

Research Brief

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Milwaukee County Juvenile Recidivism – Metrics and Trends

One year ago, the Public Policy Forum released a report examining the substantial decline in Milwaukee County’s adult and juvenile detention populations.¹ Entitled “*Milwaukee County Detainee Populations at Historic Lows: Why is it happening and what does it mean,*” the report not only documented the scope of the decline and its fiscal impacts, but also urged county law enforcement officials and policymakers to consider whether justice system policies that may have contributed to the decline were effective and should be sustained.

As a follow-up to last year’s publication, this report provides a closer examination of the juvenile justice system in Milwaukee County and how well it has performed in reducing recidivism for juvenile offenders. The report was funded by Milwaukee County’s Delinquency and Court Services Division (DCSD), which asked the Forum to lend an outside perspective by reviewing its current approach to measuring juvenile recidivism and findings, and invited recommendations for improving its data collection and evaluation processes and capacity.

Recidivism is defined in many different ways by justice system officials, but is broadly viewed as the commitment of a subsequent offense by an offender already known to have committed a previous offense. Recidivism rates typically refer to the percentage of offenders who recommit a new offense within a distinct period of time after interaction with the justice system.

While recidivism metrics have value when analyzed over a period of years and can serve as a measure of progress among a specific population of offenders, they tell us little about the relative success of a program without a benchmark comparison. Unfortunately, because there are substantial variations in how juvenile justice systems define the parameters of their recidivism metrics from state to state or county to county, a concrete national benchmark does not exist.

This report explores the way in which DCSD measures recidivism and finds that overall recidivism among Milwaukee County’s juvenile offenders has not changed over the past several years. Progress has been made among the multiple repeat offenders, however, with a reduction in the percentage of juvenile offenders who commit more than one repeat offense after their initial referral. These findings are consistent with periodic, internal reports made by DCSD.

In addition, we offer an alternative recidivism measure that may help DCSD better monitor the impacts of its programmatic and operational changes over the short term. Given the resources dedicated by the many players in the juvenile justice system process – police officers, district attorneys, public defenders, judges, detention personnel and probation workers – a better understanding of how delinquent youth in Milwaukee County are progressing following their interaction with the system is essential. Such an understanding not only will help identify the most productive areas deserving further investment, but also those areas in need of improvement, and those areas in which justice system leaders might get the “best bang for the buck” in their efforts to enhance public safety in a cost-effective manner.

¹ The report can be accessed at <http://www.publicpolicyforum.org/pdfs/MilwaukeeCountyDetentionBrief.pdf>.

Overview of Milwaukee County’s Juvenile Justice System

The juvenile justice system consists of many players, from the police department to the district attorney, children’s court, state corrections, and DCSD. Each plays a role in the way a particular juvenile will experience the justice system.

Incidents of youth delinquency are first reported to or identified by police departments across Milwaukee County and are then referred to DCSD for appropriate follow-up. (The majority of delinquent referrals come from the Milwaukee Police Department, which accounts for roughly 60% of new referrals in Milwaukee County annually.) At intake, as depicted in **Figure 1**, DCSD staff evaluate each case, develop options, and make a recommendation to the district attorney. Depending on the details, DCSD may recommend closing the case, offering deferred prosecution, or having the case be petitioned for processing through the Milwaukee County children’s court.

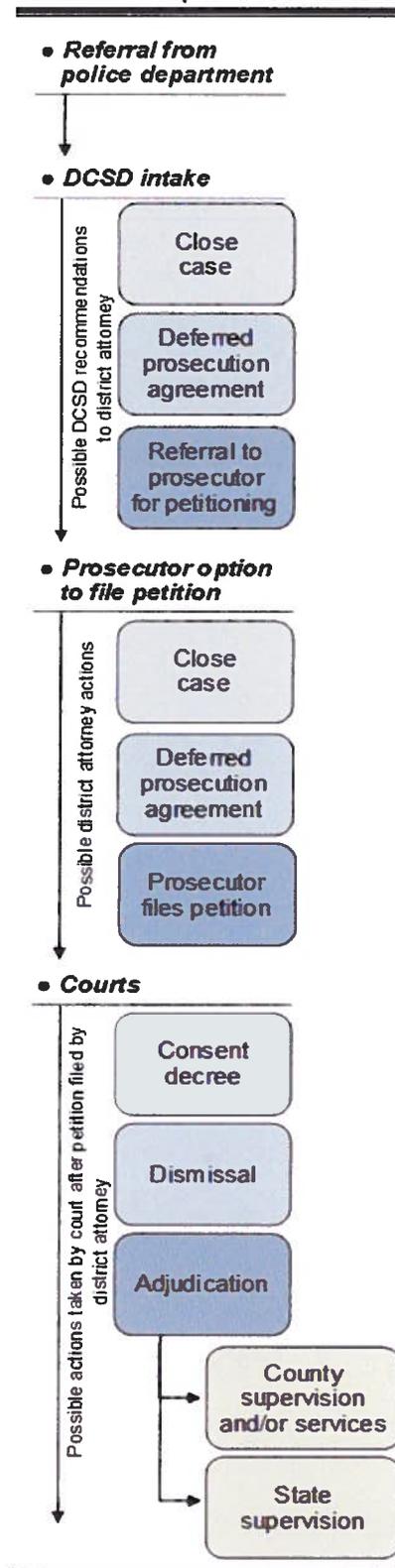
Regardless of DCSD’s recommendation, the district attorney’s office makes the final call on how a case should move forward. Using information gathered by DCSD – as well as further evaluation of case specifics and available evidence – the district attorney determines whether the case should be closed, deferred, or petitioned and brought in front of a judge.

Under a deferred prosecution agreement, youth avoid charges and further involvement in the juvenile court system by committing to stay out of trouble and to participate in certain rehabilitative services or programs for nine to 12 months. Most youth given this option are first-time offenders who take part in Milwaukee County’s First Time Juvenile Offender Program, a program that typically entails education, academic support, alcohol/substance abuse counseling, anger management, community service, mentoring and regular monitoring for roughly six months. This program served 275 youth in 2010 with an average entry age of 14.3 years.

Once a case has been petitioned to the court, it may be dismissed, adjudicated, or the youth may agree to a consent decree and partake in services.² Youth entering into consent decrees may have their charges dropped if they successfully complete the agreed-upon requirements with no further action by the courts. If a youth fails to comply with agreed-upon parameters, on the other hand, then agreements can be revoked at any time.

If a case is adjudicated, a finding of delinquency places the youth under either county probation (DCSD) or state supervision (Department of Corrections (DOC)).

Figure 1: Adjudication process



²Some dismissed cases may be returned to DCSD and given a diversion alternative.

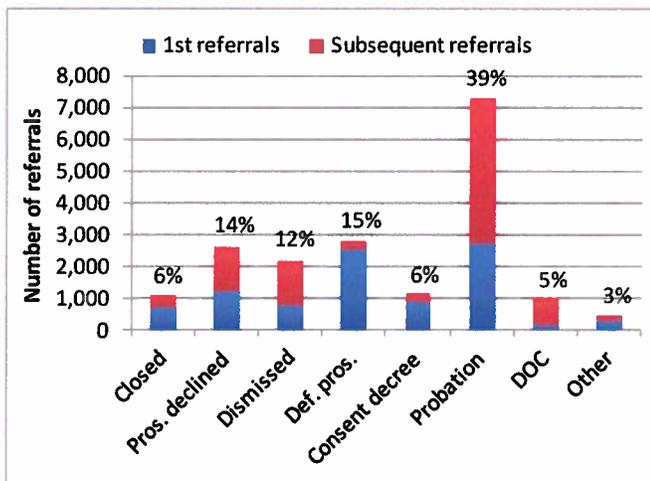
DCSD serves youth who are under its supervision both pending and following adjudication. The division runs a 120-bed custodial facility, which

PROCESS OUTCOMES AND INITIAL DISPOSITIONS

Figure 2 provides insight into the initial disposition of referrals to Milwaukee County's juvenile justice system. Dispositional outcomes depend on an array of factors, ranging from the severity of offense, to the youth's delinquency history, to processing and dispositional decisions made by key officials.

Figure 2 shows the referral history of every youth in the system who reached 17 years between 2006 and 2010 (this is the age at which an individual is considered an adult and moves beyond the purview of the juvenile court system). Approximately 26% of all referrals are declined for petitioning by the district attorney or dismissed by a court. Probation is the most frequent disposition – 39% of all first and subsequent referrals within the sample – and deferred prosecution is second at 15%. (The data also show this option rarely is used for repeat offenders.) Dispositions involving consent decrees or placement at a juvenile correctional institution are the least frequent, with the former seldom offered to re-offenders and the latter rarely given to first-time offenders.

Figure 2: Initial dispositional breakdown of all referrals*



*Dispositions may change during the course of an order (i.e. shift from an initial probation placement to DOC) for various reasons unassociated with a new offense, such as non-compliance with the original conditions of supervision.

Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division

Note: Depending on the number of referrals incurred by a youth, one distinct youth may appear within multiple categories.

Figure represents all first referrals of aged-out cohort (N=9,106 referrals) and subsequent referrals (N=9,366 re-referrals).

serves largely as a temporary holding place for a juvenile as his or her case proceeds through court. Conversely, once adjudicated delinquent, probationers assigned to DCSD are largely served in the community, within an array of community programs that serve various rehabilitative needs. DCSD's detention center serves youth who have already been adjudicated only as a temporary sanction for non-compliance within one of the community programs.

Table 1 (on the following page) provides a list of DCSD programs offered to both pre-adjudicated and post-adjudicated youth, as well as data on 2010 service levels. While programs vary in intensity, several provide a substantial level of monitoring and support. The most utilized and intensive program used by DCSD is the Wraparound Milwaukee Program (administered by Milwaukee County's Behavioral Health Division), which serves about one-third of youth under DCSD supervision for an average of roughly 16 months. Wraparound provides a comprehensive set of more than 70 service options to help youth with serious behavioral and mental health issues steer clear of further involvement in criminal behavior.

For those youth placed under state supervision (the most restrictive option), the county contracts with DOC, which in turn charges a daily rate for each youth. DOC typically places delinquent youth committed for serious offenses in one of its juvenile correctional institutions.³ The vast majority of those offenders have a felony offense and typically remain under state custody for a one-year order, which may be extended. Such youth undergo a 21-day assessment at the outset of their sentence, engage in educational services, and also may receive substance abuse, mental health, cognitive intervention and/or sex offender treatment. Dispositions typically include a period of community supervision beyond time spent in an institutional facility for after-care to help the offender successfully transition back into the community.

³Delinquent youth who are committed to state correctional institutions generally are those who, according to the DOC Juvenile Corrections website, have "committed an offense punishable by a sentence of 6 months or longer if committed by an adult and found by the court to present a substantial risk to the community requiring placement in a secure facility."

Table 1: List of DCSD programs and 2010 service levels*

	Population served in 2010	Average service duration	Average entry age
Diversion and Pre-Adjudication			
First Time Juvenile Offender Program	275	195 days	14.3
In-Home Monitoring Program	776	47 days	15.3
Shelter Care Program	738	32 days	15.4
Post-Adjudication			
Sex Offender Treatment Program	47	223 days	15.1
Alternative School Program (Day Treatment)	169	224 days	16.1
Targeted Monitoring Program (Firearm Offenders)	108	344 days	16.0
Targeted Monitoring Program (Serious Chronic Offenders)	104	276 days	16.0
A True Aftercare Program	109	511 days	15.4
Group Home and Foster Care	99	139 days	16.1
Wraparound Milwaukee Program	721	478 days	15.1
FOCUS Program	76	345 days	16.0
Probation Services Network (major services listed below):			
Anger Management	67	13 hours	
Academic Support/Tutoring	50	25 hours	
AODA Assessment	240	2.5 hours	
AODA Individual Counseling	130	8 hours	
AODA Group Counseling	30	17.2 hours	
Clinical Counseling	139	10.5 hours	
Mentoring	43	8.7 hours	
County Detention	2,817	10 days	
State Juvenile Correctional Institutions	153	1 year	

* These figures display duplicated headcounts (i.e. youth served by the program more than once are counted multiple times). For the most part, however, youth go through programs once and are only counted as such.

Source: Milwaukee County's Delinquency and Court Services Division

From a financial perspective, the cost of services cited in **Table 1** can vary depending on whether the placement is in the community and the intensity of services provided. For example, the First Time Juvenile Offender Program (a less intensive program) averages an annual county contribution of \$2,000 per youth served, with Targeted Monitoring at \$6,000, and Wraparound (the most intensive program) at \$12,000. One year of state supervision at one of the juvenile correctional institutions, meanwhile, costs the county more than \$100,000.

Milwaukee County Juvenile Recidivism

As mentioned previously, recidivism is a common measurement in justice system evaluations but can take on multiple definitions. Generally, recidivism refers to the occurrence of an offense by an individual already known to have committed a previous offense. There are many ways to define a recidivistic event, however, with the most common being re-arrest (re-referral), subsequent petition to court, re-adjudication, or re-incarceration.

By defining a recidivistic event using “front-end” occurrences, such as arrest or referral, officials can track the history of all youth who come into contact with the system, including those not found to have committed a delinquent act or those who are not prosecuted because of insufficient evidence. “Back-end” events, such as re-adjudication or re-incarceration, are preferred by some experts, however, as these are more likely indicators of guilt. Also, the amount of time allowed to elapse after the initial offense under particular recidivism definitions can differ, from as short as a few months to as long as a lifetime.

Even within Milwaukee County, there is not a

consensus definition, with various programs using different recidivism metrics. Additional consideration is merited to determine the recidivism definition that would be most useful to DCSD in assessing and demonstrating system performance.

Program-specific evaluations

DCSD has used several program-specific evaluations performed by itself or others to monitor progress in reducing recidivism. These evaluations often are conducted as a reporting requirement for various funding sources, though they also have been conducted as a means of internal evaluation and have been used occasionally to inform key stakeholders about program success.

We find that these evaluations vary in the approach in which recidivism is measured, and that there are important differences in the comparison groups used to evaluate the relative success of particular programs in reducing recidivism. For example, in some cases, recidivism is measured as re-offense *while enrolled* in a program, whereas other evaluations use re-offense

after discharge from a program. Definitions of recidivistic events also vary, with recidivism meaning either re-referral or re-commitment and often, but not always, limited to juvenile events (prior to age 17). Time allowed for follow-up observation also fluctuates, causing further ambiguity in interpreting recidivism rates.

It is also important to note that comparability of recidivism rates between various programs will naturally suffer because of differences in the types of youth for which each program is geared and the levels of monitoring they receive. For example, it would stand to reason that programs serving low-risk offenders may have lower recidivism rates than those serving high-risk offenders, and that heavily monitored youth may have less opportunity to recidivate. Consequently, a lower rate of recidivism for one program when compared to another may not mean that program is more effective. Also, because many youth shift from one placement to another during their tenure in the juvenile justice system, it is difficult to draw conclusions about one program's success without acknowledging the impacts of others.

In order to address these problems and to ensure that DCSD has appropriate metrics with which to gauge its performance and convey its success to policymakers, the division may wish to consider investing in a more comprehensive, collective database. An enhanced data collection system could sort through dispositional or service differences between youth that exist prior to entering a program, differences in the services provided within a program (youth in Wraparound, for example, can receive vastly different services), and variations in dispositions/services following program completion. Currently, DCSD's central database does not include comprehensive information regarding which major services are provided to each youth, with such details only available in individual case files or separate databases that are often developed for case-processing and not necessarily for the purpose of program evaluation.

DCSD has attempted to consolidate data depositories in the past, but those efforts have been constrained by technological and financial resource limitations.

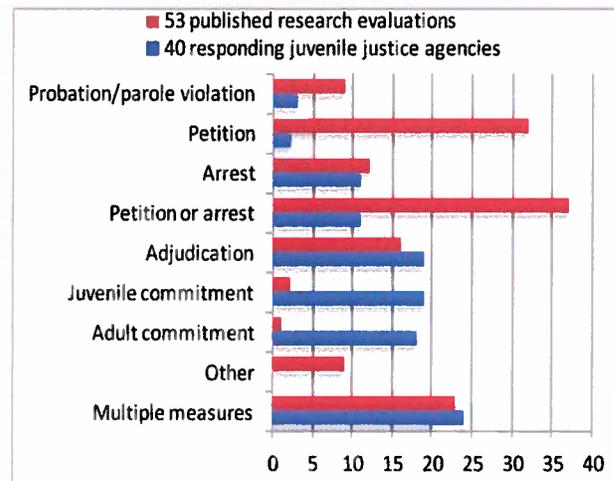
Recently, however, several large data-sharing efforts have been initiated within Milwaukee County's justice system that may prove helpful to DCSD in improving its recidivism analyses. The county's Community Justice Council, for example, has created a new strategic initiative that has begun to pull justice system players together in order to establish a

JUVENILE RECIDIVISM NATIONALLY

While there is no official juvenile recidivism rate reported for the nation, the national Office of Juvenile Justice and Delinquency Prevention, in partnership with the Council of Juvenile Correctional Administrators (CJCA), has attempted to develop a uniform recidivism measure. This workgroup determined that, if consistently and uniformly applied, a standard recidivism measure could allow for unambiguous outcome comparisons across programs, systems and states.

The workgroup tallied various definitions used to determine a "recidivistic" event through a survey of state and metropolitan area juvenile correctional agencies, along with a review of several published program evaluations. **Figure 3** displays the resulting count within the various definitions used.

Figure 3: Methods of defining recidivism



Source: CJCA Yearbook 2009

Most agencies and published evaluations utilize more than one measure of recidivism. Juvenile correctional agencies most often define recidivism by occurrence of a subsequent adjudication and/or juvenile commitment (48% of the 40 respondents), while 28% use re-arrest. Published program evaluations, on the other hand, more commonly use re-petition or re-arrest (70%). The elapsed time under study also differs, with juvenile correctional agencies averaging a follow-up period of 2.2 years and 45% following a juvenile's experience into the adult system. Published program evaluations include a follow-up period of 2.6 years.

commonly agreed-upon recidivism measure. Efforts include synthesizing data from all areas to best assess overall system performance.

A more nascent initiative, the Integrated Data Evaluation and Action System (IDEAS) for Children initiative, shows significant promise as well. Individuals from multiple educational, social service and justice agencies in Milwaukee County are considering the benefits and barriers involved with merging their participant data into one depository. The goal of the IDEAS initiative is to help agencies better evaluate programs and, in turn, more effectively allocate resources to those programs that work. Additionally, within Wraparound’s recidivism study, there is mention that “Wraparound Milwaukee is working toward institutionalizing a sustainable model for recidivism data collection that makes use of technology, follows consistent guidelines, maintains clear definitions and methodology, and most importantly establishes an across-agency communication system for data collection.”⁴

DCSD’s broader recidivism measures

In order to describe the overall success rates of youth moving through the juvenile justice system, DCSD looks to recidivism trends seen within cohorts of youth that recently have “aged out” of the system by turning 17 years of age. The benefit of using aged-out data is that it offers a look back at how youth fared during their entire time under the purview of the juvenile justice system. As will be explained, however, certain limitations exist in defining recidivism under this approach. In this section, we examine one sample of youth to gain a broader

perspective on the volume and characteristics of youth served by the county’s juvenile justice system, and then explore the use of these data in evaluating recidivism.

Sample definition and offender characteristics

As the Forum discussed in its June 2011 report on Milwaukee County’s detention population, adult and juvenile crime rates have fallen over the last several years, both in Milwaukee and nationally. Of most significance to the county’s juvenile justice system, the number of delinquent youth referred to the system annually has declined by 36% over the last several years, dropping from 2,654 in 2006 to 1,694 in 2010.⁵ As seen in **Table 2**, the number of youth that age out of the juvenile system each year shows a smaller but similarly declining trend, which is a residual effect of earlier years of diminishing referrals. Within the 2006-2010 timeframe, a total of 9,106 delinquent youth turned 17 years of age, and thus no longer fell under the purview of the juvenile system.

As noted above, DCSD uses the sample of youth who age out of the system annually as the basis for its internal analyses of recidivism. Consequently, the five annual cohorts of youth that aged out between 2006 and 2010, as shown in the top row of **Table 2**, serve as our sample for this analysis. These 9,106 youth account for 18,472 referrals collectively, or roughly two referrals per youth. The full sample is approximately 77% male and 80% minority. **Figure 4** (on the following page) shows the year of first delinquent referral for each of the five cohorts. The chart indicates that most youth enter the system in the three to four years prior to turning 17 years of age.

Table 2: Sample of youth aging out of the juvenile justice system, 2006-2010, as compared to new referrals

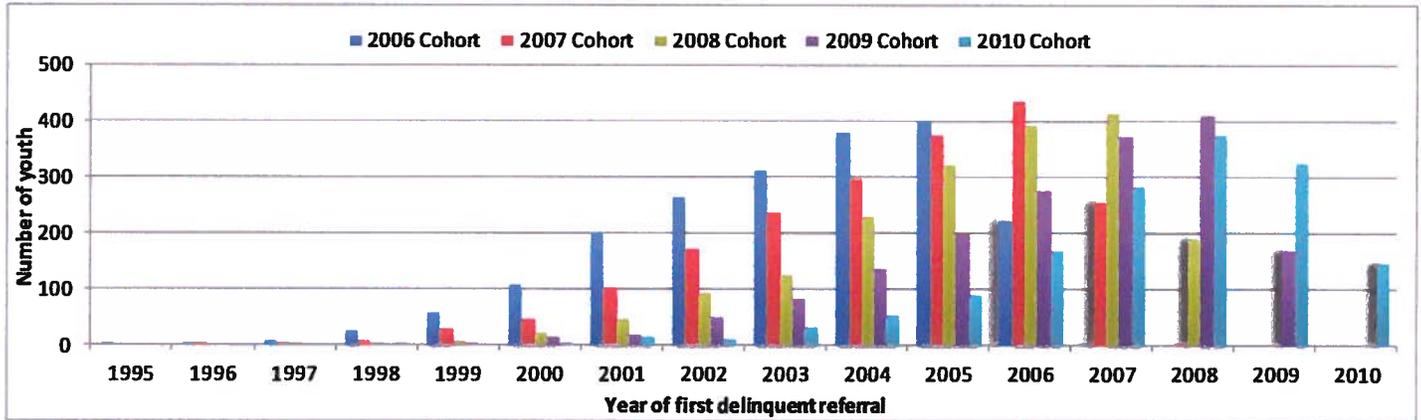
	2006	2007	2008	2009	2010	Total	Change
Youth aging out of juvenile system	2,005	1,972	1,867	1,745	1,517	9,106	-24%
Referrals annually	3,544	3,382	3,121	2,491	2,171	14,709	-39%
Distinct youth referred annually	2,654	2,615	2,401	1,880	1,694	11,224	-36%

Source: Milwaukee County Delinquency and Court Services Division

⁴Goldfarb, P. (2011). Juvenile Justice Recidivism of Youth Enrolled in Wraparound. October 2009 – February 2011 [Ongoing study]. Wisconsin Council on Children and Families.

⁵This report focuses on police referrals for delinquency (criminal offenses), not other referrals for status offenses (runaways, school absences, etc.) for juveniles in need of protection or services (JIPS). JIPS make up roughly 5% of all new referrals annually.

Figure 4: Sample by year of first referral

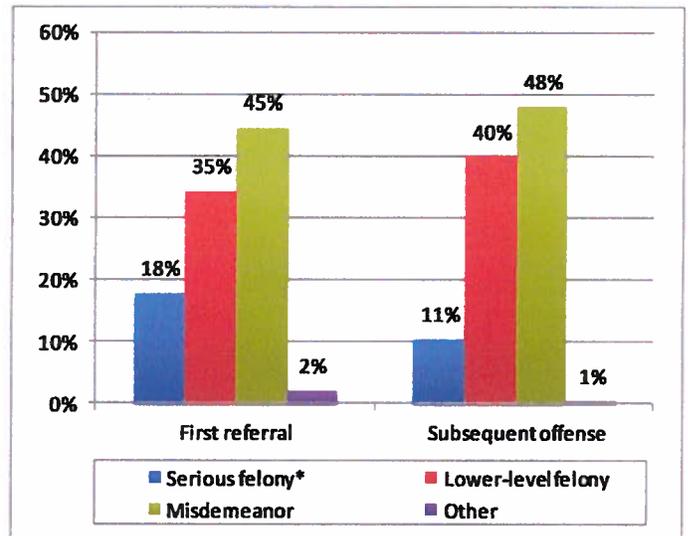


Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division
Note: Figure represents all first referrals of aged-out cohort (N=9,106 referrals).

The median age of first referral for the entire sample is 14.7 years, which means that the median time spent under the auspices of the juvenile justice system following first referral is approximately 2.3 years.

Figures 5 and 6 provide information about the severity of offenses among our sample at the point of police referral.⁶ Felonies make up 52% of all referrals, and comprise a similar percentage of both first and subsequent offenses. As dispositions become more restrictive, felonies have greater representation, making up 38% of deferred prosecution agreements, 51% of consent decrees, 61% of probation referrals, and 76% of all referrals that result in state supervision by the DOC. Among our sample, youth who commit felonies are much more likely to be adjudicated and

Figure 5: Severity of referral offense



*A serious felony has a classification of A, B or C.

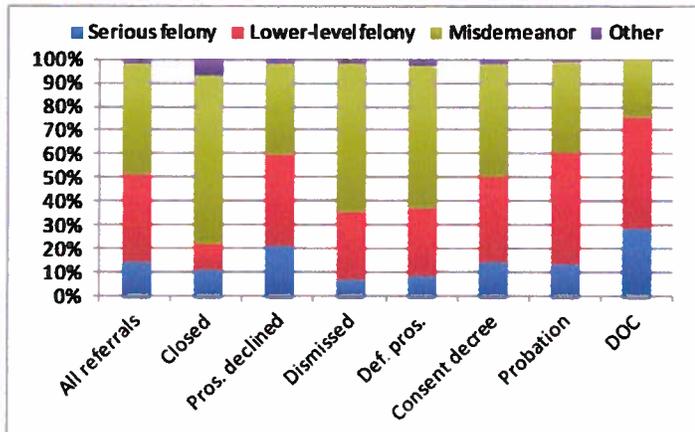
Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division

Note: Figures represent all first referrals of aged-out cohort (N=9,106 referrals) and subsequent referrals (N=9,366 re-referrals).

placed under supervision than misdemeanor offenders, and less likely to have their cases closed, dismissed or given deferred prosecution.

The typical juvenile in our sample, therefore, spent at least two years under the purview of the juvenile justice system following his or her first referral and was originally referred for an offense that was about equally likely to be a felony as a misdemeanor. These characteristics should be kept in mind if the recidivism rates calculated under either method discussed below are compared with rates representing subgroups of youth or specific justice or treatment programs.

Figure 6: Severity of referral offense by disposition



Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division

Note: Figures represent all first referrals of aged-out cohort (N=9,106 referrals) and subsequent referrals (N=9,366 re-referrals).

⁶It is important to note that the charge seen at arrest/referral may differ from the charge given at petition and/or adjudication.

Table 3: DCSD “look-back” measure – Frequency of re-referral for youth aging out in 2006 through 2010

	All years	Year aging out of juvenile system				
		2006	2007	2008	2009	2010
Youth with no additional delinquent referral after first referral	58.6%	58.3%	59.1%	58.2%	58.8%	58.8%
Recidivating youth (juveniles with one or more subsequent referrals)	41.4%	41.7%	40.9%	41.8%	41.2%	41.2%
Multiple repeat offenders (2 or more subsequent referrals) as a % of recidivating youth	56.5%	58.3%	57.8%	59.0%	54.8%	51.4%
Chronic offenders (4 or more subsequent referrals) % of all subsequent referrals	8.5%	9.1%	9.0%	8.1%	8.2%	7.7%
	48.0%	50.2%	50.2%	45.3%	47.7%	45.5%

Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division
Note: Figure represents recidivism of aged-out cohort (9,106 youth with a total of 18,472 referrals).

DCSD’s “look-back” measure of recidivism

DCSD monitors three primary recidivism statistics in its aged-out sample: overall recidivism, changes in the percentage of multiple repeat offenders, and chronic offenders. DCSD defines recidivism as any subsequent referral to the juvenile system between first referral and the age of 17.

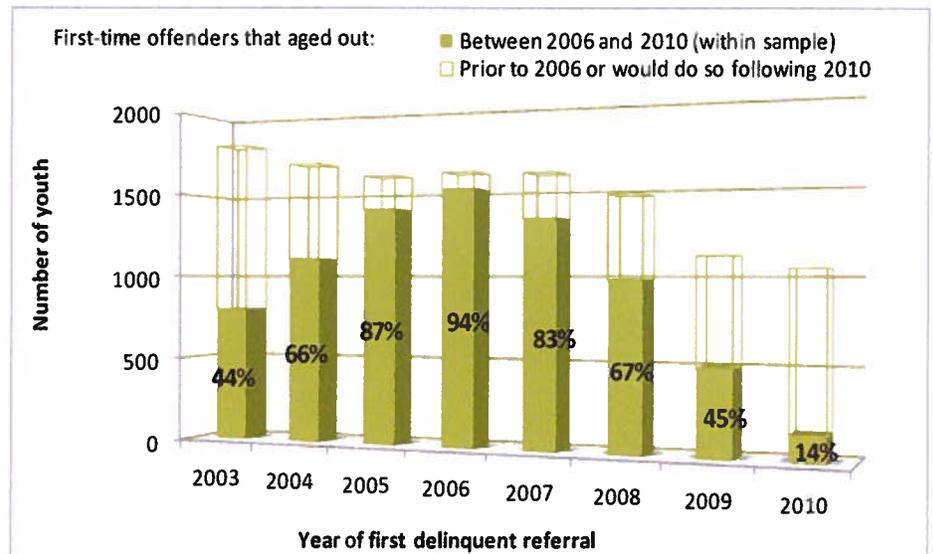
When this definition is applied to our sample of youth who aged out from 2006 through 2010, it is essentially a look back on their time in the juvenile justice system — a count of the number of youth who offended more than once during that time. **Table 3** reveals that this “look-back” recidivism rate is roughly 41% for each cohort in our sample. The proportion of offenders who re-offend more than once (multiple repeat offenders) declines as a

percentage of all recidivating youth, from 58.3% in the 2006 cohort to 51.4% in the 2010 cohort. The table also shows a relatively small percentage of chronic offenders, defined as youth with more than four subsequent referrals between first referral and age 17. These few chronic offenders can represent up to half of the subsequent referrals in their cohort. The percentage of chronic offenders diminishes in each successive cohort, from 9.1% among the cohort that aged out in 2006 to 7.7% in the 2010 cohort. The declines in both multiple repeat offenders and chronic offenders suggest growing system success in curbing the number of recidivistic events.

The use of aged-out data to look back on recidivism is limited, however, in that youth aging out of the system in a given year entered the system in different years. Thus, the elapsed time under observation varies.

Another limitation is illustrated in **Figure 7**, which shows all youth who were referred to the system between 2003 and 2010 by the year in which they were *first referred*. The data are further broken down to show the percentage of youth in each year who are not included in the aged-out sample. For example, in 2006, there were a total of 1,607 first-time offenders, of whom 1,508 (94%) aged out between 2006 and 2010. This is the most representative year, however, with prior years and later years having smaller proportions of first-time offenders represented in the sample.

Figure 7: Total first-time offenders by referral year



Source: Drawn from data provided by Milwaukee County DCSD
Note: Figure represents all first referrals within each year, with a total of 11,903 first referrals represented. Of those first referrals, 65%, or 7,761 youth, are part of the aged-out cohort.

Alternative measure

Table 4 presents an alternative measure focused on a sub-sample of the youth who aged out of the system between 2006 and 2010. Those youth represent nearly all 14.5 to 15-year-old *first-time offenders* new to the system from 2004 to 2008. This measure uses the year of first referral to establish the cohorts rather than the year in which each youth turned 17 and aged out of the system. By doing so, it controls for the elapsed time under observation, which is limited in this case to no more than 2.5 years.

Thus, this approach does not simply count the number of youth who offended more than once during their time in the system, but instead looks forward subsequent to a youth's first offense to determine whether additional offenses occurred during the next 2 to 2.5 years. This allows for better understanding of any improvements made year after year as the system alters its programming or changes other elements of its decision-making. **Table 4** shows that of the 883 youth in this sample, who collectively incurred 1,843 referrals, the average 2- to 2.5-year recidivism rate was 46.9%, which is about six points higher than the 41% referenced in **Table 3**.⁷ In addition, we see more consistency in

the number of multiple repeat offenders from year to year, and chronic offenders make up a smaller percentage of referred youth (4.9%) using this measure.⁸

As previously discussed, because it is difficult to make comparisons across juvenile justice systems and programs given variations in recidivism metrics, recidivism rates are more often tracked over time as an indicator of relative progress. Using the alternative approach shown in **Table 4**, we see that the rate of recidivism of 14.5 to 15-year-olds first referred in 2004 was 47.1%. The rate increased to a high of 49.4% for those first referred in 2005, but then declined substantially for those first referred in 2007 and 2008. This may be an indicator of progress, though two years of improvement do not signify a trend, and the recidivism percentage did increase from 2007 to 2008. It is enough of a positive change, however, that DCSD may wish to analyze whether the differences might be attributable to significant policy or programmatic changes. It is also important to note that while year-to-year fluctuations may result from system changes and improvements, outside environmental factors, such as a fluctuating economy, also may impact performance.

Table 4: Alternative measure – Frequency of re-referral for all 14.5 to 15-year-olds first referred between 2003 and 2008

	14.5 to 15-year-olds	Year first referred to juvenile system				
		2004	2005	2006	2007	2008
Juveniles	883	189	178	199	182	135
Referrals	1,843	400	402	461	338	242
Youth with no additional delinquent referral after first referral	53.1%	52.9%	50.6%	51.8%	56.6%	54.1%
Recidivating youth (juveniles with one or more subsequent referrals)	46.9%	47.1%	49.4%	48.2%	43.4%	45.9%
Multiple repeat offenders (2 or more subsequent referrals) as a % of recidivating youth	51.0%	50.6%	50.0%	49.0%	54.4%	51.6%
Chronic offenders (4 or more subsequent referrals) % of all subsequent referrals	4.9%	4.2%	6.2%	4.5%	3.3%	5.9%
	55%	57.3%	55.8%	56.1%	46.2%	42.1%

Source: Drawn from data provided by Milwaukee County Delinquency and Court Services Division

Note: Table reflects recidivism of 14.5 to 15-year-old cohort of 883 youth with a total of 1,843 referrals.

⁷ Recidivism rates depicted in **Table 4** illustrate the experience of one specific age group that makes up a portion of DCSD referrals. If the analysis was expanded to include all age groups, then recidivism rates could change. For example, incorporating younger youth for a follow-up period of 2 to 2.5 years may produce higher recidivism rates, as studies have found that younger youth have a greater tendency to recidivate.

⁸ Further analysis also found recidivism differences between races. Using the alternative recidivism measure, recidivism rates for black youth (49%) are higher than both white (42%) and Hispanic youth (43%).

Conclusion

Recidivism is an appropriate metric with which to assess performance of juvenile justice systems with regard to the successful rehabilitation of young offenders, as reflected by efforts to develop a standardized metric to understand juvenile recidivism nationwide and across systems. In recognition of that fact, DCSD has intensified efforts to improve its measurement of recidivism in order to better analyze, improve and disseminate its performance to justice system leaders and elected officials. This report is a continuation of that effort and offers the following insights:

- Youth in Milwaukee County's juvenile justice system often shift from different types of dispositional placements and programs during their time in the system, thus limiting the ability to attribute success or failure to individual programs. Consequently, it may be helpful for DCSD to pursue a more comprehensive data collection approach in which programs, service levels and re-offense patterns are collected and tracked centrally, as opposed to by individual program.
- While DCSD spends considerable time and resources to collect and synthesize data on juvenile referrals, its current method of measuring recidivism — looking back at cohorts of youth that age out of the juvenile justice system each year — is not an effective approach for assessing the impacts of year-to-year system changes. We suggest consideration of an alternative approach observing a uniform time period after first offense. Whether using that or a different alternative, DCSD would benefit from a more refined methodology for measuring the success of its programs and services in decreasing recidivism on an annual basis.
- Using DCSD's recidivism methodology, we find no significant changes in recidivism over five cohorts of youth aging out of the juvenile justice system between 2006 and 2010. We do observe a reduction in the percentage of multiple-repeat and chronic offenders, however, which is a positive outcome.
- Under our alternative methodology for measuring recidivism, we find lower rates of recidivism for youth first referred in 2007 and 2008 than in the prior three years. Although two years of improved outcomes do not guarantee a new trend, this positive improvement begs further research into whether changes made in policy or programs during that time could be the cause.
- Under either measure of recidivism, we find a small group of chronic offenders accounts for a substantial percentage of repeat offenses. For example, we find that 6% of the 14.5 to 15-year-old first offenders in 2008 incurred 42% of all repeat offenses over the subsequent 2 to 2.5 years. One study in Orange County, California, found that a small percentage (8%) of first-time offenders were arrested repeatedly and were responsible for 55% of repeat cases. Given this finding, Milwaukee County appears to fit a trend seen nationally, and increased attention to programs and strategies aimed at chronic offenders may be warranted.
- Juvenile justice officials should carefully contemplate whether performance assessment goals would best be achieved in the future by using re-referrals as the sole basis for defining a recidivistic event, as opposed to additionally looking at the point at which there is an admission or finding of delinquency. Because there may be significant policy implications associated with this decision, it may be appropriate for DCSD to engage other justice system officials and/or the Community Justice Council in these deliberations.

The measurement of recidivism among juvenile offenders will continue to be of great importance as a means of communicating the effectiveness of various programs and dispositional options in the juvenile justice system. Milwaukee County's Delinquency and Court Services Division takes its charge to measure recidivism seriously and is committed to improvement. Continued progress in data collection methodologies and standardization across programs will be critical as a means of helping the division articulate system performance and improve the spectrum of services it provides to county youth.



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Bob Haase to the Commission on Aging

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Milwaukee County General Ordinances Chapter 53.03, I am hereby appointing Bob Haase to the Milwaukee County Commission on Aging. Mr. Haase's term will end on January 31, 2015. Attached is a copy of Mr. Haase's resume for your review.

Your consideration of this appointment is appreciated.

A handwritten signature in cursive script, appearing to read "Chris Abele".

Chris Abele
Milwaukee County Executive

Attachment

cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Stephanie Sue Stein, Director, Department on Aging
Mr. Bob Haase
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst

Resume: Oliver R. (Bob) Haase
5462 South 45th Street
Greenfield, WI 53220

H-414/421-3410 Email: 4jbhaase@att.net

Age: 78 years, married, Father, Grandfather, resident Milwaukee County 74 years.

Education: Milwaukee school system 12 years; 2-1/2 years college: University of Colorado, UWM-Milwaukee.

Work Experience: 45-year member Iron Workers Local 8; Elected Officer in union 18 years.

20 years as Apprentice Coordinator and Training Director for Journeymen.

20 years Welding Advisory Committee, Waukesha County Tech. College; work part-time as sub-weld instructor both with Iron Worker apprentices and public; taught weld technology 5 years at Iron Workers National Training School held at University of San Diego, San Diego, CA.

Professional Affiliations: American Welding Society (A.W.S.)

National Council of Senior Citizens Executive Council

Member of Wisconsin Council of Senior Citizens, Area Vice Pres.

President of Allied Council of Senior Citizens

Member: Milwaukee County Dept. on Aging Advocacy Committee
4 years



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

3

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Gary Mikolajczyk to the Commission on Aging

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Milwaukee County General Ordinances Chapter 53.03 I am hereby appointing Gary Mikolajczyk to the Milwaukee County Commission on Aging. Mr. Mikolajczyk's term will end on January 31, 2015.

Your consideration of this appointment is appreciated.

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

Chris Abele
Milwaukee County Executive

CC: Supervisor Peggy Romo West, Chair, Health and Human Services
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Stephanie Sue Stein, Director, Department on Aging
Gary Mikolajczyk
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst

Gary Mikolajczyk

2319 W Bridge Street

Milwaukee, WI 53221

414-699-7771, gary.mikolajczyk@att.net

Work Experience

United Auto Workers (UAW) Retiree

AC Spark Plug/Delphi, 1974-2005

Education

- *MATC*, Milwaukee, WI

Volunteer/Community Service

- Community Member of the Milwaukee County Commission on Aging Advocacy Committee - Current
- Graduate of the Milwaukee County Senior Statesman Program - 2010
- Former Delegate to the Coalition of Wisconsin Aging Groups Governing Board
- UAW Wisconsin State Community Services - 1996-Current
- Vice President of UAW 1866 Milwaukee Metro Retirees - 2008
- Member of Executive Board UAW1866 Region 4 Retired Workers Council - 2008
- Vice-Chair of UAW 1866 Retirees - 2006-Current
- Southeast UAW Community Action Council, Board Member at Large. Financial Secretary - 1998-2006
- Trustee of UAW Local 1866 - 1993-2005



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

4

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Judith Troestler to the Milwaukee County Aging and Disability Resource Center Board

Subject to confirmation of your Honorable Body and pursuant to State Statute 46.283 (6), I am hereby appointing Judith Troestler to the Milwaukee County Aging and Disability Resource Center Governing Board as a senior citizen consumer. Attached is a copy of Ms. Troestler's resume. The term of service for this appointment is three years. Ms. Troestler's term will end on April 30, 2014.

Your consideration of this appointment is appreciated.

A handwritten signature in black ink, appearing to read "Chris Abele".

Chris Abele
Milwaukee County Executive

Attachment

CC: Supervisor Peggy Romo West, Chair, Health and Human Needs
Kelly Bablitch, Chief of Staff
Stephanie Sue Stein, Director, Department on Aging
Geri Lyday, Administrator, Department Health and Human Services Disability Services
Judith Troestler
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst

RÉSUMÉ

JUDITH L. TROESTLER

3351 S. Illinois Ave.
Milwaukee, WI 53207-3713

PO Box 370306
Milwaukee, WI 53237-1406

Phone: (414) 747-0780

Cell: (414) 747-0781

E-mail: troes@earthlink.net

PERSONAL:

DOB: July 22, 1943

POB: Racine, Wisconsin

Oldest of five children

Milwaukee resident since 1966

Retired in 2005 from Delphi (Delco Electronics)

Function very well in spite of having Multiple Sclerosis since 1974

EDUCATION:

1962 Graduated from Washington Park Senior High School

1983 MATC Associate Degree, Electrical Technology - Computer Science

Honor student

2005 MATC Associate Degree, Computer Information Systems - Network

Specialist

Honor student, received Lamp of Knowledge Award on recommendation
of instructor

EMPLOYMENT:

1979-2005 Delphi (Delco Electronics)

Journeyman Electronics Technician in Test Equipment Construction
Department

1966-1977 General Electric Medical Systems

Assembly Technician in Cardiac Pacemaker Department

Laboratory Technician in Quality Assurance

MEMBERSHIPS:

Coalition of Wisconsin Aging Groups (lifetime member); District 2A Alternate
Delegate

IAM Lodge 1866 Steward; Recording Secretary of Steward Body

Delphi, Oak Creek, Election Committee—serving second term

CIVIC INVOLVEMENT:

Non-partisan "Operation Big Vote" Volunteer Driver, which enabled blind, disabled and elders to vote in public elections.

Chief Poll Inspector for City of Milwaukee South Shore Pavilion (five voting wards, Trowbridge School and Fernwood School polling places combined)

Graduate of Senior Statesman Program on both State and Milwaukee County levels

HOBBIES:

Computers, including building and networking systems

Gardening



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

5

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Barbara Bechtel to the Milwaukee County Aging and Disability Resource Center Board

Subject to confirmation by your Honorable Body and pursuant to State Statute 46.283 (6), I am hereby appointing Barbara Bechtel to the Milwaukee County Aging and Disability Resource Center Governing Board. Attached is a copy of Ms. Bechtel's resume. The term of service for this appointment is three years. Ms. Bechtel's term will end on April 30, 2015.

Your consideration of this appointment is appreciated.

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

Chris Abele
Milwaukee County Executive

Attachment

CC: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff
Stephanie Sue Stein, Director, Department on Aging
Geri Lyday, Administrator, Department Health and Human Services, Disability Services
Barbara Bechtel
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst

BARBARA BECHTEL
9251 N 67th Street
Brown Deer, Wisconsin 53223
Phone: 414.35516030

Email: barbbechtel@yahoo.com

Brown Deer Senior Citizen Club

Founder of the Club in 1973
Member of the Advisory Board
Chairperson of the "Citizen of The Year Award" committee
Member of the Site committee
Representative to the Brown Deer Police Department
 Crime prevention information distributed at meetings
 Demonstration of some equipment by staff of the Police Dept.
 Videos, Tasser gun, Police dog, etc.
 Keep our members informed on various activities the Dept.
 is involved with in the community. (theft, break-in, etc)
Coordinates programs with the North Shore Health Dept.
 Blood pressure screening
 Immunizations including the flu clinics
 Distribution of Health related information
Department on Aging-Advocacy Committee:
 Attends meetings and reports activities to the club members.
 As a result of these meetings, was able to show a video regarding the new
 Prescription drug law, as well a getting a speaker to come to the club on
 two occasions with a wealth of information. The entire senior
 community was involved in this informational program. (standing room
 only)

St. Catherine Alexandria Senior Citizens Club - Charter member since 1995

Blood pressures taken as requested at Bi-monthly meetings
Serves as resource person for Health information

North Shore Board of Health

Appointed as a Board Member (1990 under Brown Deer Health Dept)
Volunteer:
 Community Flu and Immunization clinics
 Blood pressure screening

Algonquin School

Participated in study group for Senior Meal Site
Volunteer at meal site every Wednesday and as needed Serve and clean

Brown Deer Historical Society

Charter member

Board member

Volunteer for programs and participations eg. interview with senior residents in the area.

Brown Deer School District

Meet periodically with School Administrator for information on the status of the district that may be of concern to our senior citizens, eg. taxes
Volunteer; most recent appointment "The Facilities Study Committee"

Brown Deer Recreation Department

Volunteer at the polling site for promotion of current affairs, eg. selling buttons to support our 4th of July Celebration
Served as the Parade Marshall for the 4th of July 1990. (The first female)

Brown Deer Library: Charter member of the Friends of the Library

Brown Deer Police Department

Graduate of the 1st Police Academy

Assessor: Brown Deer Police Department entry level candidate

Horizon Home Care and Hospice, Inc.

Appointed to the Professional Advisory Board
Senior representative

Participated in the Sixth Annual Milwaukee County Senior Statesman Program
July 28th to 30th, 2004

Participated in the Wisconsin Senior Statesmanship Undergraduate Program
November 7th-10th 2005

Attended the CWAG rally to support issues of senior. Madison WI

Attended the Pre-Whitehouse Conference at Oshkosh, WI;

Attend local CWAG meetings at Washington Park Senior Center

Awards

Brown Deer" Citizen of the Year"2001
Wisconsin Public Health "Basic Prevention Award", June 1990
"Milwaukee County Public Health Nurse of the Year"1989
"Certificate of Appreciation" from several local community groups
including the Village of Brown Deer and School Board
Proclamation from the County Executive Office May 1990
Recognition : American Public Health Association 40yr.member emeritus

Born in Duluth Minnesota December 5, 1925. Moved to Milwaukee in 1927.

Custer High School January, 1943
Mt Sinai Hospital School of Nursing, January 1947
Marquette University, School of Nursing, BSN June 1962

Past President of the Wisconsin School Health Association
Past Vice-President of Wisconsin Public Health Association

Organization Membership

American Nurses Association, including State and Local District
American Public Health Association
Wisconsin Public Health Association
Zoological Society of Milwaukee
Brown Deer Woman's Club
Former Red Cross Volunteer Nurse



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

6

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Ann Wilson to the Milwaukee County Aging and Disability Resource Center Board

Subject to confirmation of your Honorable Body and pursuant to State Statute 46.283 (6), I am hereby appointing Ann Wilson to the Milwaukee County Aging and Disability Resource Center Governing Board. Attached is a copy of Ms. Wilson's resume. The term of service for this appointment is three years. Ms. Wilson's term will end on April 30, 2013.

Your consideration of this appointment is appreciated.

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

Chris Abele
Milwaukee County Executive

Attachment

CC: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff
Stephanie Sue Stein, Director, Department on Aging
Geri Lyday, Administrator, Department Health and Human Services, Disability Services
Ann Wilson
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst

ANN WILSON

727 W. Cherry Street #398
Milwaukee, Wisconsin 53205
Ph. (414) 263-1808 email awilson@milwaukee.gov

EMPLOYMENT

- 1997 to present **Housing Authority of City of Milwaukee**
Manager, Hillside Family Resource Center
Work with resident leadership and the development manager to identify and respond to service needs and partnership opportunities. Act as liaison among building occupants, resolving problems, affecting service delivery. Coordinate and plan special events to link Hillside with outside community. Work with businesses and stockholders to insure they view Hillside as all other areas of the city.
- 1991 to 1997 **National Jobs With Peace Campaign, Boston, MA**
Executive Director
Jobs with Peace was a multi-racial, multi-class organization with local chapters in nine cities and numerous affiliates around the country. The national office coordinated the chapters and affiliates, organized national action campaigns and events, and provided educational materials. Local chapters organized in hard-hit communities to shift federal priorities away from the military budget and towards pressing human and environmental needs.
- 1986-1991 **Jobs With Peace, Milwaukee, WI**
Community Organizer
Jobs With Peace was one of the largest membership organizations in Milwaukee. I concentrated on building a base in public housing, which resulted in the formation of the nation's first citywide public housing tenants' council, independent of the public housing authority. My duties included running organizing drives and voter registration campaigns, recruiting and training volunteers and public presentations, including television and radio.
- 1983-1985 **Hillside Summer Youth Program, Milwaukee, WI**
Supervisor
Supervised 45 youth in work training programs.
- 1984 **MILWAUKEE VOTER REGISTRATION COALITION**
Coordinator
Coordinated a local coalition that registered 13,000 new voters.
- 1979-82 **Kleen Test Products, Milwaukee, WI**
Ran material machine for hospital supply company.

OTHER PROFESSIONAL ACTIVITIES

2006-2012

2006-2013

Board of Directors, Milwaukee Area Technical College

I have been on the MATC Board for the past six years and have served on the Education, Services, and Institutional Relations Committee (ESIR), Finance, Personnel, and Operations Committee (FPO) committee and Chaired the Public Television Committee (PTV) and was elected Vice Chair of the Board in 2010.

I have been reelected to the Diversity Committee of the Association of Community College Trustee (ACCT) where our role is to ensure leadership for the involvement of diverse populations within the governance activities of ACCT and in our colleges at home.

I have been reappointed to the Association of Public Television Stations (APTS) Leadership Council for Public Broadcasting Advancing Public Service Media in America.

Past member of Horizon House Board of Directors and Boys and Girls Club Board of Trustees; Presently on the YWCA Board of Directors.

- 1993-
1994 **Co-Chair, Campaign for a Better Milwaukee**
Worked on a campaign to ban the possession of handguns in the city of Milwaukee. Coordinated and participated in the collection of signatures and getting an initiative on the ballot.
- 1991-
1993 **National Association of Housing and Redevelopment Officials**
Member of the Board of Governors.
- 1988-
1997 **City of Milwaukee Housing Authority**
Chairperson of the Board of Commissioners
My appointment by Milwaukee's first new mayor in 28 years as a public housing resident representative to the Housing Authority Board resulted from the voter registration work I coordinated in public housing through Jobs with Peace. I was elected Chairperson of the Commission for eleven years until I left and went to work for the Authority.
- 1988-
1994 **National Jobs With Peace Campaign, Boston, MA**
Chairperson of the Board
- 1977-
2003 **Canaan Baptist Church**
Past Youth Supervisor, Past Sunday School Teacher. Presently President at Large of the Missionary Ministry

AWARDS AND RECOGNITION

- 2009 * Holy Redeemer Church of God and Christ Woman of Honor
2007 *Volunteer Advocacy Award for HACM Advisory Board
2007 * Women who Shape Our Lives Award from Black Women's Political Network
2003 * "Unsung Hero" Award from the Common Council City of Milwaukee
1998 * Mary Lou Massignani Community Activist Award Pro-Bono Public Service Legal Action NW Wisconsin
1992 * Black Excellence Award for Community Leadership from the *Milwaukee Times* and Channel Six
1991 * Gleitsman Foundation Award for Community Activism
1990 * Milwaukee Magazine: featured as one of 25 most influential people of the 1980's.
1990 * A-Choice, United Way - Advocate of the Year Award
1989 * Cover story in *Wisconsin Magazine* of the *Milwaukee Journal*, October 1, 1989 issue on public housing
1988 * Peace Service Award- World Federalists of Milwaukee
1987 * Community Service Award - Wisconsin Community Fund
1987 * Leadership Award - Milwaukee Public Housing Resident Housing Security Council

EDUCATION

- 1986 **Intensive Organizer Training Institute**
Los Angeles Jobs with Peace
Three-month learn-by-doing organizing drive held by the Los Angeles Jobs with Peace Campaign. Based on the Fred Ross method originally used to organize the United Farm Workers Union.
- 1984-5 **Alverno College, Milwaukee, WI**
Professional Communications/Business Management
- 1983 **New Concept, Inc., Milwaukee, WI**
Word Processing/Clerical



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE COUNTY EXECUTIVE

7

Date: August 30, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. Michael Kreuser to the Combined Community Services Board

Subject to confirmation by your Honorable Body and pursuant to the provisions set forth in Wisconsin State Statute 51.42 and Milwaukee County General Ordinance 93.02, I am hereby appointing Michael Kreuser to serve on the Combined Community Services Board. Mr. Kresuer's term will expire on June 1, 2015. A copy of Mr. Kreuser's resume is attached for your review.

Your consideration and confirmation will be appreciated.

A handwritten signature in cursive script, appearing to read "Chris Abele".

Chris Abele
Milwaukee County Executive

cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board
Hector Colon, Director, Health and Human Services
Jennifer Collins, Research Analyst
Jodi Mapp, Committee Clerk
Michael Kreuser

Michael A. Kreuser
1629 E. Blackthorne Pl.
Whitefish Bay, Wisconsin 53211

- Date of Birth: 4/05/45, lifelong resident of Milwaukee County
- Education: B.S. Social Welfare, UWM, 1972; graduate studies in Public Administration at UW-Whitewater, 1975-1978
- Military Service: U.S. Army, 1966-1968
- Professional/Career Highlights:

1975-1991: Program coordinator – Mental Health, Milwaukee County Combined Community Services Board; responsible for program planning/funding community based Mental Health programs

1991- 1993: CEO of Belwood/Bell Therapy; agency provides community based services for persons with developmental disabilities and mental illness

1993-1996: Director of ambulatory services (community support programs, day treatment, crisis intervention and out-patient clinics) at Milwaukee County Mental Health complex

1996-2007: Associate Administrator/CFO at Milwaukee County Behavioral Health Division/Mental Health Complex: responsible for developing and presenting annual budget to County Executive and County Board committees; position responsibilities include: overseeing the functions of various departments (accounting, billing, medical records and admissions)

1992-1994: Member of Board of Directors of NAMI (National Alliance of Mental Illness)

2007: Retired from Milwaukee County after 32 years of professional experience in the field of mental health services



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

8

DATE: August 30, 2012

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

FROM: Chris Abele, Milwaukee County Executive

SUBJECT: Appointment of Paula Lucey, Director of Behavioral Health Division

Subject to confirmation of your Honorable Body and pursuant to Wisconsin State Statute Section 59.17(2)(b), I am pleased to appoint Ms. Paula Lucey to the position of Director of the Behavioral Health Division. A copy of Ms. Lucey's resume is attached for your review.

Ms. Lucey is a leader in public health systems. She has served as an Executive Nurse Fellow for Robert Wood Johnson Foundation, has a Masters and Bachelors in Nursing and is working towards a doctorate. At Milwaukee County she has served in numerous roles, including Director of the Milwaukee County Department of Health and Human Services, Division Director of Health Related Programs and Associate Administrator at Doyne Hospital. Ms. Lucey has diligently served the Milwaukee County community by coordinating efforts to connect citizens with community providers, advocates and coalitions.

I have every confidence that Ms. Lucey will continue to foster relationships, manage her Division and provide Milwaukee's citizens with the vital services and resources that they require as the Director of Behavioral Health Division. I urge you to give this appointment your favorable consideration.

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

Chris Abele
Milwaukee County Executive

Attachment

CC: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Jennifer Collins, Research Analyst
Jodi Mapp, Committee Clerk
Paula Lucey
Hector Colon, Director, Department of Health and Human Services

PAULA ANN LUCEY, R.N., M.S.N., C.N.A.A.
Oakbrook Drive
Greenfield, Wisconsin 53228

EDUCATIONAL BACKGROUND

Doctoral Studies (ABD)	Walden University Anticipated Graduation, 12/2012
Executive Nurse Fellowship	Robert Wood Johnson Foundation 1999-2002
Creating Healthier Communities	Healthcare Forum Fellowship 1997-1998
Doctoral Courses	Marquette University 1994-2002
Nurse Executive Fellowship Johnson & Johnson - Wharton	Wharton School of Business June, 1994
M.S. - Nursing Administration	Marquette University May, 1988
B.S. - Nursing	University of Wisconsin-Milwaukee December, 1976

PROFESSIONAL EXPERIENCE

Milwaukee County Behavioral Division
Milwaukee, Wisconsin

March 2011-Present

Administrator for the Behavioral Health Division of Milwaukee County. The Division has a budget of approximately 200 million and provides services to any Milwaukee County resident with mental health or substance abuse issues. As Administrator, responsible for the day to day operation of the division which has 8 separate state licenses including a nursing home, rehabilitation facility, acute care hospital, crisis services, community services and Wraparound, an internationally known program for youth with mental illness. As administrator, also responsible for the current efforts to Redesign the Milwaukee Mental Health System.

Willowglen Academy-Wisconsin
Milwaukee, Wisconsin

February 2010-March 2011

Executive Director of Willowglen Academy, a subsidiary of Phoenix Care Systems. Willowglen Academy provides a full spectrum of services for youth with mental illness and cognitive disabilities including education, residential, out-patient, community support and day treatment. Responsible for all operations of the subsidiary including financial achievement, program planning and personnel management.

Lamplighter Consulting, LLC.
Greenfield, Wisconsin

December, 2004-2010

President

Consulting with clients to provide strategic direction for agencies involved in community development initiatives. Clients include: Covenant Healthcare System, University of Wisconsin-Milwaukee, Phoenix Care Systems, Children's Health Alliance and others. Projects have ranged from planning to program evaluation and program implementation. Specializing in community partnerships, nursing issues and leadership education.

Project Director: Raising the Bar, A Robert Wood Johnson Partners Inversing in Nursing Project
Project director for grant funded initiative to increase the Public Health Nursing and increase the diversity in that workforce. The model was a partnership between employers, educations and foundations.

Milwaukee County, Department of Health and Human Services
Milwaukee, Wisconsin

August, 2002-2004

Director

Accountabilities

Department Director for Health and Human Services in 5 major divisions: Economic Support, Disabilities, Juvenile Corrections, Behavioral Health and Health Programs. This department has an annual expenditure budget of approximately \$375 million and approximately 1800 employees.

Coordinate program development and implementation across the department including development of program outcomes, quality assurance, and contracts.

Coordinate efforts to serve citizens of Milwaukee County with community providers, advocates and coalitions.

As member of the County Executive's senior cabinet, participate in the development of county-wide programs and policies.

Milwaukee County, Division of Health Related Programs
Milwaukee, Wisconsin

January, 1996-2004

Division Director

Accountabilities:

Division Director for Health Related Programs, including General Assistance-Medical Program, Emergency Medical Services-Paramedics, International Health Training Center, and Employee Health.

County lead for development of a Community Based Primary Care Network which serves over 25,000 indigent individuals per year, developed in a community collaborative.

Nursing member of senior development team, which has been granted a three-year USAID grant to develop primary care clinics in the Republic of Georgia of the former Soviet Union.

Administrator of HRSA Community Access Project (CAP) grant, which Milwaukee County received as one of 23 funded communities, received 2.0 million.

John L. Doyne Hospital (formerly Milwaukee County Medical Complex)
Milwaukee, Wisconsin

January 1995-December 1995

**Chair - Transition Team Planning and
 Employee Relocation In Addition to
 Duties as Associate Hospital
 Administrator**

Accountabilities:

Responsible for planning patient and employee transition as John L. Doyne Hospital closed.

January, 1992-December, 1995

**Associate Administrator
 - Patient Care Services**

Accountabilities:

Associate Hospital Administrator for Patient Care Services including Nursing (inpatient, ambulatory, surgical and emergency services), Respiratory Care, Medical Social Services, and

Patient Relations, Nutrition and Food Services, Environmental Services, and Quality and Risk Management.

Oversee and approve development, implementation and monitoring of annual departmental budgets. (1200 Full Time Equivalents and \$100 million)

August, 1988-January, 1992

Director, Acute Care Nursing

September, 1986-August, 1988

Clinical Supervisor: Medical/Cardiology and Rehabilitation Services

June, 1986-September, 1986

Clinical Supervisor: Internal Medicine, Rehabilitation and Behavioral Medicine Services

June, 1983-June, 1986

Clinical Supervisor: Internal Medicine and Behavioral Medicine Services

August, 1981-June, 1983

Clinical Supervisor: Internal Medicine Service

January, 1977-August, 1981

Staff Nurse

ADDITIONAL RECENT PROFESSIONAL ACTIVITIES

July 2005-Present

Faculty advisor for Robert Wood Johnson Executive Nurse Fellow Program, responsible for mentoring and directing fellows.

September 2004-Present

Adjunct Instructor: Marquette College of Nursing, teaching Public policy and Nursing Leadership

September 2008-Present

Adjunct Instructor: University of Wisconsin-Milwaukee, College of Nursing, Teaching Health Care and Culture and Community Nursing

April 2004-2012

President- Milwaukee District Nurses Association

October 2002-Present	Board of Directors, Medical College of Wisconsin Consortium for Public and Community Health: Health Wisconsin Partnership Program.
June 2009-Present	Chair of above Consortium
September 2006-Present	Board of Directors, Milwaukee Health Services, a Federally Qualified Health Center
March 2007-2011	Columnist: <i>Nursing Economic</i> \$
January 2001-2011	Manuscript Reviewer: <i>Nursing Economic</i> \$
January 2005-2011	Editorial Board: <i>Nursing Economic</i> \$

RECENT PUBLICATIONS

Fall, 2011	Featured Alumni on Robert Wood Johnson Foundation Blog talking about leadership and nursing
March 2007-Present	Columns on social aspects of health care. <u>Nursing Economics</u>
Fall 2002	“Adventures in Nursing.” <u>Nursing Leadership Forum, 7 (1).</u>
Fall 2002	“Begin to End.” <u>Nursing Leadership Forum, 7 (1).</u>
February, 2001	“Federal Grant gives hope to Milwaukee County uninsured” (with Alice Akers). <u>Nursing Matters, 12 (2).</u>
February, 2001	“An Access Program for Medically Indigent Individuals.” <u>Nursing Economic</u> \$, 19 (1).
May, 2000	“Staffing During a Hospital Closure” in <u>Recruitment and Retention.</u> Edited by Suzanne Hall.
September, 1998	“Program to Serve Medically Indigent Launched.” <u>Nursing Matters, 9 (9).</u>

RECENT PROFESSIONAL HONORS

Named one of the 100 faces of Nursing In Wisconsin. 2010	Wisconsin Nurses Association
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Presidential Award for Volunteer Service
Summer 2007

White House Council on Service and Civil
Participation

Woman of Influence, June 2004

The Business Journal of Milwaukee

Hope & Spirit Award, May 2004

Presented in recognition of community
leadership by Froedtert Memorial Lutheran
Hospital

Alumni of the Year - 2002

University of Wisconsin - Milwaukee
School of Nursing

Distinguished Alumni - 2001

Marquette University, College of Nursing

2000 Premier Cares Award - Finalist

General Assistance Medical Program was
recognized by Premier Health System

2000 Leadership Excellence Award

Nursing Economic\$

Baxter Award for Quality Innovation
in Patient Care, 1996

American Organization of Nurse
Executives

Outstanding Nurse Scholar
- Administration, 1995

Sigma Theta Tau
Marquette University

Certification in Nursing Administration,
Advanced, 1992-Present

American Nurses Association

RECENT COMMUNITY ACTIVITIES

Past Director

Greater Milwaukee Chapter, American Red
Cross

Past Director

Village Adult Services, A Non-profit
organization providing care to the elderly.

1998-Present
Member and Clerk

City of Greenfield Board of Health

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: August 23, 2012

TO: Sup. Marina Dimitrijevic, Chairwomen, Milwaukee County Board of Supervisors
 Sup. Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to increase by \$115,262, from \$829,000 to \$944,262, the 2012 contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals authorized under File No. 12-22

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on September 19, 2012.

The attached resolution authorizes the Director, Department on Aging, to increase by \$115,262, from \$829,000 to \$944,262, the 2012 contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals authorized under File No. 12-22.

The proposed amendment results from a substantial increase in the Home Delivered Meals service population, and costs incurred in a medication management project involving home delivered meals clients. The number of seniors served under the Home Delivered Meals Program has increased from 1,586 in 2010 to an estimated 1,890 in 2012. The increase in participation comes primarily from (1) the Milwaukee County Family Care program, and (2) the former Visiting Nurses Association (VNA) home delivered meals program.

The Milwaukee County Family Care program purchases meal delivery services to Family Care members through the Department on Aging's Home Delivered Meals contract with Goodwill Industries. The number of Family Care members receiving meals through the Department has increased by approximately 250 since 2010, including more than 100 in 2012. The Visiting Nurses Association (VNA) ended its home delivered meals program in 2011, leaving about 100 seniors without a home delivered meals provider. About 50 seniors previously served by VNA have entered the Department on Aging's Home Delivered Meals Program.

The proposed \$115,262 increase in Case Management and Delivery Services for Home Delivered Meals includes \$103,344 to fund meal delivery to all participants and provide case management services to former VNA clients. The proposed amendment also contains \$11,918 in grant funds for medication management screens of home delivered meals clients performed between June 2010 and May 2012. The project involved collaboration with pharmacists to identify clients needing assistance in medication management and in working with prescribing physicians to provide that assistance. Adoption of the amendment will enable the Department to reimburse Goodwill Industries for their participation.

The proposed amendment is administered through the 2012 State/County Contract between Milwaukee County and Wisconsin Department of Health Services and funded through both

voluntary donations obtained through the Department on Aging Nutrition Program and grants from the medication management assistance project.

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
Nubia Serrano
Mary Proctor Brown
Beth Monrial Zatarski
Gary Portenier
Pat Rogers

RESOLUTION

WHEREAS, on December 15, 2011, the Milwaukee County Board of Supervisors authorized the Director, Department on Aging, to execute contracts to provide programs and services for the period January 1, through December 31, 2012 [File No. 12-22]; and

WHEREAS, the Department awards funds to provider agencies based on the availability of federal, state, and local funds, allowable costs, usage by older persons in need of the programs and services provided, and other factors; and

WHEREAS, the Department contracts with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals to Milwaukee County seniors in need of such services; and

WHEREAS, the number of seniors in need of Case Management and Delivery Services for Home Delivered Meals has increased from 1,586 in 2010 to an estimated 1,890 in 2012; and

WHEREAS, the increase in participants comes primarily from (1) the Milwaukee County Family Care program, and (2) the former Visiting Nurses Association (VNA) home delivered meals program; and

WHEREAS, Goodwill collaborated with local pharmacists in a medication management project funded through a State grant and serving clients of the Case Management and Delivery Services for Home Delivered Meals program; and

WHEREAS, although the medication management project began in June 2010 and ended in May 2012, Goodwill has yet to be reimbursed for that portion of the Home Delivered Meals Program; and

WHEREAS, (1) the increase in home delivered meals clients is projected to cost \$103,344 in 2012, and (2) actual cost of the two-year medication management project totals \$11,918; and

WHEREAS, the Department has identified sufficient funds from the 2012

State/County contract between Milwaukee County and the Wisconsin Department of Health Services to increase funding for the program; now, therefore

BE IT RESOLVED, that the Director, Department on Aging, is hereby authorized to increase by \$115,262 , from \$829,000 to \$944,262, the 2012 program and service contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: August 23, 2012

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to increase by \$115,262, from \$829,000 to \$944,262, the 2012 contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals authorized under File No. 12-22

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	115,262	
	Revenue	115,262	
	Net Cost	0	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

The attached resolution authorizes the Director, Department on Aging, to increase by \$115,262, from \$829,000 to \$944,262, the 2012 contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Case Management and Delivery Services for Home Delivered Meals authorized under File No. 12-22.

The increase is funded through voluntary donations obtained through the Department on Aging Nutrition Program and a State grant on collaborations for medication management.

This resolution has no net fiscal impact on 2012 other than the allocation of staff time required to prepare the accompanying report and resolution.

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

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



Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

County of Milwaukee
Inter-Office Communication

Date: August 20, 2012
To: Peggy Romo West, Chair, Health and Human Needs Committee
From: Stephanie Sue Stein, Director, Department on Aging
Subject: Overview of 2013 Budget Request from Department on Aging

Attached please find copies of the Requested 2013 Budget for Org Unit 7900 as submitted by Milwaukee County Department on Aging (MCDA).

The requested budget for 2013 covers Administration (Director's Office and Fiscal and Support Services Division), Area Agency Services Division, and the Aging Resource Center. The 2013 budget request totals \$18,644,936 and includes a \$372,420 increase in expenditures, a \$372,421 increase in revenues, and no increase in tax levy.

Budget highlights include the following changes:

- A. \$215,284 increase in nutrition meal reimbursement; Department of Family Care continues purchasing meals for Family Care members through the Department on Aging Senior Meal Program. Meal reimbursement revenue increased \$545,961, partially offset by increased catering costs of \$330,677;
- B. \$208,450 decrease in Older Americans Act grant funding; \$11,711 increase in State s.85.21 transportation funding resulting, partially offset by \$7,708 decrease in State Pharmaceutical Assistance Program revenue; resulting in a net decrease of \$204,447;
- C. \$118,161 decrease in contractual short-term staffing; includes expenditure reduction of \$70,000 as MCDA Resource Center fills critical vacancies and further reduction of \$48,166 due to a projected increase in 100% time reporting revenue as Resource Center continues staff development and training regarding accurate and timely staff reporting for eligible reimbursable Medicaid and Medicare services;
- D. \$92,768 increase in elder abuse and protective services; includes (a) \$42,000 increase in temporary short-term expenditures for legal services, residential care, respite, and adult day care, and (b) \$50,768 in Corporation Counsel cross-charges for related legal services;
- E. \$92,263 increase in evidence based prevention program management; reflects \$17,263 revenue reduction from American Recovery and Reinvestment Act (ARRA) and \$75,000 increase in contractual fees.

Major programmatic changes include the following:

- A. Establish a coordinated, community based approach to care transitions that would include health care and social service partners. This approach is recognized throughout the nation as an effective strategy to improve health and lower medical costs;
- B. Implement the Active Aging Resource Center: Bringing Communities and Technology Together for Healthy Aging, a five-year grant project to assist in creating independence and quality of life for Milwaukee County seniors;

(2)

- C. Re-establish Medicaid Long Term Care entitlement and resume improvement to managed care organization enrollment processing; and
- D. Collaborate in a new initiative to provide a more comprehensive nursing home relocation effort.

Staffing changes include abolishing two currently vacant positions, including 1.0 FTE Human Service Worker (Bilingual Russian) position for a savings of \$56,822 and 1.0 FTE Services Support Specialist position for a savings of \$53,080, resulting in a total salary and active fringe benefit reduction of \$109,902.

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

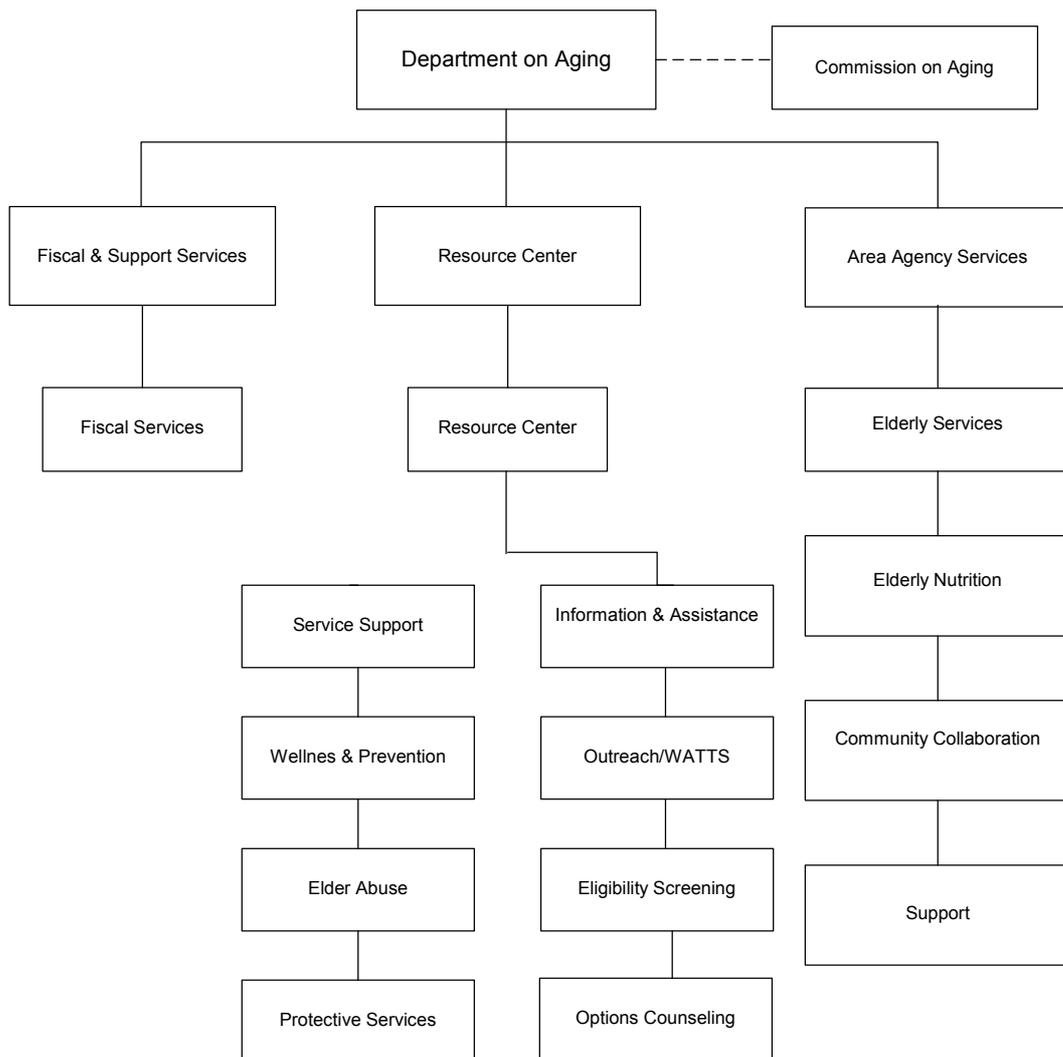


Stephanie Sue Stein, Director
Milwaukee County Department on Aging

Attachment

cc: County Executive Chris Abele
Supervisor Marina Dimitrijevic
Tia Torhorst
Jennifer Collins
Patrick Farley
Craig Kammholz
Antionette Thomas-Bailey
Jonette Arms
Mary Proctor Brown
Nubia Serrano
Chet Kuzminski
Gary Portenier
Pat Rogers

DEPARTMENT ON AGING (7900)



REQUESTED 2013 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

MISSION

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

Budget Summary		
	2013	2012/2013 Change
Expenditures	18,644,936	372,420
Revenue	16,728,679	372,421
Levy	1,916,257	(1)
FTE's	73.8	(3.3)

Major Programmatic Changes

- Establish a coordinated, community-based approach to care transitions that would include health care and social service partners. This effort is highly recognized throughout the nation as an effective strategy to improve health and lower medical costs.
- Implement the Active Aging Research Center: Bringing Communities and Technology Together for Healthy Aging, a five-year grant project to assist with creating independence and quality of life for Milwaukee County seniors.
- Re-establish Medicaid Long Term Care entitlement and resume improvement to managed care organization enrollment processing.
- Collaborate in a new initiative to provide a more comprehensive nursing home relocation effort.

OBJECTIVES

- Engage a new effort to target nursing home residents for relocation into the community.
- Using the Eight Dimensions of Wellness as a guide, the MCDA Wellness Council will continue developing unique partnerships with aging organizations, public and private businesses, and special interest agencies to involve them in a campaign to educate, inform, and train the community on evidence-based wellness programs and healthy living practices for older adults. Given that falls are the leading cause of death among Wisconsinites, 65 years plus, a special emphasis will be on evidence-based senior fall prevention training.
- Enhance current partnerships with American Red Cross, Wisconsin and Milwaukee County Emergency Management, local Fire and Police Departments, Department of Health Services Division of Quality Assurance and other local aging service organizations to engage them in conducting more community based presentations to assist with educating and preparing older adults and professionals from residential housing and assisted living and skilled nursing facilities on/for disasters.
- Continue to promote and highlight the significance of celebrating senior residents' contributions to Milwaukee County communities through the Senior Hall of Fame, Senior Statesman, Nutrition Volunteer Recognition, and Golden Idol to gain the continuous support of the existing and new community partners.
- MCDA will continue to adopt practices related to creating efficiencies around using paperless systems of communication.

REQUESTED 2013 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- In partnership with the Department of Health and Human Services, MCDA will continue to advocate for the design and establishment of a user-friendly outside entrance with appropriate and clear building signage where older adults will have easy, safe and adequate accessibility to the MCDA Aging Resource Center, Commission on Aging meetings and committee meetings.
- To ensure success of the Active Aging Research Center Technology Grant Project, MCDA will work with the University of Wisconsin – School of Engineering – Active Aging Research Center, Wisconsin Institute on Healthy Aging, Wisconsin Bureau of Aging and Disability Resources and the Waukesha and Richland Counties Aging and Disability Resource Centers to involve and garner the input of Milwaukee County older adults and organizations serving the aging population.
- Partner with Aurora Health System and other local partners to capitalize on existing infrastructure that will help mobilize efforts to bridge the gaps between medical and long-term services and supports to create a seamless system of care transitions.
- Utilize the 2012 Milwaukee County Department on Aging demographic report to identify, develop, and implement services and programs that support the needs of seniors.
- Coordinate opportunities for follow up discussions with the local seniors and aging network to ensure goals and strategies are appropriately implemented as written in the final 2013-2015 Area Plan.

DEPARTMENTAL PROGRAM DESCRIPTION

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

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

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

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

The Milwaukee County Aging and Disability Resource Center (ADRC) Governing Board was created as the lead County agency required to perform specific functions related to the policies, operations and oversight of both the Aging Resource Center and the Disability Resource Center under Wisconsin State Statutes Chapter 46, serving persons age 60 or older and adults ages 18 to 59 with physical or developmental disabilities in need of long-term

REQUESTED 2013 BUDGET

DEPT: Department on Aging

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care. The ADRC Governing Board consists of seventeen (17) members representative of persons with physical and developmental disabilities and of the elderly as appointed by the County Executive with approval of the County Board.

The Department on Aging consists of three service areas:

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

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

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

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

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

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

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

- To provide Milwaukee County's older adults, their caregivers and the general public one central number to call for information about programs and services 24 hours a day;
- To provide pre-admission counseling to elders seeking residential placements;
- To determine eligibility for publicly funded and other long term care programs;
- To provide community education to older adults, their families, and caregivers on a broad range of subjects, including wellness and prevention of functional decline;

REQUESTED 2013 BUDGET

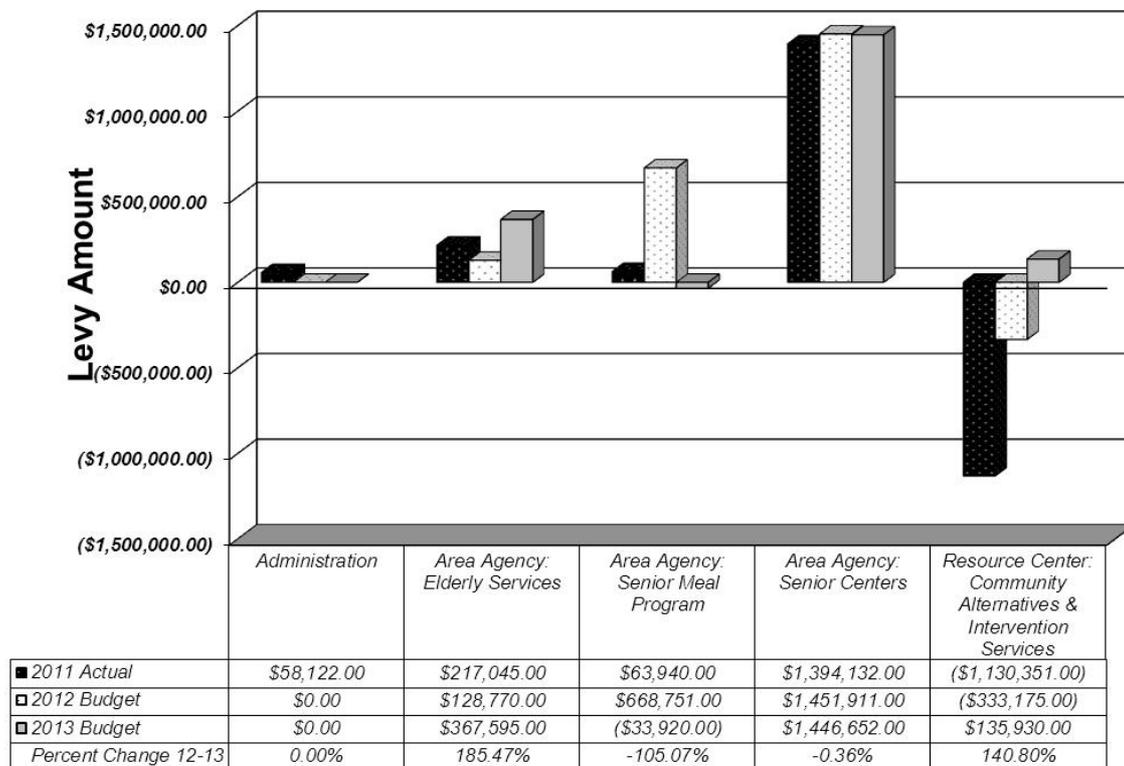
DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- Options counseling for any resident age 60 and older; and
- Investigating allegations of elder abuse and providing protective services, guardianships and protective placement services to vulnerable older adults

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

Organizational Levy Summary



2013 BUDGET

Approach and Priorities

- Allocate State funding streams to maximize utilization within funding regulations.
- Continue to sustain direct service level demands including congregate and home delivered meals, senior center operations and mandated services such as guardianships.
- Continue streamlining administrative processes as possible while maintaining program support integrity.
- Continue collaborating with other government agencies and community partners to provide services that are both excellent and efficient.
- Continue to support and promote programs and services that improve and protect the health and well-being of older adults, which encourage positive and healthful lifestyles.

REQUESTED 2013 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- Continue to support wellness and prevention through collaboration with community organizations to identify preventive and remedial actions to eliminate, correct and mitigate disease and health hazards.
- Protect and improve the lives, assure the safety, welfare and quality of care for victims and potential victims of abuse and neglect.
- Continue to promote actions that improve and protect the health and well-being of older adults through nutrition assistance programs and services.
- Maintain existing congregate and home delivered meal programs and senior center operations.

Programmatic Impacts

- Maintain family supports and respite services.
- Elder Abuse continues to be challenged in keeping up with demand for full investigation of accusations of abuse and neglect of elders in the community.
- Continue to exam and assessment service systems for capacity and gaps; develop program initiatives consistent with needs and gaps.
- Promote the health, safety and well-being of older adults while emphasizing prevention.

Budget Highlights

Staffing Adjustment

(\$109,902)

The 2013 Requested Budget abolishes two currently vacant positions, including 1.0 FTE Human Service Worker (Bilingual Russian) for a savings of \$56,822 and 1.0 FTE Service Support Specialist for a savings of \$53,080, resulting in a total salary and active fringe benefit reduction of \$109,902.

Contractual Short-term Staffing

(\$118,166)

Temporary staff funding support related to a greater than usual experience of retirements for 2012 is eliminated, resulting in an expenditure reduction of \$70,000 as MCDA Resource Center is able to fill critical vacancies. A further reduction of \$48,166 is reflected due to a projected increase in 100% time reporting revenue as the Resource Center continues staff development and training efforts regarding accurate and timely staff reporting for eligible reimbursable Medicaid and Medicare services.

Elder Abuse, Legal and Protective Services

\$92,768

Elder Abuse funding for client services and coordination of services for persons ages 60 and older continue to increase as it is intended to meet short term needs in order to stabilize a person's situation and address immediate concerns. Based on experience, related temporary short-term service expenditures for legal services, residential care, respite and adult daycare reflect an increase of \$42,000, from \$28,000 in 2012 to \$70,000 in 2013.

Related legal services in Corporation Counsel crosscharges reflect an increase of \$50,768 for elder abuse and protective service concerns, reflecting an overall net increase of \$92,768.

Shared Services

\$0

MCDA will continue to work with the Department of Health and Human Services (DHHS) to create efficiencies by sharing administrative services.

Senior Center Fitness Programs

\$0

Management of fitness programs at six senior centers, including five County-owned centers continues at the same level of service cost of \$64,000 and is transferred from purchase of service contracts to professional service contracts in 2013.

Evidence Based Prevention Program Management

\$92,263

The American Recovery and Reinvestment Act (ARRA) - Communities Putting Prevention to Work grant which provided access to Healthy Living Programs ended in 2012 for a revenue reduction of \$17,263. The Department on Aging continues to focus on management and coordination of evidence based prevention programs for

REQUESTED 2013 BUDGET

DEPT: Department on Aging

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Milwaukee County including Living Well, Stepping On and Walk with Ease, reflecting an expenditure increase of \$75,000 in consultant fees.

MIDAS **\$50,000**
 The Department continues to shares a data system managed by Department of Family Care, which houses shared client information input. An expenditure of \$50,000 continues in the Resource Center to continue system enhancements, upgrades and report development.

Older Americans Act Revenue **\$204,447**
 The 2012 State/County contract decreased Older Americans Act federal grant funding by \$208,450 for Department on Aging. The decrease is projected to continue in 2013 for aging programs and services, reductions including \$17,890 in NSIP, \$61,684 in Title III-B, \$41,207 in Title III-C1, \$59,050 in Title III-C2, \$1,133 in Title III-D, \$22,612 in Title III-E and \$4,874 in Area Agency on Aging Administration funds.

State grant transportation funding is increased \$11,711, from \$650,037 to \$661,748, partially offset by a reduction of \$7,708 in State Pharmaceutical Assistance Program – Federal and State Aging Programs revenue, from \$55,619 to \$47,911.

Nutrition Meal Reimbursement **(\$215,284)**
 In the 2012 Adopted Budget, the Department of Family Care opted out of meal purchases from Department on Aging Senior Meal Program. One community organization dissolved its meals on wheels aspect of its business in 2012, resulting in an increase of home delivered meals for the MCDA Senior Meal Program.

In 2013, Department of Family Care continues purchasing meals through the Department on Aging Senior Meal Program for the full cost of meals for its member participants. As a result, reimbursement revenue is increased \$545,961 primarily in home delivered meals, partially offset by an increase in catering costs of \$330,677 for a net reduction of \$215,284.

Senior Meal Program			
	2012 Budget	2013 Budget	Change
Number of Meal Sites Open	29	29	0
Meals Served at Meal Sites	326,771	294,363	(32,408)
Home Delivered Meals	213,430	260,557	47,127
Total Meals Served	540,201	554,920	14,719

REQUESTED 2013 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

BUDGET SUMMARY				
Account Summary	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Personal Services (w/o EFB)	\$ 4,055,853	\$ 4,292,381	\$ 4,135,615	\$ (156,766)
Employee Fringe Benefits (EFB)	3,212,811	3,210,787	3,371,947	161,160
Services	427,219	374,342	441,597	67,255
Commodities	1,081,103	1,183,939	1,168,944	(14,995)
Other Charges	6,506,322	6,797,144	6,757,436	(39,708)
Debt & Depreciation	0	0	0	0
Capital Outlay	40,471	100,000	100,000	0
Capital Contra	0	0	0	0
County Service Charges	4,092,164	3,654,289	3,782,074	127,785
Abatements	(1,484,478)	(1,340,366)	(1,112,677)	227,689
Total Expenditures	\$ 17,931,465	\$ 18,272,516	\$ 18,644,936	\$ 372,420
Direct Revenue	1,030,184	496,852	1,042,813	545,961
State & Federal Revenue	16,330,647	15,859,406	15,685,866	(173,540)
Indirect Revenue	0	0	0	0
Total Revenue	\$ 17,360,831	\$ 16,356,258	\$ 16,728,679	\$ 372,421
Direct Total Tax Levy	570,634	1,916,258	1,916,257	(1)

PERSONNEL SUMMARY				
	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Position Equivalent (Funded)	77.0	77.2	73.8	(3.4)
% of Gross Wages Funded	99.5	98.1	98.0	(0.1)
Overtime (Dollars)	\$ 70,208	\$ 37,488	\$ 37,488	\$ 0
Overtime (Equivalent to Position)	0.0	0.7	0.7	0.0

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Human Srv Worker (Bi-ling Russ)	55990	Abolish	(1)	(1.00)	Resource Center	\$ (33,884)
Service Support Specialist	55440	Abolish	(1)	(1.00)	Resource Center	(30,856)
TOTAL						\$ (64,740)

REQUESTED 2013 BUDGET

DEPT: Department on Aging

UNIT NO. 7900

FUND: General - 0001

ORGANIZATIONAL COST SUMMARY					
DIVISION		2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Administration	Expenditure	\$ 58,122	\$ 0	\$ 0	\$ 0
	Revenue	0	0	0	0
	Tax Levy	\$ 58,122	\$ 0	\$ 0	\$ 0
Area Agency: Elderly Services	Expenditure	\$ 3,469,675	\$ 3,411,214	\$ 4,101,872	\$ 690,658
	Revenue	3,252,630	3,282,444	3,734,277	451,834
	Tax Levy	\$ 217,045	\$ 128,770	\$ 367,595	\$ 238,824
Area Agency: Senior Meal Program	Expenditure	\$ 4,740,851	\$ 4,759,678	\$ 4,484,821	\$ (274,857)
	Revenue	4,676,911	4,090,927	4,518,741	427,814
	Tax Levy	\$ 63,940	\$ 668,751	\$ (33,920)	\$ (702,671)
Area Agency: Senior Centers	Expenditure	\$ 1,394,132	\$ 1,451,911	\$ 1,446,652	\$ (5,259)
	Revenue	0	0	0	0
	Tax Levy	\$ 1,394,132	\$ 1,451,911	\$ 1,446,652	\$ (5,259)
Resource Center: Community Alternatives & Intervention Services	Expenditure	\$ 8,212,035	\$ 8,632,450	\$ 8,611,591	\$ (20,859)
	Revenue	9,342,386	8,965,625	8,475,661	(489,964)
	Tax Levy	\$ (1,130,351)	\$ (333,175)	\$ 135,930	\$ 469,105

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

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: September 4, 2012

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: Informational report on Milwaukee County Department of Family Care
2013 Budget Request

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on September 19, 2012.

The Milwaukee County Department of Family Care Budget Request for 2013 highlights the challenges and opportunities we expect to face in the coming year.

The Department of Family Care is a Managed Care Organization serving over 7,960 older adults and people age 18-59 with physical and developmental disabilities. Milwaukee County has offered the Family Care benefit since 2000 and has served over 18,700 members since then.

The Department operates the Managed Care Organization (MCO) under a contract with the State Department of Health Services and a permit by the State Office of the Commissioner of Insurance and utilizes no County tax levy.

Revenues and expenditures are expected to increase from \$240,663,916 in 2012 to 294,522,931 in 2013, which represents a 22% increase. We have a robust provider network with over 800 community providers of such services as residential services, home delivered meals, supportive home care, day care, etc....

The Department's major programmatic changes are:

- Enrollment Cap lifted by Wisconsin Department of Health Services. As the Board is aware, Governor Walker's 2011-2013 budget capped enrollment into Family Care from July 1, 2011 until March 2012. With the caps lifted, we are seeing more enrollments into the program.
- Continued competition with other Managed Care Organizations in Milwaukee County as well as the State's Self-Directed Supports Waiver - IRIS
- Developing integrated service model to meet future vision of Family Care
- Provide the Family Care benefit to Racine and Kenosha counties

As we have informed the Board in previous cycles, the Department of Family Care's capitated rate in 2012 decreased, resulting in the department modifying its expenditures for member services. The Department of Family Care has not received notification on its 2013 capitation rate so as always, the current capitation rate is used for budgeting capitation revenues for budget year 2013. The Department is currently projecting that we will access approximately \$1.2 million dollars from Department reserves. However, a small increase in MCDFC's capitation rate for 2013 would likely eliminate the need to access the reserves.

All positions that have been abolished are vacant and the newly created positions will greatly assist in providing excellent services and supports to the program. The Department is creating the following positions:

Medicare Specialist
Therapy Specialist
Business Research Manager
Nutrition Coordinator

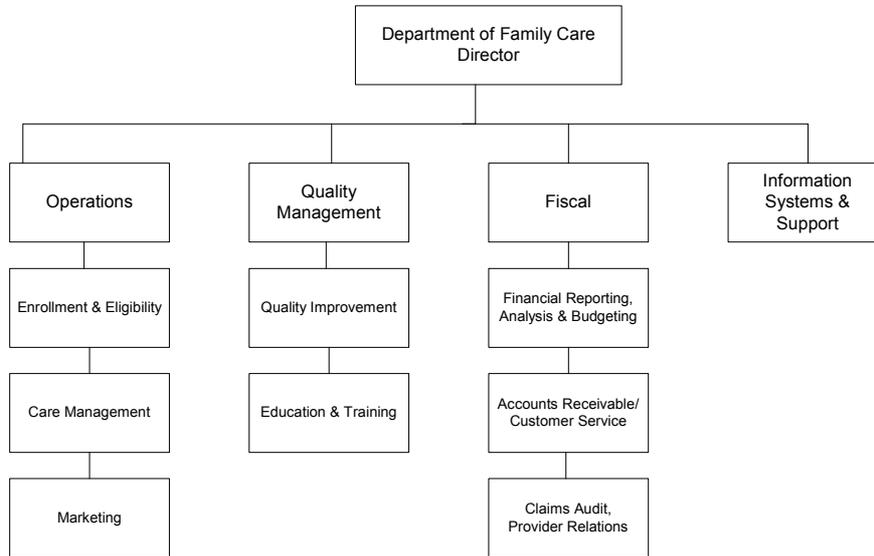
Each of these will allow the Department to improve services to members and to assist our Interdisciplinary Teams in making cost effective decisions with members as well as maximizing other payer sources for services in the Family Care benefit package.

The Department is leasing its IT system to two other Managed Care Organizations in Wisconsin with a third to start in January 2013. Revenues from these leases offset the Department's administrative expenses.

Attachment

Cc: County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Supervisor Willie Johnson, Jr., County Board
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Craig Kammholz, Fiscal & Budget Administrator, DAS
Toni Bailey-Thomas, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

DEPARTMENT OF FAMILY CARE (7990)



MISSION

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

Budget Summary

	2013	2012/2013 Change
Expenditures	294,522,931	61,150,488
Revenue	294,522,931	61,150,488
Levy	0	0
FTE's	64.6	0.1

Major Programmatic Changes

- Enrollment Cap lifted by Wisconsin Department of Health Services
- Continue to compete with other Managed Care Organizations in Milwaukee County as well as the State's Self-Directed Supports Waiver - IRIS
- Develop integrated service model to meet future vision of Family Care
- Provide the Family Care benefit to Racine and Kenosha counties

OBJECTIVES

- Provide high quality, cost-effective long-term care services to eligible adults and individuals with physical and developmental disabilities age 18 to 59.
- Streamline administrative infrastructure and provider service delivery model to meet the challenges of a reduced capitation rate and a competitive market while maintaining solvency.
- Continue to improve the Self-Directed Supports option that is available within the Family Care benefit.

2013 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0002

Enhance Care Management Unit education and training curriculum.
Heighten public awareness of the Milwaukee County Department of Family Care.
Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care.

GOALS:

ACCESS

QUALITY

CHOICE

COST - EFFECTIVENESS

The goal of the Department is to insure that enrolled Family Care members have access to and choices regarding supports and services that meet their established outcomes and adequately address their health and safety needs in a cost effective manner that helps insure the sustainability of the program.

DEPARTMENTAL PROGRAM DESCRIPTION

The Department administers the Family Care benefit for both the aging (over age 60) and disabled populations (ages 18-59), who are determined to be eligible by a Resource Center in the counties of Milwaukee, Racine and or Kenosha. MCDFC is responsible for creating a comprehensive plan of care for each client; contracting with a wide range of service providers; and monitoring the quality of services that clients receive. MCDFC has and continues to deliver member-centered, community-based, outcome-focused, managed long-term care services and member-centered care planning for all Family Care members. The department has successfully served more than 18,627 members during the past twelve years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

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

MCDFC consists of the following four divisions:

The **Operations Division** includes Enrollment & Eligibility, Care Management, Marketing and the Placement Team. Enrollment & Eligibility is responsible for monitoring eligibility for Family Care clients, ensuring MCDFC receives its capitation payments, ensuring that clients receive the best care management services by assigning them to an Interdisciplinary Team (IDT) upon enrollment. IDTs are the care management units responsible for identifying member outcomes, developing a comprehensive care plan, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care. Marketing oversees advertising, community outreach, meetings, and conferences for the Department and takes the lead on member contact and retention. The Placement Team works actively to relocate members from institutional to community settings.

2013 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0002

The **Quality Management Division** of MCDFC includes the Best Practice Team (BPT), Training and Education, Member Rights, and Grievance and Appeals. This division is responsible for ensuring the best possible care is provided to members by engaging in a process of continuous quality improvement activities such as improvement initiatives, on the ground support to the care management teams, training and education for staff new to the Family Care model, and quality evaluations. The BPT is a unit of social workers, nurses and therapy specialists that provides ongoing support to the interdisciplinary care management teams and conducts regular quality audits of member records. If quality issues are identified, the Best Practice Team and the Training and Education Unit collaborate to ensure that teams have immediate access to the information they need to improve. Additionally, the Training and Education Unit develops and implements a comprehensive multidimensional training program for all of the interdisciplinary care management teams that includes demonstration of competency in the Family Care - Care Management model. Finally this division conducts and coordinates a variety of quality evaluations. The results of these evaluations and audits assess the relative success of current quality improvement initiatives and identify opportunities for further improving the quality of the Family Care program.

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

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

2013 BUDGET

Approach and Priorities

- Maintain a solvent, high quality, outcome-based program
- Budget to maintain the Family Care benefit in Milwaukee, Racine and Kenosha Counties
- Continue to work towards improving service delivery systems to meet the challenges of a declining reimbursement environment
- Continue to work towards development of MIDAS system to meet the resource needs of MCDFC and other MCO operations who lease the system
- Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care.

Programmatic Impacts

- Continue to maintain the program to serve individuals with disabilities age 18-59 years old and older adults.
- Projected increase in current total enrollment population of 4.0% (approximately 314 members)
- State budgetary constraints will likely continue to place a strain on funding for Family Care.

Summary

The 2012 Adopted budget and does not include the budget transfers for the Milwaukee County and Racine/Kenosha County operations that were submitted for the June 2012 cycle. The transfers of \$44,593,138 and \$5,962,577 were submitted for County Board Finance and Audit committee approval and seeks to amend the 2012 Adopted budget. The 2013 budget highlights summarized below compares the 2013 budget request to the

2013 BUDGET REQUEST

DEPT: Department of Family Care

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2012 Adopted budget. Because the 2012 Adopted budget does not include the budget transfers the amount of the 2013 request will be distorted for several revenue and expenditure categories. A summary by revenues and expenditures is as follows:

Revenues

The Department of Family Care's capitated rate in 2012 decreased, resulting in the department modifying its expenditures for member services. The Department of Family Care has not received notification on its 2013 capitation rate so the 2012 capitation rate is used for budgeting capitation revenues for budget year 2013. Revenues for member obligation reflect a modest growth of 2%. The increase in enrollment in Milwaukee due to the lifting of the enrollment cap and expansion into Racine and Kenosha counties has a direct impact on capitation and member obligation revenues. Miscellaneous revenues reflect the lease of the Department's MIDAS application to three MCO's. The increase in revenues is as follows:

Capitation	\$50,906,775
Member Obligation	\$ 8,515,966
Miscellaneous	\$ 497,384
Contribution from reserves	\$ 1,218,680

Expenses

Due to the capitation rate budgeted at 2012's rate, all member service expenditures have no budgeted rate increases for providers. Thus, member service expense increases reflect changes in enrollment for Milwaukee, Racine and Kenosha counties. The competitive market and changing health care environment has caused the Department of Family Care to evaluate its staff resource needs. Staff changes are noted below. All abolished positions are vacant positions. Increases in professional services – data reflect the hiring of additional IT resources to provide ongoing technical support and development for the Department of Family Care and three other MCO' who lease MIDAS. The increase in expenses is as follows:

Member Service Expense	\$52,398,434
Care Management Expense	\$7,670,953
Bad Debt Expense	(\$683,960)
Advertising Expenses	\$130,000
Professional Services – Data	\$472,663
Professional Services – Admin (Best practice, WPS and A&O)	\$902,800
Building & Space rental	\$83,000
R/M Office Equip	\$10,000
Other Repair and Maintenance	\$11,000
Education/Seminars	\$14,000
Conference Expenses	\$12,000
Office Supplies	\$7,500
Minor Office Equipment	\$6,000

Staffing (\$52,210)

The Department of Family Care re-evaluated its human capital needs and the financial impact is a decrease of \$(52,210) with salaries and fringe benefits a net FTE decrease of .7 FTE.

The following vacant positions have been abolished:

- 1.0 FTE Program Admin Coordinator – CMO (\$97,786)
- 1.0 FTE Secretarial Assistant (\$52,180)
- 1.0 FTE Accountant 2 (\$62,604)

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- 1.0 FTE Marketing Coordinator (\$106,488)
- 0.7 FTE Program Coordinator (ASD) (\$58,864)
- 1.0 FTE Nursing Program Co - ord (\$92,244)
- 1.0 FTE Contract Manager CMO (\$122,246)

Newly created positions are as follows:

- 1.0 FTE Business Research Development Manager (\$105,006)
- 1.0 FTE Medicare Administrative Coordinator (Family Care)(\$90,576)
- 1.0 FTE Nutrition Program Coordinator (Family Care)(\$85,948)
- 1.0 FTE Rehabilitation Services Supervisor(\$90,576)
- 1.0 FTE Accountant IV (\$75,780)
- 1.0 FTE Nursing Adm. Co ord – Family Care (\$92,244)

Not listed in the newly created positions was the creation of an Assistant Director position as a current year action.

BUDGET SUMMARY				
Account Summary	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Personal Services (w/o EFB)	\$ 3,718,147	\$ 3,947,137	\$ 4,011,262	\$ 64,125
Employee Fringe Benefits (EFB) Services	3,104,829	3,067,443	3,202,502	135,059
Commodities	4,528,586	4,293,393	5,959,145	1,665,752
Other Charges	117,997	128,157	143,387	15,230
Debt & Depreciation	260,875,179	220,660,175	279,866,179	59,206,004
Capital Outlay	0	0	0	0
Capital Contra	86,939	37,000	37,800	800
County Service Charges	0	0	0	0
Abatements	1,270,573	1,239,138	1,302,656	63,518
	(58,680)	0	0	0
Total Expenditures	\$ 273,643,570	\$ 233,372,443	\$ 294,522,931	\$ 61,150,488
Direct Revenue	283,292,014	233,372,443	294,522,931	61,150,488
State & Federal Revenue	27,999	0	0	0
Indirect Revenue	0	0	0	0
Total Revenue	\$ 283,320,013	\$ 233,372,443	\$ 294,522,931	\$ 61,150,488
Direct Total Tax Levy	(9,676,443)	0	0	0

PERSONNEL SUMMARY				
	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Position Equivalent (Funded)*	79.1	64.4	64.6	0.2
% of Gross Wages Funded	100.0	100.0	100.0	0.0
Overtime (Dollars)	\$ 12,490	\$ 32,712	\$ 32,556	\$ (156)
Overtime (Equivalent to Position)	0.0	0.6	0.6	(0.0)

* For 2011 actuals, the Position Equivalent is the budgeted amount.

2013 BUDGET REQUEST

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0002

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Fiscal Asst 2	04041	Abolish	(2)	(2.00)	DFC	\$ 0*
Fiscal Analyst - CMO	04756	Abolish	(1)	(1.00)	DFC	0*
Contract Serv. Coord (CMO)	55733	Abolish	(1)	(1.00)	DFC	0*
Contract Serv. Coord (CMO)Supv.	56705	Abolish	(1)	(1.00)	DFC	0*
Human Service Wkr Aging	56160	Abolish	(3)	(3.00)	DFC	0*
Program Coord - CMO	58027	Abolish	(1)	(1.00)	DFC	0*
Quality Assurance Specialist	58035	Abolish	(1)	(1.00)	DFC	0*
RC- Child Probation Officer	57300	Abolish	(1)	(1.00)	DFC	0*
Quality Impvt. Coord (CMO)	58011	Abolish	(1)	(1.00)	DFC	0*
Exdir 2-Asst Dir Dept Aging	80091	Abolish	(1)	(1.00)	DFC	0*
Info and Outreach Coor Ag	56711	Abolish	(1)	(1.00)	DFC	0*
Secretarial Assistant	00066	Abolish	(1)	(1.00)	DFC	\$ (30,118)
Accountant 2	04756	Abolish	(1)	(1.00)	DFC	(38,584)
Program Coord - ASD	56561	Abolish	(1)	(1.00)	DFC	(39,220)
Contract Manager CMO	12268	Abolish	(1)	(1.00)	DFC	(87,012)
Marketing Co ordinator	41420	Abolish	(1)	(1.00)	DFC	(74,220)
Program Admin. Co ord (CMO)	4509	Abolish	(1)	(1.00)	DFC	(67,144)
Nursing Program Co ord	45110	Abolish	(1)	(1.00)	DFC	(62,648)
Accountant 4 - NR	4350	Create	1	1.00	DFC	49,286
Rehabilitation Services Supv.	53355	Create	1	1.00	DFC	55,310
Medicare Adm Coord FC	Z0013	Create	1	1.00	DFC	61,300
Nursing Program Co ord FC	Z0016	Create	1	1.00	DFC	57,534
Busines Systems Proj. Mgr.	02740	Create	1	1.00	DFC	73,000
Nursing Adm. Coord FC	45111	Create	1	1.00	DFC	62,648
					TOTAL	\$ (39,868)

*These positions were abolished in 2012, for no fiscal effect.

All Abolished positions are vacant.

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



DATE: September 4, 2012
 TO: Supervisor Gerry Broderick, Chair, Committee on Parks, Energy and Environment
 Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs
 FROM: The Milwaukee County Youth Task Force

SUBJECT: An Informational Report outlining the recommendations set forth by the Milwaukee County Youth Task Force to establish and organize a committed programming plan for youth in Milwaukee County.

BACKGROUND

The Milwaukee County Youth Task Force (Task Force) was created by an adopted resolution in September 2011 (File Number 11-567) to address involvement barriers for youth in Milwaukee County. Beginning in March 2012, the Task Force met each month to discuss the following topics:

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

In response to the directives laid out in the resolution, the Task Force collaborated to comprise a list of recommendations to address these concerns.

RECOMMENDATION

Milwaukee County Youth Task Force has outlined potential strategies that could increase the youth appeal in interacting with Milwaukee County resources, as well as offer alternative structured programming for youth to redirect their energy into positive community enrichment.

The Task Force divided into smaller groups to develop recommendations and possible solutions for each subcategory (Youth Programs, Transportation, Parks and Recreation, and Children's Court Programming). Each group had different style and approach for outlining the layout of



the recommendations; for example, sometimes the solution is included in the recommendation, and sometimes the issues are identified separately from the solutions.

The Task Force respectfully recommends for the respective committees to review the recommendations:

Youth Programs

Many youth issues in Milwaukee come from youth having too much free time and getting into trouble due to a lack of monitored activity. Constructive activities that can help engage youth in activities they enjoy or can learn from help youth stay out of trouble.

Programs such as the Youth Sports Authority (YSA) could be a massive problem solver for the county by promoting passions in the youth. The problem with the use of the YSA is a lack of diversity in programming and a lack of awareness. Many students and agencies have no idea this program exists, and those that do may think the YSA caters only to those who enjoy big name sports. Therefore, some improvements could cause this program to be far more successful:

- Make students and agencies more aware of the YSA through better promotion and advertising via schools, social networking, etc.
- Add a great diversity of recreational activities under YSA from swimming to skateboarding and let the students know what they can do

Another idea is to not only occupy youth, but have them improve their own futures by reinstating the Milwaukee County Youth Council. Reinstating the council could give youth a healthy outlet for their time and making minor improvements to the council will allow youth to have a sense of control/power within county government.

- Reinstating the Milwaukee County Youth Council
- Allow the council to communicate with youth via Newsletter/Social Network
- Remain open to general improvements to the Council



- Give the council an opportunity to communicate and collaborate with other youth councils in other municipalities.

Transportation

These are our issues and recommendations:

1. Safety Issues

- Better collaboration with MPD & Sheriff's Dept.
- Security on shuttle/Flyer buses (Summer Festivals)
- Create PSAs/Social Media Campaign centered around bus safety/respect/responsibility
- Collaborate with other groups to advance message

2. Lack of Sustainability

- Find Creative ways to fund buses and find dedicated funding source
- Work with Municipalities

3. Youth Employment

- Youth jobs within MCTS (cleaning, bus aides, bus stop ambassadors, internships)

4. Garbage/Poor Maintenance of Bus Stops

- Work with City of Milwaukee DPW to install and maintain more garbage bins on or near bus stops
- Clean shelters and Buses more often
- Provide more shelters

5. Lack of Access to Transportation

- Addition transit options to high traffic areas (i.e. Bradford Beach) and neighborhood centers for youth
- Creation of County Bike Sharing Program
- Special Fare deals for events at Milwaukee County Parks and Festivals



Parks and Recreation

In the community of Milwaukee, finding employment is somewhat of a struggle for the youth. Expanding youth employment would not only occupy the youth's time with something constructive, but it will also assist in making the process of cleaning parks easier with more people contributing.

These are our recommendations:

1. Youth Employment Portal

- When looking at the Milwaukee County Parks website, there should be a clear tab to find employment opportunities
- Should clearly state employment and programming opportunities
- County calendar with all events stated clearly and open to the community

2. Expand the Milwaukee Conservation Corp (MCC)

- Employ more youth
- Credit opportunities via internships

3. Create Youth Advisory Board

- Help monitor and promote park activities and employment opportunities
- Attempt to find employment opportunities within the park system
- Plan and coordinate events.

Children's Court Programming

Issues

- There is a disconnection between local municipalities' law enforcement and the county's Children's Court system.



- The intake process for youth entering the system is fairly lengthy and disorganized.
- Youth who have received tickets throughout the county might be categorized differently from city to city; for example, they might have 6-7 tickets total but only 1-2 per city.
- When youth get in trouble with law enforcement they are not always convinced that they have the same rights as every other American citizen; increased communication of all those rights is needed.
- A lot of the rehabilitation programs funded by the state in the county for youth tend to overlap.
- Youth who are being taken into the Children's Court system need to be given a mental health/psychological assessment earlier in the process.

Solutions

- Creating more opportunities and understanding between the municipalities and the County's children court system.
- Creating a system to organize appointments with the staff of children's court.
- A database should be created to track all ticket records across municipalities
- Handing out resources in the form of a pamphlet or card listing all their rights.
- We recommend that there be an audit of all the programs regarding juvenile rehabilitation. This will then lead to discovery of the overlaps in programming, and save the county money.
- We believe to actively and correctly identify risk factors of a juvenile, the YAZ assessment must be performed earlier for youth before they end up in a juvenile detention facility. This way, we can more effectively help youth and provide them with the most appropriate form of rehabilitation.

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: August 31, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Clare O'Brien, Fiscal & Management Analyst

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2013 Contract with the State of Wisconsin for the Operation of the Wisconsin Home Energy Assistance Program (WHEAP)**

Issue

Section 16.27 of the Wisconsin Statutes governs the operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the State of Wisconsin and prescribes a role for counties in delivering such assistance. Section 46.215 of the statutes specifically addresses Milwaukee County's role in providing energy assistance to eligible residents. Per those sections of the Wisconsin statutes, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a State-County contract for federal fiscal year 2013 (October 1, 2012 through September 30, 2013) for the operation and funding of low-income energy assistance.

Background

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

General eligibility for WHEAP includes households at or less than 60% of state median income (\$46,697 annually for a family of four for the 2012-2013 WHEAP season).

- Regular energy assistance benefits provide a utility supplemental payment for current season heating (LIHEAP) and/or non-heating electric public benefits expenses. Households may receive only one regular heat and/or one regular electric (non-heating) benefit during each heating season (October 1 – May 15). This assistance is paid out of a centrally controlled account by the state and is not maintained by Milwaukee County.

- Crisis assistance provides services to households experiencing actual energy emergencies or those at risk of an emergency. An emergency services component of this area provides benefits and services to households that are experiencing actual or imminent loss of home heating/electricity or are in need of cooling assistance upon the declaration of a heat emergency. Emergency services also include furnace repair and replacement.
- Weatherization services include insulating attics, walls and floors, insulating or replacing water heaters and installing energy efficient lighting among other services. Basic eligibility requirements for weatherization are the same as for energy assistance (WHEAP).
- Outreach services include informing potentially eligible individuals about energy assistance, encouraging them to apply and assisting them with the application process.
- General operations provide funds to the local agencies and their subcontractors to administer the WHEAP program.

As of August 14, 2012, the state made approximately \$30.4 million in payments year-to-date on behalf of 54,844 households under Energy Assistance for FFY2012, and over \$2.6 million year-to-date under Crisis Energy Assistance for 8,098 customers in Milwaukee County. These state payments were made either directly to utility companies or to the customers themselves if energy costs are included in their rent. In addition, \$593,877 was allocated to repair or replace 244 heating units in Milwaukee County.

The State contract being recommended for approval supports the County WHEAP staff and operating costs as well as outside contractual services. The total revenue included in the proposed WHEAP contract is \$2,450,986, a decrease of \$308,231 from the FFY2012 amended contract of \$2,759,217. Typically, the State issues amendments to increase the contract during the federal fiscal year. For FFY2012, a total of \$365,000 in amendments was issued to operate the program and in turn, the agency contracts were amended to reflect the additional funding.

DHHS is submitting another report to the County Board this committee cycle with recommended purchase of service contracts with community vendors in amounts that reflect the reduced Energy revenue.

The State contract also designates funding for LIHEAP Crisis Benefits and Public Benefits (PB) Crisis Benefits. These funds provide direct payments to utility companies or customers and do not get recognized in the county's financial system. For FFY13, the State has allocated \$867,169 in LIHEAP Crisis Benefits and \$515,368 in PB Crisis Benefits to Milwaukee County.

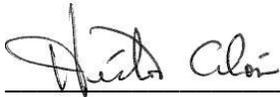
Finally, new for FFY13, the contract will automatically be renewed every October 1 for a total period of three years unless either the State or County provides a notice to cancel at least 60 days before the end of the renewal term. The State made this change in order to streamline the contract process.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to execute a FFY2013 contract for the period of 10/01/12 to 9/30/13 with the Wisconsin Department of Administration (DOA) covering the operation of WHEAP in the amount of \$2,450,986 in the first year, and any addenda to that contract that may be issued during the year. This contract will include automatic extensions every October 1 for a total period of three years unless either party gives notification of cancellation at least 60 days before the end of the renewal term.

Fiscal Impact

Entering into the WHEAP state contract will have no tax levy impact, since any reduction in revenue is offset with a commensurate reduction in purchase of service contracts with community vendors. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: Chris Abele, County Executive
Tia Torhorst, County Executive's Office
Patrick Farley, Director – DAS
Craig Kammholz, Fiscal and Budget Administrator
CJ Pahl, Assistant Fiscal and Budget Administrator
Antoinette Thomas-Bailey, DAS Analyst
Jennifer Collins, County Board Analyst
Jodi Mapp, County Board Committee Clerk

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5 (ITEM) Report from the Director, Department of Health and Human Services,
6 Requesting Authorization to Enter into a 2013 Contract with the State of Wisconsin for
7 the Operation of the Wisconsin Home Energy Assistance Program (WHEAP), by
8 recommending adoption of the following:
9

10 **A RESOLUTION**
11

12 WHEREAS, per Section 16.27 and Section 46.215 of the Wisconsin Statutes, the
13 Director of the Department of Health and Human Services (DHHS) is requesting
14 authorization to execute a State-County contract for Federal Fiscal Year 2013 (October
15 1, 2012 through September 30, 2013) for the operation and funding of low-income
16 energy assistance; and
17

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

- 21 • General eligibility for the program includes households at or less than 60% of
22 State median income (\$46,697 annually for a family of four).
23
- 24 • Regular Energy Assistance Benefits provides a utility supplemental payment for
25 current season heating (LIHEAP) and/or non-heating electric public benefits
26 expenses. Households may receive only one regular heat and/or one regular
27 electric (non-heating) benefit during each heating season (October 1 – May 15).
28 This assistance is paid out of a centrally controlled account by the State and is
29 not maintained by Milwaukee County.
30
- 31 • Crisis Assistance provides services to households experiencing actual energy
32 emergencies or those at risk of an emergency. An Emergency Services
33 component of this area provides benefits and services to households that are
34 experiencing actual or imminent loss of home heating/electricity or in need of
35 cooling assistance upon the declaration of a heat emergency. Emergency
36 services also include furnace repair and replacement.
- 37 • Weatherization services include insulating attics, walls and floors, insulating or
38 replacing water heaters and installing energy efficient lighting among other
39 services. Basic eligibility requirements for weatherization are the same as for
40 energy assistance (WHEAP).
- 41 • Outreach services include informing potentially eligible individuals about Energy
42 Assistance, encouraging them to apply, and assisting them with the application
43 process.
44
45

- 46 • General Operations provides funds to the local agencies and their subcontractors
47 to administer the WHEAP program.
48 ; and
49

50 WHEREAS, the State contract supports the staff and operating costs of the
51 Energy Program as well as outside contractual services; and
52

53 WHEREAS, as of August 14, 2012, the state made approximately \$30.4 million in
54 payments year-to-date on behalf of 54,844 households under Energy Assistance for
55 FFY2012, over \$2.6 million year-to-date under Crisis Energy Assistance for 8,098
56 customers in Milwaukee County and allocated \$593,877 to repair or replace 244 heating
57 units in Milwaukee County; and
58

59 WHEREAS, the total revenue included in the proposed WHEAP contract is
60 \$2,450,986, a decrease of \$308,231 from the FFY2012 amended contract of
61 \$2,759,217; and
62

63 WHEREAS, DHHS has submitted a report to the County Board in the September
64 committee cycle with its recommendations for the allocation of 2013 Energy Assistance
65 revenue to community vendors and the purchase of service contract amounts reflect the
66 reduced Energy revenue estimate; now, therefore,
67

68 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby
69 authorizes the Director of the Department of Health and Human Services, or his
70 designee, to execute a FFY2013 contract for the period of 10/01/12 to 9/30/13 with
71 automatic extensions every October 1 for a total period of three years with the State
72 Department of Administration (DOA) covering the operation of the Wisconsin Home
73 Energy Assistance Program in the amount of \$2,450,986 in the first year, and any
74 addenda thereto.
75
76

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/31/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a 2013 Contract with the State of Wisconsin for the Operation of the Wisconsin Home Energy Assistance Program (WHEAP)

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	-77,057	-231,174
	Revenue	-77,057	-231,174
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Approval of the request will authorize the Director, DHHS, to sign a Federal Fiscal Year 2013 contract with the State of Wisconsin with automatic extensions for a total period of three years to provide revenue to the County to administer the Wisconsin Home Energy Assistance Program (WHEAP).

B. The total revenue included in the proposed WHEAP contract in the first year of the contract is \$2,450,986, a decrease of \$308,231 from the FFY2012 amended contract of \$2,759,217. Because the State contract is on the federal fiscal year cycle, the total reduction of \$308,231 impacts both calendar years 2012 and 2013. A reduction of about \$77,000 is expected for the last calendar quarter in 2012 with the remaining \$231,000 impacting the first nine months of 2013. This reduction will be absorbed by a reduction to the purchase of service contracts which also run on the federal cycle.

The county will be notified of its allocations for FFY2014 and FFY2015 in late summer prior to the start of those fiscal years. At that time, DHHS will determine the level of funding available for the outside contracts.

C. Entering into the WHEAP State contract will have no tax levy impact because a commensurate reduction will be made to the purchase of service contracts. DHHS is submitting another report to the County Board in the September committee cycle with its recommendations for Energy Assistance Program purchase of service contracts.

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

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

Department/Prepared By Clare O'Brien, DAS-Fiscal and Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: August 20, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Dennis Buesing, Administrator, DHHS Contract Services

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into Purchase of Service Contracts for the Operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the Management Services 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. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into purchase of service contracts with the Social Development Commission (SDC) and Community Advocates to operate Wisconsin Home Energy Assistance Program (WHEAP) in the Management Services Division (MSD). The contracts will follow the Federal Fiscal Year (FFY), beginning October 1, 2012 and ending September 30, 2013.

Background

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

Section 16.27 of the Wisconsin Statutes governs the operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the State of Wisconsin and prescribes a role for counties in delivering such assistance. Section 46.215 of the statutes specifically addresses Milwaukee County's role in providing energy assistance to eligible residents. A separate report is being submitted to the County Board this cycle regarding the State-County contract for FFY 2013 for the operation and funding of low-income energy assistance.

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community organizations have helped DHHS make use of available community resources and expertise in carrying out its mission. For the FFY ending September 30, 2011, DHHS administered \$2.7million in Home Energy Assistance subcontracts with community agencies resulting in assistance to 67,458 households, who received \$40.2 million in Home Energy and Crisis Assistance.

This program was last bid out through the Request for Proposal Process in 2011 and the contractors have successfully met performance expectations and contract requirements.

Discussion

The DHHS Director is recommending purchase of service contracts with the Social Development Commission (SDC) and Community Advocates to operate the Energy Assistance Program for Milwaukee County. Under the FFY 2013 contracts, SDC and Community Advocates would continue to operate WHEAP to insure eligible households in Milwaukee County are provided with benefits and services. SDC operates three Energy Assistance sites and deploys the remaining two County energy staff along with its regular staff. Community Advocates currently operates one Energy Assistance site, and utilizes public library facilities throughout the city to process applications from within the community.

DHHS is recommending that a twelve-month contract be awarded to the Social Development Commission (SDC) for \$1,509,849 and to Community Advocated for \$616,104, for the period of October 1, 2012 to September 30, 2013. The recommended contract for SDC represents a decrease of \$52,866 from the initial base contract of \$1,562,715 for the 2011/2012 federal fiscal year. The recommended contract for Community Advocates represents an increase of \$154,981 in the initial base contract of \$461,123 awarded to them for the 2011/2012 FFY.

The FFY 2012/2013 contract amount recommendations are based upon percentage of applications processed YTD by each agency for FFY 2011/2012 at the time of this report, as well as on the number of potential new applicants. DHHS' ability to execute these contracts will be contingent upon review and approval by the Wisconsin Department of Administration. Any contract increases received by DHHS during the course of the State DOA/DHHS contract period will be proportionately passed on to both SDC and Community Advocates.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to execute a FFY 2013 contract for the period of October 1, 2012 to September 30, 2013 with the Social Development Commission (SDC) in the amount of 1,509,849, and with Community Advocates in the amount of \$616,104, with the understanding that any addenda received by Milwaukee County DHHS from the Wisconsin Department of Administration increasing the state/county contract for the operation of the WHEAP program during FFY 2013 will proportionately increase both the SDC and Community Advocates contracts.

Fiscal Impact

Each of the recommended contracts is funded with WHEAP revenue, and approval of the recommendations delineated above would have no additional tax levy impact beyond what has been allocated in the Department's 2012 Budget and 2013 Requested Budget. A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

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

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(ITEM) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into Purchase of Service Contracts for the Operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the Management Services Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2012/2013 Purchase-of-Service Contracts with community organizations for the Management Services Division (MSD); and

WHEREAS, based on a 2011 DHHS Request for Proposals (RFP), the DHHS Director is recommending purchase of service contracts with the Social Development Commission (SDC) and Community Advocates to operate the Energy Assistance Program for Milwaukee County for services; and

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

WHEREAS, the contract recommendations are within limits of relevant 2013 State/County contracts and the 2012 Budget and 2013 Requested Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes and directs the Director, DHHS, or his designee, to execute one-year contracts for the period of October 1, 2012 through September 30, 2013 with the following vendors in the following amounts:

Social Development Commission	\$1,509,849
Community Advocates	616,104
TOTAL	\$2,125,953

BE IT FURTHER RESOLVED, that the Director, DHHS, or his designee, is hereby authorized by the Milwaukee County Board of Supervisors to proportionately amend both the Social Development Commission and Community Advocates contracts for the same period upon receipt of any addenda received by Milwaukee County DHHS from the Wisconsin Department

43 of Administration increasing the state/county contract for the operation of the WHEAP
44 program during FFY 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/31/12

Original Fiscal Note

Substitute Fiscal Note

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

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. Approval of the request would permit the DHHS Management Services Division to enter into purchase of service contracts for the Energy Assistance Program with the Social Development Commission (SDC) and Community Advocates. The term of the contracts would run on the federal fiscal year cycle from October 1, 2012 to September 30, 2013.

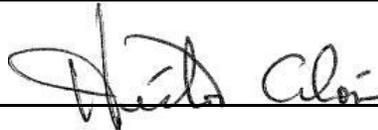
B. The contract being recommended for SDC is \$1,509,849 and the recommended contract for Community Advocates is \$616,104 . The revenue available to fund these contracts is included in the State WHEAP contract. This State contract is also being recommended for approval by DHHS in the September cycle and provides funds to administer the program, including contracts with SDC and Community Advocates.

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

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

Department/Prepared By Clare O'Brien, DAS-Fiscal and Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

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

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: August 20, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Dennis Buesing, Administrator, DHHS Contract Services

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Professional Services Contract with Quick Financial Solutions LLC in the Management Services Division

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for Professional Services Contracts of \$50,000 or greater. Per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 Professional Services Contract with Quick Financial Solutions LLC for specialized accounting and fiscal management services for the Management Services Division by \$20,000 to a total of \$127,262.

Background

Each year, DHHS enters into purchase contracts and fee-for-service agreements for the provision of human services totaling hundreds of millions of dollars, with a wide variety of community agencies. Under state and federal guidelines, the county is required to monitor agencies that receive state and federal funding. The county would face a significant loss of federal and state revenue if it failed to adequately monitor state and federally funded programs. A part of this effort involves consulting and accounting services to enhance Children's Long Term Support (CLTS) Medicaid Waiver fiscal management in order to maximize the Disabilities Services Division's (DSD) ability to draw down state and federal revenue.

In order to perform these consulting and accounting functions effectively, it was determined that it DHHS needed to secure an expert with experience and expertise in governmental and non-profit accounting, including familiarity with Medicaid Waiver programs and Medicaid cost reporting.

In January 2012, the Director of the Department of Health and Human Services entered into a contract with Quick Financial Solutions, a certified Disadvantaged Business Enterprise (DBE), to provide consulting and accounting assistance to DSD in order to achieve these objectives.

In large measure, the need for these services is due to the rapid growth in DSD's Children's Long-

Term Support program as well as state initiatives to significantly reduce CLTS wait lists. In addition, DSD was chosen to participate in the CLTS Third Party Administrator (TPA) service authorization and claims process pilot initiated by the Wisconsin Department of Health Service (DHS).

Professional services provided to date by Quick Financial Solutions include analysis and review of the components of the CLTS Medicaid Waiver program and the CLTS TPA claims process, including creation and preparation of monitoring and reporting tools to aid DSD fiscal and program staff in the management of the CLTS Medicaid Waiver program as well as measures and processes to help evaluate the effectiveness and efficiency of these activities.

DSD currently uses a manual prior authorization system with the state's TPA. However, DSD is in the process of transitioning to an automated prior authorization database program under development. The \$20,000 contract increase is necessary to support the current manual prior authorization system with the state's TPA until the end of the year, while the automated system is under development. Upon completion of the new system the contractor will assist DSD in the transition and training of staff in the new automated system under development.

Recommendation

It is recommended that the Director of the Department of Health and Human Services, or his designee, be authorized to increase the professional services contract with Quick Financial Solutions LLC by \$20,000 to a total of \$127,262 for the time frame of October 1, 2012 through December 31, 2012.

Fiscal Effect

It is anticipated that additional CLTS revenue from the Wisconsin Department of Health Services will completely offset the total recommended increase in the Quick Financial Solutions contract. Therefore, no tax levy impact is anticipated. DHHS has not received written notice from the State regarding reimbursement of these additional expenses. In the event the State will not reimburse the County, DHHS will hold uncommitted contract funds to absorb this increase. A fiscal note form is attached. If necessary, a fund transfer will be submitted later in 2012.

Respectfully Submitted,



Héctor Colón, Director
Department Of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
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
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to increase the 2012 professional services contract with Quick Financial Solutions LLC by \$20,000 to a total of \$127,262, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 professional services contract with Quick Financial Solutions LLC by \$20,000 to a total of \$127,262; and

WHEREAS, under state and federal guidelines, the county is required to monitor agencies that receive state and federal funding; and

WHEREAS, the county would face a significant loss of federal and state revenue if it failed to adequately monitor state and federally funded programs; and

WHEREAS, part of this effort involves consulting and accounting services to enhance Children’s Long Term Support (CLTS) Medicaid Waiver fiscal management in order to maximize the Disabilities Services Division’s (DSD) ability to draw down state and federal revenue; and

WHEREAS, in order to perform these consulting and accounting functions effectively, it was determined that it DHHS needed to secure an expert with experience and expertise in governmental and non-profit accounting, including familiarity with Medicaid Waiver programs and Medicaid cost reporting; and

WHEREAS, in January 2012, the Director of the Department of Health and Human Services entered into a contract with Quick Financial Solutions, a certified Disadvantaged Business Enterprise (DBE), to provide consulting and accounting assistance to DSD in order to achieve these objectives; and

WHEREAS, professional services to be provided include analysis and review of the components of the CLTS Medicaid Waiver program, including creation and preparation of monitoring and reporting tools for program staff to more efficiently and effectively manage the CLTS Medicaid Waiver program of the State of Wisconsin; and

WHEREAS, the contract increase is necessary to maintain the current prior authorization procedures used by DSD, and also to assist DSD in the transition to the automated system under development; and

WHEREAS, it is anticipated that additional revenue from the Wisconsin Department of Health Services will completely offset the total recommended increase in the Quick Financial Solutions contract; now, therefore,

49 BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his
50 designee, is hereby authorized to increase the 2012 professional services contract with Quick Financial
51 Solutions LLC by \$20,000 to a total of \$127,262 for the for the time frame of October 1, 2012 through
52 December 31, 2012.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: August 31, 2012

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Professional Services Contract with Quick Financial Solutions, LLC in the Management Services Division

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	20,000	0
	Revenue	20,000	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of DHHS is requesting authorization to increase the professional services contract with Quick Financial Solutions, LLC by \$20,000. These funds are needed to support the Disabilities Services Division in its effort to transition to an automated third party administrator (TPA) for its Children's Long Term Support (CLTS) Program.

B. The current contract amount of \$107,262 would increase to \$127,262 for the period of October 1 to December 31, 2012.

C. It is anticipated that additional CLTS revenue from the Wisconsin Department of Health Services will completely offset the total recommended increase in the Quick Financial Solutions contract. Therefore, no tax levy impact is anticipated. However, DHHS has not received written notice from the State regarding reimbursement of these additional expenses. In the event the State will not reimburse the County, DHHS will hold uncommitted contract funds to absorb this increase.

D. No other assumptions are made beyond the one described in C above.

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

Department/Prepared By Clare O'Brien, DAS

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 31, 2012

TO: Supervisor Marina Dimitrijevic, Chairperson – 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 various providers 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) contracts with St. Charles Youth and Family Services, Vital Voices, Transitional Living Services (TLS) and Grand Avenue Club related to various initiatives at the Behavioral Health Division (BHD).

Background

During 2012, BHD has worked diligently to move forward on a number of initiatives including the Mental Health Redesign Task Force work, Joint Commission accreditation, implementation of the \$3 million investment in community resources, and initiation of the Electronic Medical Record. Due to these many large initiatives and a continued focus on quality assurance, client satisfaction and education has resulted in the need to add some resources. Therefore, BHD is requesting to increase three purchase of service contracts to address some needs that have arisen this year.

St. Charles Youth and Family Services

St. Charles has been a partner with the Community Services and AODA BHD areas in providing training and other administrative support through their purchase of service contract. In 2012, BHD asked St. Charles to provide a resource to assist with multiple projects at BHD including staffing the Mental Health Redesign Task Force, working with the Planning Council on the Mental Health Summit, working on various grant applications and assisting in implementation of the various initiatives related to the \$3 million investment. St. Charles has provided one full-time person to BHD throughout 2012 and this was not an anticipated cost last year when the contract was originally established. Therefore BHD is requesting to increase the St. Charles POS

contract by \$65,000, to a total of \$468,126 for 2012. BHD does not anticipate needing this resource beyond 2012.

Vital Voices

BHD has a renewed focus on quality improvement in 2012 and has invested in training and new positions to achieve this goal. As part of this, and to assist in moving towards a continuous quality improvement program, the BHD Crisis Services has increased quality improvement projects and audits in 2012. Through this assessment, BHD identified a need for additional consumer satisfaction surveys in the Crisis Services area. They were last completed in 2008.

The completion on the consumer satisfaction surveys will:

1. Provide direct consumer feedback that will aid Crisis Services in making decisions for improvements in customer satisfaction, programming, utilization of Peer Specialists, access to service providers, etc.
2. Allow Crisis Services to identify the areas where services are not excelling, which will provide information that can assist in identifying areas to focus on both for immediate improvement and for continued quality improvement projects.
3. Give feedback to staff to re-enforce best practices and improve any needed direct care and customer service practices.

BHD is requesting to increase the Vital Voices POS contract by \$2,750, to a total of \$133,711 for 2012. Vital Voices will be tasked with completing 20-30 consumer surveys with consumers on the Observation Unit at BHD and 20-30 consumers residing at the BHD Stabilization Houses (previously called Respite Houses). Vital Voices will be expected to complete these surveys over a 2-3 month period with consumers who volunteer to give their opinions on issues such as location of services, accessing services, assistance with crisis resolution, helpfulness of staff, utilization of peer specialists, etc. BHD plans to add this to the annual contract amount in future years to consistently conduct surveys of existing programs and some of the newly created programs.

Transitional Living Services (TLS)

The adult Mental Health system has many contracts with TLS for a variety of services including targeted case management, community support programs and crisis respite. In addition, as part of the \$3 million mental health initiative, BHD is dedicating funding to assist Housing in providing supportive services to clients in 2012. Due to the mild winter, a 50 unit permanent supportive housing project for BHD consumers was able to open sooner than anticipated. Therefore, BHD and Housing worked together to dedicate funding for the provision of on-site support services at Highland Commons in West Allis. With this funding, TLS will be providing peer support services and other housing supports such as facilitation of groups and interaction with case management. Funds for these supportive services are included in the 2013 Housing budget, therefore this is a one-time expense. BHD is requesting to increase the TLS POS contract by \$50,000, to a total of \$1,973,378 for 2012.

Grand Avenue Club

The Grand Avenue Club provides community living support services to BHD clients through a mental health purchase of service contract. In addition, they champion the use of a tool called the Wellness Recovery Action Plan (WRAP), which empowers consumers to make decisions about their own care in advance of any crisis situation. BHD would like to contract with Grand Avenue to recruit and select three certified Peer Specialists to attend the educational program at the Copeland Center and become Certified WRAP facilitators. BHD will then work with the three now certified WRAP facilitators to develop a plan to offer WRAP development to clients in various agencies throughout the Milwaukee Area. Finally, BHD and the Grand Ave Club will establish a program to evaluate the quality of WRAP plans developed and effectiveness of this program. BHD is requesting to increase the Grand Avenue Club POS contract by \$30,000, to a total of \$165,000 for 2012 to invest in this initiative.

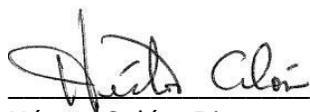
Fiscal Effect

BHD has identified underspending in other purchase of service contracts in the community services and AODA areas that will off-set the \$67,750 increase related to the St. Charles and Vital Voices contracts. The \$80,000 for TLS and Grand Avenue Club initiatives will be funded within remaining Mental Health Investment funds. 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 St. Charles Youth and Family Services purchase of service contract by \$65,000 to a total of \$468,126, the Vital Voices purchase of service contract by \$2,750 to a total of \$133,711, the Transitional Living Services purchase of service contract by \$50,000, to a total of \$1,973,378 and the Grand Avenue Club purchase of service contract by \$30,000 to a total of \$165,000 for the time frame of October 1, 2012 through December 31, 2012.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Amber Moreen, County Executive's Office
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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4 (ITEM *) Report from the Director, Department of Health and Human Services,
5 Requesting Authorization to Increase the 2012 Purchase of Service Contract with
6 various providers for the Behavioral Health Division, by recommending adoption of the
7 following:

8
9 **A RESOLUTION**

10
11 WHEREAS, per Section 46.09 of the Milwaukee County Code of General
12 Ordinances, the Director of the Department of Health and Human Services (DHHS) is
13 requesting authorization to increase three 2012 purchase-of-service (POS) contracts
14 with St. Charles Youth and Family Services, Vital Voices, Transitional Living Services
15 and Grand Avenue Club; and

16
17 WHEREAS, during 2012, BHD has worked diligently to move forward on a number
18 of initiatives including the Mental Health Redesign Task Force work, Joint Commission
19 accreditation, implementation of the \$3 million investment in community resources, and
20 initiation of the Electronic Medical Record; and

21
22 WHEREAS, due to these many large initiatives and a continued focus on quality
23 assurance, client satisfaction and education has resulted in the need to add some
24 resources; and

25
26 WHEREAS, St. Charles has been a partner with the Community Services and AODA
27 BHD areas in providing training and other administrative support through their purchase
28 of service contract; and

29
30 WHEREAS, in 2012, BHD asked St. Charles to provide a resource to assist with
31 multiple projects at BHD including staffing the Mental Health Redesign Task Force,
32 working with the Planning Council on the Mental Health Summit, working on various
33 grant applications and assisting in implementation of the various initiatives related to the
34 \$3 million investment, and St. Charles has provided one full-time person to BHD
35 throughout 2012 and this was not an anticipated cost last year when the contract was
36 originally established; and

37
38 WHEREAS, BHD is requesting to increase the St. Charles POS contract by \$65,000,
39 to a total of \$468,126 for 2012; and

40
41 WHEREAS, as part of BHD's renewed focus on quality improvement in 2012, and to
42 assist in moving towards a continuous quality improvement program, the BHD Crisis
43 Services has increased quality improvement projects and audits in 2012; and

44
45 WHEREAS, through this assessment, BHD identified a need for additional
46 consumer satisfaction surveys in the Crisis Services area as they were last completed
47 in 2008; and

48

49 WHEREAS, Vital Voices will be tasked with completing 20-30 consumer surveys
50 with consumers on the Observation Unit at BHD and 20-30 consumers residing at the
51 BHD Stabilization Houses (previously called Respite Houses); and
52

53 WHEREAS, BHD is requesting to increase the Vital Voices POS contract by \$2,750,
54 to a total of \$133,711 for 2012; and
55

56 WHEREAS, as part of the \$3 million mental health initiative, BHD is dedicating
57 funding to assist Housing in providing supportive services to clients in 2012 at a 50 unit
58 permanent supportive housing project for BHD consumers; and
59

60 WHEREAS, at Highland Commons in West Allis, TLS will be providing peer support
61 services and other housing supports such as facilitation of groups and interaction with
62 case management; and
63

64 WHEREAS, BHD is requesting to increase the TLS POS contract by \$50,000, to a
65 total of \$1,973,378 for 2012; and
66

67 WHEREAS, the Grand Avenue Club provides community living support services to
68 BHD clients through a mental health purchase of service contract, and in addition, they
69 champion the use of a tool called the Wellness Recovery Action Plan (WRAP), which
70 empowers consumers to make decisions about their own care in advance of any crisis
71 situation; and
72

73 WHEREAS, BHD would like to contract with Grand Avenue to recruit and select 3
74 certified Peer Specialists to attend the educational program at the Copeland Center and
75 become Certified WRAP facilitators; and
76

77 WHEREAS, BHD will then work with the three now certified WRAP facilitators to
78 develop a plan to offer WRAP development to clients in various agencies throughout the
79 Milwaukee Area, and BHD and the Grand Ave Club will establish a program to evaluate
80 the quality of WRAP plans developed and effectiveness of this program; and
81

82 WHEREAS, BHD is requesting to increase the Grand Avenue Club POS contract by
83 \$30,000, to a total of \$165,000 for 2012 to invest in this initiative; and
84

85 WHEREAS, BHD has identified underspending in other purchase of service
86 contracts in the community services and AODA areas that will offset the increases for
87 St. Charles and Vital Voices, and the Grand Avenue Club initiative will be funded within
88 remaining Mental Health Investment funds; now, therefore,
89

90 BE IT RESOLVED, that the Director of the Department of Health and Human
91 Services, or his designee, is authorized to increase the 2012 purchase of service
92 contracts with the vendors listed and in the amounts and terms stated below:
93
94

<u>Agency and Service</u>	<u>Original</u>	<u>Amendment</u>	<u>Final 2012 Contract</u>
95 St. Charles Youth and Family	\$403,126	\$65,000	\$468,126

97	Services			
98	(Training)			
99				
100	Vital Voices	\$130,961	\$2,750	\$133,711
101	(Evaluation)			
102				
103	Transitional Living	\$1,922,378	\$50,000	\$1,972,378
104	Services			
105	(Supportive Housing Services)			
106				
107	Grand Avenue Club	\$135,000	\$30,000	\$165,000
108	(Peer Support)			

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/15/2012

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 various providers 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
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	147,750	
	Revenue		
	Net Cost	147,750	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinances 46.09 requires County Board approval of Purchase of Service contract increases, amendments or extensions. The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase 2012 purchase of service contracts with St. Charles Youth and Family Services, Vital Voices, Transitional Living Services and Grand Avenue Club related to various initiatives at the Behavioral Health Division (BHD).

B) The total recommended 2012 purchase of service contract increases total \$147,750. This is made up of a \$65,000 increase for St. Charles, bringing their total contract to \$468,126; a \$2,750 increase for Vital Voices, bringing their total contract to \$133,711; a \$50,000 increase for Transitional Living Services, bringing their total contract to \$1,972,378 and a \$30,000 increase for Grand Avenue Club, bringing their total contract to \$165,000.

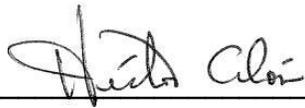
C) The cost of the contract increases for St. Charles and Vital Voices will be paid for through underspending in other purchase of service contracts in the community services and AODA areas, and the increase for Transitional Living Services and Grand Avenue Club will be funded within remaining Mental Health Investment funds. No increase in tax levy results from this change.

D. No assumptions/interpretations.

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

Department/Prepared By Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 21, 2012

TO: Supervisor 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: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Purchase of Service Contract with Horizon Healthcare, Inc. for the Behavioral Health Division (BHD)**

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 for Horizon Healthcare, Inc. (formerly ARO Behavioral Health).

Background

Shortly before the December 2011 Milwaukee County Board of Supervisors meeting, a number of community stakeholders brought forth concerns about a contract held by Our Space for the management of the BHD Office of Consumer Affairs. An extensive audit of Our Space was completed by the Milwaukee County Department of Audit, which was presented at the June 20, 2012 Health and Human Needs committee meeting. Additionally, testimony was heard from multiple individuals at this meeting. On June 28, 2012 the full County Board of Supervisors passed an amended resolution authorizing a contract extension for Our Space through September 30, 2012. It was further recommended that a Request for Proposal (RFP) be let for the Office of Consumer Affairs service, with a proposed contract start date of October 1, 2012.

On July 9, 2012, an RFP was published for the Office of Consumer Affairs service. Proposals were due on August 5, 2012. A panel of individuals, including two Certified Peer Specialists, reviewed the proposals submitted by three agency applicants. The scoring completed by the panel left the top two agency candidates in a virtual tie. As such, three key administrative staff from BHD invited the top two agency candidates to provide a presentation and participate in an interview process. At the conclusion of this process, and in conjunction with consideration of

scores and opinions of RFP panel members, BHD is recommending that the Office of Consumer Affairs contract be awarded to Horizon Healthcare, Inc. This contract will go into effect October 1, 2012. Provision of services under this contract will be management of the Office of Consumer Affairs at BHD, which includes supervision of Peer Specialist services in numerous BHD programs and management of consumer reimbursement for participation in various committees and activities in which peer expertise is sought.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to increase the Horizon Healthcare, Inc. (formerly ARO Behavioral Health) purchase of service contract by \$40,000, from \$298,505 to a total of \$338,505, for the remainder of 2012.

Fiscal Effect

The contract with Our Space, with an annualized allocation of \$135,200, will end on September 30, 2012. The new contract with Horizon Healthcare, Inc., with an annualized allocation of \$160,000, will commence on October 1, 2012. The total recommended 2012 increase to Horizon Healthcare's purchase of service contract is \$40,000. This will result in an increased contract expenditure of \$6,200 for 2012, which will be funded through underspending in other community service and AODA contracts. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator – DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

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4 (ITEM *) Report from the Director, Department of Health and Human Services,
5 Requesting Authorization to Increase the 2012 Purchase of Service Contract with
6 Horizon Healthcare, Inc for the Behavioral Health Division by recommending adoption of
7 the following:
8
9

10 **A RESOLUTION**

11
12 WHEREAS, per Section 46.09 of the Milwaukee County Code of General
13 Ordinances, the Director of the Department of Health and Human Services (DHHS) is
14 requesting authorization to increase the 2012 purchase-of-service (POS) contract with
15 Horizon Healthcare Inc (formerly ARO Behavioral Health); and
16

17 WHEREAS, shortly before the December 2011 Milwaukee County Board of
18 Supervisors meeting, a number of community stakeholders brought forth concerns
19 about a contract held by Our Space for the management of the BHD Office of
20 Consumer Affairs; and
21

22 WHEREAS, an extensive audit of Our Space was completed by the Milwaukee
23 County Department of Audit, which was presented at the June 20, 2012 Health and
24 Human Needs committee meeting; and
25

26 WHEREAS, on June 28, 2012 the full County Board of Supervisors passed an
27 amended resolution authorizing a contract extension for Our Space through September
28 30, 2012, and further recommended that a Request for Proposal (RFP) be let for the
29 Office of Consumer Affairs service, with a proposed contract start date of October 1,
30 2012; and
31

32 WHEREAS, on July 9, 2012, an RFP was published for the Office of Consumer
33 Affairs service with proposals due on August 5, 2012; and
34

35 WHEREAS, a panel of individuals, including two Certified Peer Specialists, reviewed
36 the proposals submitted by three agency applicants and the scoring left the top two
37 agency candidates in a virtual tie; and
38

39 WHEREAS, as such, three key administrative staff from BHD invited the top two
40 agency candidates to provide a presentation and participate in an interview process;
41 and
42

43 WHEREAS, at the conclusion of this process and in conjunction with consideration
44 of scores and opinions of RFP panel members, BHD concluded that the Office of
45 Consumer Affairs 2012 purchase of service contract should be awarded to Horizon
46 Healthcare, Inc (formerly ARO Behavioral Health); and
47

48 WHEREAS, BHD recommends increasing the 2012 purchase of service contract
49 with Horizon Healthcare, Inc (formerly ARO Behavioral Health) by \$40,000 effective
50 October 1, 2012; and

51

52 WHEREAS, the revised Horizon Healthcare, Inc contract will result in an increased
53 contract expenditure of \$6,200 for 2012, which will be funded through underspending in
54 other community service and AODA contracts; now, therefore,

55

56 BE IT RESOLVED, that the Director of the Department of Health and Human
57 Services, or his designee, is authorized to increase the 2012 purchase of service
58 contract with the vendors listed and in the amounts and terms stated below:

59

60

<u>Agency and Service</u>	<u>Original</u>	<u>Amendment</u>	<u>Final 2012 Contract</u>
62 Horizon Healthcare, Inc. 63 (formerly ARO Behavioral 64 Health) 65 (Peer Specialists)	\$298,505	\$40,000	\$338,505

66

67

68

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/21/2012

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 Horizon Healthcare, Inc 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
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	6,200	
	Revenue		
	Net Cost	6,200	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinances 46.09 requires County Board approval of Purchase of Service contract increases, amendments or extensions. The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the 2012 purchase of service contract with Horizon Healthcare, Inc (formerly ARO Behavioral Health) for the management of the BHD Office of Consumer Affairs.

B) The recommended increase to the 2012 purchase of service contract with Horizon Healthcare, Inc is \$40,000, bringing the total contract to \$338,505. Because funding for the majority of the contract is already included in the 2012 Budget, the contract increase for Horizon Healthcare will only result in an increased contract expenditure of \$6,200 for 2012. The increase will be funded through underspending in other community service and AODA contracts.

C) No increase in tax levy results from this change.

D. No assumptions/interpretations.

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

Department/Prepared By Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 31, 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 Enter Into a Professional Service Contract with the Planning Council for Health and Human Services for the Behavioral Health Division

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional services contracts of \$50,000 or greater. Per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2012 professional services contract with the Planning Council for Health and Human Services to assist the Behavioral Health Division (BHD) with the allocation of the remaining \$1,114,296 related to the Mental Health Community Investment.

Background

The 2012 BHD Budget included over \$3 million for a Mental Health Redesign and Community Resource Investment, which included six specific initiatives aimed at expediting the necessary groundwork for a mental health system more reliant on community resources and less reliant on inpatient care: a community-based crisis stabilization program, an additional stabilization house, increased community crisis investment, a crisis resource center expansion, a developmental disabilities-mental health pilot respite program and a quality assurance component. In July 2012, BHD presented a status update report regarding the actions that had been taken related to those budget initiatives and indicated that BHD was working on a plan to spend the one-time funds that remained. At the Health and Human Needs Committee it was requested the BHD return to the Board with a plan to spend the remaining funds in 2012. See attached Expenditure Tracker for more detailed information.

Discussion

After the July committee meeting, BHD met with various community stakeholders, including the Mental Health Redesign Task Force and brainstormed multiple ideas for investments for the remaining funds. BHD, after several discussions with the Task Force members, established a set of priorities for the funds. However, in order to maximize the impact of the \$1.1 million, and in recognition of the complexity of soliciting bids and entering into various contracts, BHD

determined that the best course of action was to return to the Board to request that all funds be managed by the Planning Council of Health and Human Services. This is similar to a fiscal agent type relationship where they will establish the funds in a separate account and BHD will work with them to fund the list of priorities, as detailed below, in a longer time frame.

Priorities

As mentioned above, BHD and the Mental Health Redesign Task Force established a list of priorities, with funding allocations, for the remaining funds. Below is a detailed listing:

- **Step-Down Housing Alternative:** \$150,000 will be dedicated to the creation of a step-down housing alternative. This offers a new approach and addition to the existing system and would be focused on individuals in Community Based Residential Facilities (CBRF) who need some skill coaching in order to move into supportive housing. The Housing Division would develop the site and work with BHD to meet the programmatic needs. The funds would be dedicated to up-front renovation and startup costs.
- **Supportive Living Units:** \$300,000 will be used to leverage additional supportive living units with a focus on a suburban site. The Housing Division has a history of working with private investors to leverage county funds to successfully open these types of housing units.
- **Employment:** \$300,000 will be dedicated to working with community agencies to develop a full scale community plan related to employment. The focus would be on developing employment opportunities across the full spectrum including competitive, supported and sheltered. This is an essential component of mental health recovery and ideally something that would be sustainable with this initial investment. The Planning Council will be asked to staff and coordinate this activity for a \$20,000 fee, which is included in the total amount listed above.
- **Peer Specialists:** \$200,000 will be earmarked for a peer specialist initiative. BHD plans to have use Zia Partners to work with Peer Specialists to develop a comprehensive plan for a peer clearing house and also put together an education continuum, including initial and refresher trainings.
- **Nursing:** \$25,000 will be dedicated to planning an educational program focused on the future of mental health nursing in partnership with the Faye McBeath Foundation and the Alverno College of Nursing.
- **Additional Investments:** \$84,250 will be used for new investments as identified and approved by BHD and the Mental Health Task Force that fit with the overall goals of this initiative. In addition, BHD will pay the Planning Council a 5% fee, or \$55,750, for serving as the fiscal agent and administrator of the funds (a total of \$75,750 including the Employment fee listed above).

The Planning Council will be required to work with Milwaukee County Contract Administration staff to develop any necessary Request for Proposals, establish any contracts, meet DBE goals and follow all applicable County rules. Due to the timeframe for this initiative and the importance of getting the funding into the community, BHD is requesting to allow the Planning Council to serve as the fiscal agent and take a fee of up to \$75,750 without going through an RFP process. The Planning Council has been a good partner to BHD and has assisted with the Mental Health Redesign Task Force and BHD feels they are a good fit for this project. BHD will report to the Board on a quarterly basis with updates regarding this funding.

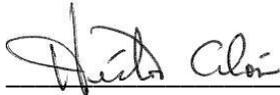
Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to enter into a professional services contract with Planning Council for Health and Human Services starting October 1, 2012 through December 31, 2013 for \$1,114,296, of which they will be paid \$75,750 for services and fees.

Fiscal Effect

All of the funds were included in the 2012 BHD Budget and are detailed on the attached spreadsheet. There is no tax levy impact that results from this initiative. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

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(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into a Professional Service Contract with the Planning Council for Health and Human Services for the Behavioral Health Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2012 professional services contract with the Planning Council for Health and Human Services to assist the Behavioral Health Division (BHD) with the allocation of the remaining \$1,114,296 related to the Mental Health Community Investment; and

WHEREAS, the 2012 BHD Budget included over \$3 million for a Mental Health Redesign and Community Resource Investment, which included six specific initiatives aimed at expediting the necessary groundwork for a mental health system more reliant on community resources and less reliant on inpatient care; and

WHEREAS, in July 2012, BHD presented a status update report regarding the actions that had been taken related to those budget initiatives and indicated that BHD was working on a plan to spend the one-time funds that remained; and

WHEREAS, after the July committee meeting, BHD met with various community stakeholders, including the Mental Health Redesign Task Force and brainstormed multiple ideas for investments for the remaining funds; and

WHEREAS, in order to maximize the impact of the \$1.1 million, and in recognition of the complexity of soliciting bids and entering into various contracts, BHD determined that the best course of action was to return to the Board to request that all funds be managed by the Planning Council of Health and Human Services, with them serving as a fiscal agent where they will establish the funds in a separate account and BHD will work with them to fund the list of priorities in a longer time frame; and

WHEREAS, BHD will pay the Planning Council a 5% fee, or \$55,750, for serving as the fiscal agent and administrator of the funds (a total of \$75,750 including the Employment fee); and

WHEREAS, the Planning Council will be required to work with Milwaukee County Contract Administration staff to develop any necessary Request for Proposals, establish any contracts, meet DBE goals and follow all applicable County rules; and

WHEREAS, all of the funds were included in the 2012 BHD Budget and there is no tax levy impact that results from this initiative; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into a professional service contract with the vendor, amounts and terms stated below:

Agency and Service	Time Frame	2012 Contract
Planning Council for Health and Human Services	October 1, 2012 – December 31, 2013	\$1,114,296

55 (Consultative Services)

56

57

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/20/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into a Professional Service Contract with the Planning Council for Health and Human Services for the Behavioral Health Division

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional services contracts of \$50,000 or greater. Per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2012 professional services contract with the Planning Council for Health and Human Services to assist the Behavioral Health Division (BHD) with the allocation of the remaining \$1,114,296 related to the Mental Health Community Investment.

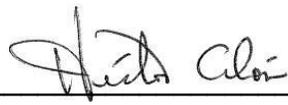
B) BHD is recommending entering into a 2012 professional services contract with Planning Council for Health and Human Services for \$1,114,296 for fiscal agent type services, where the contractor will establish the funds in a separate account and BHD will work with them to fund the list of priorities, as detailed in the attached report, in a longer time frame. BHD will pay the Planning Council a 5% fee, or \$55,750, for serving as the fiscal agent and administrator of the funds.

C) All of the funds were included in the 2012 BHD Budget in the Mental Health Investment Initiative. They are detailed on the attached spreadsheet. There is no tax levy impact related to this initiative.

D) None.

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

Department/Prepared By Alexandra Kotze, DHHS Budget Manager

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Mental Health Community Investment Expenditure Tracker

Initiative	2012 Budget	2013 Annual Cost	2012 Amount	Notes
1) CLASP	\$ 405,870			
7.5 FTE Peer Specialist Positions - contract	\$ 250,000	\$ 250,000	\$ 125,000	July 1 start date (2012)
1 FTE Peer Specialist Coordinator - contract	\$ 80,000	\$ 80,000	\$ 40,000	July 1 start date (2012)
1 FTE Stabilization Coordinator - BHD staff	\$ 75,870	\$ 75,870	\$ 31,613	Estimated Fill - August 1
Funds Remaining		\$ -	\$ 209,258	
2) 8-bed Crisis Respite & Staff	\$ 363,800			
Additional Crisis Respite Facility - contract	\$ 250,000	\$ 298,000	\$ 149,000	July 1 start date (2012)
1.5 FTE of BHESC	\$ 113,800	\$ 113,800	\$ 47,417	Estimated Fill - August 1
Funds Remaining		\$ (48,000)	\$ 167,383	
3) Community Crisis Options	\$ 330,000			
RN 2	\$ 95,000	\$ 95,000	\$ 23,750	Estimated Fill - Oct 1
PSW	\$ 85,000	\$ 85,000	\$ 21,250	Estimated Fill - Oct 1
MPD - Mobile Crisis	\$ 150,000	\$ 150,000	\$ 37,500	Establish contract with MPD for one police officer on Mobile Crisis team.
Funds Remaining		\$ -	\$ 247,500	
4) Up to 2 North Side Crisis Intervention Programs	\$ 1,400,000			
Crisis Resource Center contract		\$ 850,000	\$ 425,000	July 1 start date (2012)
Crisis Resource Center upfront costs		\$ -	\$ 100,000	One time cost
Funds Remaining		\$ 550,000	\$ 875,000	
5) Quality Assurance	\$ 85,352			
Quality Assurance Coordinator		\$ 85,352	\$ 35,563	Estimated Fill - August 1
Funds Remaining		\$ -	\$ 49,789	
6) DD-Mental Health Pilot Respite Program	\$ 448,040			
Contracts	\$ 110,000	\$ 250,000	\$ 62,500	Oct 1 start date (2012)
Staffing	\$ 338,040	\$ 198,040	\$ 49,510	Estimated Fill - Oct 1
Funds Remaining		\$ -	\$ 336,030	
7) Other Expenditures				
Special Needs Housing		\$ (74,714)	\$ (50,000)	2012 - Contract for early opening of facility. 2013 - New Community Intervention Specialist position in Housing.
Budget Adjustment		\$ (100,000)	\$ (100,000)	This is not reflected in 2012 Budget narrative.
Redesign Summit		\$ -	\$ (31,664)	One time cost
Cost increase adjustment		\$ (50,000)		Technical adjustment for inflation
Technical Assistance		\$ -	\$ (250,000)	One time cost
Employment Services Seminar		\$ -	\$ (35,000)	One time cost
IPS Training for Employers		\$ (87,500)	\$ (125,000)	
Behavioral Health Prevention Coordinator		\$ (96,000)	\$ (24,000)	Estimated Fill - Oct 1
WRAP Training - Grand Ave club		\$ -	\$ (30,000)	
8) Potential Expenditures				
Waisman Center consulting		\$ -	\$ (100,000)	One time cost
Employment in Recovery programming		\$ -	\$ (25,000)	One time cost
TOTAL FUNDS REMAINING		\$93,786	\$1,114,296	

**INTEROFFICE COMMUNICATION
COUNTY OF MILWAUKEE**

DATE: August 29, 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, requesting authorization to increase the professional services contract with Hall, Render, Killian, Heath & Lyman for legal services related to contractual agreements between the Behavioral Health Division and third party payers relative to patient accounts

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. Per Section 56.30, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the professional services contract with Hall, Render, Killian, Heath & Lyman by \$25,000, to a total of \$75,000.

Background

In 2010, Corporation Counsel began contracting with Hall, Render, Killian, Heath & Lyman on behalf of the Behavioral Health Division for legal representation in third party payer contracts. The initial contract was less than \$50,000 so it did not require County Board approval. Since that time, Hall, Render, Killian, Heath & Lyman has handled numerous issues for BHD, including the development of a contract template for use in contract negotiations with various health insurance companies and on-going contract review. This review has included the development of contract priorities and the review of contract drafts for Beacon Health Services, United Behavioral Health and ICARE.

Agreements with these third party payers represent a significant revenue stream for BHD, and establishing terms that minimize the County's risk exposure and may maximize reimbursement rates, which is crucial to the contracting process.

To date, BHD has paid Hall, Render, Killian, Heath & Lyman approximately \$46,000 in fees. In order to pay for the continued legal services for third party payer contract review and any new

matters that may arise in 2012 and 2013, BHD is requesting the authority to increase the contract amount by \$25,000, to a total of \$75,000.

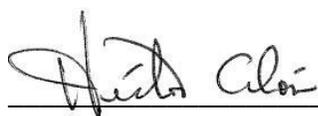
Recommendation

It is recommended that the professional services contract with Hall, Render, Killian, Heath & Lyman be increased by \$25,000, from \$50,000 to \$75,000, to allow for continued legal third party payer contract review.

Fiscal Impact

Sufficient funds exist within BHD's 2012 Budget for outside legal services such that the increase to the contract would not have a tax levy impact. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

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(ITEM *) From the Director, Department of Health and Human Services, requesting authorization to increase the professional services contract with Hall, Render, Killian, Heath & Lyman for legal services related to contractual agreements between the Behavioral Health Division and third party payers relative to patient accounts, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to increase the professional services contract with Hall, Render, Killian, Heath & Lyman by \$25,000, to a total of \$75,000; and

WHEREAS, in 2010, Corporation Counsel began contracting with Hall, Render, Killian, Heath & Lyman on behalf of the BHD for legal representation in third party payer contracts; and

WHEREAS, since that time, Hall, Render, Killian, Heath & Lyman has handled numerous issues for BHD, including the development of a contract template for use in contract negotiations and on-going contract review; and

WHEREAS, this review has included the development of contract priorities and the review of contract drafts for Beacon Health Services, United Behavioral Health and ICARE; and

WHEREAS, agreements with these third party payers represent a significant revenue stream for BHD, and establishing terms that minimize the County's risk exposure and may maximize reimbursement rates, which is crucial to the contracting process; and

WHEREAS, in order to pay for the continued legal services for third party payer contract review and any new matters that may arise in 2012 and 2013, authority is requested to increase the professional services contract amount by \$25,000, to a total of \$75,000; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to increase the professional service contracts with the vendors listed and in the amounts and terms stated below:

<u>Agency and Service</u>	<u>Terms</u>	<u>Contract Amount</u>
Hall, Render, Killian, Heath & Lyman (Legal Services)	2 years (2012, 2013)	\$25,000 (Total of \$75,000 since 2010)

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 7/6/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Director, Department of Health and Human Services, requesting authorization to increase the professional services contract with Hall, Render, Killian, Heath & Lyman for legal services related to contractual agreements between the Behavioral Health Division and third party payers relative to patient accounts

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	25,000	
	Revenue		
	Net Cost	25,000	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. Per Section 56.30, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the professional services contract with Hall, Render, Killian, Heath & Lyman by \$25,000, to a total of \$75,000.

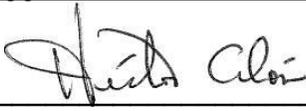
B) BHD is recommending increasing the professional services contract by \$25,000, from \$50,000 to a total contract of \$75,000 with Hall, Render, Killian, Heath & Lyman. Agreements with these third party payers represent a significant revenue stream for BHD, and establishing terms that minimize the County's risk exposure and may maximize reimbursement rates, which is crucial to the contracting process.

C) The total recommended increase of \$25,000 is included in BHD's 2012 Budget for outside legal services; therefore, there is no fiscal impact.

D) None.

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

Department/Prepared By Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 18, 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, Requesting Authorization to enter into a Purchase of Service Contract with Neptune Sandwiches 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 enter into a purchase of service contact with Neptune Sandwiches for the Behavioral Health Division (BHD).

Background

In January 2012, the Milwaukee County Department of Health and Human Services Contract Administration requested proposals for the provision of sandwiches to BHD and Delinquency and Court Services Divisions (DCSD). The sandwiches have been made available since mid-2011 for patients and residents that are in need of food outside the regular meal service, before admission to the facility, or in other emergency situations.

Proposals were due back in mid-February, and were subsequently evaluated by a panel of staff from both Divisions in accordance with the rules of procurement. Specifically, the five bids that were submitted were evaluated based on menu, price, quality, service record and taste. Neptune Sandwiches was selected as the top bidder by the evaluation panel.

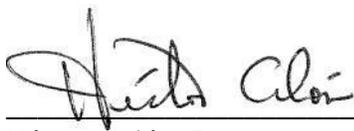
Neptune Sandwiches, as part of their bid, and as approved by Community Business Development Partners, has subcontracted approximately 11% of their proposed contract amount to a DBE certified business. Based on Neptune's per sandwich bid and the estimated volumes for both facilities, the Department of Health and Human Services is requesting a 2012 purchase of service contract in the amount of \$15,750 for both BHD and DCSD.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to enter into a 2012 purchase of service contract with the recommended vendor, Neptune Sandwiches, in the amount of \$15,750.

Fiscal Effect

The amount recommended for this contract will be absorbed in BHD's and DCSD's 2012 Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc.: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator – DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
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(ITEM *) From the Director, Department of Health and Human Services, Requesting Authorization to enter into a Purchase of Service Contract with Neptune Sandwiches for the Behavioral Health Division by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2012 purchase-of-service (POS) contract with Neptune Sandwiches; and

WHEREAS, in January 2012, DHHS Contract Administration requested proposals for the provision of sandwiches to the Behavioral Health (BHD) and Delinquency and Court Services Divisions (DCSD); and

WHEREAS, sandwiches have been made available since mid-2011 for patients and residents that are in need of food outside the regular meal service, before admission to the facility, or in other emergency situations; and

WHEREAS, the five bids that were submitted were evaluated based on menu, price, quality, service record and taste; and

WHEREAS, Neptune Sandwiches was selected as the top bidder by the evaluation panel; and

WHEREAS, based on Neptune's per sandwich bid and the estimated volumes for both facilities, DHHS is requesting a 2012 purchase of service contract in the amount of \$15,750 for both BHD and DCSD; and

WHEREAS, the cost of the contract will be absorbed in BHD's and DCSD's 2012 Budget; and

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into a 2012 purchase of service contract with the vendors listed and in the amounts and terms stated below:

Agency and Service	Service	2012 Contract
Neptune Sandwiches	Food Service	\$15,750

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/15/2012

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Director, Department of Health and Human Services, Requesting Authorization to enter into a Purchase of Service Contract with Neptune Sandwiches for the Behavioral Health Division

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	15,750	
	Revenue		
	Net Cost	15,750	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Milwaukee County Ordinances 46.09 requires County Board approval of Purchase of Service contract increases, amendments or extensions. The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to enter into a purchase of service contract with Neptune Sandwiches for the procurement of sandwiches for BHD and Delinquency and Court Services Division.

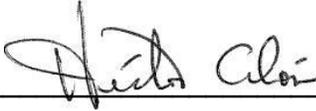
B) The total recommended 2012 purchase of service contract with Neptune Sandwiches is \$15,750. The cost of the contract will be absorbed in the agency's 2012 Budget.

C) No increase in tax levy results from this change.

D. No assumptions/interpretations.

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

Department/Prepared By Maggie Mesaros, Fiscal and Management Analyst, BHD

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 29, 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: Report from the Director, Department of Health and Human Services, Requesting Authorization to increase the 2012 Professional Services Contract with Critical Management Solutions in the Behavioral Health Division

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional services contracts of \$50,000 or greater. Per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 professional services contract with Critical Management Solutions (Contractor) for consulting services to provide assistance to the Behavioral Health Division (BHD) to revise and let a Request for Proposal (RFP) for pharmacy services.

Background and Discussion

In December 2011, BHD received approval for a one-year contract for Joint Commission consulting services from Critical Management Solutions, from January 1, 2012 through December 31, 2012 in a not-to-exceed amount of \$80,000. This contract included specialized services to assist BHD in achieving their goal of being Joint Commission accredited in 2012. As part of the original contract BHD received consultation services from various members of the CMS team, including a Registered Pharmacist.

In 2012, BHD's pharmacy contract is slated to be bid out through the RFP process for services beginning in 2013. This contract is currently over \$5 million annually and has extremely specific requirements and industry standards, which need to be accounted for in the RFP. BHD has no in-house pharmacist nor any one with the expertise to ensure the RFP is comprehensive therefore, BHD is requesting to use a consultant to assist in writing the RFP. This will help BHD ensure that the Division gets the best proposals back from the RFP and is able to select from a number of competitive bids, ideally resulting in high quality services at the best cost.

BHD is requesting to increase the CMS contract by \$20,000 for 2012, specifically for assistance with the pharmacy RFP. Andy Roberts, who is a Registered Pharmacist with CMS, has been

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(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to increase the 2012 Professional Services Contract with Critical Management Solutions in the Behavioral Health Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to increase the professional services contract with Critical Management Solutions by \$20,000, to a total of \$100,000; and

WHEREAS, in December 2011, BHD received approval for a one-year contract for Joint Commission consulting services from Critical Management Solutions (CMS), from January 1, 2012 through December 31, 2012 in a not-to-exceed amount of \$80,000; and

WHEREAS, the contract included specialized services to assist BHD in achieving their goal of being Joint Commission accredited in 2012 through the provision of consultation services from various members of the CMS team, including a Registered Pharmacist; and

WHEREAS, in 2012, BHD's pharmacy contract is slated to be bid out through the RFP process for services beginning in 2013; and

WHEREAS, BHD has no in-house pharmacist nor any one with the expertise to ensure the RFP is comprehensive therefore, BHD is requesting to use a consultant to assist in writing and reviewing responses to the RFP; and

WHEREAS, procuring the consultative services of a Registered Pharmacist will help BHD ensure that the Division gets the best proposals back from the RFP and is able to select from a number of competitive bids, ideally resulting in high quality services at the best cost; and

WHEREAS, the Registered Pharmacist with CMS has been working with BHD to prepare for the Joint Commission survey over the last year, and in that role, has already evaluated BHD's pharmacy system needs; has experience in the development of Requests for Proposals; has a strong background and understanding of the pharmacy business; and is an expert in regulatory and accreditation standards applicable to BHD; and

WHEREAS, BHD plans to use surplus funds related to the audit recoveries for the existing pharmacy contract to fund this contract increase; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to increase the professional service contracts with the vendors listed and in the amounts and terms stated below:

Agency and Service	Original	Amended	Final 2012 Contract
Critical Management Solutions (Consultative Services)	\$80,000	\$20,000	\$100,000

working with BHD to prepare for the Joint Commission survey over the last year. In that role, he has already evaluated BHD's pharmacy system needs, he has experience in the development of Requests for Proposals, he has a strong background and understanding of the pharmacy business and is an expert in regulatory and accreditation standards applicable to BHD. As such, he is uniquely qualified to assist BHD in the development of an RFP and the assessment of the responses to the RFP. He will be able to use the time and effort he has already put into learning about BHD into the RFP and contract process.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to increase the professional services contract with Critical Management Solutions starting October 1, 2012 through December 31, 2012 by \$20,000 for a total of \$100,000.

Fiscal Effect

BHD plans to use surplus funds related to the audit recoveries for the existing pharmacy contract to fund this contract increase (see BHD's report on Roeschen's Omnicare) therefore, there is no tax levy effect from this action. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/20/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to increase the 2012 Professional Services Contract with Critical Management Solutions in the Behavioral Health Division

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	20,000	
	Revenue		
	Net Cost	20,000	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts extended or amended to provide additional reimbursement which extends the total reimbursement beyond fifty thousand dollars (\$50,000) annually to the same vendor. Per Section 56.30, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the 2012 professional services contract with Critical Management Solutions by \$20,000, to a total of \$100,000.

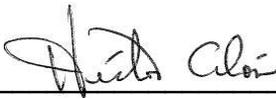
B) BHD is recommending increasing the 2012 professional services contract with Critical Management Solutions by \$20,000, from \$80,000, to a total contract of \$100,000 to procure expertise from a Registered Pharmacist as BHD prepares and reviews responses to its Request for Proposal for pharmacy services.

C) To cover the total recommended increase of \$20,000, BHD plans to use surplus funds related to the audit recoveries for the existing pharmacy contract. Therefore, there is no fiscal impact.

D) None.

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

Department/Prepared By Maggie Mesaros, BHD

Authorized Signature _____


Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 31, 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: **Report from the Director, Department of Health and Human Services, requesting authorization to increase the 2011 professional services contract with Roeschen's Omnicare for the Behavioral Health Division**

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts extended or amended to provide additional reimbursement which extends the total reimbursement beyond fifty thousand dollars (\$50,000) annually to the same vendor. Per Section 56.30, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the 2011 professional service contract with Roeschen's Omnicare to address overspending in pharmacy services.

Background

In December 2010, BHD brought forward a report to establish 2011 professional service contracts with various vendors, including Roeschen's Omnicare. Roeschen's Omnicare provides all pharmacy services to the Behavioral Health Division, including outpatient clients. The contract amount for 2011 was recommended to be \$5,090,120, which was the same as the 2010 contract including the additional pharmaceutical costs for clients previously paid out of the Medical College outpatient purchase of service contract. Throughout 2011, BHD monitored the contract and reported deficits for pharmacy in the quarterly fiscal projections. Further, in January 2012, BHD brought forward a report that detailed projected overspending in pharmacy services primarily in the outpatient area including the BHD Access Clinic and the Medical College of Wisconsin outpatient clinic. The report noted that final 2011 payments to Roeschen's would be pending the outcome of an audit conducted by the Audit Services Division of the Office of the Comptroller, as well as contingent on County Board approval.

The Audit Services Division has completed its review and found that several factors influenced the overspending on the 2011 contract for pharmacy services, including: the transfer of

purchasing authority for drugs for indigent clients served at the Medical College of Wisconsin (MCW) Clinic from MCW to Omnicare; 2011 Budget assumptions; pre-authorization issues; identification of third party payors; and contract oversight issues. BHD is working with Roeschen's Omnicare to implement the recommendations contained in the Audit Services Division's report.

After billing adjustments recommended by the Audit Services Division report, the amount still owed to Roeschen's Omnicare for 2011 pharmacy services is \$567,594. As such, BHD is requesting that the professional services contract with Roeschen's Omnicare be increased by \$567,594 in 2012 to allow BHD to make the final 2011 payment. BHD accrued the funding in 2011 so this will have no impact on the 2011 or 2012 financial statements for BHD.

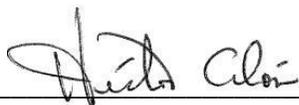
BHD continues to closely monitor pharmacy services and costs, and will put an RFP out later this year for this service for 2013 (see related report regarding an RFP consultant). BHD is also considering the option of bringing pharmacy services back in-house rather than using an outside vendor.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to increase the 2011 professional services contract with Roeschen's Omnicare by \$567,594, to a total of \$5,657,714.

Fiscal Effect

BHD assumed, as part of its 2011 close, that this contract would be overspent by \$650,000 and made the appropriate accounting entries. Therefore, there will be no fiscal impact for 2011 or 2012 of this action. BHD preemptively submitted a fund transfer in the January 2012 cycle to reallocate funds to the pharmacy accounts to pay for this contract increase. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kamholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS

Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

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(ITEM *) Report from the Director, Health and Human Services, requesting authorization to increase the 2011 professional services contract with Roeschen's Omnicare for the Behavioral Health Division to cover overspending in pharmacy services, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 56.30 of the Milwaukee County Code of General Ordinances, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to increase the professional services contract with Roeschen's Omnicare by \$567,594, to a total of \$5,657,714; and

WHEREAS, in December 2010, BHD brought forward a report to establish 2011 professional service contracts with various vendors, including Roeschen's Omnicare for pharmacy services; and

WHEREAS, the contract amount for 2011 was recommended to be \$5,090,120, which was the same as the 2010 contract including the additional pharmaceutical costs for clients previously paid out of the Medical College outpatient purchase of service contract; and

WHEREAS, throughout 2011, BHD monitored the contract and reported deficits for pharmacy in the quarterly fiscal projections, and in January 2012 BHD brought forward a report that detailed projected overspending in pharmacy services primarily in the outpatient area including the BHD Access Clinic and the Medical College of Wisconsin outpatient clinic; and

WHEREAS, the January 2012 report noted that final 2011 payments to Roeschen's would be pending the outcome of an audit conducted by the Audit Services Division of the Office of the Comptroller, as well as contingent on County Board approval; and

WHEREAS, the Audit Services Division completed its review in July and found that several factors influenced the overspending on the 2011 contract for pharmacy services, including: the transfer of purchasing authority for drugs for the Medical College of Wisconsin (MCW) Clinic from MCW to Omnicare; 2011 Budget assumptions; pre-authorization issues; identification of third party payors; and contract oversight issues; and

WHEREAS, BHD is working with Roeschen's Omnicare to implement the recommendations contained in the Audit Services Division's report; and

WHEREAS, after billing adjustments recommended by the Audit Services Division, the amount still owed to Roeschen's Omnicare for 2011 pharmacy services is \$567,594; and

WHEREAS, BHD is requesting that the 2011 professional services contract with Roeschen's Omnicare be increased by \$567,594 to \$5,657,714 to allow BHD to make the final 2011 payment; and

WHEREAS, BHD assumed, as part of their 2011 quarterly reports, that this contract would be overspent by \$650,000 and preemptively submitted a fund transfer in the January 2012 cycle to reallocate funds to the pharmacy accounts to pay for this contract increase; now, therefore,

54 BE IT RESOLVED, that the Director, Department of Health and Human Services, or his
55 designee, is hereby authorized to increase the professional service contracts with the vendors
56 listed and in the amounts and terms stated below:

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<u>Agency and Service</u>	<u>Original</u>	<u>Amended</u>	<u>Final 2011 Contract</u>
Roeschen's Omnicare (Pharmacy Services)	\$5,090,120	\$567,594	\$5,657,714

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/20/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Health and Human Services, requesting authorization to increase the 2011 professional services contract with Roeschen's Omnicare for the Behavioral Health Division to cover overspending in pharmacy services

FISCAL EFFECT:

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

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

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

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

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

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

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

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	567,594	
	Revenue		
	Net Cost	567,594	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts extended or amended to provide additional reimbursement which extends the total reimbursement beyond fifty thousand dollars (\$50,000) annually to the same vendor. Per Section 56.30, the Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to increase the 2011 professional services contract with Roeschen's Omnicare by \$567,594, to a total of \$5,657,714.

B) BHD is recommending increasing the 2011 professional services contract by \$567,594, from \$5,090,120 to a total contract of \$5,657,714 with Roeschen's Omnicare to pay for overspending in pharmacy services.

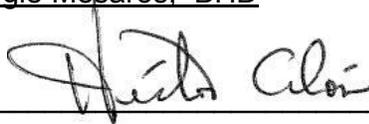
C) To cover the total recommended increase of \$567,594, the County Board approved a fund transfer in January 2012 of surplus funds in another BHD account series. The estimated payment for 2011 overspending was encumbered in early 2012 and was included in BHD's 2011 4th quarter report; therefore, there is no fiscal impact.

D) None.

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

Department/Prepared By Maggie Mesaros, BHD

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes



No

**INTEROFFICE COMMUNICATION
COUNTY OF MILWAUKEE**

DATE: August 29, 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: Informational Report from the Director, Department of Health and Human Services, Outlining a Proposed Expansion of the Mobile Crisis Team

Issue

The Behavioral Health Division's (BHD) 2012 Budget included a \$3 million community resource investment meant to increase community capacity for adult mental health services and reduce the reliance on inpatient hospitalization. One of the initiatives included in the investment was the development of additional community crisis options, specifically an expansion of the Crisis Mobile Team. This report provides the details of the proposed expansion.

Background

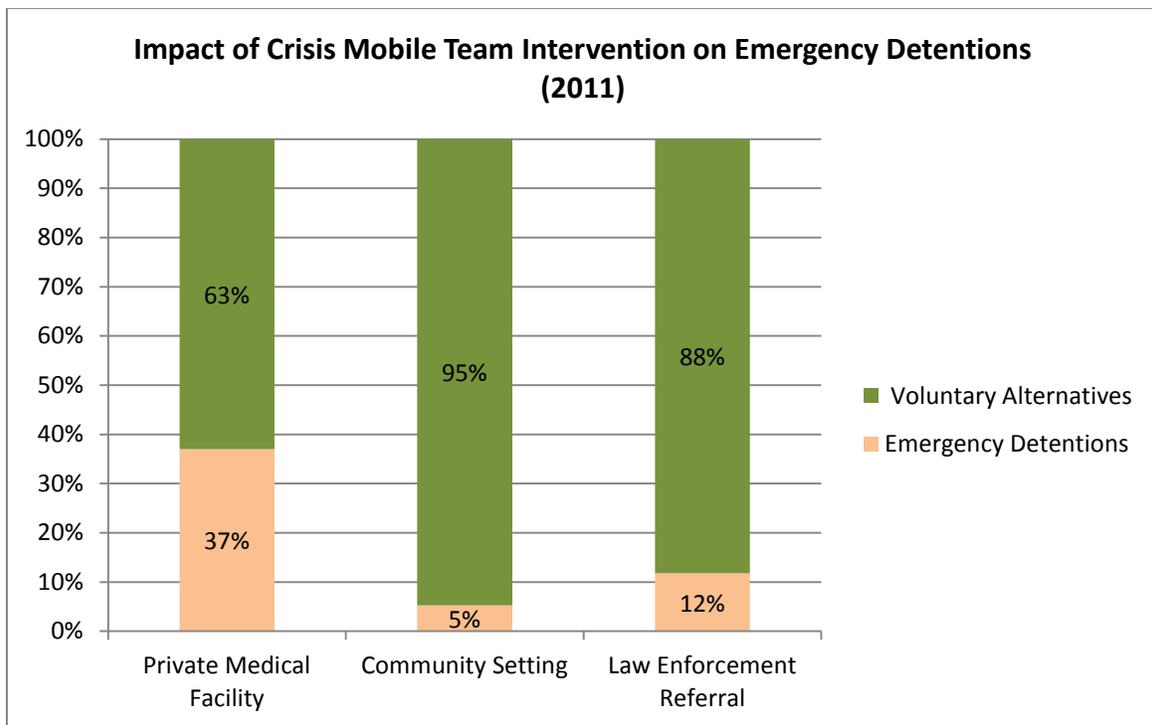
The Mobile Crisis Team has been in existence for over 15 years in Milwaukee County. The Mobile Crisis Team works exclusively with individuals age 18 and over, and the Mobile Urgent Treatment Team works with children 17 and under. The role of the Mobile Crisis Team is to respond to behavioral health crises in the community. A key component to this response is the evaluation of emergency detentions. Currently, the Mobile Crisis Team is comprised of RNs, BHESCs, and a psychologist.

A well-documented and widely publicized phenomenon that occurs in Milwaukee County is a disproportionately high number of psychiatric emergency detentions (ED). This fact has been pointed out in any number of venues and is highlighted in the Human Services Research Institute (HSRI) report on redesigning the adult mental health system in Milwaukee County. In 2011, there were over 7,000 emergency detentions in Milwaukee County. However, it is difficult to compare Milwaukee County with any other county in the State of Wisconsin as the laws that govern how we approach Chapter 51 (the State law that applies to emergency detentions) are different. In addition the socio-economic realities of Milwaukee County are also quite distinct from other Wisconsin counties.

BHD is currently in the process of implementing a number of strategic initiatives that are aimed at maintaining individuals in the community while avoiding involuntary hospitalizations. In 2011 and 2012, BHD conducted an extensive review of factors related to EDs, including: a study of Mobile

Crisis team utilization and effectiveness at generating voluntary dispositions; a retrospective analysis of ED dispositions and probable cause hearings; a survey of local law enforcement that focused on use of voluntary alternatives rather than EDs; and finally, possible legislative action that would impact the Chapter 51 processes was also explored.

For purposes of developing a plan for additional community crisis options, only data from the Mobile Crisis Team was reviewed and analyzed. In 2011, there were 1,488 contacts made by the Mobile Crisis Team, of which 931 were done at a private medical facility. In each of these cases law enforcement had already placed the individuals on an ED. The Mobile Crisis Team evaluated those patients and in 63% of the cases, was able to drop the ED and pursue voluntary alternatives. Additionally, 455 of the Mobile Crisis Team contacts were done in a community setting. These contacts were either to facilitate the discharge of a patient from a higher level of care, or to evaluate an individual in the community. Of these community contacts, only 24 resulted in an ED being initiated, which translates to a 95% rate of voluntary alternatives. Finally, there were 102 contacts that were directly referred by law enforcement. These were situations where law enforcement required an onsite clinical evaluation and risk assessment. Of these cases, there was a recommendation to detain 12 individuals on an ED. This corresponds to an 88% rate of voluntary alternative for individuals that had come to the attention of law enforcement. In each of these cases, intervention was conducted prior to any contact with PCS. The data described above and shown in the table below indicates is that an intervention by the Crisis Mobile Team leads to far fewer EDs than would otherwise have been the case.



An additional review of the total number of EDs in Milwaukee County in 2011 was also conducted, with a focus on individuals at BHD. It was determined that up to 80% of EDs written in Milwaukee

County could have been positively impacted by clinical intervention earlier in the process. The types of ED dispositions that factor into this percentage include:

- The ED was dropped in PCS;
- Patient was placed on a treatment director's stipulation but discharged prior to probable cause;
- No witness shows up for court;
- Facial insufficiency; and
- A stipulation agreement is struck for voluntary admission.

Proposed Expansion

Given the positive impact that intervention by the Mobile Crisis Team has been shown to have in reducing the number of EDs, BHD is proposing to expand the Mobile Crisis Team. This expansion will include a Milwaukee Police Officer and a BHESC (employed by BHD – a report to request the new position will be submitted in October) that work together to respond to needs in the community. This team would then be first responders to calls that are Behavioral Health emergencies. A clinical presence in these types of situations is a standard practice throughout the country. Wisconsin is one of very few remaining states where the decision to detain is made exclusively by law enforcement.

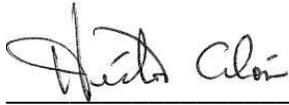
BHD plans to establish an intergovernmental contract with the Milwaukee Police Department (MPD) for the services of an identified police officer and the officer will become a dedicated part of the Mobile Crisis Team. That officer's only job responsibility will be to respond to calls for EDs or follow up calls. Initially, this team would primarily focus on Districts 3, 5 and 7, as these districts account for over 50% of EDs in the City of Milwaukee. All of these Districts share a border and are centrally located. The officer involved would receive intensive training in Behavioral Health, and would undergo the full thirty day training new Mobile Crisis Team members go through. Hours of operation would be determined based on a data review of the highest number of calls for behavioral health intervention. Proposed sites for the team to operate out of would be the newly opened North Side Crisis Recovery Center, which is located within the target area or another neutral community-based site.

BHD would look to start the agreement with the MPD as of October 1, 2012. The annual contract would be for up to \$150,000, or \$37,500 for the remainder of 2012. Based on an evaluation of outcome data (including disposition analysis, consumer feedback and operational efficiency) for the expanded Crisis Mobile Team, a second officer may be funded through the contract with MPD. Since the contract with the MPD constitutes an intergovernmental contract, County Board approval is not required prior to entering into an agreement.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 31, 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: **Report, from the Director, Department of Health and Human Services, on the status of the 2012 Purchase of Service Contract and Audit recommendations related to Our Space for the Behavioral Health Division**

Issue

Per the request of the Director, Department of Health and Human Services, and the Administrator, Behavioral Health Division, the Department of Audit completed a review of the Our Space contract related to peer support services. The audit results were presented at the June Health and Human Needs Committee and, at that time, the Committee requested monthly reports on the status of the contract, implementation of the audit recommendations and status of the other recommendations suggested by community agencies.

Discussion

Shortly before the December meeting of the Health and Human Needs Committee, it was brought to the attention of the BHD administration that there were some concerns with the Our Space contract. BHD met with Our Space and the individuals who brought the concerns forward, and all parties agreed with a BHD developed plan to conduct an audit of the Peer Support component of the Our Space contract. To ensure that these valuable services were maintained for BHD clients while the concerns were reviewed, BHD recommended, and the Board approved, a four-month contract for Our Space from January 1 – April 30, 2012 for a total of \$116,054. BHD then returned to the Board in March 2012 and asked to extend the Peer Support service area of the Our Space contract through June 30, 2012, since the audit was still pending. That was approved and services for clients continued without interruption.

Audit released their final review of the Our Space issues in May 2012. No audit results suggested that Our Space should not continue to provide Peer Support services to BHD through their purchase of service contract. The audit was submitted to the County Board in the June cycle and, due to the completion of the audit, BHD also requested to extend the Peer Support portion of the Our Space contract through December 31, 2012. Extensive testimony occurred and the committee requested a monthly report from BHD to ensure that the recommendations from Audit were implemented.

This report seeks to continue the format of those monthly reports, the first of which was made in July 2012. Below is a list of the recommendations from Audit and the community authors, along

with a status update. The Department will share the monthly reports with Audit to ensure that they are aware of the progress.

It is worth noting that a Request for Proposals (RFP) for the Office of Consumer Affairs was let on July 9, 2012, with responses due on August 6, 2012. A new vendor has been selected and is being recommended for a contract to begin on October 1, 2012 in another board report before the Board this cycle. As such, the current contract with Our Space may only be in effect until September 30, 2012.

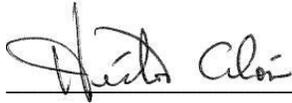
	RECOMMENDATION	SOURCE	STATUS
1	Establish, with input from Our Space and local advocacy groups, criteria for inclusion in peer support services contracts for screening candidates for Peer Specialist positions. DHS 12.06, Wisc. Adm. Code provides guidance in this area	Audit	BHD included this requirement in the RFP that was released in July 2012.
2	Require that Our Space produce current background checks on all employees past the four year re-check period	Audit	This has been completed.
3	Establish a protocol under contract provision #2 (Staffing and Delivery of Services) to review Peer Specialist assignments on a regular basis	Audit	BHD will continue to meet with the Our Space operations manager to review this regularly throughout the duration of their contract.
4	Develop a mechanism to monitor and enforce background check requirements with contracted agencies	Audit	BHD is working on this with Contract Administration and the Community Services Branch.
5	Modify the Our Space Whistleblower Protection policy and obtain DHHS - Contract Administration's written confirmation that the policy meets all contractual requirements prior to having the revised policy approved by the Our Space board	Audit	Our Space Board has approved a new Whistleblower policy, which has been reviewed and approved by Contract Administration and is now on file.
6	Distribute copies of Our Space's written Grievance and Whistleblower Protection policies to all current and future Our Space Peer Specialists, and provide awareness training regarding same.	Audit	BHD had planned to survey all Peer Specialists in the fall to ensure this is complete; however, with a potential new vendor starting, this initiative will be implemented with the new vendor.
7	Obtain and retain required employee signatures acknowledging receipt and understanding of the Our Space Whistleblower Policy	Audit	Our Space has indicated that this will be done by September. BHD will monitor to ensure receipt.

8	Seek the cooperation of supportive housing owners to conduct on-site security reviews of supportive housing units serving Milwaukee County mental health consumers, possibly enlisting the Office of the Sheriff	Audit	BHD and the DHHS Housing Division will meet and develop a strategy to address this.
9	Identify resources that could potentially be marshaled to address any security concerns/deficiencies identified from on-site security reviews	Audit	BHD and the DHHS Housing Division will meet and develop a strategy to address this.
10	Work collaboratively with Our Space Management, supportive housing unit owners and any other community resources identified to address any security concerns identified in the on-site reviews	Audit	BHD and the DHHS Housing Division will meet and develop a strategy to address this.
11	Distribute benefits counseling information to all current Peer Specialists as a reminder and incorporate same in the Our Space Employee Handbook	Audit	Our Space has indicated that this is complete.
12	Quality Assurance	Community Authors	BHD and Contract Administration will review all quality assurance provisions in the contract to ensure they are comprehensive.
13	Education for employers related to role of Peer Specialists	Community Authors	BHD is planning a summit and day of learning for employers who are incorporating Peer Support services into their agency. Additional resources are available for technical assistance and will be offered when appropriate.
14	Conflict of Interests	Community Authors	BHD and Contract Administration will review all conflict of interest provisions in the contract.
15	Complaints/ issues from clients regarding Peer Specialists		BHD will report any complaints/issues immediately, including the proposed resolution.
16	Concerns from Peer Specialists brought forth to BHD administration		BHD will notify the vendor and work with all parties to identify a solution

As noted above, in addition to the specific recommendations, BHD will monitor any concerns from clients regarding the Peer Specialists and any concerns brought forth from the Peer Specialists regarding their employment.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
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

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: August 31, 2012

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

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

SUBJECT: Informational Report from the Director, Department of Health and Human Services, Submitting an Overview of the 2013 Requested Budget for the Department of Health and Human Services

Background

As requested by the Health and Human Needs Committee, this report highlights the 2013 Requested Budget for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

DHHS/BHD Overall Summary

- DHHS's Requested Budget maintains core services while working to increase revenue opportunities, improve efficiency and assess and implement best practices in health and human services.
- DHHS (including BHD) met its combined overall tax levy target of \$85,223,466, which is a decrease of about \$600,000 compared to 2012. This decrease is related to reduced crosscharges from other departments.
- The 2013 Requested Budget for BHD reflects \$186.4 million in expenditures, \$123.8 million in estimated revenues and a total tax levy of \$62.6 million which reflects a \$1.4 million tax levy increase over 2012.
- The 2013 Requested Budget for DHHS, excluding BHD, reflects \$86.9 million in expenditures, \$64.3 million in estimated revenues and a total tax levy of \$22.6 million which reflects a \$2 million tax levy decrease over 2012.
- The tax levy increase in BHD and offsetting decrease in DHHS is primarily due to a shift of BCA related to a State change.

- Overall, 83 FTEs (annually) BHD positions related to the privatization and downsizing initiatives for Acute, Hilltop and the Community Support Program (CSP) – Downtown are abolished.
- The DHHS budget makes investments in special needs housing, expands the children’s waiver programs within the Disabilities Services Division and starts a new short-term secure detention program for youth. Overall, positions and core services are maintained at 2012 levels.

Programmatic Highlights by Division

Delinquency and Court Services Division (DCSD)

- Youth Aids revenue is maintained at \$15.4 million, the same level as the 2012 Budget.
- In light of the closures of both Ethan Allen & Southern Oaks, DCSD has been working on a local, short-term, secure placement program as an alternative to costly State correctional stays. DCSD anticipates savings of \$180,000 due to this initiative.

Disabilities Services Division (DSD)

- In 2013, DSD plans to serve 90 additional children through the Children’s Long Term Support waiver/autism benefit waiver programs. DSD will begin its outreach efforts in 2012 in order to achieve the additional caseload and revenue reimbursement by early 2013.
- The 2013 Budget increases the Purchase of Service contract funding for the Birth to Three Program by \$200,000.
- DSD anticipates the receipt of \$75,000 in additional revenue related to Medicaid crisis billing for individuals receiving services through the operation of a four-bed Crisis Stabilization Center.

Housing Division

- In the Special Needs Housing area, funding is increased by \$110,000 to support two new permanent supportive housing developments to serve additional consumers, consistent with the goals of the Mental Health Redesign effort.
- As a result of multiple recommendations from the Mental Health Redesign Task Force, BHD and the DHHS Housing Division are working together on a new initiative to identify housing resources for consumers being discharged from hospitals, shelters, and correctional institutions. As a result, 1.0 FTE Community Intervention Specialist – Housing is created.

Inmate Medical

- In the 2012 Budget, the Inmate Medical program within the Office of the Sheriff was transferred to DHHS as of July 1, 2012. In mid-2012, the Office of the Sheriff independently decided to pursue another option; therefore, DHHS has eliminated the Inmate Medical area from its budget for 2013. This change has no tax levy impact for DHHS.

Behavioral Health Division (BHD)

Investments

- **The \$3 million investment in community-based services** made in the 2012 Budget is continued & will be used to further initiatives begun in 2012. An additional \$50,000 is included to offer more peer support services and expand the continuum of care for clients in Targeted Case Management.
- The Request reflects initiatives and consultation services as BHD continues to work toward **Joint Commission (JC) certification**, with a goal to achieve accreditation in 2013.
- BHD has a total of \$2.1 million dedicated to the implementation of its **Electronic Medical Records (EMR)** system which is expected to significantly enhance the IT and business systems at BHD.

Downsizings/Major Staffing Changes

- BHD will reduce the number of licensed beds in the **Center for Independence and Development (CID) (formerly Rehabilitation Center-Hilltop)** by a total of 24 by July 1, 2013. BHD will work closely with the Disabilities Services Division to secure community placements for eligible clients. As part of this initiative, BHD plans to redesign the remaining services for clients in the CID.
- **One Adult Acute Treatment Unit** will close as of April 1, 2013 based on declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign Task Force.
- Beginning July 1, 2013, the caseload currently covered by BHD's **Community Support Program (CSP) - Downtown** will be assumed by a community provider through a competitively bid purchase of service contract.

2013 DHHS Requested Budget Overview

- Consistent with the Sheriff's report on safety at the BHD complex, security staff will perform the administrative functions of the front desk, including answering and directing telephone calls and checking in visitors, and will be responsible for some additional security such as preventing unauthorized entry and exit.

Revenue

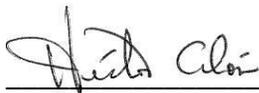
- Medicaid related revenues are increased by \$2.4 million in 2013, as BHD maximizes Medicaid reimbursement from the State.
- BHD will work with the Care Maintenance Organizations that support clients in the Center for Independence and Development (formerly Rehabilitation Center- Hilltop) and Rehabilitation Center-Central to increase reimbursement for services on a case-by-case basis in 2013.

Other Expenditure Changes

- Expenditures for Alcohol and Other Drug Abuse (AODA) prevention services and the detox program will decrease by a total of \$467,016 to be consistent with the AODA Block Grant requirements and due to an initiative to institute new quality improvements, respectively.

Recommendation

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



Héctor Colón, Director
Department of Health and Human Services

Cc County Executive Chris Abele
Peggy West, Supervisor, Milwaukee County Board
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