of Consultant Services*

- |                                      |                      |
|--------------------------------------|----------------------|
| 7. Programming Plan Phase completed: | 4/12/12 thru 5/10/12 |
| 8. Reviewed and approved:            | 5/11/12 thru 5/18/12 |

*Part 2 of Consultant Services*

- |   |                        |
|---|------------------------|
| 9. Schematic design Phase completed:                          | 5/21/12 thru 7/02/12   |
| 10. Reviewed and approved:                                    | 7/03/12 thru 7/13/12   |
| 11. Design Development Phase completed:                       | 7/16/12 thru 8/17/12   |
| 12. Reviewed and approved:                                    | 8/20/12 thru 8/27/12   |
| 13. Construction / Bid Document 80% Completed:                | 10/15/12               |
| 14. 80% Construction / Bid Documents reviewed & approved:     | 10/22/12               |
| 15. Construction / Bid Documents 100% completed:              | 11/12/12               |
| 16. Print & Deliver Bid Documents:                            | 11/13/12 thru 11/16/12 |
| 17. Bidding Phase, project out to Bid:                        | 11/19/12               |
| 18. Bid Opening Due:  | 12/19/12               |
| 19. Award Construction Contract:                              | 1/11/13                |
| 20. Construction, Notice to Start Construction to Contractor: | 1/25/13                |
| 21. Pre-construction meeting:                                 | 2/08/13                |
| 22. Project Closeout, Project completed:                      | 6/08/14                |

**Section V - Proposal Content:**

Each proposal shall contain a description or information in the following areas:

- A. Cover: Include project number and name, project location, proposal title (Proposal for Professional Services), Consultants name(s), address(es), telephone number(s), FAX number(s), etc., proposal date, etc.
- B. Table of Contents: Include a clear identification of the material by section and by page number.
- C. Letter or Transmittal: Limit to two pages; briefly state the consultant's understanding of the service to be provided and a positive commitment to perform the services as defined in the RFP.
- D. Organization Description: A description of the organization submitting the proposal, include the name, size, legal status (corporation, partnership, etc.), professional registration / certification, major type of activity or areas of consulting. The organization must be licensed to operate in the State of Wisconsin. Include a copy of current license, certification or registration.
- E. Organization's Experience: We are looking for Architecture/Engineer(s) who have proven experience in similar types of projects. We are looking for Architect/Engineer(s) who have proven experience in similar types of projects, as well as LEED, Green Globe, green building, and sustainable design practice experience. Include a list of similar projects that the organization has participated on in the past five (5) years. Attach a separate sheet for each project, up to five (5) maximum, giving a brief description of each project and the organization's participation.

- 
- F. **Project Organization and Staff Experience:** Include an organizational structure of the project team, including the relationship of the sub-consultants chosen for this project. The name of the Principal-In-Charge of this project along with their Professional Engineers Registration Number in the State of Wisconsin must be clearly indicated in this section of the proposal, along with the name, occupation and title of the Project Manager, who will be in charge of this project. Provide a resume' for each individual involved in the project, and include their name, title and duties for the project, professional registration, a brief description of related experience including time contribution in this capacity to past projects and qualifications.
- G. **Alternate Principal-In-Charge:** Include the name of an Alternate Principal-In-Charge in the event that the originally declared Principal-In-Charge is not able to fulfill their duties. Milwaukee County DPW also reserves the option to select an Alternate Principal-In-Charge.
- H. **Sub-Consultants:** Indicate the names and addresses of any sub-consultants and/or associates proposed to be used in this project. State the capacity they would be used in and the approximate percentage of the total services they would provide. Also state their past experience in the field of service required.
- I. **Project Approach:** Provide a description of the programmatic, architectural, engineering, environmental, mental health service challenges and public involvement issues you anticipate in this project and how you propose to overcome them.
- J. **Scheduling:** Provide a bar chart form schedule which indicates a sequential, time table, and relationship of tasks, which are necessary to complete the project, based on the schedule as noted in the Project Schedule of this RFP.
- K. **Constant Effort:** Provide a detailed breakdown (*spreadsheet format*) of the direct hours by task, position, and person to complete the project as described in this RFP.
- L. **DBE Goals:** Milwaukee County's policy is to achieve twenty-five percent (25%) Disadvantaged Business Enterprise participation in the professional services to be performed. The proposal must list names and addresses of the DBE firms used, the tasks performed by them and percentage of the work performed by them. The work must be done by certified DBE firms, with the goal of the selected work which will enhance and further the DBE's experience in the design through construction administration process of this project. For assistance, contact the Community Business Development Partners [CBDP] Office at (414) 278-5248.
- M. **Quality Control:** Submit a contract document quality control plan. Quality control is to be performed by individuals not assigned to the project on a ongoing basis.
- N. **Equal Opportunity Employer:** The Consultant(s) must be an Equal Opportunity Employer. Proof of this must be indicated in that section of the Proposal.
- O. **Fee Proposal:** The fee for this project shall be clearly stated as a lump sum for basic services as detailed in this document. Progress payments for those services will be

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made as stated in the attached professional services agreement. Include a copy of Attachment B-1" of the attached professional services agreement in this part of the proposal to indicate the direct salary rates, fixed overhead rates, etc. for any additional services that may be required.

## **Section VI - Proposal Submission Requirements and Format:**

- A. The Proposal must be submitted by Monday, February 20, 2012 at 2:00 P.M. csto:  
Milwaukee County Department of Administrative Services  
Architecture, Engineering & Environmental Services Section  
Facilities Management Division  
City Campus, Room 223  
2711 W. Wells Street.  
Milwaukee, Wisconsin 53208  
Attention: Walter L. Wilson, FAIA, NOMA, NCARB  
Principal Architect
- B. Six (6) copies of the Proposal must be submitted in a sealed envelope only. No other container is acceptable.
- C. Each envelope must be identified with the submission date, RFP number, project number and title, and name and address of the submitting party. Envelopes which are not properly identified or received after the time and date as noted above will be rejected.
- D. The proposal must be submitted in a single bound 8-1/2" X 11" document.
- E. In order to expedite the Agreement award process, each Prime Consultant is to completely fill in and include the attached Stipulated (Lump Sum) Standard Prime Consultant Agreement for Professional Services Type "A" Agreement. Insurance forms as required per the agreement will be required from the successful consultant only. This is to be included in the Fee Proposal envelope.

## **Section VII - Proposal Evaluation / Consultant Selection:**

- A. Refer to Section XV of the attached "Milwaukee County Proposal Preparation, Submission and Evaluation Guidelines" for the evaluation criteria. Proposers must recognize this is not a bid procedure and a Professional Services agreement will not be awarded solely on the basis of the low fee proposal. Milwaukee County reserves the right to accept or reject any and all proposals, issue addenda, request clarification, waive technicalities, alter the nature and/or scope of the proposed project, request additional submittals, and/or discontinue this process.
- B. With the signing and submission of a statement of proposal the submitting the Consultant certifies that the standard terms and conditions of the Agreement for Professional Services (that will be used to contract with the selected consultant) has been read and understood and that the submitting consultant is ready, willing and able to sign the agreement when requested without making any substantive changes.

- C. The successful Consultant must be an Equal Opportunity Employer.
- D. Proposals will be evaluated and ranked on the following criteria:
- |  |       |
|--|-------|
| 1. Quality and responsiveness to the RFP:  | 20%.  |
| 2. Project approach and understanding, including strategy to perform requested work and time schedule* | 35%.  |
| 3. Qualifications and experience Prime Consultant*   | 20%.  |
| 4. Fee and hourly rates:   | 10%.  |
| 5. Qualifications/Experience of DBE Consultant(s)  | 15%.  |
| <hr/>  |       |
| Total:   | 100%. |
- E. The evaluation team will be made up of three (3) to five (5) individuals with technical knowledge of the requirements, and familiarity with the project.
- F. Selection of the Consultant(s) will be made entirely on the basis of the items requested in the RFP and as addressed in the Proposals.
- G. The evaluation may include an interview of a short list of up to three (3) finalists.

However, an award may be made without this interview. The interview will be evaluated 40% on the previous qualification rating, as well as fee and the response to the project requirements. A contract award may be made without this interview.

\* Amends "Proposal Preparation, Submission & Evaluation", Article XV, paragraph b & c in Attachment 3.

#### **Section VIII – General Requirements:**

- A. The successful Consultant and/or any Contractor affiliated with the prime consultant shall be prohibited from submitting bids in the construction bidding process for this project.
- B. Bidders shall follow Milwaukee County Code of Ethics as follows:
- 1) No person(s) with a personal financial interest in the approval or denial of a Contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any County official who has approval authority over that Contract during its consideration.
  - 2) Contract consideration shall begin when a Contract is submitted directly to a County department or to an agency until the Contract has reached final disposition, including adoption, County Executive action, proceeding on veto (if necessary) or departmental approval.

- C. Milwaukee County reserves the right, in its sole discretion, to reject any or all proposals, issue addenda, request clarification, waive technicalities, alter the nature and / or scope of the proposed project, request submittal, and / or discontinue this process.
- D. Milwaukee County shall be not be responsible for oral interpretations that commit the County to the influence of the outcome of the proposal, given by Milwaukee County employees, representatives, or others.
- E. All proposals should use this RFP and its attachments as the sole basis for the proposal.
- F. The issuance of a written addendum and the pre-proposal meeting are the only official methods through which interpretation, clarification or additional information will be given.
- G. Proposals will not be opened in public.
- H. This is an RFP, not a bid. Therefore, Milwaukee County is not bound to accept the lowest fee for professional services as the basis of selecting Consultant(s).
- I. All incurred costs attributable to preparing a proposal, attending the selection interview, if required, or supplying additional information requested by Milwaukee County, is the sole responsibility of the submitting party.
- J. All materials submitted will not be returned.
- K. All questions regarding this RFP shall be directed in writing to:

Milwaukee County Dept. of Administrative Services  
Architecture, Engineering & Environmental Services Section  
Facilities Management Division  
City Campus - Room 223  
2711 W. Wells Street  
Milwaukee, Wisconsin 53208  
Tel.: (414) 278-4854. Fax: (414) 223-1366  
Internet Email: [wwilson@milwcnty.com](mailto:wwilson@milwcnty.com)

Attention: Walter L. Wilson, FAIA, NOMA, NCARB  
Principal Architect

Sincerely,

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Walter L. Wilson, FAIA, NOMA, NCARB.  
Principal Architect

Attachments:

- Attachment 1 – Project Location Map
- Attachment 2 - Milwaukee County Dept. of Public Works - Stipulated Sum (Lump Sum) Standard Prime Consultant Agreement for Professional Services (Type "A" Agreement)
- Attachment 3 – Proposal Preparation, Submission and Evaluation Guidelines

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Attachment 4 – Consultant Proposal Form  
Attachment 5 - Study for Milwaukee County Behavioral Health New Hospital Conceptual Layout  
Milwaukee County Inter-Office Communication Dated April 18, 2011 from Interim Dir. DHHS

1 Supervisor Joseph Sanfelippo, Chairperson  
2 From the Committee of the New Behavioral Health Facility Study, reporting on:

3  
4 File No. RES 11-516  
5

6 (ITEM ) A resolution by Supervisors Sanfelippo, De Bruin, Schmitt, Dimitrijevic, and  
7 Romo West, endorsing a plan submitted by the Milwaukee County New Behavioral  
8 Health Facility Study Committee which states that the county's current inpatient model  
9 of providing mental health care is financially unsustainable and less cost effective than a  
10 community-based mental health system and urging county government to permanently  
11 and fundamentally shift its funding, staff, and programming into a community-based  
12 system of care and endorsing Milwaukee County's continued operation of an inpatient  
13 hospital facility with a 120 maximum number of county provided inpatient beds as part  
14 of the county's obligation to provide safety net services for persons with mental illness,  
15 by recommending adoption of the following:

16  
17 **AN AMENDED RESOLUTION**

18  
19 WHEREAS, the Milwaukee County Behavioral Health Division (BHD) is a public  
20 sector system for the integrated treatment and recovery of persons with serious  
21 behavioral health disorders; and  
22

23 WHEREAS, over 20,000 people who have, often severe, mental illness are  
24 treated by Milwaukee County's mental health system each year; and  
25

26 WHEREAS, the current BHD Facility was constructed in the 1970s, and almost  
27 immediately upon completion of construction for Milwaukee County's current mental  
28 health hospital on the County Grounds, the preferred model for delivery of care  
29 drastically changed to a community-based treatment model less reliant on institutional  
30 care; and  
31

32 WHEREAS, the 2010 Capital Budget included a \$12,596,494 appropriation, for  
33 Capital Improvement Project WE033—Behavioral Health Facility, placed in the allocated  
34 contingency fund, for the planning, design, and construction of a new behavioral health  
35 facility and/or the renovation of the current facility; and  
36

37 WHEREAS, on July 29, 2010, the County Board of Supervisors ("County Board")  
38 approved (File No. 10-284) the release of \$1,825,890 from the 2010 BHD allocated  
39 contingency fund within capital funds (WE033) to address corrective actions related to a  
40 Statement of Deficiency at the current facility, leaving a balance of \$10,770,604 in the  
41 account; and  
42

43 WHEREAS, the County Board adopted a resolution (File No. 10-322) in  
44 November, 2010, endorsing the concept of constructing a new behavioral health facility  
45 on the County Grounds and forming a Special Committee of Milwaukee County  
46 Supervisors, appointed by the Chairman of the Board, to obtain the information needed

47 to assess the feasibility of constructing a new mental health facility on the County  
48 Grounds and to make recommendations on what a possible new facility might look like,  
49 including the financial, staffing, and programmatic components necessary to develop a  
50 facility; and

51  
52 WHEREAS, the resolution called for the Special Committee to submit their final  
53 report no later than June 1, 2011; and

54  
55 WHEREAS, a memorandum from the Milwaukee County Board Chairman, dated  
56 December 16, 2010, appointed the following supervisors to the aforementioned special  
57 committee:

- 58  
59
- 60 ▪ Supervisor Joe Sanfelippo, Chairman
  - 61 ▪ Supervisor Lynne De Bruin
  - 62 ▪ Supervisor James “Luigi” Schmitt
  - 63 ▪ Supervisor Marina Dimitrijevic
  - 64 ▪ Supervisor Peggy West

65 ; and

66  
67 WHEREAS, the Special Committee, named the New Behavioral Health Facility  
68 Study Committee (“Facility Committee”), met to discuss the charges laid out in the  
69 resolution (File No. 10-322) on a bimonthly basis beginning in January 2011; and

70  
71 WHEREAS, the committee considered the following items during the  
72 aforementioned meetings:

- 73  
74
- 75 ▪ Programs and services currently provided by BHD, both outpatient and  
76 inpatient, and BHD’s operational costs
  - 77 ▪ Chairman Holloway’s Mental Health Initiative (File No. 11-81/11-49), which  
78 was adopted by the County Board on March 17, 2011
  - 79 ▪ Space usage and schematics at the current facility
  - 80 ▪ Presentations from current contracted community service providers  
81 regarding the services they provide as well as their capacity to expand
  - 82 ▪ Review of crisis operations, including the Crisis Resource Center Model  
83 and emergency detentions
  - 84 ▪ The Human Services Research Institute report (HSRI), *Transforming the*  
85 *Adult Mental Health Care Delivery System in Milwaukee County*
  - 86 ▪ A proposal from a consortium of providers proposing a public/private  
87 partnership for a cost-effective redesign of the mental health system
  - 88 ▪ A report from the Mixed Gender Unit Workgroup looking into the possible  
89 creation of single gender patient care units at BHD
  - 90 ▪ The Department of Audit Site Security Audit
  - 91 ▪ Possible land spaces available on the County Grounds for a new  
behavioral health facility

- 92                   ▪ Fiscal and square footage estimates for replacing the existing mental
- 93                    health complex
- 94                   ▪ Bonding issues entailed with building a new facility
- 95                   ▪ Estimated level of community supports/private sector beds needed to
- 96                    downsize the current inpatient facility
- 97                   ▪ An appraisal of the current BHD Facility land
- 98

99                   WHEREAS, at the March 15, 2011, Facility Committee meeting, the committee  
100 approved a motion to adopt the HSRI Study as the committee's framework for an overall  
101 health care plan model; and

102  
103                   WHEREAS, at the May 10, 2011, Facility Committee meeting, the committee  
104 adopted a motion directing the Real Estate Services Manager to perform an updated  
105 appraisal of the BHD Facility land; and

106  
107                   WHEREAS, at the May 24, 2011, Facility Committee meeting, the committee  
108 approved a resolution by Supervisor Thomas in support of efforts to redesign and  
109 transform the Milwaukee County mental health delivery and financing system and  
110 directing the Facility Committee to submit an action-oriented plan to implement the  
111 HSRI Study findings and other recommendations, which the full Board later adopted  
112 (File No. 11-197/11-323); and

113  
114                   WHEREAS, the aforementioned resolution (File No. 11-197/11-323) extended  
115 the Facility Committee's report deadline to July 15, 2011, requested that the Committee  
116 provide an outline of items to be included in a Request for Proposal (RFP) process for  
117 the provision of behavioral health services and possible sites, and specified that the  
118 Facility Committee's recommendations shall be submitted to the Committees on Health  
119 and Human Needs and Finance and Audit for review and approval prior to consideration  
120 by the full Board of Supervisors; and

121  
122                   WHEREAS, the New Behavioral Health Facility Study Committee, at its meeting  
123 on September 9, 2011, recommended approval of an amended resolution (vote 5-0);  
124 now, therefore,

125  
126                   BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby  
127 adopts the policy recommendations included in the *New Behavioral Health Facility*  
128 *Study Committee's Final Report*, attached to this file; and

129  
130                   BE IT FURTHER RESOLVED, that the County Board adopts the following as  
131 County policy:

- 132
- 133                   ▪ The current BHD facility is too large and reflects an inpatient focused
- 134                    model of care that is financially unsustainable in both the short and long
- 135                    term; if Milwaukee County continues to utilize an inpatient centered
- 136                    approach to delivering mental health services, our ability to maintain

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current service levels will be eroded by rising health care costs and client outcomes will deteriorate even further

- Milwaukee County needs to reallocate how it spends its mental health dollars by transferring the majority of our system dollars into community-based services; these services can be provided by the private sector or a mix of private and publicly run options; the current inpatient focused system uses almost two-thirds of Milwaukee County's available system funds, leaving approximately one-third of the county's funds for community services; successful community-based care systems are most cost-effective and achieve better client outcomes than inpatient focused systems; in these systems, more than half to two-thirds of system funds are spent in the community; achieving this resource shift is more crucial to the future of mental health care in our community than the decision of whether Milwaukee County should build a new mental health facility on the County Grounds
- As part of a community based system, Milwaukee County will need to operate a smaller inpatient facility, with a maximum of 120 beds, in order to meet the need for inpatient treatment; capacity and interest in providing sufficient inpatient services does not exist in the private sector at this time thereby requiring the county's continued provision of inpatient care in order to meet the needs of clients with mental illness in our community and to provide sufficient safety net oversight for this critical area of care
- Milwaukee County, which shall still be viewed as the payer of last resort, must commit to maintaining funding for mental health services as they are transitioned from being county-provided to community-provided
- No drawdown in county-provided services shall take place unless and until it is proven that capacity in the community exists to replace such services
- A clear public/private partnership between BHD and the community providers must be in place
- Stakeholders must be included in the mental health redesign process
- An internal finance team or "Workgroup" consisting of staff from BHD, Department of Administrative Services, County Board, and Department of Audit shall be convened, by the County Board Chairman and County Executive to assist in finance planning related to the redesign of the mental health system and the financing of a new BHD facility
- A further delay of system improvements cannot be tolerated

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- The county must commit to continued funding of mental health care services at current levels with any savings produced as a result of the transition to a community-based service delivery model reinvested into the program to allow for expanded community services
  
- For budgeting purposes, the Facility Committee utilized a hypothetical model prepared by DHHS staff of constructing a 120 bed maximum facility on the county grounds; the committee recognizes that the ultimate size of the new facility may differ from this model and recommends that the following considerations be taken into account when making a final decision on the size a new facility:
  - The new facility should be based on the 120 bed maximum hypothetical model with the final size to be determined by the County Board upon review of the recommendations from the Redesign Task Force and the internal Finance Workgroup
  
  - Because the new facility will have a major reduction in available inpatient beds, the county should not commit to building a new facility until it has already committed funding for the community expansion services needed to safely transition clients
  
  - Any new facility shall be built utilizing “green design standards” to the maximum extent possible
  
  - Proposals from providers to contractually provide behavioral health services, including inpatient beds in a privately run facility, shall be given serious consideration
  
  - The land located at 92<sup>nd</sup> and Wisconsin Avenue is the best location for a new BHD facility
  
  - If the county decides to move forward with constructing a new facility at the 92<sup>nd</sup> and Wisconsin site, negotiations with Children’s Hospital must occur in order to obtain a release of the land

; and

BE IT FURTHER RESOLVED, the Interim Director, Department of Health and Human Services and the Administrator, Behavioral Health Division are authorized and directed to begin to effectuate the contents of this report by performing the following tasks:

1. Submit the Facility Committee’s Final Report to the Mental Health Redesign and Implementation Task Force for consideration in system redesign implementation planning, per adopted resolution (File No. 11-173/11-284)

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2. Ensure that the Mental Health Redesign and Implementation Task Force reviews all of the recommendations from the various reports presented over the past year to determine the best care practices available and then build a delivery of care model based on those practices in accordance with the aforementioned adopted resolution (File No. 11-173/11-284)
3. Return to the Milwaukee County Board of Supervisors, through the Committee on Health and Human Needs, with final recommendations during the January 2012, meeting cycle

; and

BE IT FURTHER RESOLVED, that the Interim Director, Department of Health and Human Services (DHHS), is authorized and directed to issue Request(s) for Proposals (RFP), renegotiate existing contracts, and/or realign county provided inpatient care as needed to make immediate improvements, including the reconfiguration of acute adult inpatient units, to create a 12-bed Intensive Treatment Unit (ITU), a combined Women’s Option/Med-Psych Treatment Unit, and two remaining mixed gender units designated as General Acute Treatment Units, and the creation of a “children’s suite” in the Psychiatric Crisis Service/Admission Center (PCS) with a separate outside entrance, consistent with adopted resolutions and county planning efforts, with submission of contracts to the Health and Human Needs and Finance and Audit Committees by the December 2011 cycle of the County Board at the latest; and

BE IT FURTHER RESOLVED, that the Interim Director, DHHS, is authorized and directed to issue a Request for Information (RFI) based on the goals contained within adopted resolution (File No. 11-197/11-323) and other County planning efforts to determine what capacity presently exists in the community and how it can be successfully incorporated into a new delivery model, and shall provide the information obtained through this process to the Mental Health Redesign and Implementation Task Force for the development of follow-up RFPs, contract revisions, and other system changes as recommended by the Mental Health Redesign and Implementation Task Force and approved by the County Board; and

BE IT FURTHER RESOLVED, that the Interim Director, DHHS, is authorized and directed to issue RFPs on behalf of the Mental Health Redesign and Implementation Task Force’s work for the development of a community-based delivery model, and provide an update to the Health and Human Needs and Finance and Audit Committees by the January 2012 County Board committee meeting cycle regarding the outcomes of the RFP process, including consideration of any resulting contract changes as soon as possible; and

BE IT FURTHER RESOLVED, that the Interim Director, DHHS, is authorized and directed to report back to the Health and Human Needs and Finance and Audit Committees in the January 2012 County Board committee meeting cycle with

274 recommendations related to the option of Milwaukee County constructing and operating  
275 an inpatient facility on the County Grounds (several potential funding sources for a new  
276 facility are listed in the Facility Committee's report) and how these options would tie into  
277 the broader system redesign of mental health services; this report shall include  
278 recommendations as to the preferred level of continued inpatient care to be provided at  
279 a new facility, inpatient care services that are recommended for community-based  
280 inpatient or alternative community-based care, recommendations regarding the future  
281 use of the current BHD facility, and potential options for financing the recommended  
282 services; and  
283

284 BE IT FURTHER RESOLVED, that the report(s) mentioned on lines 261 through  
285 276 shall also explore and report on appropriate alternatives to Milwaukee County  
286 owning a mental health facility, including, but not limited to options of leasing, engaging  
287 a private developer to build a new hospital for Milwaukee County in exchange for long-  
288 term guaranteed lease payments (build-lease), or private/public partnerships developed  
289 through a Health Care Authority model, which would shift Milwaukee County's role from  
290 being mainly a direct provider of care to a placement agency, allowing for the flexibility  
291 of obtaining reimbursements for care given at fully integrated hospitals instead of a  
292 stand-alone mental health facility in which federal rules prohibit Medicaid  
293 reimbursements for patient care received in such facility; such report shall further  
294 explore the option of leveraging property owned at the County Grounds for  
295 private/public partnerships to realize the goal of providing the best care for mental  
296 health patients while also maximizing reimbursements for the county; and  
297

298 BE IT FURTHER RESOLVED, that the Architectural, Engineering and  
299 Environmental Services Division is authorized and directed to issue an RFP for  
300 architectural design services for the new facility, the results of which shall be included in  
301 a report submitted to the Committees on Health and Human Needs and Finance and  
302 Audit in the March 2012 County Board committee cycle, and that a portion of the 2010  
303 budgeted funds remaining in the allocated contingency fund within capital funds  
304 (WE033) shall be used to pay for these services.

H:\Shared\COMCLERK\Committees\2011\Sep\NBHFC\RES 11-516 Final Amended Resolution.doc