



OFFICE OF THE COUNTY EXECUTIVE

*Milwaukee County*

CHRIS ABELE COUNTY EXECUTIVE

DATE: May 2, 2012

TO: The Honorable Marina Dimitrijevic, Chairwoman, County Board of Supervisors

FROM: Chris Abele, County Executive

SUBJECT: **Appointment of Stephanie Sue Stein**

Pursuant to Wisconsin Statute Sec. 59.17(2), Milwaukee County General Ordinance 17.30(2) and subject to confirmation of your Honorable Body, I am pleased to reappoint Ms. Stephanie Sue Stein to the position of Director of the Department of Aging for Milwaukee County.

Ms. Stein has been an advocate for seniors in Milwaukee County for the last 38 years. Her tireless passion for the people 50 and older in our community is not to be matched. Ms. Stein has been a trailblazer in working collaboratively with not only non-profits in our community, but other branches of government to best achieve the goals of the Department.

I am confident that Ms. Stein will continue to bring the leadership and skills needed to the Department on Aging and I urge you to give this appointment your favorable consideration.

Sincerely,

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Chris Abele  
Milwaukee County Executive

Attachment

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
Kelly Bablitch, Chief of Staff, Board of Supervisors  
Jennifer Collins, Research Analyst, Board of Supervisors  
Jodi Mapp, Committee Clerk, Board of Supervisors  
Stephanie Sue Stein

## VITAE

### STEPHANIE SUE STEIN

#### **Director, Milwaukee County Department on Aging**

Milwaukee County Department on Aging

Marcia Coggs Center

1220 West Vliet Street, Suite 302

Milwaukee, WI 53205

Phone: (414) 289-6876

Fax: (414) 289-8525

stephanie.stein@milwcnty.com

#### **Education:**

Marquette University, 2002, Master of Arts, Public Service.

University of Wisconsin-Milwaukee, 1968 - B.A.

#### **Professional Experience:**

- Director, Milwaukee County Department on Aging – March 1993 to present. Appointed by and reports to the Milwaukee County Executive. Under the direction of a sixteen-member appointed citizen body—the Milwaukee County Commission on Aging—the Director of the Milwaukee County Department on Aging is responsible for the administration and management of all programs and services provided by Milwaukee County to persons 60 and over.

Responsibilities include fiscal oversight, supervision of staff, oversight of community contracts, daily contact with elected and appointed officials, and advocacy on behalf of Milwaukee County's 153,000 older adults.

Operates the Administration on Aging and State of Wisconsin Older Adult Programs and the Aging Resource Center in Milwaukee County.

- Director, Older Adult Programs, Social Development Commission – 1974 to 1993.
- Research Assistant, University of Wisconsin-Milwaukee, Humanities Department – May to October, 1974.
- Lead Teacher, Adult Basic Education, Organization Training Associates – 1971 to 1974.
- Vista Volunteer, Rochester, New York – Welfare Rights Organization – 1970.

#### **Published:**

*Aging and Spirituality: Spiritual Dimension of Aging Theory, Research, Practice, and Policy.* David Moberg. 2001, Haworth Press, Inc., Binghamton, NY. Chapter 14: "Toward Better Care: Connecting Spirituality to the Long Term Needs of Our Elders"

*Elder's Advisor. The Journal of Elder Law and Post-Retirement Planning*, Vol. 5, Number 2, Spring 2004. Article: "Serving Our Elders—Advocates and Adversaries"

*Elder's Advisor. The Journal of Elder Law and Post-Retirement Planning*, Vol. 7, Number 1, Fall 2005. Essay: The Re-Tooling and Re-telling of the Social Security, Medicare, and Medicaid Programs: "Will We Retain the Sixty-Year-Old Values of a 'National Community' or Begin with a 'Clean Slate?'"

*Nursing Economics: The Journal for Health Care Leaders*, Vol. 25 Number 5; September/October 2007. Co-Author with M. Kathleen Eilers and Paula A. Lucey: "Promoting Social Capital for the Elderly."

**National Opportunity:**

Under the auspices of the German Marshall Fund, participated in an overseas study group on senior housing in the Netherlands/Denmark (February, 2004).

**Professional Memberships and Certifications:**

- Alliance of Retired Americans
- American Society on Aging
- Gerontological Society of America
- Milwaukee Aging Consortium
- National Association of Area Agencies on Aging
- National Council on the Aging
- Wisconsin Association of Area Agencies on Aging Directors
- Wisconsin Aging Network

**Professional and Community Leadership Positions:**

- Wisconsin State Council on Long Term Care, Board Member
- Wisconsin State Virtual PACE Advisory Committee, Member
- League of Experienced Family Caregivers (UW-M), Board Member
- National Coalition of Consumer Organizations, Board Member
- Older Women's League, Milwaukee Chapter, Past President
- Private Industry Council, Past Board Member
- St. Ann Center for Intergenerational Care, Finance Committee Member
- University of Wisconsin-Milwaukee, Center on Age and Community, Leadership Council
- White House Conference on Aging, 1995, Delegate
- Wisconsin Council of Senior Citizens, Board Member
- Wisconsin Council of Long Term Care Reform, Committee on Housing, Co-Chair
- Wisconsin Association of Area Agencies on Aging, Board Member
- Wisconsin Geriatric Education Center, Board Member

**Teaching Experience and Presentations:**

- Regional Expert Panelist, US Department of Health and Human Services Agency for Healthcare Research and Quality, 2011
- Testified, US Senate Select Committee on Aging, 2010
- Host to Assistant Secretary of the Administration on Aging, Kathy Greenlee, 2010
- Guest Speaker, Livable Communities and Advocacy – Atlanta, Georgia, 2007
- Guest Speaker, Aging in Community – El Paso and Houston, Texas, 2006
- Reactor, Administration on Aging/CMS Conference, October 2003
- Reactor, Gerontological Society of America Presidential Symposium, “Centrality in Partnerships” 2004
- Testified before the Subcommittee on Health of the House Committee on Ways and Means on “Medicare + Choice Consumer Protection Act, “December, 2001.
- Contributor, & *Thou Shalt Honor*, Panel Member for Town Hall Meetings, 2004
- Lecturer, Marquette University Dental School, 2004
- Guest Lecturer (ongoing), Marquette University, Physicians' Assistance Program. “Long Term Care, Funding and Definition”
- Guest Lecturer, Marquette University. Social Work and Aging, “The Aging Network”
- Guest Lecturer, University of Wisconsin-Milwaukee, Helen Bader School of Social Welfare, “Aging and Community”
- Lecturer, University of Wisconsin-Milwaukee, Public Administration. “The Reality of Public Policy Administration”
- Guest Lecturer, University of Wisconsin-Milwaukee, Undergraduate, “Older Americans Act, Public Policy and Advocacy”

- Host to Assistant Secretary Josefina Carbonell, studying continuum of care in public housing (Lapham Park), 2002
- Presenter, Transatlantic Initiatives Fund, Pilot Study Tour: Housing Alternatives for the Elderly. Amsterdam—Copenhagen (through the German Marshall Fund of the United States) 2004
- Presenter, Arkansas Capacity Building Symposium, 2005, Little Rock, Arkansas
- Presenter, Point of Entry System for Long Term Care in New York State, Albany NY, 2004
- Presenter, Balancing Long Term Care Systems, Denver CO, 2002
- Presenter, Long Term Care Reform/Resource Centers, Detroit Area Agencies Meeting, 2004
- Presenter, American Society on Aging/National Council of the Aging, 2003. “Family Care”
- Presenter, Catholic Charities 11<sup>th</sup> Annual Conference, introducing U.S. Secretary of Administration on Aging, Jeannette Takamura
- Guest Lecturer, Concordia University, Social Work. “Area Agencies and the Aging Network”
- Co-Presenter, American Society on Aging/National Council of the Aging, 2000. “Building Mental Health/Aging Partnerships”
- Presenter, National Council on the Aging. “Overcoming Problems: Public Private Partnerships”
- Presenter, National Home and Community Based Care Conference, Milwaukee WI, 2003
- Presenter, Wisconsin Aging Network. “Advocacy Collaboration”
- Instructor, Marquette University, Graduate School. Public Policy in Aging Administration. 1998-2004
- Regular contributor to AGenda, the newsletter of the Milwaukee County Department on Aging
- Regular guest, David Doyle’s “Growing Old: A New Perspective.” WOKY-AM Radio, Milwaukee, WI
- Ms. Stein speaks regularly to numerous community, government, state organizations, and the media on aging issues.

#### **Innovative Program Development:**

- Connecting Caring Communities – The Robert Wood Johnson Foundation’s Community Partnerships for Older Adults (\$10-million over 5 years)
- Lapham Park Venture
- Family Care (Wisconsin)
- Keeping the Community Promise
- Milwaukee County Senior Statesman Program

#### **Awards:**

- Alzheimer’s Association of Southeastern Wisconsin (2011): Friend of the Year Award
- Leadership Award from the Milwaukee Aging Consortium – 2008
- Innovators in Aging 1<sup>st</sup> Place Winner – 2008
- National Association of Area Agencies on Aging (2007): Alfred Hersh Award for Advocacy
- Administration on Aging (September, 2005): Overall Excellence-Livable Community for All Ages
- National Association of Area Agencies on Aging (2005): African American Aging Network; HOPE (Homeowners Options Program for Elders; special award to the Intergenerational Council
- Citation by the State of Wisconsin Senate, recognizing outstanding advocacy for programs for older persons, February 1993
- Outstanding Contributions Toward the Success of the 1995 White House Conference on Aging - 1995
- Honoree at Senior Power Luncheon, Wisconsin Council of Senior Citizens – 1998
- NuStep 2004 Pinnacle Award Winner recognizing Wellness Works Senior Fitness Programs in Milwaukee
- Special Commendations from Milwaukee County Board of Supervisors – 1998, 1999
- Contributions to persons with Alzheimer’s and Dementias, Alzheimer’s Association - 1999
- Outstanding Contributions to Seniors and Their Families in Milwaukee, Wisconsin - The National Committee to Preserve Social Security and Medicare - 1999
- Friend of the Hispanic Community Award, United Community Center - 2000
- Recognition of 10 years of Service, Leadership and Advocacy for Elderly of Milwaukee County and the State of Wisconsin, Wisconsin Bureau of Aging and Long Term Care Resources, 2001
- *50 Plus* Person of the Year, January, 2003



OFFICE OF THE COUNTY EXECUTIVE

# Milwaukee County

CHRIS ABELE COUNTY EXECUTIVE

DATE: May 2, 2012

TO: The Honorable Marina Dimitrijevic, Chairwoman, County Board of Supervisors

FROM: Chris Abele, County Executive

SUBJECT: **Appointment of Maria Ledger**

Pursuant to Wisconsin Statute Sec. 59.17(2), Milwaukee County General Ordinance 17.30(2) and subject to confirmation of your Honorable Body, I am pleased to reappoint Ms. Maria Ledger to the position of Director of the Department of Family Care for Milwaukee County.

Ms. Ledger has served as the Director of Milwaukee County Care Management since February 2006, both for the Department of Aging and starting in 2010, as Interim Director of the Department. From November 2003 to January 2006, Ms. Ledger served as the Associate Director of the Center on Age & Community (CAC) at the University of Wisconsin-Milwaukee. Prior to joining UWM, Ms. Ledger worked for Milwaukee County for over 15 years, in various capacities, for both for the Department of Health and Human Services and the Department on Aging.

Ms. Ledger has a Bachelor's degree in Psychology from Marquette University and a Master's degree in Rehabilitation Counseling from Southern Illinois University - Carbondale.

I have every confidence that Ms. Ledger will bring to the Department of Family Care the leadership and vision needed for Milwaukee County. I urge you to give this appointment your favorable consideration.

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Chris Abele  
Milwaukee County Executive

Attachment

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
Kelly Bablitch, Chief of Staff, Board of Supervisors  
Jennifer Collins, Research Analyst, Board of Supervisors  
Jodi Mapp, Committee Clerk, Board of Supervisors  
Maria Ledger

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

**Academic Experience**

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

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

**Professional Experience**

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

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

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

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

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

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

**2003-2006**

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

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

#### **Coordinator**

**1998-2003**

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

## **Supervisor**

**1994-1998**

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

## **Management Information Systems Coordinator**

**1993-1994**

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

## **Program Specialist**

**1992-1993**

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

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

### **Case Coordinator**

**1987-1992**

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

## **Board/Committee Experience**

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

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

### **Successful Proposals**

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

### **Research**

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

### **Community Education/Presentations**

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

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



OFFICE OF THE COUNTY EXECUTIVE

*Milwaukee County*

CHRIS ABELE COUNTY EXECUTIVE

DATE: May 2, 2012

TO: The Honorable Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Chris Abele, County Executive

SUBJECT: **Appointment of Hector Colon**

Pursuant to Wisconsin Statute Sec. 59.17(2), Milwaukee County General Ordinance 17.30(2) and subject to confirmation of your Honorable Body, I am pleased to reappoint Mr. Hector Colon to the position of Director of Health and Human Services for Milwaukee County.

Mr. Colon has a strong background in human services, high-level government administration and broad leadership skills. As associate executive director at the United Community Center, Mr. Colon led staff of the Adult Day Center, Senior Center, Care Management and Housing programs. While working for Governor Doyle, Mr. Colon served the citizens of the State in several capacities and oversaw economic, workforce and regulation initiatives. He holds a master's degree in Occupational Therapy from University of Wisconsin-Milwaukee and certificates in Management and Leadership from Marquette University and University of Kentucky.

Over the last seven months, Mr. Colon has worked tirelessly to improve service delivery for the most vulnerable in our community. He has worked closely with the dedicated DHHS staff to create a culture and set of management practices that supports the very important mission of the Department, and has worked closely with the leadership of BHD, Housing and Disability to capitalize and expand on the best of what they do.

I am confident that Mr. Colon will continue to bring the leadership and skills needed to Health and Human Services and I urge you to give this appointment your favorable consideration.

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Chris Abele  
Milwaukee County Executive

Attachment

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
Kelly Bablitch, Chief of Staff, Board of Supervisors  
Jennifer Collins, Research Analyst  
Jodi Mapp, Committee Clerk  
Hector Colon

## Hector Colon, MS, OT

4226 W. Willow Way  
Milwaukee WI 53221

Phone: (414) 899-1797  
Email: hcolon2@wi.rr.com

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More than 10 years of leadership experience with a proven track record of producing significant results in large and complex organizations through dynamic leadership, change management and employee empowerment. A proven ability to learn quickly, diagnose problems and come forth with solutions to address issues that negatively impact organizations and communities. Lead self and staff with honesty, respect, trust and integrity.

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### DISTINGUISHING QUALIFICATIONS

**Team Leadership**  
**Visionary Leadership**  
**Public Relations**  
**Advocacy**

**Business Development**  
**Strategic Action Planning**  
**Community Development**  
**Presentation Skills**

**Employee Empowerment**  
**Change Management**  
**Program Development**  
**Negotiation**

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### PROFESSIONAL EXPERIENCE

#### **State of Wisconsin – Madison, Wisconsin**

**2005 to 2011**

❖ *Department of Regulation and Licensing*

**2009 to 2011**

Senior Executive/ Commissioner (Boxing & Mixed Martial Arts): One of the top 3 leaders in the organization that lead staff that provides services to 64 boards that credential 130 different professions. We provide over 350,000 licensees to professionals statewide. Directly oversee and administer the rules and regulations for Boxing and Mixed Martial Arts. Also directly oversee external relations, communications and legislative matters for the department; serve as a liaison to the Governor's office.

#### Achievements:

- Executed the implementation of a new medical board bureau; designed the organizational framework, hired new staff and set the policy direction for the new bureau. The new bureau is providing more efficient and effective services for physicians and affiliated professions in the divisions of credentialing, enforcement and board services while also ensuring the safety of the public.
- Led the execution of a public relations plan that improved and expanded our relationships with the media, legislature, board members and associations.
- Brought together the mixed martial arts industry (MMA), legislature and the department to craft legislation to regulate and license MMA in Wisconsin. Managed an advisory committee and staff in the development of the rules for MMA.
- Initiating a modernization bill aimed at assisting the Department in operating more efficiently and effectively, improving consumer protection, addressing good policies that can be uniformly addressed across all boards, and updating statutes that are outdated and not relevant with current standards.

#### **State of Wisconsin continued - Madison, Wisconsin**

❖ *Department of Workforce Development*

**2007 to 2009**

Senior Executive/Legislative Liaison: One of the top 3 leaders in the organization that oversaw 1,600 employees with a \$1.7 billion dollar budget in the divisions of unemployment insurance, workers compensation, equal rights, vocational rehabilitation, and employment and training. Directly oversaw external relations, communications and legislative matters for the Department; served as a liaison to the Governor's office.

Achievements:

- Led the Bureau of Apprenticeship Standards in the execution of a strategic plan that increased our minority participation in the program by 12%.
- Led the department in developing a more efficient and effective way of preparing Wisconsin's workforce by bringing together leaders from government, industry, education, economic development and workforce development to address the needs of employers and workers in a more coordinated manner.
- Took a lead role in implementing the Governors GROW Wisconsin initiatives which led to a better trained workforce in Wisconsin.

**State of Wisconsin continued - Madison, Wisconsin****❖ Wisconsin Housing and Economic Development Authority 2005 to 2007**

Director of Economic Development: Led the state's second largest bank (assets) that provided loan guarantees to small businesses at favorable terms. Directly oversaw a loan guarantee portfolio of \$60 million and a new market tax credit portfolio of \$100 million.

Achievements:

- Forged relationships with banks, economic development corporations and other lending institutions and led staff in an outreach plan that increased our small business lending activity by 33%.
- Increases our net revenue by 30% as a result of more business, better efficiencies, and fee adjustments.
- Increased our small business lending in rural Wisconsin by 180%.
- We provided \$1.5 million in guarantees in February, 2006. This is the most that WHEDA has done in any one month.

**City of Milwaukee – Milwaukee, Wisconsin 2004 to 2005**

Senior Legislative Fiscal Manager: Met with City department heads to establish the city's legislative agenda. Worked with local, state and federal elected officials to introduce and pass legislation. Tracked, analyzed and prepared testimony on legislation that was relevant to the city of Milwaukee.

Achievements:

- Successfully championed our legislative package to legislators that resulted in more bills being passed than the last previous 2 sessions combined among a team of lobbyists.
- Collaboratively worked with our team of lobbyist to bring over \$250 million to the city of Milwaukee in shared revenue and other municipal aid programs.
- Obtained \$234,600 for homeless veterans in the state budget.

**United Community Center – Milwaukee, Wisconsin 2002 to 2004**

Associate Executive Director: Led staff in the oversight of the Adult Day Center, Senior Center, Care Management, and Housing programs; was responsible for budgeting, revenue forecasting, and also assisted with fund development.

Achievements:

- Increased our revenue by \$1 million by developing new programs, renegotiating fee for service contracts and implementing marketing strategies that increased our reimbursement as a result of higher participation rates.

- Initiated and implemented a care management program resulting in better and more comprehensive services for our participants.
- Established competitive bidding for vendor contracts reducing overhead costs by thousands of dollars.
- Embarked upon a project to create a Latino Geriatric Center that included an Alzheimer’s day center, Wellness Program, a Caregiver Support Program and research opportunities. This is currently being viewed as a national model.

**Wisconsin Correctional Services – Milwaukee, Wisconsin 1999 to 2002**

Assistant Director: Led staff that provided comprehensive programs for people with mental illness in a community support program; monitored billing procedures to ensure that we were maximizing revenue potential.

Achievements:

- Promoted to the Assistant Director after only three months.
- Implemented an effective documentation system that generated extra revenue to support our programs.
- Developed a client-based model that reduced recidivism rates by 10%.
- Increased work productivity that produced results that previous assistant directors were not able to achieve.

**EDUCATION**

UW-Milwaukee	<u>MS, Occupational Therapy (3.85 GPA)</u>	2001
UW-Milwaukee	<u>BS, Occupational Therapy (cum laude)</u>	1997

**CERTIFICATES**

UW- Kentucky,	<u>Certificate in Management and Leadership</u>	2009
•	Leadership, Organizational & Cultural Change, Public Relations, & Negotiations	
UW-Madison,	<u>Certificate in Commercial Real-estate</u>	2007
•	Real Estate Markets, Commercial Debt, Financial Analysis, & Underwriting	
Marquette	<u>Certificate in Management and Leadership</u>	2006
•	Coaching, Leadership, Communication, & Performance management	

**AWARDS**

Hispanic Director of the Year – <i>Spanish Times</i>	2003
Alumni of the Decade Award – Health Sciences, UW-Milwaukee	2003
40 under 40 Leadership Recognition Award - <i>Business Journal</i>	2002
35 under 35 Leadership Recognition Award - <i>Milwaukee Magazine</i>	2002
Commitment to the Community Award - <i>Spanish Times</i>	2001

1 By Supervisors Romo West and Haas

File No. 12-

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3  
4 (ITEM ) A resolution in support of *Forward Wisconsin: A Plan for the Prevention of*  
5 *Sexual Violence 2010-2015*, from the Wisconsin Coalition Against Sexual Assault  
6 (WCASA).

7  
8 **A RESOLUTION**  
9

10 WHEREAS, the Centers for Disease Control (CDC) asked recipients of Rape  
11 Prevention Education funding, which the CDC distributes to States to support rape  
12 prevention activities, to develop a statewide primary prevention plan; and

13  
14 WHEREAS, the Wisconsin Sexual Violence Prevention Program contracted with  
15 the Wisconsin Coalition Against Sexual Assault (WCASA) to engage in an  
16 expert/community driven effort to develop recommendations and strategies to end  
17 sexual violence; and

18  
19 WHEREAS, WCASA is a membership agency comprised of organizations and  
20 individuals working to end sexual violence in Wisconsin; and

21  
22 WHEREAS, WCASA works to ensure that every victim in Wisconsin gets the  
23 support and care they need and to create the social change necessary to ensure a  
24 future where no child, woman or man is ever sexually violated again; and

25  
26 WHEREAS, the result of WCASA's work is *Forward Wisconsin: A Plan for the*  
27 *Prevention of Sexual Violence 2010-2015 (Forward Wisconsin)*; and

28  
29 WHEREAS, *Forward Wisconsin* is inclusive of all citizens and communities who  
30 seek to prevent sexual violence regardless of race, ethnicity, ability, gender identity,  
31 sexual orientation, language, religion, or age; and

32  
33 WHEREAS, in using this plan, communities are advised to collaborate with  
34 existing and new non-traditional partners to identify and implement effective prevention  
35 language and strategies, build community support and leadership, empower community  
36 members to be active in changing social/cultural norms that support violence, and seek  
37 additional resources to support community-focused activities to prevent sexual violence;  
38 and

39  
40 WHEREAS, *Forward Wisconsin* suggests Wisconsin moves to prevent sexual  
41 violence by establishing strategies to combat the following focus areas both State-wide  
42 and locally:

- 43  
44  
45  
46
- Data Collection, Analysis, and Dissemination
  - Design, Implementation, and Evaluation Strategies
  - Public Policy
  - Community and Offender Accountability

47           ▪ Communications

48  
49           ; and

50  
51           WHEREAS, the Milwaukee area is fortunate to have resources available to help  
52 sexual assault victims, including: the Sexual Assault Treatment Center, the Healing  
53 Center, and Pathfinders; and

54  
55           WHEREAS, Never Alone Milwaukee, was founded in 2012 as a community-  
56 based sexual assault advocacy program, which will operate in partnership with: The  
57 Healing Center, Sexual Assault Treatment Center, Pathfinders, and Latina Resource  
58 Center; and

59  
60           WHEREAS, Violence Against Women Act funding has allowed Milwaukee  
61 County to dedicate the following staff to focus on domestic violence and sensitive  
62 crimes: four domestic violence prosecutors, one sensitive crimes victim advocate, and  
63 four contracted victim advocates; and

64  
65           WHEREAS, in November, 2011, the Milwaukee County Board passed a  
66 resolution (File No. 11-622) establishing the Milwaukee County Task Force on Human  
67 Trafficking to study and make recommendations on policies, practices, prevention and  
68 service models that protect Milwaukee County's youth from being victimized and  
69 sexually exploited; and

70  
71           WHEREAS, in December, 2011, the Board passed a resolution (File No. 11-749)  
72 supporting the use of Sexual Assault Nurse Examiners in Milwaukee County hospitals;  
73 and

74  
75           WHEREAS, sexual violence has a profound and life-long effect on its victims,  
76 and every effort to put a stop to it needs to be made; and

77  
78           WHEREAS, support of *Forward Wisconsin* by organizations and governmental  
79 bodies helps publicize this important report's message; now, therefore,

80  
81           BE IT RESOLVED, that the Milwaukee County Board of Supervisors supports the  
82 attached plan, *Forward Wisconsin: A Plan for the Prevention of Sexual Violence 2010-*  
83 *2015*, from the Wisconsin Coalition Against Sexual Assault (WCASA), and will assist,  
84 where possible, in developing strategies to implement the plan; and

85  
86           BE IT FURTHER RESOLVED, that the County Clerk shall furnish a certified copy  
87 of this resolution and accompanying report to Never Alone Milwaukee; and

88  
89           BE IT FURTHER RESOLVED, that the County Clerk shall also furnish a certified  
90 copy of this resolution and accompanying report to the Milwaukee County Task Force  
91 on Human Trafficking so they may consider its recommendations as they strive to make  
92 recommendations protecting youth from victimization and exploitation.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 5/1/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A resolution in support of Forward Wisconsin: A Plan for the Prevention of Sexual Violence 2010-2015, from the Wisconsin Coalition Against Sexual Assault (WCASA).

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

There is no fiscal impact associated with this resolution other than existing staff time required to forward this resolution to Never Alone Milwaukee and the Milwaukee County Task Force on Human Trafficking.

Department/Prepared By Jennifer Collins, County Board

Authorized Signature

Jennifer Collins

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.

# FORWARD WISCONSIN

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A Plan for the Prevention of Sexual Violence

2010–2015





## WCASA MISSION

*The Wisconsin Coalition Against Sexual Assault  
creates the social change necessary to end sexual violence.*

# INTRODUCTION

Sexual violence includes an array of violations—harassment, stalking, rape, trafficking, and unwanted contact—which use sex or the threat of sex as a weapon. It occurs when offenders believe that they are entitled to the power they exert over others. The reasons why some feel entitled and choose to act in a violent way are complex, and rooted in inequities and power differentials that may be historical but persist. Over the course of the last 100 years, the necessity for increasing victim services has been at the forefront, while interest in addressing the influences that result in environments that support sexual violence has grown. This plan is a response to the growing recognition of the influences these environments have on preventing sexual violence before it happens.

To bring formal structure to the shift from traditional to primary prevention activities, the CDC asked recipients of Rape Prevention Education (RPE) funding to develop a statewide primary prevention plan. The Wisconsin Sexual Violence Prevention Program contracted with the Wisconsin Coalition Against Sexual Assault (WCASA), to engage in an expert/community driven effort to develop recommendations and strategies to end sexual violence. Communities play a significant role in shaping local beliefs and attitudes. By addressing sexual violence issues, communities become vital change agents in breaking down the rape culture in which we live.

The plan clearly states Wisconsin's commitment to all residents. It is designed to be deliberately flexible in its language so as to be inclusive of all citizens and communities who seek to prevent sexual violence regardless of race, ethnicity, ability, gender identity, sexual orientation, language, religion, or age. In using this plan, communities are advised to collaborate with existing and new non-traditional partners to identify and implement effective prevention language and strategies, build community support and leadership, empower community members to be active in changing social/cultural norms that support violence, and to seek additional resources to support community-focused activities to prevent sexual violence.

There are factors associated with sexual violence that alone are not causative, but which contribute to the attitudes and behaviors that support it. As the plan is implemented we will be mindful of these factors, knowing that addressing them in a simultaneous fashion with other components of the plan is necessary. We also acknowledge that these factors are associated with many other socio-cultural characteristics and will seek partnerships with others seeking to change them.

## **These include:**

- 1. Inequitable partner relationships**
- 2. Objectification of women**
- 3. Alcohol and other drug use**
- 4. Desire to exert power over another**
- 5. Sex and violence in popular culture**

## ABOUT FORWARD WISCONSIN

This document describes strategic approaches to increase awareness of the prevalence of sexual violence, the impact on individuals and communities, and steps that can be taken to become engaged at the statewide or local/community level to prevent sexual violence.

It is the intention of Forward Wisconsin to provide infrastructure through which a sustainable movement to prevent sexual violence can happen. Recommending actions at the state and local levels, Forward Wisconsin focuses on statewide and community-based partners to implement effective prevention strategies, build community support and leadership to change social norms that support violence, while seeking additional resources to support community-focused activities to prevent sexual violence.

The plan itself centers on six focus areas, four of which are the core components of an injury prevention program. For each focus area, there are two synergistic recommendations: one for statewide level activity, and a second that can be implemented at the local level.

**Focus Area I:** Data Collection, Analysis and Dissemination

**Focus Area II:** Designing, Implementing, Evaluating Strategies

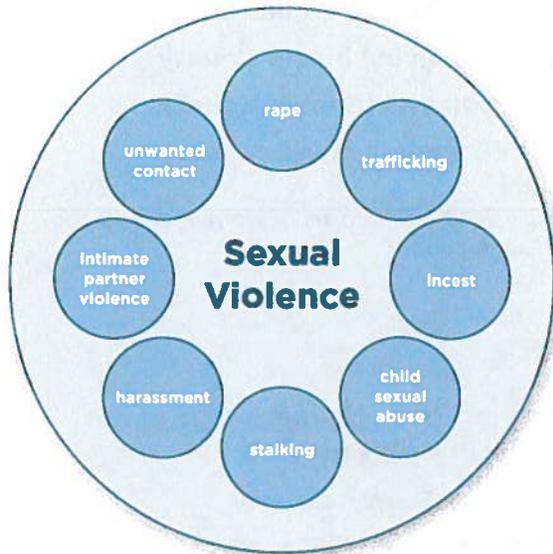
**Focus Area III:** Public Policy

**Focus Area IV:** Sexual Violence Prevention Infrastructure

**Focus Area V:** Community and Offender Accountability

**Focus Area VI:** Communication

## WHAT'S THE PROBLEM? AN OVERVIEW OF SEXUAL VIOLENCE



**Sexual violence is any unwanted sexual contact; it can take the form of sexual assault, childhood sexual abuse, incest, or sexual harassment; anyone can become a victim or offender.**

It is estimated that one in seven or 14% of Wisconsin women over the age of 18 has been raped at some point in her lifetime<sup>1</sup>. Yet the number of sexual assaults reported to law enforcement in Wisconsin averages only about 5,046 annually<sup>2</sup>. The low number of reported assaults is attributed to many factors, including confidentiality, stigma, fear of being blamed, shame, and retribution. More women receive help for assault than report the crime to law enforcement, but even that number is a fraction of the estimated experience of sexual violence among Wisconsin women.

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<sup>1</sup> *Kilpatrick, D.G., & Ruggiero, K.J. (2003). Rape in Wisconsin: A Report to the State. Charleston, SC: National Violence Against Women Prevention Research Center, Medical University of South Carolina.*

<sup>2</sup> *American FactFinder, US Census. Wisconsin population by age and sex.*

Sexual assault is an act of aggression no matter the gender or age of its victim. About 3% of American men surveyed in a national study<sup>3</sup> reported being raped in their lifetime. Similar to women, rape occurs at an early age, with 48% of men reporting they were younger than 12 years old when first raped, and 23% were between the ages of 12-17 years. In 2010, the victim was male in 15% of reported sexual assaults in Wisconsin<sup>4</sup>.

Sexual violence is often called a tragedy of youth. Children are most vulnerable to the exertion of power that characterizes sexual violence, and because of their age the impacts extend over a longer period of time. In 2005–2009, the rate of substantiated child maltreatment in Wisconsin was 3.3/1,000 children. In 2009, 23% of substantiated child maltreatment reports were identified as sexual abuse<sup>5</sup>.

Vulnerability continues into adolescence and the already challenging teen years are complicated by experiences of violence. Teens are reporting violence in their dating relationships, with 1 in 4 adolescents indicating verbal, physical, emotional or sexual abuse from a dating partner within the last year<sup>6</sup>. When entering into young adulthood these experiences can continue, often exacerbated by the pressures and isolation of moving away from home, starting college, and new job opportunities. A 2000 report on sexual victimization among college women found that 1 in 4 female students experienced a completed or attempted rape<sup>7</sup>.

#### 14% of women over 18 years of age are raped in their lifetime:

- 27,281 women in Dane County
- 8,848 women in Kenosha County
- 5,618 women in Eau Claire County
- 2,443 women in Douglas County
- 1,586 women in Lincoln County
- 13,318 women in Brown County
- 309,496 women in Wisconsin

*Based on 2010 U.S. Census of women age 18 and over in each county*

#### 3% of men over 18 years of age are raped in their lifetime:

- 529 men in Barron County
- 61,868 men in Rock County
- 1,318 men in Sheboygan County
- 1,966 men in Winnebago County
- 842 men in Wood County
- 64,104 men in Wisconsin

*Based on 2010 U.S. Census of men age 18 and over in each county*

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3 Tjaden, Patricia, Thoennes, Nancy. "Extent, Nature, and Consequences of Rape Victimization Findings from the National Violence Against Women's Survey; National Institute of Justice, January 2006.

4 2010 Sexual Assaults in Wisconsin, Wisconsin Office of Justice Assistance.

5 Child Abuse and Neglect Report, Wisconsin department of Children and Families, 2009.

6 Foshee VA, Linder GF, Bauman KE, et al. The safe dates project: theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine* 1996; 12(2): 39–47.

7 Fisher, Bonne; Cullen, F.T., and Turner, M.G., "The Sexual Victimization of College Women," U.S. Department of Justice Research Report, December 2000.

## COSTS—THE IMPACT OF SEXUAL VIOLENCE

Sexual violence has a profound and life-long effect on its victims, and along with victims/witnesses of other forms of violence, places them at increased risk for compromised economic, health and social outcomes.

Mental health issues are most closely associated with experiences of violence, but new research is documenting the role of violence as a determinant of a broad spectrum of physical health, including development of cancer, chronic disease, sexual health, and unhealthy behavior choices that may further increase risk for disease and early death.

The health of communities is not only dependent on health of individual residents, but also the presence and tolerance for violence, and the financial burden that caring for victims and offenders entails.

A conservative estimate of the cost of adult rape and sexual violence is \$87,000 per crime<sup>8</sup>. This estimate does not include cost of arrest, prosecution and imprisonment of offenders. Nor does it include the lifelong costs of medical and mental health care for victims.

Impact of Sexual Violence	
Individual	Community
Mental health	Health care costs
Chronic disease	Law enforcement costs
Sexual health	Criminal justice system
Brain development	Costs
High risk behaviors	Community safety
Early death	
Increased addictive behaviors Decreased stability Decreased productivity/fulfillment Increased costs	

<sup>8</sup> Miller, Ted R.; Cohen, Mark A.; Wiersma, Brian. "Victim Costs and Consequences: A New Look," National Institute of Justice, January 1996.

## HOW DO WE MOVE “FORWARD”?

To best utilize the information in Forward Wisconsin it is necessary to understand the definitions of prevention used. This will also assist in recognizing what prevention work may already be going on in a particular location, as well as identify where there are opportunities to start.

**Prevention** of sexual violence is a continuum of activities related to stopping sexual violence, which can include raising awareness, protective behaviors, and offender and community accountability. Prevention activities most often focus on individual change.

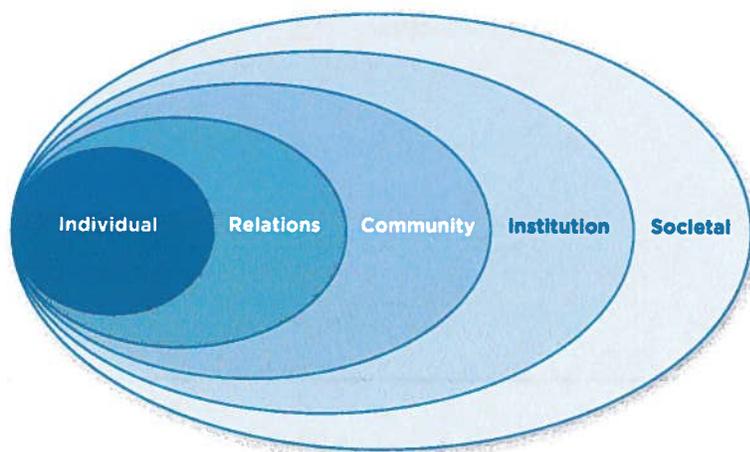
To prevent sexual violence before it happens, prevention activities should exist within a larger primary prevention plan.

**Primary Prevention** seeks to prevent individuals from becoming *new* victims or *new* offenders by creating environments and norms that stop sexual violence before it occurs. This requires activities to change systems that impact and shape the environment.

## FORWARD WISCONSIN:

A Plan for the Prevention of Sexual Violence

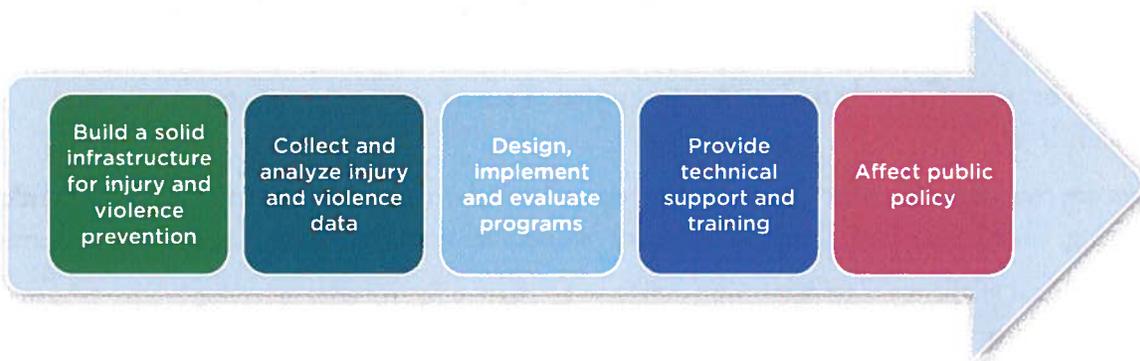
To change community and individual expectations around violence requires interventions at multiple levels that are parallel yet synergistic, addressing the priorities of a variety of different audiences. The use of interventions at multiple levels allows for the consideration of a variety of strategies—working in conjunction with the strengths of the organization/agency implementing the strategy—at multiple points along the continuum of sexual violence service provision. It provides a structure for building understanding for synergy of components within a comprehensive plan for prevention.



**Preventing sexual violence requires work at multiple levels to bring about community change.**

The levels of intervention for Forward Wisconsin are based on Bronfenbrenner's Ecological Systems Theory (EST). The EST argues that, although sexual violence is perpetrated by an individual, these behaviors take place in a socio-cultural context. Every individual is influenced by family, friends, and close associates, who are themselves influenced by the immediate community and larger society within which they reside. In this regard, efforts to reduce sexual violence must occur on individual, relationship, community, and societal levels. As a result, Forward Wisconsin: Plan for the Prevention of Sexual Violence strategically addresses these levels in the Focus Areas of the plan. Each Focus Area has two recommendations. The statewide recommendation addresses the societal/state community level. The local recommendations fall under individual, relationship and local community levels of the model.

The components of the plan are those that will build a sustainable infrastructure to support the multi-year/multi-generational efforts required to change long-standing beliefs and behaviors. These are derived from the core components of an Injury Prevention Program outlined by Safe States:



*State of the States: 2009 Report, Atlanta (GA): Safe States Alliance; 2011*



## FOCUS AREAS

### **Focus Area I: Data Collection, Analysis, and Dissemination**

#### **Rationale:**

- Data is needed to effectively plan, prioritize, and evaluate programming while maximizing use of resources.
- Data can be used effectively to describe the burden of sexual violence at the community and statewide level.
- There are challenges in collecting and interpreting data related to sexual violence including under-reporting, varied definitions, and the difficulty of documenting something that is being prevented.
- An additional challenge is to determine measures of change in attitude, behavior, and community.

#### **Statewide Recommendation:**

By 2015, increase the collection, analysis, and dissemination of data related to sexual violence.

#### **Local Recommendation:**

By 2015, increase the collection, analysis and utilization of data to guide program development at the local level.

## **Focus Area II: Design, Implement, Evaluate Strategies**

### **Rationale:**

- To maximize limited resources and impact, and demonstrate change, prioritize strategies that have been evaluated and measured for desired outcomes.
- At present, limited evidence-based strategies are identified specific to primary prevention of sexual violence.
- Parallel strategies that measure change in attitude, behavior, and community norms can be identified and may be applied to the field of sexual violence prevention.
- A comprehensive approach to providing information and technical assistance to implement and measure evidence-based/evidence informed (EB/EI) strategies is needed.

### **Statewide Recommendation:**

By 2015, develop and maintain a clearinghouse for information and resources to implement and evaluate evidence-based/evidence-informed (EB/EI) strategies for the prevention of sexual violence.

### **Local Recommendation:**

By 2015, increase the implementation and evaluation of evidence-based/evidence-informed (EB/EI) strategies for the prevention of sexual violence.

## **Focus Area III: Public Policy**

### **Rationale:**

- Establishing laws/policies to support violence-free community norms occurs at state, local and organizational levels.
- Policy changes are an effective means to bring awareness to the issue, create buy-in and bring focus to best practices for preventing sexual violence.
- A change in organizational practices to prevent violence and promote safety can set expectations for model behavior, serve as an example for other organizations, and affect norms.

### **Statewide Recommendation:**

By 2015, develop and support state level public policy initiatives that support sexual violence prevention.

### **Local Recommendation:**

By 2015, increase SASP (sexual assault service provider) and other community partner understanding and participation in policy advocacy at local and state levels.

## **Focus Area IV: Sexual Violence Prevention Infrastructure**

### **Rationale:**

- The success of a comprehensive statewide plan for the prevention of sexual violence requires statewide infrastructure to provide coordination, guidance, and to secure and use resources effectively.
- Infrastructure should be developed with comprehensive knowledge of primary prevention.
- The statewide infrastructure must provide the following resources and skills: for data collection and dissemination; to advance policy change; to provide research and evaluation on prevention intervention strategies.

### **Statewide Recommendation:**

By 2015, expand and sustain infrastructure to guide primary prevention of sexual violence in Wisconsin.

### **Local Recommendation:**

By 2015, increase collaboration with SASPs and community partners to support the development of an infrastructure for primary prevention in communities.

## **Focus Area V: Community and Offender Accountability**

### **Rational:**

- The overall clearance rate for sexual assaults reported in 2009 was 57%, compared to 88% for murder.
- Promoting community norms to prevent sexual violence requires environments where consistent consequences for illegal, disrespectful, inequitable, hate motivated, and sexually aggressive behavior are expected.
- Increasing the skills and capacity of individuals and groups to speak up and step out when confronted with aggressive/violent behaviors can empower action.
- Increasing the responsiveness of systems to hold offenders accountable in a consistent manner creates an environment where sexual violence is not tolerated or supported.

### **Statewide Recommendation:**

By 2015, increase partnerships and collaboration with statewide partners related to offender accountability

### **Local Recommendation:**

By 2015, support the implementation of best practices to promote offender accountability.

## **Focus Area VI: Communications**

### **Rationale:**

- Sexual violence can be a difficult public discussion, which can result in denial and isolation for victims, as well as the absence of community wide initiatives for change.
- Increased understanding by the public of the impact of sexual violence on individuals and the community can serve to normalize discussions.
- Using social marketing is a proven way to “make specific behavioral changes resulting in the social good,” and the prevention of sexual violence.
- Simple, memorable, and clear messages that remain consistent over time will be a component of sustaining primary prevention of sexual violence.

### **Statewide Recommendation:**

By 2015, increase the visibility of sexual violence through the use of social media, social marketing, and communications.

### **Local Recommendation:**

By 2015, increase the visibility of sexual violence through local use of social media, social marketing and communications.

*Through building community recognition of and support to prevent sexual violence while adhering to the following assumptions . . .*

- It is a basic human right to live free of sexual violence
- Everyone has a role and a responsibility in the work to end sexual violence
- The work is not done in isolation, and the importance of collaborations and alliance building is vital
- The work is driven by survivors' voices
- Diverse and safe, accessible services are fundamental to social change
- The power of advocacy, education, prevention, and driving public policy as agents of social change

*. . . a future can be made when all children grow up free of sexual violence, and women and men live a violence-free life.*

*"The development of the strategic plan was made possible through funding from Center for Disease Control and Prevention (Cooperative Agreement 5VF1CE001150).*

*Its contents are solely the responsibility of the authors, and do not necessarily represent the official views of CDC."*

## ACKNOWLEDGEMENTS

We could not begin to address sexual violence prevention without the years of hard work and dedication of survivors, advocates, prevention educators, and other professionals. Their efforts ensure the provision of crisis intervention, victim advocacy, and social and mental health services that are critical to the acute and long-term well-being of those affected by sexual violence. But all involved recognize the importance of preventing sexual violence before it occurs. Members of the Wisconsin Prevention of Sexual Violence Plan Committee reflect that history, as well as embrace the needs of primary prevention in the future. Thank you to the many people who contributed to the development of this document.

- 
- Abbey, Susan • Children's Trust Fund  
Anderson, Kelly • Rape Crisis Center  
\*Ballo, Beth • WCASA  
\*Beyers (Sporleder), Lyn • REACH Counseling Services  
\*Callari-Robinson, Jacqui • WCASA  
\*Cecon, Sarah • Outagamie County Health Dept.  
\*Dibble, Nic • WI Department of Public Instruction  
\*Donovan, Debbie • Sexual Assault Treatment Center  
Elder, Janis • Gundersen Lutheran Medical Center  
\*Goodwin, April • University of Wisconsin Systems  
\*Graham, Cynthia • University of Wisconsin Systems  
\*Haberman, Heather • WI Coalition Against Sexual Assault  
Hale, Linda • WI Department of Health Services  
\*Hammel, Jennifer • Child Abuse Prevention Fund  
\*Henderson, Ian • WCASA  
Hotvedt, Carmen • University of Wisconsin-Madison  
Jensen, Amanda • Community Referral Agency  
Jones, Millie • WI Department of Health Services  
Judy, Amy • Disability Rights Wisconsin  
Juaabe-Botella, Lina • WCASA  
Kervin, Denise • Family Support Center  
\*Kobussen, Helen • Sexual Assault Crisis Center  
\*Kurka-Reimer, Jeannie • WCASA  
LaFlash, Susan • WI Department of Health Services  
\*Lee, Mao • Hmong American Friendship Org.  
\*Leonard, Annika • WCASA  
Lewandowski, Sharon • WI Department of Children and Families  
Lodholz, Tiffany • WCASA  
Meyers, Pennie • WCASA  
Moe Litke, Kelly • WCASA  
\*Montagna, Stephen • WCASA  
\*Moore, Karen • WI Department of Justice  
\*Nash, Lynne • Sexual Assault Center  
Porter, Meghan • Great Lakes Intertribal Epidemiology Center  
\*Rampacher, Susan • WI Coalition Against Domestic Violence  
Raymond, Jane • Elder Abuse Prevention Program  
WI Department of Health Services  
Rewey, Carol • WI Department of Justice  
Selk-Yerges, Linda • ASTOP  
\*Smith, Kittie • Violence Against Women Program  
WI Office of Justice Assistance  
Sykora, Alice • WI Department of Health Services  
Vaj, Kabzuag • Refugee Family Strengthening Project
- \* Indicates membership in Core Planning Group*



Wisconsin Coalition Against Sexual Assault  
600 Williamson Street Suite N-2 • Madison, WI 53703  
Phone: 608-257-1516 • Fax: 608-257-2150 • TTY: 608-257-2537

HHN - May 16, 2012 - Page 34 [www.wcasa.org](http://www.wcasa.org) • [www.facebook.com/wcasa](http://www.facebook.com/wcasa)



**County of Milwaukee**

INTEROFFICE COMMUNICATION

DATE: April 27, 2012

TO: Sup. Marina Dimitrijevic, Chairwomen, 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 by \$63,429, from \$21,143 to \$84,572, the Department's 2012 contract with Indian Council of the Elderly, Inc., to provide Services to Native American Elderly [File No. 12-22 (a)(a)], and to extend the term of the contract from January 1, through March 31, 2012 to January 1, through December 31, 2012

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on May 16, 2012.

The attached resolution authorizes the Director, Department on Aging, to increase by \$63,429, from \$21,143 to \$84,572, the Department's 2012 contract with Indian Council of the Elderly, Inc., to provide Services to Native American Elderly [File No. 12-22 (a) (a)], and to extend the term of the contract from January 1, through March 31, 2012 to January 1, through December 31, 2012. The contract for Services to Native American Elderly is funded through allocations from the federal Older Americans Act.

The contract between the Department on Aging and the Indian Council of the Elderly supports a senior center and nutrition site open on Mondays and Fridays. Space for the center is provided by Redeemer Lutheran Church, 631 North 19<sup>th</sup> Street. When the center is open Indian Council staff prepares congregante meals onsite for center participants. The Indian Council also conducts home visits and related services to homebound elders, primarily on days the center is closed.

Indian Council of the Elderly had been struggling to find an effective program administrator for Services to Native American Elderly. Monthly financial and service reports were often incomplete or inaccurate, requiring revisions and delaying reimbursement to the vendor. In addition to staffing and reporting issues, the Department became concerned about food quality, procurement, preparation, and storage at the nutrition site. The Department and the Commission on Aging recommended awarding a three month contract as an incentive for the Indian Council to resolve staffing, reporting, and service issues as soon as possible. The Milwaukee County Board concurred with that recommendation through adoption of File No. 12-22.

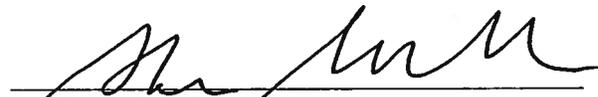
The Department developed a corrective action plan and increased monitoring at the center. While the Indian Council quickly resolved issues relating to the nutrition site, it took longer to find a program administrator capable of managing all aspects of the contract. Because staffing issues were not resolved in time for the March Board cycle, the Department chose not to propose a contract extension at that time. (The County Board Chairman required submission of a report by February 22 for referral to Committee on Health and Human Needs.) Despite no contract with Milwaukee County, the Indian Council continued operating the center under terms of its

April 27, 2012  
Sup. Marina Dimitrijevic  
Sup. Peggy Romo West  
Page 2

prior contract with Department on Aging. The Council understood there was no guarantee a new or extended contract would be awarded.

Since all programmatic and staffing issues appear resolved, and to continue serving the needs of Native American seniors, the Department recommends that Milwaukee County award a full-year contract with Indian Council of the Elderly, Inc., to administer the Services to Native American Elderly program in 2012. To assure the Department has authority to reimburse the vendor for all allowable costs, it recommends extending the term of the original contract to December 31, 2012.

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



Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

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

Attachments

## RESOLUTION

WHEREAS, the Adopted Budget for the Milwaukee County Department on Aging allocates revenues and expenditures for the purchase of a variety of supportive programs and services for Milwaukee County older persons during 2012; and

WHEREAS, the Milwaukee County Commission on Aging was created by Chapter 53 of the General Ordinances of Milwaukee County as the designated Area Agency on Aging for the County under the Older Americans Act; and

WHEREAS, at it's meeting on November 11, 2011, the Commission on Aging examined recurring problems with program administration and staffing by Indian Council of the Elderly, Inc., in providing Services to Native American Elderly under contract with the Department on Aging; and

WHEREAS, to assure services continued for seniors participating in the nutrition, senior center, and social service aspects of the program, the Commission on Aging, at its meeting on November 11, recommended awarding a contract totaling \$21,143 for the period January 1, through March 31, 2012; and

WHEREAS, the Milwaukee County Board approved the three month award at its meeting on December 15, 2011 (File No. 12-22); and

WHEREAS, Department on Aging staff assisted the Indian Council of the Elderly Board of Directors in resolving problems with staffing and administration through development of a corrective action plan; and

WHEREAS, the programmatic and staffing issues of concern to the Commission are resolved, including hiring by Indian Council of the Elderly, Inc. of a program administrator; now, therefore

BE IT RESOLVED, that the Director, Milwaukee County Department on Aging,

is hereby authorized to extend the January 1, through March 31, 2012 contract with Indian Council of the Elderly, Inc., to a full-year contract for the period January 1, through December 31, 2012; and

BE IT FURTHER RESOLVED, that the Director, Milwaukee County Department on Aging, is hereby authorized to increase by \$63,429, from 21,143 to \$84,572, the 2012 contract with Indian Council of the Elderly, Inc., to administer Services to Native American Elderly.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** April 27, 2012

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to increase by \$63,429, from \$21,143 to \$84,572, the Department's 2012 contract with Indian Council of the Elderly, Inc., to provide Services to Native American Elderly [File No. 12-22 (a)(a)], and to extend the term of the contract from January 1, through March 31, 2012 to January 1, through December 31, 2012

**FISCAL EFFECT:**

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
<b>Operating Budget</b>	Expenditure	0	
	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 increase by \$63,429, from \$21,143 to \$84,572, the Department's 2012 contract with Indian Council of the Elderly, Inc., to provide Services to Native American Elderly [File No. 12-22 (a) (a)], and to extend the term of the contract from January 1, through March 31, 2012 to January 1, through December 31, 2012. The contract for Services to Native American Elderly is funded through allocations from the federal Older Americans Act.

This resolution has no fiscal impact on 2012 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  
INTER-OFFICE COMMUNICATION**

**DATE:** April 24, 2012

**TO:** Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by: Eric Meaux, Administrator, Delinquency and Court Services Division*

**SUBJECT: Report From the Director, Department of Health and Human Services, Providing Notice of the Youth Sports Authority Award Recommendations and Approval for the Fiscal Agent to Distribute Funds**

**Policy Issue**

The Milwaukee County Board requires that recommendations from the Youth Sports Authority Board for the distribution of funds be approved by the County Board of Supervisors. In accordance with the policies associated with the Youth Sports Authority, the Director, Department of Health and Human Services (DHHS), is requesting authorization on behalf of Jewish Family Services, the fiscal agent, to make awards for Spring 2012 using the approved Youth Sports Authority funds.

**Background**

In November 1999, the Milwaukee County Board of Supervisors adopted a provision as part of the 2000 County Budget that provided \$200,000 for establishment of the Milwaukee County Youth Sports Authority. The Sports Authority was to be governed by a seven-member Board that would review requests for funding of youth sports programs from community organizations and the Milwaukee Foundation was determined to be the fiscal agent. The program, originally housed in the County Health Programs Division (CHP), was aimed at promoting activities for at-risk youth that would encourage healthier lifestyles and positive interpersonal behavior. Later that year, the County Board also approved operational policies to govern the distribution of Sports Authority funds. Program funding levels and fiscal agents have changed through the years but the policies have remained the same. The 2012 allocation of \$100,000 includes an administrative fiscal agent reimbursement not to exceed \$8,000.

Year	Funding Level	Fiscal Agent
2000	\$ 200,000	Milwaukee Foundation
2001	\$ 200,000	Milwaukee Foundation
2002	\$ 200,000	Milwaukee Foundation
2003	\$ 200,000	Milwaukee Foundation/ Planning Council
2004*	\$ 150,000	Planning Council
2005	\$ 150,000	Planning Council
2006	\$ 150,000	Planning Council
2007	\$ 145,000	Planning Council
2008	\$ 200,000	Planning Council
2009	\$ 200,000	Planning Council/ Fighting Back
2010	\$ -	Fighting Back/ Jewish Family Services
2011	\$ 100,000	Jewish Family Services
2012	\$ 100,000	Jewish Family Services

\*2004 funding was transferred from CHP to the Delinquency and Court Services Division

### **Spring 2012 Award Recommendations**

The Youth Sports Authority Board met on March 27, 2012, to review applications for conformity to the Sports Authority's adopted policies and goals and to make recommendations regarding funding for the proposals. A total of 39 applications were submitted. At that meeting, the Board recommended that 37 organizations be awarded grant funding in the amounts indicated below. In addition, the Sports Authority Board agreed that a not to exceed cap of \$2,000 would be applied to each application approved.

The following table summarizes the community-based youth programs recommended by the Sports Authority Board for funding for Spring 2012:

### **Organizations**

### **Recommended Amount**

1	AA Express Badgers	\$ 2,000.00
2	AAU WI Bulldogs Basketball Club	\$ 2,000.00
3	Ace Boxing Club	\$ 2,000.00
4	Ace Soccer Club	\$ 2,000.00
5	Camp Esmeralda	\$ 2,000.00
6	City Kids Wrestling	\$ 2,000.00
7	Cross Fire Basketball Club	\$ 2,000.00
8	Images of Us Sports (IOU)	\$ 2,000.00
9	Jackson Park Community Association	\$ 2,000.00
10	Journey House, Inc	\$ 2,000.00

11	Kosciuszko Community Center	\$	2,000.00
12	Martin Luther King Community Center	\$	2,000.00
13	Milw Bicycle Works	\$	1,500.00
14	Milw Brotherhood of Firefighters	\$	2,000.00
15	Milw Christian Center	\$	2,000.00
16	Milw Kickers Soccer Club	\$	2,000.00
17	Milw Piranha Swim Club	\$	2,000.00
18	Milw Tennis & Education Foundation	\$	2,000.00
19	Milw United Rugby Club	\$	2,000.00
20	Milw Youth Sports League	\$	2,000.00
21	Neu-Life Community Development	\$	2,000.00
22	New Creation for Milw Children & Youth	\$	2,000.00
23	NORI, Inc	\$	2,000.00
24	Pan African Community Association	\$	2,000.00
25	Quadrevion Henning's Sports League	\$	2,000.00
26	Running Rebels - Basketball	\$	2,000.00
27	Running Rebels - Football	\$	2,000.00
28	Silver Spring Neighborhood Center	\$	2,000.00
29	Silver Spring Neighborhood Ctr-Basketball	\$	2,000.00
30	Summit Educational Assn	\$	2,000.00
31	United Community Center	\$	2,000.00
32	United Sports Club	\$	2,000.00
33	Unity In Motion	\$	2,000.00
34	Wisconsin Community Services	\$	2,000.00
35	Wisconsin Together-Boys Basketball	\$	2,000.00
36	Wisconsin Together-Girls Basketball	\$	1,500.00
37	YMCA of Metro Milw	\$	2,000.00
		TOTAL	\$ 73,000.00

**Fiscal Effect**

The 2012 DCSD Budget includes sufficient funding for the recommendations listed above for the Youth Sports Authority program. There is no tax levy effect. A fiscal note form is attached.

**Recommendation**

It is recommended that the County Board of Supervisors authorize the distribution of 2012 Sports Authority funds to the community organizations identified herein and in the amounts specified above.



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Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Amber Moreen, County Executive's Office  
Tia Torhorst, County Executive's Office  
Terry Cooley, County Board  
Kelly Bablich, County Board  
Patrick Farley, Director, DAS  
Craig Kammholz, Fiscal & Budget Administrator, DAS  
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS  
Antionette Thomas-Bailey, Fiscal & Management Analyst, DAS  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

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(ITEM) Report From the Director, Department of Health and Human Services, Providing Notice of the Youth Sports Authority Award Recommendations and Approval for the Fiscal Agent to Distribute Funds by recommending adoption of the following:

**A RESOLUTION**

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

WHEREAS, the 2012 Budget included an appropriation of \$100,000 for the Sports Authority; and

WHEREAS, the County Board of Supervisors authorized Jewish Family Services to provide program administration and fiscal agent services; and

WHEREAS, the Sports Authority Board solicited applications for funding and the Sports Authority Board met on March 27, 2012 to review those applications and to make recommendations for which proposals should be funded as part of its 2012 Spring award distribution; and

WHEREAS, a total of 39 applications were submitted, and the Sports Authority Board recommended that 37 organizations be awarded funding for a total amount of \$73,000, as summarized below :

<b>Organizations</b>	<b>Recommended Amount</b>
AA Express Badgers	\$2,000.00
AAU WI Bulldogs Basketball Club	\$2,000.00
Ace Boxing Club	\$2,000.00
Ace Soccer Club	\$2,000.00
Camp Esmeralda	\$2,000.00
City Kids Wrestling	\$2,000.00
Cross Fire Basketball Club	\$2,000.00
Images of Us Sports (IOU)	\$2,000.00
Jackson Park Community Association	\$2,000.00
Journey House, Inc	\$2,000.00
Kosciuszko Community Center	\$2,000.00
Martin Luther King Community Center	\$2,000.00
Milw Bicycle Works	\$1,500.00
Milw Brotherhood of Firefighters	\$2,000.00
Milw Christian Center	\$2,000.00

49	Milw Kickers Soccer Club	\$2,000.00
50	Milw Piranha Swim Club	\$2,000.00
51	Milw Tennis & Education Foundation	\$2,000.00
52	Milw United Rugby Club	\$2,000.00
53	Milw Youth Sports League	\$2,000.00
54	Neu-Life Community Development	\$2,000.00
55	New Creation for Milw Children & Youth	\$2,000.00
56	NORI, Inc	\$2,000.00
57	Pan African Community Association	\$2,000.00
58	Quadrevion Henning's Sports League	\$2,000.00
59	Running Rebels – Basketball	\$2,000.00
60	Running Rebels – Football	\$2,000.00
61	Silver Spring Neighborhood Center	\$2,000.00
62	Silver Spring Neighborhood Ctr-Basketball	\$2,000.00
63	Summit Educational Assn	\$2,000.00
64	United Community Center	\$2,000.00
65	United Sports Club	\$2,000.00
66	Unity In Motion	\$2,000.00
67	Wisconsin Community Services	\$2,000.00
68	Wisconsin Together-Boys Basketball	\$2,000.00
69	Wisconsin Together-Girls Basketball	\$1,500.00
70	YMCA of Metro Milw	\$2,000.00
71	<b>TOTAL:</b>	<b>\$73,000.00</b>

72  
73 ; now, therefore,

74  
75 BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the  
76 distribution of 2012 Sports Authority funds to the community organizations identified  
77 herein and in the amounts specified above.  
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**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 4/25/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Director of the Department of Health and Human Services (DHHS), requesting authorization for the Youth Sports Authority Board and its fiscal agent, Jewish Family Services, to distribute 2012 Youth Sports Authority funds

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Youth Sports Authority Board and its fiscal agent, Jewish Family Services, to distribute 2012 Youth Sports Authority funds.

B. Approval of this request will result in the distribution of \$73,000 of funds to the organizations Identified in the accompanying Report and Resolution. A total of \$100,000 was appropriated for the Youth Sports Authority in the 2012 Adopted Budget of the Delinquency and Court Services Division. Minimal staff time will be required to integrate this resource and communicate availability with the assistance of the fiscal agent.

C. There is no tax levy impact associated with approval of this request. The funds to be distributed come from the 2012 allocation totaling \$100,000 for the Youth Sports Authority. The 2012 funds have already been transferred to the fiscal agent.

D. No further assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

**COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION**

**DATE:** April 24, 2012

**TO:** Supervisor Marina Dimitrijevic, Chairwoman - 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 accept grant revenue totaling \$53,088 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division**

**Issue**

In accordance with section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD).

**Discussion**

In 2011, DCSD applied for a Disproportionate Minority Contact program grant. On December 16, 2011, DHHS received notification from the State Office of Justice Assistance that DCSD was awarded the grant in the amount of \$53,088. The funds are awarded through the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. There is no local funding match requirement associated with this grant revenue. The WI Office of Justice Assistance must approve of the use of all funds.

DHHS is also submitting a fund transfer related to this grant for \$53,088 for consideration by the County Board this cycle. This fund transfer recognizes grant revenue and establishes corresponding 2012 expenditure authority. All expenditures must be incurred by September 30, 2012.

These funds support the Division's collaborative FOCUS program by offering expanded reach-in and re-entry support services to assist in transitioning youth. Services are provided by the Boys and Girls Club.

**Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to accept grant funds in the amount of \$53,088 associated with the Disproportionate Minority Contact Program Grant funds from the State of Wisconsin Office of Justice Assistance.

**Fiscal Impact**

Approval of this request has no tax levy impact. A fiscal note is attached and a fund transfer has been submitted for consideration.



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Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Amber Moreen, County Executive's Office  
Tia Torhorst, County Executive Staff  
Terry Cooley, County Board  
Kelly Bablitch, County Board  
Patrick Farley, Administrator – DAS  
Craig Kamholz, Fiscal and Budget Administrator - DAS  
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS  
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

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(ITEM) Report from the Director, Department of Health and Human Services, requesting authorization to accept grant revenue totaling \$53,088 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, in accordance with section 56.06 of the County Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD); and

WHEREAS, on December 16, 2011, DHHS received notification from the State Office of Justice Assistance that DCSD was awarded the grant in the amount of \$53,088; and

WHEREAS, these funds support the Division's collaborative FOCUS program by offering expanded reach-in and re-entry support services to assist in transitioning youth and are provided by the Boys and Girls Club; and

WHEREAS, approval of this request has no tax levy impact; now, therefore,

BE IT RESOLVED, County Board of Supervisors authorize the Director, DHHS, or his designee, to accept grant funds in the amount of \$53,088 associated with the Disproportionate Minority Contact Program Grant funds from the State of Wisconsin Office of Justice Assistance.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 4/25/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** From the Director of the Department of Health and Human Services (DHHS), requesting authorization to accept grant revenue totaling \$53,088 from the Wisconsin Office of Justice Assistance to support programs administered by the Delinquency and Court Services Division (DCSD)

**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	53,088	0
	Revenue	53,088	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.

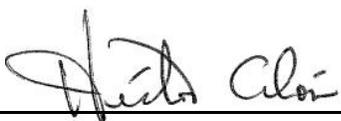
A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to accept grant revenue from the Wisconsin Office of Justice Assistance (OJA) to support programs administered by the Delinquency and Court Services Division (DCSD).

B. Approval of this request will authorize expenditures totaling \$53,088; terms of the grant require that expenditures be incurred by September 30, 2012.

C. There is no 2012 tax levy impact associated with approval of this request.

D. No further assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

COUNTY OF MILWAUKEE  
Inter-Office Communication

Date: April 25, 2012

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

From: Héctor Colón, Director, Department of Health and Human Services  
Geri L. Lyday, Administrator, Disabilities Services Division  
Paula Lucey, Administrator, Behavioral Health Division

Subject: **From the Director, Department of Health and Human Services, an Informational Report Regarding the Hilltop Downsizing Initiative**

### Introduction

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

The 2012 Adopted Budget highlighted this initiative as continuing and included the planned investment "in enhanced community resources targeting individuals with Developmental Disabilities and Mental Health issues through a partnership between the Disabilities Services Division and the Behavioral Health Division."

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

Quarterly informational reports were submitted in February, June and October 2011.

### Background

As the previous update reports submitted to the County Board have indicated, progress has been made in the planning for what will result in the ultimate downsizing and reorganization of services for individuals with Cognitive Disabilities at BHD Rehabilitation Center Hilltop. BHD and DSD have been working collaboratively to develop a plan for downsizing, including the development of the continuum of services necessary to support individuals' success in the community.

The Behavioral Health Division's Rehabilitation Center Hilltop has been licensed as an Intermediate Care Facility for the Mentally Retarded (ICF-MR) since 1988. The Hilltop population is characterized by "dual disabilities" in that not only do the residents have one or

more developmental disabilities but most also have one or more mental illnesses. The facility has downsized over the years from 150 licensed beds on six living units to the current program of three unlocked living units each with a capacity of 23 residents. Currently Hilltop has a census of 65 residents.

A comprehensive assessment of Milwaukee County's mental health care system done by the Human Services Research Institute (HSRI) with BHD, the Public Policy Forum, Milwaukee Health Care Partnership and other stakeholders in October 2010 recommended that BHD work with the State and DSD to "develop and implement a plan to phase down the Hilltop Inpatient Program." The report added: "this could be completed in a multi-year phase down plan" and suggested "person centered planning" "to design community options that meet the needs and choices of the current residents" and that beds still needed in the system could be "transferred to smaller privately operated facilities in the community."

In 2011 DHHS established a Hilltop Downsizing Workgroup consisting of individuals from BHD and DSD. As previously reported, this workgroup had made some significant progress including:

1. Developed general profiles of Hilltop residents and individuals with developmental disabilities served at BHD.
2. Determined service system capacity needs of individuals with developmental disabilities served at BHD.
3. Completed background research on best practices for service continuums for individuals with developmental disabilities and mental illness living in the community.
4. Developed and pre-tested a screening tool to assess community placement indicators and identify support needs for individuals with developmental disabilities and mental illness, specifically for those currently served at Hilltop.
5. Utilizing the new screening tool, reviewed all current Hilltop residents to determine behavioral and mental health needs and to evaluate supports that would be required if the individual was to relocate to a community-based living arrangement. The assessment team consisted of both DSD staff/consultants and teams from Hilltop consisting of the unit Psychologist, QMRP (Qualified Mental Retardation Professional), OTR (Occupational Therapist Registered) and nursing staff.
6. Collected background information to assess the potential fiscal impact associated with the downsizing of Hilltop and the estimated cost of community service options.
7. Analyzed trends in BHD service utilization of individuals who were known to both DSD and BHD during the years 2007 through 2010.

From this work and as previously reported in the October 11, 2011 Informational Report to the Health and Human Needs Committee, the Hilltop Downsizing Workgroup had come to the following conclusions:

1. The analysis of service utilization trends showed an increase in the number of individuals with developmental disabilities utilizing BHD services during the time of transition to Family Care possibly because of changes in services. This supports the need

for a strong community-based crisis response service system for individuals with developmental disabilities and mental illness. If issues arise while the individual resides in the community, a community-based response could provide support while the individual remains in the community-based setting. In the current system, the individual is removed from their current residence and then transported to BHD in the Acute Care area. Alternatives need to be created to provide more appropriate community-based crisis options for individuals who need to temporarily leave their living situation due to situational or acute crisis episodes.

2. All Hilltop residents were screened to determine behavioral and mental health needs and to evaluate supports that would be required if the individual was to relocate to a community-based living arrangement. The assessment team determined that Hilltop residents can be characterized in three distinct cohorts:
  - a. Individuals who could potentially be relocated into community-based living situations with supports identified by the assessment and with some community provider development.
  - b. Individuals who may be able to relocate with significant development of highly skilled, new community providers to support more significant needs.
  - c. Individuals who exhibit significantly more challenging behaviors including a history of being included on the sexual offender registry, fire starting and frequent need for five-point restraints.
3. The assessment team determined specific characteristics of the individuals living at Hilltop. In brief summary here, the assessment noted that they have:
  - a. Unique combinations of physical care needs.
  - b. Extensive behavioral treatment programs that govern the prevention of behaviors, staff response, and consequences of behaviors and treatment.
  - c. Needs that require experienced, highly trained staff with individual emergency response plans and immediately available resources.
4. The assessment team also recommended numerous program components which would provide adequate supports for community-based living options which were listed in the October 11, 2012 Informational Report.
5. A review of the fiscal information and impact of downsizing Hilltop indicated that complexities associated with indirect costs result in limited reductions in tax levy immediately. It is anticipated that any tax levy reductions in expenditures would need to be dedicated to community-based program development. Also any savings that can be directed to community capacity will not be realized until at least two units are closed or a complete closure of Hilltop is declared.

### **Summary of Progress since the last Informational Report**

Since the last informational report to the Health and Human Needs Committee, DSD and BHD have continued to plan for an integrated system of care for individuals with developmental disabilities and mental illness which emphasizes community success and which would support the Hilltop downsizing initiative.

Specifically the following has been accomplished:

1. Based on the previous analysis of Hilltop residents and DSD's past experience relocating individuals from ICF-MRs, DSD developed descriptions of community services needed to begin to develop the community service infrastructure to support individuals with developmental disabilities and mental illness (including anyone who had been a resident at Hilltop) living successfully in the community. These services include:
  - a. A mobile team, experienced in dealing with individuals who have developmental disabilities and mental illness, which can provide an immediate response to situations that arise at an individual's residential setting in the community.
  - b. The support of a Behavioral Specialist for crisis intervention and stabilization who would help develop and support behavioral treatment plans, link individuals to needed clinical supports, and support and train community staff of residential facilities.
  - c. Additional crisis beds in the community, which would have a primary focus of treatment and stabilization.
  - d. Community Integration services to provide appropriate Hilltop residents with individualized experiences in the community to provide them with more opportunities to partake in everyday activities in community settings.
2. DSD and BHD have had several conversations with Wisconsin's Department of Health Services (DHS), verifying that, if there is any intent to relocate Hilltop residents to close or de-license Hilltop beds, the Hilltop facility needs to submit a Letter of Intent to do so to the State in compliance with Chapter 50 Wis. Stats. and Medicaid and Medicare certification requirements. This letter would kick off a planning process with the State, Managed Care Organizations (MCOs) and Disability Rights Wisconsin (DRW) as partners, to develop a detailed Resident Relocation Plan prior to relocating any residents.
3. DSD and BHD have also had general discussions with DHS regarding Medicaid reimbursement rates and phase-down funding during a declared downsizing of an ICF-MR. Further discussion is needed with DHS on the specific fiscal impact to Milwaukee County as a result of any downsizing.
4. At their request, DSD has had meetings with DRW updating them on the progress of this initiative and needed community service capacity.
5. DSD and BHD staff continues to assess each individual resident at Hilltop as to the service supports each might need if community relocation were desired or considered

feasible. A first group of individuals determined to be eligible for community relocation has been identified by the DSD and BHD assessment team. BHD and DSD are planning to meet with Family Care Program agencies who are case managing individuals in Hilltop who are in publicly funded long-term care, or Family Care programs, since these individuals have funding designed to support them in the community.

### **Next Steps**

As DSD and BHD proceed with this Hilltop Downsizing Initiative the goal has been reframed based on the planning and analysis to date. An eventual result will be the downsizing of Hilltop by 24 beds beginning in 2012 with a goal of completion by June of 2013. Evaluation of this process including the outcomes for the clients, the status of the community network of service, impact on Acute care Services, the demand for Hilltop-like services and any changes in health care financing will be completed in 2013. Based on lessons learned and evaluation of success from the first relocation experience, recommendations can be made to the board related to closure of additional beds in 2013/2014 and the option to explore pursuing a Request for Information (RFI) to contract out the remaining beds in future years.

Therefore, the DSD and BHD Workgroup is planning to work toward accomplishing the following goal and objectives.

#### Goal:

To develop an integrated system of care, for individuals with developmental disabilities and mental illness, that emphasizes community success.

#### Objectives:

1. Develop a stabilization system for individuals living in the community.
2. Work with the Managed Care Organizations (MCOs) in Milwaukee County to identify and address barriers to community placement.
3. Reconfigure the BHD program to focus on the rehabilitation skills leading to community success.
4. Develop a communication structure between BHD, the MCOs and DSD.
5. Develop a strategy for guardian communication and education.

#### Planned actions and estimated 2012 timetable:

1. DHHS has just submitted a letter to the Wisconsin Department of Health Services (DHS) notifying them of their intent to close 24 beds and relocate residents in appropriate community-based settings as required by Chapter 50, Wis. Stats. (April)
2. The letter to DHS will kick off a formal resident relocation planning process. Under Chapter 50 Wis. Stats. it is required that DHS establish a Relocation Team comprised of State DHS staff, Aging and Disability Resource Center staff, representatives of advocacy

agencies and Family Care Managed Care Organization (MCO) staff. This team will identify individuals to be relocated, develop specific relocation plans and set timelines for options counseling and implementation of the community relocations. (May thru Sept)

3. BHD will initiate a meeting with DSD and the MCO's to discuss this initiative, the intent to close Hilltop beds, and to solicit their input on the community supports needed to ensure successful community placements. (May)

The responsibility for developing community-based supports, including residential options and all other needed support services, lies entirely with the Family Care Program MCOs. Since Family Care expansion, BHD has not had an opportunity to work with the MCOs on a downsizing effort where the MCOs would have to develop service providers to address the needs of a group with characteristics similar to the Hilltop residents identified by the downsizing workgroup. It is also not clear how a crisis response system of care would operate in Milwaukee County which has a combination of both public and privately operated MCOs.

4. BHD will seek input from the University of Wisconsin-Madison Waisman Center and Dane County Community TIES Project and others who also have model programs for supporting adults with developmental disabilities and mental health conditions in the community, to develop a BHD program or an RFP for mobile community stabilization services. (May)
5. DSD will release a Request for Proposal (RFP) for additional crisis respite beds for individuals with developmental disabilities and mental illness which would include treatment and stabilization services. (June)
6. DSD will release an RFP for Community Integration Services to provide Hilltop residents with individual experiences in the community. (June)
7. BHD will develop and implement a strategy to reconfigure the units at Hilltop with an increased focus on community success skills, a continuum of care, and enhanced management of patient care for individuals with more challenging behaviors. BHD is working to reorganize the care units to represent a continuum of care. As individuals move between units the skills education needed to be successful in the community will intensify to increase the potential for a successful community integration. (Sept)
8. BHD will develop and implement an approach toward enhanced communication and education of guardians, beginning with corporate guardians of patients. The Relocation Team will also be involved with guardian issues. (June and ongoing)
9. DHHS/DSD will explore working with the Public Policy Forum to undertake a gap analysis to determine what services are needed to support persons with intellectual disabilities,

including those with mental illness. Based on population trends and patient characteristics, the analysis would help address what services, including ICF-MR type nursing home beds, would be needed in a continuum of care service system. (July thru Dec)

10. The 2013 DHHS/BHD Requested Budget will include an initiative to evaluate the transition of the first clients to leave and based on that evaluation, plan for the transition the second cohort of Hilltop residents into the community. Future budgets will seek to determine options available for the third cohort who have more challenging behaviors, including exploring the option of issuing a Request for Information (RFI) to assess if privately owned facilities might be interested in serving these individuals as suggested in the HSRI Study.

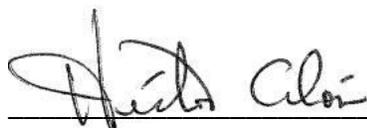
### **Fiscal Issues**

As discussed in this report, the downsizing of Hilltop will require the development of an initial community service infrastructure to support Hilltop residents in the community. DHHS has recommended the creation of mobile community stabilization services, expanded community crisis beds and community integration to address this need. To fund these components, DHHS proposes using the \$448,040 in funding included in the 2012 Adopted Budget for BHD's Developmental Disabilities-Mental Health Pilot Respite Program as well as \$80,000 in funding included in DSD's 2012 Adopted Budget, which would be used for Community Integration Services.

Directing the use of these funds to Hilltop is consistent with the original intent of the dollars to prevent costly inpatient admissions of individuals with developmental disabilities and mental health diagnoses.

### **Recommendation**

This is an informational report. No action is necessary.



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Héctor Colón, Director

Department of Health and Human Services

Cc: Chris Abele, County Executive  
Tia Torhorst, County Executive's Office  
Patrick Farley, Director, Administrative Services  
Craig Kammholz, Fiscal and Budget Administrator  
Antionette Thomas-Bailey, DAS Analyst  
Terry Cooley, County Board  
Kelly Bablitch, County Board  
Jennifer Collins, Analyst – County Board  
Jodi Mapp, Committee Clerk – County Board  
Paula Lucey, Administrator, BHD  
Mark Stein, Deputy Administrator, DSD

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

**DATE:** April 25, 2012

**TO:** Supervisor Marina Dimitrijevic, Chairwoman – 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 Increase the 2012 Purchase of Service Contract with Outreach Community Health Center (formerly Healthcare for the Homeless) for the Behavioral Health Division

**Issue**

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase-of-service (POS) contract with Outreach Community Health Centers (formerly known as Healthcare for the Homeless) related to increased grant funds at the Behavioral Health Division (BHD).

**Background**

BHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for treatment for homeless services in 2009. The grant was written so as to leverage funds that the Milwaukee County Housing Division was receiving as part of the 2009 Homelessness Prevention and Rapid Re-Housing Program (HPRP) initiative. Whereas the SAMHSA grant awarded to BHD was able to fund some BHD personnel costs and important treatment needs for the program participants, the HPRP funds awarded at around the same time to the Housing Division were identified to fund a 1.0 FTE position of Housing Case Manager with Healthcare for the Homeless (now known as Outreach Community Health Centers) to assist program participants with accessing permanent, sustainable housing. While the duration of the SAMHSA grant is for a total of five years, the HPRP funds are only available for a total of three years and will sunset as of July 2012.

At this time, the SAMHSA grant is fully operational and is providing key services to individuals who are homeless and living with a substance abuse or co-occurring mental health and substance abuse disorders. The program has been quite successful in helping numerous individuals

attain sustainable income, sobriety and permanent housing. With two years left of the SAMHSA grant, it is important to maintain the programmatic stability that has been achieved over time and has contributed to the success of the program participants.

BHD staff have been informed that there are unobligated funds of \$87,500 from the first year of the SAMHSA grant that can be carried over and utilized in future years of the grant. This carryover request has been made and should be approved soon. BHD is requesting to use a portion of these carryover funds, when approved, to increase the Outreach Community Health Centers purchase of service contract so that the 1.0 FTE Housing Case Manager position can continue to be funded without disruption. BHD is requesting an increase to their purchase of service contract of \$26,000, to a total of \$1,469,338 for 2012. This use of funds has been discussed with the grant administrator and BHD received a positive response.

### **Fiscal Effect**

The revenue received through the SAMHSA grant completely offsets the total recommended increase in Outreach Community Health Centers contract. There is no tax levy effect. A fiscal note form is attached. If necessary, a fund transfer will be submitted later in 2012.

### **Recommendation**

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to increase the Outreach Community Health Centers purchase of service contract by \$26,000 to \$1,469,338 for the time frame of July 1, 2012 through December 31, 2012.



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Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Amber Moreen, County Executive's Office  
Tia Torhorst, County Executive's Office  
Terry Cooley, County Board  
Kelly Bablich, County Board  
Patrick Farley, Director, DAS  
Craig Kammholtz, Fiscal & Budget Administrator, DAS  
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS  
Antionette Thomas-Bailey, Fiscal & Management Analyst, DAS  
Jennifer Collins, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff

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(ITEM \*) Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Purchase of Service Contract with Outreach Community Health Center (formerly Healthcare for the Homeless) for the Behavioral Health Division, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, per Section 46.09 no contract or contract adjustment shall take effect until approved by resolution of the County Board, therefore the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase-of-service (POS) contract with Outreach Community Health Centers (formerly known as Healthcare for the Homeless) related to increased grant funds at the Behavioral Health Division (BHD); and

WHEREAS, BHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for treatment for homeless services in 2009 and the grant was written so as to leverage funds that the Milwaukee County Housing Division was receiving as part of the 2009 Homelessness Prevention and Rapid Re-Housing Program (HPRP) initiative; and

WHEREAS, the original HPRP funds awarded to the Housing Division were identified to fund a 1.0 FTE position of Housing Case Manager with Healthcare for the Homeless (now known as Outreach Community Health Centers) to assist program participants with accessing permanent, sustainable housing; and

WHEREAS, while the duration of the SAMHSA grant is for a total of five years, the HPRP funds are only available for a total of three years and will sunset as of July 2012; and

WHEREAS, BHD staff have been informed that there are unobligated funds of \$87,500 from the first year of the SAMHSA grant that can be carried over and utilized in future years of the grant; and

WHEREAS, BHD is requesting to use a portion of these carryover funds, when approved, to increase the Outreach Community Health Centers purchase of service contract so that the 1.0 FTE Housing Case Manager position can continue to be funded without disruption; and

WHEREAS, the revenue received through the SAMHSA grant completely offsets the total recommended increase in Outreach Community Health Centers contract therefore there is no tax levy effect; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to increase the Outreach Community Health

48 Centers purchase of service contract by \$26,000 for the time frame of July 1, 2012  
49 through December 31, 2012, for a total 2012 contract of to \$1,469,338.  
50

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 4/25/12

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Purchase of Service Contract with Outreach Community Health Center (formerly Healthcare for the Homeless) for the Behavioral Health Division

**FISCAL EFFECT:**

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

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

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	26,000	
	Revenue	26,000	
	Net Cost	0	
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase-of-service (POS) contract with Outreach Community Health Centers (formerly known as Healthcare for the Homeless) related to increased grant funds at the Behavioral Health Division (BHD).

B) The Director, DHHS, is requesting that the purchase of service contract with Outreach Community Health Centers be increased by \$26,000 for the time frame of July 1, 2012 through December 31, 2012. The total OCHC contract for 2012 including the increase would be to a total of \$1,469,338. This is completely offset by SAMHSA grant funds therefore there is no tax levy effect. If necessary, a fund transfer will be submitted later in 2012.

C) There is no tax levy impact as a result of this action.

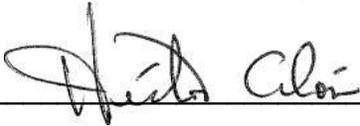
D. No assumptions/interpretations.

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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:** April 25, 2012

**TO:** Marina Dimitrijevic, Chairwoman - 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 work group activities to study the transfer of management of inmate mental health and health care services to the Department of Health and Human Services**

**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 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 develop a transition plan. DHHS submitted information reports to the County Board in February and March 2012 to outline the work group and the work plan for the group. This report is a status report of activities since March 2012.

**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 the services to achieve those standards is not defined and a number of potential alternatives exist.

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 and the objectives of the work group were also developed.

**Work Group**

The work group has been meeting on a regular basis. The membership includes representatives from the clinical and fiscal areas within DHHS/BHD, the medical, administration and fiscal areas of the Milwaukee County Sheriff's Office, Corporation Counsel, Department of Administrative Services, County Board staff and the Christensen Decree Medical Monitor.

**Plan of Work**

Based on the established plan of work, the meetings have followed a process of discovery and due diligence including data review, staffing patterns, and accreditation standards. The Sheriff's Office arranged an in-depth tour of both the downtown and south facilities. This tour allowed for discussion about the daily routine, emergency service plan and gave an appreciation of the relationship between

security and medical. The data indicated that of the nearly 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.

In addition, several meetings and conference have been held with the medical monitor, Dr. Shansky. His main recommendation is that the leadership positions need to be filled as soon as possible. There are four leadership positions: Health Care Administrator, Medical Director, Psychiatric Medical Director and Director of Nursing. As of this report, only the Director of Nursing position is filled. Inspector Schmidt was devoting half time to the health care administration activities until recently.

The Sheriff's Office has shared their recruitment efforts related to the Medical Director position but have no current candidates. DHHS has suggested consideration of an approach in which a medical group has a contract to provide medical direction. This may be a viable approach. Currently, the Sheriff's Office has two candidates for the Psychiatric Medical Director position and DHHS/BHD staff will be involved in the selection and hiring process.

Earlier, the Sheriff's Office announced that they were anticipating the release of an RFP for health services. That RFP has not been released at this time and the Sheriff's Office reports that no specific plans are in place to release that RFP.

Transition issues related to administrative and fiscal management arose in the latest meeting. The issues include funding for additional positions, human resource and fiscal oversight, management of unfunded positions, contracts, equipment and other administrative duties. An additional meeting with DAS is going to occur to review these issues.

### **Research**

While working on this evaluation, we identified several other places in the country that use a similar model to the one being proposed. We contacted correctional health services programs in three different counties that have county departments of health providing inmate health services on behalf of the Sheriff to learn more about how they operate their programs. We spoke with representatives from Dallas County, King County (Seattle), and San Francisco County on the recommendation of the court appointed monitor for the Christensen consent decree, Dr. Shansky.

Each county has a governance model similar to that of Milwaukee County with an elected Sheriff, a board of supervisors, a county administrator or County Executive and a department director for the Department of Public Health or Health and Human Services to whom the correctional health services administrator reports. The average annual budget is \$27 million. (Milwaukee County current budget is 17 million). King and San Francisco counties have an average daily population of approximately 2,000. Dallas County has an average daily population of 6,000. King and San Francisco counties also staff the jails with union represented employees. All three facilities at some point in the past found themselves subject to a consent decree (similar to the Christensen consent decree currently in place for Milwaukee County) preceding the current configuration for administering correctional health services.

One characteristic common among the three counties, and distinct from Milwaukee County, is an extensive and well-developed existing medical program or health service offerings within the Department under which the division of correctional health services falls. San Francisco's Department of Public Health operates clinics throughout the San Francisco in addition to illness specific programs,

such as for mental health and AODA. Dallas County has Parkland Hospital, which is a taxing district hospital similar to what Milwaukee County once had with Doyne Hospital. King County' Department of Health and Human Services also administers other health services that helped to inform and support correctional health services.

The representatives with whom we spoke all stressed that a strong collaborative partnership with the Sheriff, built on a foundation of solid communication and mutual trust is crucial to the success of such a configuration. King and San Francisco also provided us with organizational charts for their divisions and a sample memorandum of understanding between the San Francisco Sheriff's Department and the Department of Public Health.

From these models a few common themes have arisen:

- 1) Most have added resources to the function when the health department took over care.
- 2) A positive, collegial relationship is needed at all levels of both organizations.
- 3) It must be recognized that the two departments have inherently different philosophies with the medical department dedicated to caring for patients while the security is dedicated to managing prisoners. Mutual respect for the mission of each other is essential for this to be successful.

#### **Next Steps**

DHHS/BHD is moving forward with the transition planning. The time line of July 1, 2012 remains the goal. Dependent on the action related to the steps listed below, additional time will be needed to complete the transfer if the steps below cannot be completed by June 1, 2012.

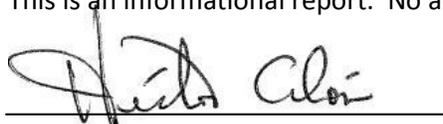
As mentioned above, recruitment and filling of the leadership positions is a critical next step. DHHS/BHD is working with the Sheriff's office and DHR to review the job description and job announcement for the Health Services administrator position. Recruitment and subsequent appointment of this key position is a critical step and must be accomplished before a transition can occur.

DHHS/BHD will meet with the Sheriff's office fiscal staff and DAS to discuss a plan for the transition of the administrative functions. The transition plan must address current, as well as future, resource and budget needs. Clearly, this plan must be agreed upon by all parties prior to any transfer occurring.

In our research, we have found some organizations use a Memoriam of Agreement approach to outline the formally the relationship between the two organizations. DHHS/BHD would like that approach to avoid any miscommunication and have clear lines of responsibility and authority established in this emerging model. DHHS/BHD is looking at samples and beginning to develop such an agreement. This agreement should be in place before a transition can take place.

#### **Recommendation**

This is an informational report. No action is necessary.



Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Amber Moreen, County Executive's Office  
Tia Torhorst, County Executive's Office  
Terry Cooley, County Board  
Kelly Bablitch, County Board  
Pat Farley, Director – DAS  
Craig Kammholz – Fiscal & 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:** April 27, 2012

**TO:** Supervisor Peggy Romo West, Chairperson, Health & Human Needs Committee  
Supervisor Willie Jr. Johnson, Chairperson, Finance and Audit Committee

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

**SUBJECT:** **Informational Report #2 - Progress of an RFP for Architectural Design Services  
for a New Mental Health Facility**

**BACKGROUND**

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 cycle to report on the results of a Request for Proposal (RFP) for architectural design services for a new mental health facility. In March, the Director of the Architecture, Engineering and Environmental Services Section (AE&ES) within DAS - Facilities Management Division (DAS-FM) submitted an informational report regarding the status of the RFP. At that meeting, it was requested that a follow-up report be brought back to the Board in the May cycle.

**DISCUSSION**

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. Six (6) consultant proposals were submitted in response to the RFP on 2/20/12. The proposal evaluation committee was comprised of staff from the Department of Health & Human Services (DHHS) and AE&ES. The proposals were reviewed and the three (3) most qualified consulting firms were invited for an interview on April 10, 2012. The RFP panel then made a final recommendation to the Director of AE&ES.

**Tentative Schedule**

Since the consultant contract award and all subsequent scheduled activities are contingent on County Board approval and the release of funding, the below timeline is theoretical and would not begin until the County Board takes action.

Consultant Contract Award

- Consultant Contract Award: 1 week
- Consultant agreement signed and Notice to Proceed: 3 weeks

## Informational Report #2 – Progress of an RFP for Architectural Design Services for a New Mental Health Facility

Date: April 27, 2012

Programming Stage are as follows:

- Programming Plan Phase completed: 4 weeks
- Reviewed and approved: 2 weeks

Design Stage

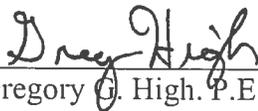
- Schematic Design: 7 weeks
- Design Development Phase completed: 6 weeks
- Construction / Bid Documents 100% completed: 12 weeks
- Bidding Phase: 6 weeks
- Award Construction Contract: 4 weeks
- Project Closeout, Project completed: 24 months

### 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 Behavioral Health Division 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.

The Director of AE&ES, DAS-FM will await further direction from the County Board before proceeding with the award of a contract, fee negotiations and contract execution for architectural design services for a new mental health facility.

Respectfully Submitted,



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

GGH:

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