12-969

1

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

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

From: Chris Abele, County Executive

Subject: Appointment of Tim Baranzyk to the Veterans Service Commission

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Wisconsin Statutes Sec. 45.81, I am hereby reappointing Mr. Tim Baranzyk to serve on the Veterans Service Commission. Mr. Baranzyk's appointment will expire on December 31, 2013. A copy of Mr. Baranzyk's resume is attached for your review.

Your consideration and confirmation will be appreciated.

Chris Abele
Milwaukee County Executive

cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp
Jennifer Collins
Tim Baranzyk

Tim Baranzyk

3560 S. 81st Street

Milwaukee, WI 53220

1-414-628-7081

Education:

Masters in Special Education; Master's in Educational Leadership

Cardinal Stritch University, 2000 & 2001

B.A. in Political Science, University of Wisconsin-Milwaukee, 1973

Employment:

Milwaukee Public Schools – 1989-Present

Diagnostic Teacher

Social Studies & Special Education Teacher

Military/Veteran:

State Commandant, Marine Corps League (MCL), WI, 2001-2003

Badger Detachment Commandant, MCL, 2000-2009

President, WI Vietnam Vets, Chapter 1, 2003-Present

Service Officer, 4th District, American Legion-2008-Present

Commander Post 416, Greendale, American Legion, 2003-Present

Newsletter Editor, Wisconsin Marine, 2000-2009; Badger Scoop-1995-2009

Awards:

Milwaukee County Veteran of the Year 2004

Honor Blanket presented by Potawatomi Nation

12-971

2

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Ms. Tammy Seefeld to the Emergency Medical Services Council

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97 of the Milwaukee County Ordinances, I am hereby appointing Ms. Tammy Seefeld to serve on the Emergency Medical Services Council. A copy of Ms. Seefeld's resume is attached for your review. Ms. Seefeld's term will expire on August 31, 2014.

I would appreciate your consideration and confirmation.

Chris Abele
Milwaukee County Executive

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst
Ms. Tammy Seefeld
Ken Sternig

MILWAUKEE COUNTY COURTHOUSE, 901 NORTH 9TH STREET, ROOM 306, MILWAUKEE, WI 53233
TELEPHONE (414) 278-4211 FAX (414) 223-1375 COUNTY.MILWAUKEE.GOV/COUNTYEXECUTIVE

Curriculum Vitae

TAMMY L. SEEFELD

Office:	Meda⊂Care Ambulance 2515 W. Vliet St. Milwaukee, WI 53205 (414)-342-1148 ext. 1137	Home:	7023 W Beloit Rd West Allis, WI 53219 (414)-321-7632

SUMMARY OF EXPERIENCE:

I began my EMS career at Meda⊂Care Ambulance March 1988 as a full time Emergency Medical Technician providing both emergency and non-emergency transportation for the sick and injured. As a private provider, I have had the opportunity to work in both the field and inter facility settings. Throughout the years, I have diversified by performing as a dispatcher, shift supervisor, field training officer, and have served as the Director of Training and Education for Meda⊂Care Ambulance. Currently I am the Quality Assurance and Protocol Development Manager. Additionally I serve as the WARDS representative, assurance data collection and transmission for the State of Wisconsin.

WORK HISTORY

3-88 to Present — **Meda⊂Care Ambulance Service, Milwaukee**

2010 to Present — Quality Assurance and Policy/Protocol Development Manager

3-88 to 2010 — Director of Training and Education

Responsible for all initial and ongoing training needs of the EMT/EMT-P personnel and assist with the initial training for all dispatch personnel (Advanced Skills Recertification, CQI, organizing refresher courses with the Technical Schools as needed, Inservice training, policy and protocol updates, remedial training, other duties and projects as needed). Oversee members of the Department of Training and Education. Develop training programs for all aspects of EMT/EMT-P job duties.

1989-1992 — **Sussex Fire Department** - Fire Fighter/EMT, Fire Inspector. Responded to all Medical and Fire calls for our community. Performed quarterly fire inspections for the industrial park located within the village.

8-86 to 5-88 — **Family Health Plan** - Medical Assistant

Worked closely with Family Practice Physicians, as well as specialty Physicians (Orthopedic, Dermatology, Podiatry, Internal Medicine), providing various clinical functions during office visits. Assisted Director of Nursing with Employee Health Department.

EDUCATION

October 2001	Critical Care Paramedic Certification: Loyola University Medical Center
1997-1998	Paramedic Certification course, Gateway Technical College-Kenosha Campus. Received Valedictorian Award.
1989-1992	Various Fire Fighting Courses at Waukesha County Technical College, including Fire Fighter Recruit, State Level 1 Fire Fighter, and Fire Inspector.
8-87 to 1-88	Emergency Medical Technician Certification Course, Waukesha County Technical College.
1-85 to 6-85	Medical Assistant Program, Concordia College
8-84 to 12-84	Enrolled Pre-Allied Health, UW-Milwaukee
8-80 to 6-84	Sussex Hamilton High School, Graduated with Honors

OTHER CERTIFICATIONS/TRAINING

Critical Care Paramedic UMBC and State of Wisconsin Endorsed
Basic Life Support American Heart Association
Advanced Cardiac Life Support (ACLS) Provider
Advanced Cardiac Life Support (ACLS) Instructor
Pediatric Advanced Life Support (PALS) Provider
Past Pre-Hospital Trauma Life Support (PHTLS) Wisconsin Assistant State Coordinator
Pre-Hospital Trauma Life Support (PHTLS) Advanced Provider
Advanced Medical Life Support (AMLS) Provider
Flight for Life Safety Certified

12-972

3

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Ms. Samantha Megan Maldonado to the Emergency Medical Services Council

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97 of the Milwaukee County Ordinances, I am hereby appointing Ms. Samantha Megan Maldonado to serve on the Emergency Medical Services Council. A copy of Ms. Maldonado's resume is attached for your review. Ms. Maldonado's term will expire on August 31, 2014.

I would appreciate your consideration and confirmation.

Chris Abele
Milwaukee County Executive

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst
Ms. Samantha Megan Maldonado
Ken Sternig

MILWAUKEE COUNTY COURTHOUSE, 901 NORTH 9TH STREET, ROOM 306, MILWAUKEE, WI 53233
TELEPHONE (414) 278-4211 FAX (414) 223-1375 COUNTY.MILWAUKEE.GOV/COUNTYEXECUTIVE

Samantha Megan Maldonado

4739 W. Edgerton Ave. Greenfield WI 53220
P: (414) 807-3894 • F: (414) 751-1395 • samanthamaldonado26@yahoo.com

Summary of Accomplishments:

Focused, experienced and passionate professional with proven track record in both corporate and not-for-profit sectors. Energetic and determined leader with transferable skills in change management, relationship cultivation and partnership development. Hands-on approach to team leadership and direction, excellent communicator and relationship builder as seen in increased participation and improved awareness of directed areas of responsibilities. Additional competencies include client and community relations through successful engagement strategies, volunteer management, goal execution, visioning, event planning and analytical resource allocation that generate quantifiable results. Further skilled at communications, reporting /tracking, press releases and RFP submissions. Demonstrated talent working with all points of involvement: management, colleagues, clients and volunteers.

Core knowledge and skills areas include:

- Scope Management
- Collaboration and solutions based approaches
- Change/Project Management
- Client Relationship Management
- Customer Service and Retention Improvement
- Visioning
- Event planning and execution
- Effective resource allocation
- Identify diverse synergies for common goals
- Leverage skills of team/colleagues to accomplish end goals

Consulting:

Maldonado Consulting & Associates **5/2010-Present**

Provided oversight, direction and support of existing and cultivated partnerships with community leaders and small businesses. Focused on community relationships and event management execution with the "4 bottom line" framework as a guiding principle. Developed the strategy and protocols for working with community partners and acted as a liaison for community initiatives. Successfully exceeded capital requirements by managing highly valued events for improved community engagement and participation.

- Created theme, vision and plan to execute excellence in large revenue generating banquets , meetings and events
- Cultivated and maintained successful relationships with community leaders and city-wide cultural alliances
- Directed thoughtful and effectively planned change management solutions
- Managed the planning, implementation and execution of events
- Identified opportunities of partnerships and cross-promotions with other organizations
- Focused on strategic involvement of community outreach events and volunteer corps management to annual goals and mission
- Work with funders and internal staff to prepare effective underwriting proposals
- Collaborate with partners to determine effectiveness and impact of partnerships
- Create effective marketing materials to be used for organization and event purposes
- Fostered and empowered small business development
- Educational program creation/implementation

Professional Experience:

DIRECTOR: Milwaukee Symphony Orchestra League & Special Events **12/2011-7/2012**
Milwaukee Symphony Orchestra

Samantha Megan Maldonado

4739 W. Edgerton Ave. Greenfield WI 53220
P: (414) 807-3894 • F: (414) 751-1395 • samanthamaldonado26@yahoo.com

Worked closely with the MSO League (MSOL) President, MSOL Leadership Committee , MSOL Fundraising Events Committee , MSOL Education committee and the Vice President of Development to manage and facilitate all details of fundraising/education events (ex.: Holiday House, Meet the Artist Luncheons, ACE Family Nights, Kinderkonzerts, Docents, Ushers, Salon Series, Grape Expectations, etc.) to meet revenue goals of $90,000 annually.

- Doubled revenue, attendance and donor participation in 2012 Grape Expectations and additional programs over previous years
- Crafted and implemented strategies for soliciting event sponsorship and ensuring revenue goals are met.
- Directed and coordinated over 200 volunteers of the MSO League to continuously engage for support and experiential knowledge
- Strategically "revisioned" the MSO League through change management frameworks with a cross-level task force to enlarge the "circle of participation" with the MSOL and MSO (structure, member benefits, mission, vision, outcomes, etc.) for current day relevance to volunteers and the MSO.
- Structured revenue and expense budgets and maintained strict adherence to budget goals.
- Increased MSOL/MSO Board attendance at, and participation in fundraising events.
- Grew MSOL membership through effective new member acquisition and retention of current members.
- Managed event committees and volunteers to direct the successful execution of League and MSO events.
- Collaborated with Development staff to identify event attendees to further cultivate for MSOL board membership, volunteer opportunities, and increased giving potential.

COORDINATOR: Sales and Project Administrator **7/2007 -5/2010**
Time Warner Cable Business Class

Coordinated support for the sales and work with internal/external customers on product information, addressing inquiries, researching and resolving orders, and ensuring proper data system of accounts. Administrator of CRM database for department, managed P/L, saturation and goal attainment reporting for full sales staff

- Responsible for maintaining and administering daily sales results as it relates to reporting, tracking and measurement at both a group and individual level
- Acts as a liaison to the Business Class Operations, TWC finance, other department supervisors, and staff relative to the needs of the Strategic Account sales team
- Set prices, developed quotes and coordinated bids for projects: RFP's
- Market collateral production to support efforts of the Marketing Manager targeted at Strategic Accounts
- Work with Network Planning Specialist on project maintenance and progress
- ***Diversity & Inclusion Council member***: coordinated annual development of cultural awareness month

Education and Certifications

Master of Business Administration–Alverno College, Milwaukee, WI, Graduated; Dec 2011
Bachelor of Arts in Business & Management Alverno College, Milwaukee, WI; May 2009
External Assessor-Alverno College, 2009-Present

Samantha Megan Maldonado

4739 W. Edgerton Ave. Greenfield WI 53220
P: (414) 807-3894 • F: (414) 751-1395 • samanthamaldonado26@yahoo.com

Professional Affiliations and Community Service

United Way Emerging Leaders – Member 2008-2012
Hispanic Professionals of Greater Milwaukee – Committee Chair, member, 2008-Present

- Co-Chair of Individual Giving Campaign- 2011
  - Create strategy of implementation and execution for second year efforts
  - Increase dollar amount contributed my HPGM members
  - Create succession plan for third year implementation
  - Maintain deadlines of progress to gauge results for further improvement
- Chair of Networking series "Noche de Pachanga"
  - Coordinate with local businesses and professional networks to organize donations, locations, and raise awareness of event to improve attendance
  - Implement innovative networking tools
  - Design donation request form for not-for-profit organization involvement
  - Compile updates and releases for HPGM organization regarding success of event
  - Work closely with Executive Director to meet goals and objectives

Bay View Community Center – Board of Directors, 2008-2012

- Marketing/Communications/PR Committee Member
  - Persuade outreach involvement from board of directors and local businesses
  - Generate fundraising ideas for community center
  - Consistently review and maintain budget

Girls on the Run- Board of Directors, 2011-2012

- Collaborate on and implement strategic decisions for betterment of organization
- Participate in marketing and volunteer coordination efforts to increase awareness
- Increase fund generation through community events
- Cultivate relationships with key individuals to promote success and outreach
- Co-Chair of Volunteer management committee

UPAF NextGen Council – Council member, 2009-Present

- Successfully market and raise awareness of UPAF events
- Increase NextGen level donors
- Collaborate with fellow members, community organizations and key constituencies to continuously innovate and improve UPAF and NextGen

NSHMBA of WI- Board of Directors, Chapter Program Officer, 2012-Present

- Founding member of WI chapter
- Present to partner organizations to generate increased awareness/participation
- Secure capital/-in-kind contributions through partnerships
- Plan corporate and social events for increased brand recognition/foundation building

LULAC Latinas Council Member: 2012-Present

Awards/Recognition

Hispanic Professionals of Greater Milwaukee Advanced Degree Scholarship Winner-2011
Students in Free Enterprise (SIFE) – Presenter, member 2009
Wisconsin Hispanic Scholarship Foundation Award Recipient - 2009

12-973

4

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. Edward Bryant to the Emergency Medical Services Council

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97 of the Milwaukee County Ordinances, I am hereby appointing Mr. Edward Bryant to serve on the Emergency Medical Services Council. A copy of Mr. Bryant's resume is attached for your review. Mr. Bryant's term will expire on August 31, 2014.

I would appreciate your consideration and confirmation.

Chris Abele
Milwaukee County Executive

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp, Committee Clerk
Jennifer Collins, Research Analyst
Mr. Edward Bryant
Ken Sternig

MILWAUKEE COUNTY COURTHOUSE, 901 NORTH 9TH STREET, ROOM 306, MILWAUKEE, WI 53233
TELEPHONE (414) 278-4211 FAX (414) 223-1375 COUNTY.MILWAUKEE.GOV/COUNTYEXECUTIVE

EDWARD J. BRYANT

4225 N 16th St Milwaukee, WI 53211 ■ ebryant3@yahoo.com ■ Cell 414-839-6742 ■ WK 414-466-2344 ext 154

FINANCE PROFESSIONAL/MANAGER

Finance Professional with more than fifteen years of banking sales and management experience including commercial and consumer, real estate lending, commercial lending, government lending, investments and economic development. Bachelor of Business Administration degree in FINANCE with Master of Business Administration degree. Recognized throughout professional career for leadership, problem solving, customer-focus, and the ability to add value to an organization.

PROFESSIONAL EXPERIENCE

North Milwaukee State Bank 414- 466-2344 ext 154 Present

Assistant Vice President of Commercial Lending

- Manage North Milwaukee State Bank $65 million commercial loan portfolio
- Manage a staff of commercial loan professionals
- Chair North Milwaukee State Bank loan committee
- Solicit and develop new commercial loan relationships by interviewing loan applicants, structuring loan terms, and closing loans.
- Underwrite and analyze commercial credit applications
- Participate with government agencies to provide economic development
- Approve loans within lending authority limits, and recommend approval of loans to banks president and Board loan committee
- Responsible for maintaining existing commercial loan relationships
- Mentor existing customers to insure satisfaction with commercial products and bank services
- Monitor loan portfolio for any past due accounts and take corrective action as needed.
- Comply with bank procedures by maintaining accurate lending records and following operational/security guidelines

WHEDA (Wisconsin Housing & Economic Development Authority), 1-800-334-6873 May 2006 to September 2010

Commercial Lender/Senior Commercial Underwriter

- Responsible for the Southeastern Region of the State of Wisconsin
- Underwrite and analyze commercial credit applications
- Participate with government agencies to provide economic development
- Train commercial lenders regarding WHEDA guarantee programs
- Prepare management report regarding economic development activities
- Attend community events and forums to promote economic development
- Participate in panel discussions regarding economic development
- Assist local businesses with financial needs

LEGACY BANK – Milwaukee, WI, 414-343-6900 February 2003 to May 2006

Loan Officer/ Loan Operations Manager/HMDA Officer

- Monitored loan performance of Bank's portfolio
- Originating & closing of one to four family Mortgage, Consumer & Commercial loans
- Member of bank's loan committee
- Solicit, develop and maintain referral source relationships for a steady flow of loan volume from realtors, Legacy Bank employees and builders
- Provide service to customers and prospective customers seeking residential mortgage loans
- Kept informed of trends and developments in the local real estate market as well as the changing rules and regulations pertaining to both Conventional and Government-Insured mortgages
- Counseled with and assisted in the training and coaching of employees.
- Analyzed, generated and reviewed departmental reports.
- Understanding of negotiating terms under which credit will be extended, and ability to maximize loan growth on a profitable basis.
- Reporting and monitoring of HMDA data.
- Prepared bank for annual audit and examination

ASSOCIATED BANK – Milwaukee, WI. 414-329-4548 April 2002 to February 2003

Bank Manager/ Loan Officer

- Managed daily activities of bank operations and staff
- Underwrote and made decisions on loan applications.
- Assisted clients with financing of mortgages, commercial, automobile and personal loans.
- Advised existing and new clients on available stock and mutual fund products.
- Coached and mentored staff on workplace issues.
- Represented bank at community events and non-profit seminars.
- Addressed clients' questions and concerns regarding loan products and banking procedures.

US BANK-Milwaukee, WI, 1-800-806-7009

Branch Manager/ Assistant Branch Manager June 2000 to April 2002

- Managed $50 million daily activities of bank operations and staff
- Generated new business and consumer customers to bank
- Assisted clients with financing of mortgages and commercial, automobile and personal loans.
- Advised existing and new clients on available stock and mutual fund products.
- Coached and mentored staff on workplace issues.
- Prepared bank for quarterly audit.

REGIONS BANK-Nashville, TN, 1-877-562-8383 October 1997 to June 2000

Relationship Manager

- Assisted clients with the financing and refinancing of mortgage, automobile and personal loans
- Referred of corporate sales to commercial loan officers
- Developed and maintained mini financial need analysis reports on existing and potential clients
- Sold and maintained annuities for bank clients

EDUCATION AND PROFESSIONAL DEVELOPMENT

MBA – John Sperling School of Business, University of Phoenix, Milwaukee, WI 2008
Associates in Commercial Real Estate (ACRE) Marquette University, Milwaukee, WI 2006
BBA (FINANCE) – Jackson State University, Jackson, MS 1997
Commercial Real Estate Financing, School of Business University of Wisconsin, Madison, WI
Real Estate Investment and Feasibility Analysis, School of Business University of Wisconsin, Madison, WI
Fannie Mae's Housing Finance Institute
Commercial Lending (American Institute of Banking)
Analyzing Financial Statements (American Institute of Banking)
Loan Operations Compliance School (Wisconsin Bankers Association)
Residential Mortgage Lending School (Wisconsin Bankers Association)
Commercial Lending School (Wisconsin Bankers Association)
Technical Writing in the 21st Century (UWM School of Continuing Education)
Powerful Presentations (UWM School of Continuing Education)
Diversity Training (UWM School of Continuing Education)

HONORS AND ACTIVITIES

City of Milwaukee Revolving Loan Fund
Fondy Food Market Board of Directors
Market Place Board Member State of Wisconsin
S.E.T. Ministry, Inc. Board of Directors, Past Board Member
Highland Montessori School Board of Directors, Past Board Member

Professional References Available Upon Request

12-976

5

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. Joseph L. Entwisle to the Milwaukee County Department of Family Care Managed Care Organization Governing Board

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in State Statute 46.283(6), I am hereby appointing Mr. Joseph L. Entwisle to the Milwaukee County Department of Family Care Managed Care Organization Governing Board for a term expiring on January 1, 2016. A copy of Mr. Entwisle's resume and a letter from Maria Ledger, Director of Milwaukee County Department of Family Care, are attached for your review.

Your consideration and confirmation of this appointment would be appreciated.

Chris Abele
Milwaukee County Executive

cc: Supervisor Peggy Romo West, Chairman, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Maria Ledger, Director, Department of Family Care
Jodi Mapp
Jennifer Mueller
Mr. Joseph L. Entwisle

DEPARTMENT OF FAMILY CARE

Milwaukee County

MARIA LEDGER, Director
(414) 287 - 7610
maria.ledger@milwcnty.com

FAX: (414) 287-7704
TTY: (414) 287-7601
Toll Free: (877) 489-3814

Milwaukee County Family Care Governing Board

Maria Rodriguez
Chairperson

Sam Akpan
Gwendolyn Jackson
Supervisor Willie Johnson, Jr.
Jung Kwak
Joanne Lipo-Zovic
Monica Lopez
Paula K. Lorant
Mary McClintock
Tiffany Payne
Anne Rindfleisch
Supervisor Peggy A. Romo West
Kay Wolferstetter

November 16, 2012

John Zapfel
Deputy Chief of Staff
County Executive's Office

Mr. Zapfel,

The Governing Board of the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) per Milwaukee County Ordinance 16.02 provides the Department with oversight and guidance in carrying out its mission under the Family Care program, including policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance. Designation of representatives on the Governing Board must be in accordance with section 16.02 of the chapter unless otherwise amended by the County Board as a result of Federal, State, or County requirements.

A vacancy on the Governing Board occurred on August 31, 2012 as Board Member, Monica Lopez's term expired. Therefore, we would like to present this candidate for the consideration of the County Executive.

Joseph L. Entwisle has agreed to serve on the board for a term expiring January 1, 2016. Mr. Entwisle is currently employed as a Senior Policy Analyst for the Health & Disability Advocates Technical Assistance Center – the National Consortium for Health Systems Development. He is an International Certified Life Care Planner as well and holds a Masters of Science in Rehabilitation Psychology. Mr. Entwisle is very familiar with the Family Care program and the special needs of individuals with physical disabilities. We believe he will be a great asset to the Governing Board.

I am including his resume for your review as well as a grid of the MCO Board for your reference.

Please contact me at 287-7610 if you need any further information.

Sincerely,

Maria Ledger
Director
Milwaukee County Department of Family Care

Joseph L. Entwisle

2331 W. Vista Bella Drive, Oak Creek, WI 53154 ~ Phone: 312401.3909

TECHNICAL EXPERTISE

- Fourteen years experience analyzing and setting policy for state and federal long term care and employment support programs, including Vocational Rehabilitation, Social Security, Medicare, Medicaid, Housing, & Food Stamps
- Nine years experience working with consumers, providers & policymakers including strategic planning, resource mapping, direct service benefits planning, vocational counseling, training & technical assistance, program & policy development, etc.
- More than ten years experience developing initiatives to increase competitive employment outcomes for people through existing systems mechanisms, such as federal waivers, personal assistance programs, & benefits planning software development & implementation
- Ten years experience developing collaboration across state agencies to establish shared outcomes to support employment of people w/disabilities.
- Effective program management skills, strong written, verbal & interpersonal communication
- Social Media Manager, utilizing bleeding edge technology outreach & info promotion
- National commercial experience: http://www.youtube.com/watch?v=IV4HUBUMuHQ

EDUCATION

INTERNATIONAL CERTIFIED LIFE CARE PLANNER — **2010**
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION

LIFE CARE PLANNING CERTIFICATION — **2010**
CAPITAL LAW UNIVERSITY, COLUMBUS OH

MASTERS OF SCIENCE IN REHABILITATION PSYCHOLOGY — **SEPTEMBER 1996**
University of Wisconsin-Madison
Member, Education Advisory Committee — **SPRING 1995 - 2005**

BACHELORS OF ARTS IN PSYCHOLOGY — **DECEMBER 1994**
University of Wisconsin-Whitewater
Speaker, Public Education in Action (PEA Committee) — 1990 - 1994

EXPERIENCE

HEALTH & DISABILITY ADVOCATES/NCHSD — **OCTOBER 2005 – PRESENT**
SENIOR POLICY ANALYST

Responsibilities include technical assistance & training through HDA's Technical Assistance Center – the National Consortium for Health Systems Development; policy analysis on Social Security disability programs and work incentives programs; and Medicaid and Medicare as it relates to long-term care and health related employment supports. Medicaid buy-in policy development, policy analysis, programmatic analysis, research & implementation

- Development of rural/urban transportation options & policy for persons with disabilities
- Work incentive & benefits planning technical assistance & training development
- Utilization & development of assistive technology policy & technical assistance centers
- Development of asset building coalitions & methodologies to increase self-sufficiency
- Facilitation & assistance with state/federal communication on national policy with Social Security Administration, Center for Medicare & Medicaid Services, & state governments

STATE INDEPENDENT LIVING COUNCIL, WI DEPT. OF HEALTH & FAMILY SVCS. — **JAN. 2004 – JULY 2005**
EXECUTIVE DIRECTOR

As the director of the Council governing Wisconsin's eight Independent Living Centers, responsibilities include effective coordination of federal, state & local resources, staff management & leadership, & implementation of the state plan for independent living.

- Analyze & present key data & policy recommendations to the Governor, legislature, & state agencies.

- Monitor State/Federal legislation & regulations for impact on dsability & employment.
- Explore innovations & participate in national discussions onpromising practices.

BRIDGES TO WORK PROJECT, UNIVERSITY OF WISCONSIN, MADISON **FEBRUARY 2002 – OCTOBER 2005**
SENIOR RESEARCH SPECIALIST/SENIOR POLICY ANALYST

- Bridges to Work is a federally-funded initiative to increase competitive employment outcomes of people with disabilities in Wisconsin. Management responsibilities project design, implementation, analysis & project staff. Nationally-recognized speaker with more than twenty-five presentations representing the project.
- Liaison for state & federal partners regarding current projects& future opportunities.
- Created the first automated comprehensive benefits offset software& has been nominated for a 2004 "Technological Innovations In Government" award.
- Provide technical assistance to more than 18 stdes to support the development of programs & policies to remove employment barriers, like the Medicaid Buy-Ins
- Active representative on the Governor's Committee on Healthcare.
- Developed Personal Assistance Services Pilot to evaluate the need for onthe-job supports for workers with disabilities in Wisconsin.

PATHWAYS TO INDEPENDENCE, WI DEPARTMENT OF HEALTH & FAMILY SERVICES **2000 – FEBRUARY 2002**
SENIOR POLICY ANALYST
Responsibilities included evaluation & analysis of existing policies around innovative healthcare systems & managed care service delivery systems. Policy analysis, budget preparation& program management for new initiatives within the programs, including Wisconsin's Medicaid Buy-In program, SSI waiver, & personal assistance services tosupport competitive employment.

EMPLOYMENT RESOURCES, INC. **1996- 2000**
BENEFIT SPECIALIST/EMPLOYMENT CONSULTANT/NETWORK TECHNICIAN
Assisted beneficiaries in education of benefits/work incentives, amendments, PASS plans, & appeals. Assisted in the development & implementation of innovative return to work programming that resulted in longer-tenured & higher-paid employees with chronic disabilities.

WILLIAM S. MIDDLETON MEMORIAL VETERANS HOSPITAL **1996-1997**
SUBSTANCE ABUSE/MENTAL HEALTH COUNSELOR
Diagnosis, & facilitation of substance abuse treatment groups& anger management groups Implemented & administered the first Job Clinic through the Madison Veteran's Administration.

YAHARA HOUSE CLUBHOUSE UNIT **1995**
CLUBHOUSE COUNSELOR
Employed "Fountain House" approach to mental health providng group leadership, facilitation, & task management for individuals with long-term chronic mental illness. Worked with community support programs to assistin employment, social support, & barriers to work.

WI DEPARTMENT OF VOCATIONAL REHABILITATION **1995**
VOCATIONAL REHABILITATIVE COUNSELOR
Provided vocational counseling to empower people with physical, mental,& congenital disabilities to return to work &/or become gainfully employed.

FROEDTERT HOSPITAL SPINAL CORD INJURY CENTER **1990-1997**
FAMILY SUPPORT REPRESENTATIVE/PEER COUNSELOR
Provide patient education, family education, & peer counseling to newly injured patients

OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 26, 2012

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. E. B. Coleman to the Milwaukee County Department of Family Care Managed Care Organization Governing Board

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in State Statute 46.283(6), I am hereby appointing Mr. E. B. Coleman to the Milwaukee County Department of Family Care Managed Care Organization Governing Board for a term expiring on January 1, 2016. A copy of Mr. Coleman's resume and a letter from Maria Ledger, Director of Milwaukee County Department of Family Care, are attached for your review.

Your consideration and confirmation of this appointment would be appreciated.

Chris Abele
Milwaukee County Executive

cc: Supervisor Peggy Romo West, Chairman, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Maria Ledger, Director, Department of Family Care
Jodi Mapp
Jennifer Mueller
Mr. E. B. Coleman

DEPARTMENT OF FAMILY CARE

Milwaukee County

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Milwaukee County Family Care Governing Board

Maria Rodriguez
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November 16, 2012

John Zapfel
Deputy Chief of Staff
County Executive's Office

Mr. Zapfel,

The Governing Board of the Milwaukee County Department of Family Care Managed Care Organization (MCDFC-MCO) per Milwaukee County Ordinance 16.02 provides the Department with oversight and guidance in carrying out its mission under the Family Care program, including policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance. Designation of representatives on the Governing Board must be in accordance with section 16.02 of the chapter unless otherwise amended by the County Board as a result of Federal, State, or County requirements.

A vacancy on the Governing Board occurred on August 31, 2012 as Board Member, Gina Green-Harris' term expired. Therefore, we would like to present this candidate for the consideration of the County Executive.

E.B Coleman has agreed to serve on the board for a term expiring January 1, 2016. Mr. Coleman is currently the owner/assistant director of the Prestigious Academy, an assisted living facility in Milwaukee, WI that offers residents independent living options and daily support services. He studied Business Management at MATC from 1983 through 1985 and is currently studying Theology at the National Baptist Congress of Christian Education. He is very familiar with the Family Care program and will be a great asset to the Board.

I am including his resume for your review as well as a grid of the MCO Board for your reference.

Please contact me at 287-7610 if you need any further information.

Sincerely,

Maria Ledger
Director
Milwaukee County Department of Family Care

E.B. Coleman

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Glendale, WI United States 53209
Tel: 414-265-8181
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OBJECTIVE

To use my knowledge and professionalism to reflect the ethics and economic diversity of the geographic area served by the care management organization.

WORK EXPERIENCE

Prestigious Academy, Milwaukee, WI 03/2002 - Present
Owner/ Assistant Director
Administrate and manage individualize supports and services, the well-being and satisfaction of the consumer of these systems of supports, and the supervision of employees providing these services.

Customer Services/Marketing Oversee the safety and well being of the residents in accordance with the residences philosophy and state standards of care.

Lead and participate in resident/family conferences to review changes in services.

Ensure a high degree of customer satisfaction.

Actively participate in providing service to residents.

Provide general management, adhere to and implement residence policies and procedures.

Assist in the development of the residences budget.

Operate the residence within the budget.

Lead by example, encourage teamwork, promote the residences philosophy, and provide ongoing coaching to employees.

Motivate employees through recognition programs, training, and teambuilding.

Conduct regular performance appraisals with employees.

EDUCATION

Coahoma County High School Milwaukee, WI 1969 - 1973
High School Diploma, GPA: 2.80

Milwaukee Area Technical College Milwaukee, WI 1983 - 1985

Business Management, GPA: 3.50

National Baptist Christian Education Milwaukee, WI 2006 - Present
Theology

SKILLS

Proficient in Microsoft Office
Problem Solving and Decision Making
Planning
Effective Delegation
Basics of Internal Communications
Meeting Management
Managing Yourself

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 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 Enter Into 2013 Purchase of Service Contracts for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Alcohol and Other Drug Abuse (AODA) Services**

Policy Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 purchase of service (POS) contracts with community agencies for the Behavioral Health Division (BHD). Approval of the recommended contract allocations will allow BHD to provide a broad range of rehabilitation and support services to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances.

Discussion

Adult Mental Health and Alcohol and Other Drug Abuse (AODA) Overview
As part of the Mental Health Redesign initiative and to further many years of work in the community services area at BHD, the Community Services Branch (CSB) plans to move forward with a number of program changes and plans in 2013. In 2013, in an effort to deliver services using an integrated care model, CSB hopes to reorganize, building on the systems framework established in Milwaukee Co-occurring Competency Cadre or MC3, to redesign services and staff with a dedicated focus on a co-occurring integrated system of care philosophy. Also in 2013, additional attention will be placed on recovery support services and the use of peers as providers, including the potential implementation of the Community Recovery Services (CRS) 1937 Medicaid benchmark plan for individuals with a severe mental illness and the implementation of the Comprehensive Community Service (CCS) recovery benefit for individuals with a mental health or substance use disorder to strengthen the recovery path and improve the available continuum of care. CSB will be focusing on employment, since it is a vital therapeutic tool, and will make available the Individual Placement and Support (IPS) model of supportive employment for individuals that desire competitive employment within their

recovery service array. Finally, CSB will continue to work the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Integrated Health Solutions in preparing for health care reform. All of the contracts detailed below will assist CSB in moving toward the goals outlines here and also will assist in furthering the Mental Health Redesign Task Force Action Plan.

Adult Community Services - Mental Health (MH)

Total 2012 Adjusted Contract Allocation: $10,942,487
Proposed 2013 Contract Allocation: $10,853,813

Contract allocations recommended for 2013 for individual organizations are itemized below and in the attached resolution. The overall decrease in 2013 is primarily related to realigning contracts between the AODA and Mental Health areas within the Adult Community Services area.

Grand Avenue Club – Clubhouse and WRAP Development
The Grand Avenue Club is a model of rehabilitation for individuals living with a mental illness and/or co-occurring disorders; the clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse. This includes involvement in the planning processes and all other operations of the club. This service was part of the Request for Proposals (RFP) process this year and Grand Avenue Club was selected as the vendor, recommended for a total contract of $135,000 annually.

Our Space, Inc. – Psychosocial Drop-in Center
Psychosocial drop-in centers provide a low-pressure environment for education, recreation, socialization, pre-vocational activities and occupational therapy opportunities for individuals experiencing severe and persistent mental illness and/or co-occurring disorders. They are based on a concept of membership and utilize peer support as a central tenet of the model. Our Space, Inc. provides individuals with a mechanism of social connectedness so that they may further their own recovery. This service was part of the RFP process this year and Our Space, Inc. was the selected vendor, recommended for a total contract of $212,962 annually.

Horizon Healthcare – Office of Consumer Affairs
Horizon Healthcare supports the operation of the Office of Consumer Affairs. This includes a dedicated Certified Peer Specialist (CPS) in a supervisory capacity, as well as the hiring and supervision of twelve CPS, who are employed in the four adult acute inpatient units, the observation unit, Psychiatric Crisis Services and/or the crisis stabilization homes of BHD. The Office of Consumer Affairs also provides a mechanism for reimbursement for consumer participation in accordance with the BHD Consumer Reimbursement Policy. This is solely for the reimbursement of BHD sponsored activities with prior authorization. This service was RFP'd in July 2012 and the selected vendor, Horizon Healthcare, receives $100,000 annually for these activities.

Crisis Resource Center (CRC)

The CRC serves adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises. The CRC is a safe, welcoming and recovery-oriented environment for people in need of stabilization and peer support to prevent hospitalization. All services are delivered in a person-centered, trauma-informed, culturally competent and recovery oriented focus of care. BHD recommends a contract award of $250,000 for the Southside CRC with Transitional Living Services (TLS). (The Northside CRC contract is included on the Mental Health Investment POS Report.)

Community Support Programs

Community Support Programs (CSP) serves individuals with a severe and persistent mental illness or co-occurring substance use disorder. CSP is the most comprehensive and intensive community treatment model. A CSP is a coordinated care and treatment program that provides a comprehensive range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement and person-centered treatment where participants live, work and socialize. Services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement to achieve individual goals.

Agency	Annual Award
Bell Therapy North	$1,206,011
Bell Therapy South	$79,544
Outreach Community Health Center	$330,871
Milwaukee Mental Health Association	$472,947
Project Access, Inc.	$452,836
Transitional Living Service (TLS)	$683,392
Wisconsin Community Services	$512,148
Total	$3,737,749

Targeted Case Management

Targeted Case Management (TCM) is a modality of mental health practice that addresses the overall maintenance of a person with a severe mental illness. These services include, but are not limited to, addressing the individual's physical, psychological, medical and social environment with the goal of facilitating personal health, community participation, empowerment and supporting an individual's recovery. There are two levels of TCM service delivery; Level I is outreach based case management and care coordination and Level II is intensive clinic based case management services. This service was competitively bid through the RFP process this year.

Agency	**Annual Amount**
Level I	
Alternatives in Psychological Counseling	$457,610

Horizons Healthcare	$298,505
LaCausa, Inc.	$201,194
Outreach Community Health Center	$456,785
Milwaukee Mental Health Associates	$213,723
Transitional Living Services (TLS)	$635,002
Total Level I	**$2,262,819**
Level II	
Wisconsin Community Services	$1,165,418
Total Level II	**$1,165,418**
Grand Total TCM	**$3,428,437**

TCM Step-Down
Additional funds are available in 2013 for agencies that wish to expand their TCM services to clients who require less intensive services than what is provided in Level I. Agencies that submitted proposals for the 2013 TCM Purchase of Service RFP will be approached to determine if they wish to provide this expanded service. Available funding is $25,000 annually.

Stabilization House
Stabilization House services serve adults who live with a mental illness or co-occurring substance use disorder and are in need of further stabilization after an inpatient hospitalization. It is also warranted for individuals who are awaiting a residential placement and require structure and support to ensure a smooth transition into the residential placement. Stabilization House services may also provide temporary supported accommodation for people with mental health needs during a crisis or when they need respite from living at home. BHD is recommending maintaining two Crisis Stabilization homes - one with TLS for $250,000 annually and one with Bell Therapy for $279,135 annually. (An additional Crisis Stabilization home is included on the Mental Health Investment POS Report)

Outpatient Mental Health Clinics
BHD partners with two providers, the Medical College of Wisconsin and Outreach Community Health Center, to provide outpatient mental health counseling services to uninsured individuals who are seen at the Access Clinic and require immediate short term mental health counseling services. The Medical College of Wisconsin receives $1,038,443 annually and Outreach Community Health Center receives $807,060.

Mental Health America of Wisconsin – Public Information and Crisis Grant Coordination
Mental Health America of Wisconsin (MHA) provides public education and critical information to reach a better understanding of mental illness and reduce the stigma associated with living with a mental illness. MHA coordinates the activities for the crisis grant received by BHD from the State Department of Health Services (DHS). MHA receives $272,300 annually for these services.

NAMI of Greater Milwaukee – Advocacy Services
NAMI provides education and advocacy for those with mental illness and their families and those touched by mental illness. NAMI of Greater Milwaukee receives $30,000 annually.

Vital Voices – Evaluation and Advocacy
Vital Voices is the evaluation entity for the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey. This survey was developed for use in the public mental health system and is now widely used by state and local governments in both substance abuse and mental health programs. The MHSIP survey assesses four areas of consumer perceptions: overall satisfaction, access to services, quality and appropriateness of services, and consumer reported outcomes. MHSIP is used to evaluate both mental health and substance abuse services in the Community Services Branch and assists in determining continuous quality improvement efforts for the upcoming year. Vital Voices receives $111,025 annually for mental health services.

Transitional Living Services – Winged Victory Benefits Advocacy
TLS assists individuals in accessing, applying for and maintaining disability benefits. Winged Victory helps eligible consumers navigate the Social Security application process, submits medical documentation to the Disability Determination Bureau and accesses benefit programs in a timely manner. TLS receives $201,984 annually for this activity.

Adult Community Services – Alcohol and Other Drug Abuse (AODA)

Total 2012 Adjusted Contract Allocation: $5,822,058
Proposed 2013 Contract Allocation: $5,141,081

Contract allocations recommended for 2013 for individual organizations are itemized below and in the attached resolution. The overall decrease in 2013 is primarily related to the reduction in funding for detoxification services and the move of two contracts to the DHHS- Housing Division.

AIDS Resource Center of Wisconsin – Substance Abuse Prevention
AIDS Resource Center of Wisconsin (ARCW) will provide substance abuse, fatal opiate overdose, HIV and Hepatitis C prevention services including outreach, counseling, testing and referral services throughout Milwaukee County. ARCW will also provide fatal opiate overdose prevention training to injection and other drug users in Milwaukee County. Based on a competitive RFP process, ARCW is recommended for prevention funding of $96,213 annually.

Community Advocates – Substance Abuse Prevention

Community Advocates will administer and staff the work of the Milwaukee Coalition of Substance Abuse Prevention (MCSAP). This 40-member coalition is comprised of Milwaukee County citizens, substance abuse service professionals and individuals who are familiar with the consequences of alcohol and other drug abuse. Utilizing the Strategic Prevention Framework (SPF) as its model, Community Advocates will also subcontract, via a competitive RFP, with agencies and coalitions to address population level prevention strategies. Based on a competitive RFP, Community Advocates is recommended for prevention funding of $500,000 annually.

Meta House – Substance Abuse Prevention
Meta House, Inc. will provide an evidence-based prevention program, Celebrating Families, to a very high-risk population: women of childbearing age who have recently completed a substance abuse treatment program, their children and other family members. Through the Celebrating Families program, Meta House will address preventative interventions to reduce alcohol consumption for women of childbearing age (ages 18-44), underage drinking (ages 12-20) and alcohol and drug abuse or dependence (ages 18 and older). Based on a competitive RFP, Meta House is recommended for prevention funding of $50,000 annually.

Faith Partnership Network – WIser Choice Resource Center
Faith Partnership Network assists faith-based providers within the WIser Choice Provider Network in building organizational capacity and collaborative relationships among partners. They have also assisted organizations in determining their readiness for the Affordable Care Act, capacity for Medicaid billing and working towards dual credentialing for professional staff. Faith Partnership Network receives $68,000 annually.

Genesis Behavioral Services – Detoxification Services
Genesis Behavioral Services provides medically monitored and ambulatory detoxification services for immediate and short-term clinical support to individuals who are withdrawing from alcohol and other drugs. An assessment is conducted to determine whether a risk exists based on the individual's level of intoxication and whether a risk exists for severe withdrawal symptoms or seizures, based on the amount, frequency, chronicity and timeframe of discontinuation of/or significant reduction in alcohol or other drug. Genesis receives $2,572,145 annually to provide these services.

Central Intake Unit – WIser Choice
The Central Intake Unit (CIU) is the front door for WIser Choice, and is the first point of contact for individuals seeking treatment or recovery support services for a substance use disorder. The CIU's determine eligibility and administer a comprehensive assessment, establish a clinical level of care for placement at a treatment facility and gather evaluative information. When individuals are found eligible, a referral is made to the treatment provider of choice selected by the service recipient. Treatment is provided by an extensive network of agencies on a fee-for-

service basis. There are four (4) agencies that provide Central Intake Unit (CIU) services for WIser Choice: M&S Clinical Services - $547,700 annually; IMPACT - $509,412 annually; JusticePoint, who specifically serve the Adult Drug Treatment Court and other court related participants - $45,000 annually; and Wisconsin Community Services for criminal justice participants only - $258,963 annually.

Outreach Community Health Center – Housing Case Manager
As a function of the Milwaukee Welcomes you to Income, Sobriety, and Housing (Mi-WISH) federal treatment for the homeless grant, these funds strengthen services delivery by having a dedicated housing manager exclusively for participants receiving services through the grant. Outreach Community Health Center is a strong partner to the Mi-WISH grant and receives $52,000 annually to provide a staff person to serve in the capacity of Housing Case Manager.

Mental Health America of Wisconsin –Referral and Suicide Prevention
Mental Health America of Wisconsin (MHA) is coordinating the Garrett Lee Smith Suicide Prevention grant for education, training programs including gatekeeper training, screening activities, infrastructure for improved linkages to services, crisis hotlines and community partnerships. BHD is partnering with MHA for a broader county-wide suicide prevention strategy. MHA receives $40,000 for this service.

St. Charles Youth and Family Services – Training and Technical Assistance Coordination
Many of the Federal and State grants received by BHD require training and technical assistance as a condition of the receipt of funding. St. Charles Youth and Family Services, in partnership with BHD, coordinate the logistics and delivery of the training and technical assistance to community based providers and stakeholders. A dedicated staff person to coordinate these activities is needed to fulfill the requirements of the various grants. The training and services includes, but not limited to, trauma informed care, Comprehensive, Continuous, Integrated System of Care (CCISC), basics in community treatment, fetal alcohol spectrum disorders, gender specific treatment, the neuroscience of addiction, integrated care, student stipends and other required areas. St. Charles receives $403,126 annually for these activities.

University of Wisconsin – NIATx Quality Improvement
University of Wisconsin will provide quality improvement consultation and assistance for the NIATx activities in the amount of $38,522 annually. This will assist BHD in identifying some key issues within the system to target for process improvement, such as discharge data collection. In the process of hands-on coaching to target specific objectives, NIATx will be helping BHD to develop process improvement capacity, so that a sustainable mechanism for addressing system objectives and achieving targeted outcomes is put in place. NIATx receives $38,522 annually for these activities.

Vital Voices – Evaluation and Advocacy

Vital Voices is the evaluation entity for the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey. This survey was developed for use in the public mental health system and is now widely used by state and local governments in both substance abuse and mental health programs. The MHSIP survey assesses four areas of consumer perceptions: overall satisfaction, access to services, quality and appropriateness of services, and consumer reported outcomes. MHSIP is used to evaluate both mental health and substance abuse services in the Community Services Branch and assists in determining continuous quality improvement efforts for the upcoming year. Vital Voices receives $29,936 annually for AODA services.

Child and Adolescent Community Services

Total 2012 Contract Allocations:	**$12,266,723**
Proposed 2013 Contract Allocations:	**$13,593,290**

Overview

Overall contract allocations for 2013 in BHD's Child and Adolescent Community Services Branch will increase $1,326,567 from 2012 reflecting the further growth of community-based mental health services for children and their families in Milwaukee County. BHD will again contract with a number of community agencies for care coordination and other services that support the operation of the nationally recognized Wraparound Milwaukee Program, REACH (Reaching, Engaging and Assisting Children), FISS (Family Intervention and Support Services), Health Transitions Initiative and MUTT (Mobile Urgent Treatment Team). As a special, 1915a Managed Care program under Medicaid, all remaining services are purchased on a fee-for-service basis through agencies participating in the Wraparound Milwaukee Provider Network. Individual Purchase of Service contract allocations being recommended are enumerated in the resolution.

Care Coordination Services

In 2013, BHD recommends purchasing regular care coordination services for court-ordered youth referred from Child Welfare and Juvenile Justice and enrolled in the Wraparound Milwaukee program from eight agencies selected through last year's Request for Proposals (RFP) process. Similarly, BHD plans to extend purchase agreements for the fast growing, voluntary, non-court involved youth/families in the REACH program from the four agencies who submitted bids on these services last year.

Care Coordination is a key service in Wraparound as the staffs at those agencies facilitate the care planning team, help develop the individual treatment plans and arrange, provide and monitor mental health and other services for children and their families and provide reports and testify in court. Screening and assessment services to determine eligibility for wraparound and provide recommendations to the court are also provided by four of these recommended agencies.

The total number of youth/families projected to be served in 2013 is 1,500 families with an average daily enrollment of 1,050 youth/families. This would be the highest enrollment in the history of the program and is due primarily to the growing interest and demand by families to enroll in the new voluntary REACH program. The other new program that is resulting in increased overall enrollment and the need for additional care coordination/transitional specialists is the Healthy Transitions Initiative (HTI), a Federal grant program focusing on young adults, 18-24, who have serious emotional and mental health needs and need help transitioning to adulthood. These are usually young adults coming out of the regular Wraparound program or transitioning out of homes. The HTI program is expected to daily serve 80 young adults in 2013.

The eight agencies providing the key care coordination services, transitional care coordination and screening and assessment for these various BHD and Wraparound programs are:

Care Coordination Agency	**Service Type**	**2013 Proposed Contract**
Alternatives in Psychological Consultation	Regular Care Coordination	$ 823,075
My Home, Your Home	Regular Care Coordination	$ 823,075
	REACH	$ 511,000
	Assessment	$ 70,000
		$1,404,075
Aurora Family Service	Regular Care Coordination	$ 823,075
Willowglen Community Care	Regular Care Coordination	$ 823,075
	Screening/Assessment	$ 145,000
		$ 968,075
AJA Counseling Center	Regular Care Coordination	$ 823,075
	REACH	$ 657,000
	Assessment	$ 70,000
		$ 1,550,750
La Causa, Inc.	Regular Care Coordination	$ 1,084,050
	REACH	$ 657,000
	Screening/Assessment	$ 225,000
	Safe Schools	$ 75,000
		$ 2,041,050
St. Aemilian-Lakeside	Regular Care Coordination	$ 823,075

	REACH	$ 657,000
		$1,480,075
St. Charles Youth and Family Services	Regular Care Coordination	$ 823,075
	Screening/Assessment	$ 190,720
	Transitional Specialist	$ 376,256
		$1,390,051
Care Coordination Total:		**$10,479,551**

Services Supporting Wraparound Milwaukee

For 2013, BHD recommends continuing an agreement with the Wisconsin Department of Health Services (DHS) to have the Wisconsin Council on Children and Families provide or arrange for program evaluation, staff training, management information and IT and other technical support necessary to maintain the Medicaid Capitated contract with DHS. This will assure continued approval by the Center for Medicare/Medicaid Services (CMS) for BHD's 1915a status.

BHD also proposes to contract again with Families United of Milwaukee for advocacy and support for families served by Wraparound Milwaukee. Families United was the top ranked agency in the RFP process. This minority owned and operated agency continues to represent and advocate for families of youth with serious mental and behavioral needs. It also provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements and reduce unnecessary residential and day treatment services. Fiscal intermediary services support the purchase of services from relative caregivers for youth and BHD recommends that this contract be continued in 2013.

Support Services for Wraparound	**Service Type**	**2013 Proposed Contract**
Wisconsin Council on Children and Families	Program Evaluation, Training Technical Assistance and IT Support	$ 624,248
Families United of Milwaukee	Family and Educational Advocacy	$ 475,000
Milwaukee Center for Independence	Fiscal Intermediary	$ 20,000
Support Services for Wraparound Total:		**$1,119,248**

Mobile Urgent Treatment Services

For 2013, Wraparound Milwaukee will again operate 24/7 mental health crisis intervention services for all Milwaukee County families. The Mobile Urgent Treatment Team (MUTT) will serve an estimated 1,700 families in 2013. Additionally, the Bureau of Milwaukee Child Welfare will again fully fund a dedicated MUTT team for foster families (MUTT-FF). The MUTT-FF team

has been effective at reducing the incidence of failed foster placements through the provision of 24/7 crisis intervention services to foster families who are experiencing a mental health or behavioral crisis with a child in their care.

To support BHD's professional team of county psychologists and psychiatric social workers assigned to the MUTT program, St. Charles Youth and Family Services will provide up to ten crisis support workers for MUTT to ensure 24 hour, seven day per week coverage. St. Charles was the only agency to submit a bid to provide these services for the current RFP period.

Additionally, St. Charles is providing some child psychiatrist coverage for the medication clinics operated by Wraparound Milwaukee and was chosen through the 2012 RFP process to provide an eight bed crisis group home called Haven House for boys placed through the MUTT team and Wraparound Program.

Agency Providing Support Services	**Service Type**	**2012 Proposed Contract**
St. Charles Youth and Family Services	Crisis Group Home (Haven House)	$ 456,000
	Psychiatry Services for Medication Clinics	$262,080
	Mobile Crisis Services for Community and Foster Care System	$ 778,486
MUTT Support Services Total:		**$ 1,496,566**

Family Intervention and Support Services (FISS)
The BHD-Wraparound Program applied for and was selected in July 2012, by the Wisconsin Department of Children and Family Services to operate the entire Family Intervention Support and Services Program (FISS).

In addition to the case management services, BHD now provides all the assessment services and is targeted to conduct about 850 assessments in 2013 as well as serve over 200 families in the case management component. FISS targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home and other issues of uncontrollability. FISS is a voluntary, early intervention alternative for parents who can receive a range of mental health and support services as an alternative to filing a formal CHIPS petition. FISS is fully funded by the Bureau of Milwaukee Child Welfare.

St. Charles Youth and Family Services, who has been providing case management services for this program, received the highest score and was selected through an RFP process to operate the assessment and case management services in 2013.

Agency Providing FISS Program Services	Service Type	2013 Proposed Contract
St. Charles Youth and Family Services	Assessment and Case Management	$ 497,925
FISS Support Services Total:		**$ 497,925**

Summary

The following are the total contract recommendations for BHD's Child and Adolescent Community Services Branch for 2013 as compared to 2012.

Agency Providing Support Services	Adjusted 2012 Contract	2013 Proposed Contract
AJA Counseling Center	$ 1,381,890	$1,550,075
Alternatives in Psychological Consultation	$ 812,490	$ 823,075
Aurora Family Service	$ 812,490	$ 823,075
Families United of Milwaukee	$ 450,000	$ 475,000
La Causa, Inc.	$ 1,939,617	$2,041,050
Milwaukee Center for Independence	$ 25,000	$ 20,000
My Home, Your Home	$ 812,490	$1,404,075
St. Aemilian-Lakeside	$ 1,514,202	$1,480,075
St. Charles Youth and Family Service	$ 2,958,335	$3,384,542
Willowglen Community Care	$ 952,490	$ 968,075
Wisconsin Council on Children and Families	$ 607,719	$ 624,248
Total 2013 Proposed POS Contracts:		**$13,593,290**

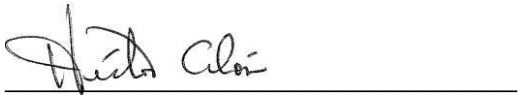
Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2013 purchase of service contracts for mental health, AODA and child and adolescent treatment services with provider agencies for the time period of January 1 through December 31, 2012 with the contractors listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for children and adults having serious and persistent mental illness, substance abuse problems, or other emotional needs.

Fiscal Effect

The amounts recommended in these contracts have been included in BHD's 2013 Budget. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive Staff
Kelly Bablich, County Board Chief of Staff
Patrick Farley, DAS Director
Craig Kammholz, Fiscal and Budget Administrator
CJ Pahl, Assistant Fiscal and Budget Administrator
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk

File No.
(Journal,)

(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2013 Purchase of Service Contracts for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Alcohol and Other Drug Abuse (AODA) Services, 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 2013 purchase of service contracts with community agencies for the Behavioral Health Division (BHD); and

WHEREAS, approval of the recommended contract allocations will allow BHD to continue to provide a broad range of rehabilitation and support services in the community to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances; and

WHEREAS, approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for children and adults having serious and persistent mental illness, substance abuse problems, or other emotional needs; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2013 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2013 purchase-of-service contracts with the following provider agencies for the time period of January 1 through December 31, 2013, in the amounts specified below

Adult Agencies - Mental Health	Service	2013 Contract
Alternatives in Psychological Consultation	Targeted Case Management	457,610
Bell Therapy	Community Support Program	1,285,555
	Crisis Respite	279,135
Grand Avenue Club	Community Living Support Services	135,000
Horizon Healthcare	Targeted Case Management	298,505
	Consumer Affairs	100,000
LaCausa	Targeted Case Management	201,194

Medical College of Wisconsin	Community Treatment-Outpatient	1,038,443
Mental Health America	Info/Referral	44,000
	Crisis Grant Initiative	228,300
Milwaukee Mental Health Associates	Community Support Program	472,947
	Targeted Case Management	213,723
National Alliance for Mental Illness	Advocacy	30,000
Outreach Community Health Center	Community Support Program	330,871
	Targeted Case Management	456,785
	Community Treatment-Outpatient	807,060
Our Space	Drop-in Center	212,962
Project Access	Community Support Program	452,836
Transitional Living Services	Community Residential	250,000
	Targeted Case Management	635,002
	Community Support Program	683,392
	Benefits Advocacy	201,984
	Respite Stabilization	250,000
Vital Voices	Statistics Improvement Program-MH	111,025
Wisconsin Community Services	Community Support Program	512,148
	Targeted Case Management- Level II	1,165,418
TOTAL Allocation – Adult Mental Health Services		**$ 10,853,813**

Adult Agencies – Alcohol and Other Drug Abuse	**Service**	**2013 Contract**
AIDS Resource Center of WI	AODA Prevention	96,213
Community Advocates	AODA Prevention	500,000
Faith Partnership Network	WIser Resource Center	68,000
Genesis Behavioral Services	Detoxification	2,572,145
IMPACT	Central Intake Unit	509,412
Justice 2000/JusticePoint	Central Intake Unit - Drug Court	45,000

M&S Clinical Services	Central Intake Unit	547,700
Mental Health America	Suicide Prevention	40,000
Meta House	AODA Prevention	50,000
Outreach Community Health Center	Housing Case Manager	52,000
St. Charles Youth and Family Services	Training & Consultation	403,126
UW-NIATx	Quality Improvement	38,522
Vital Voices	Statistics Improvement Program-AODA	29,936
Wisconsin Community Services	Central Intake Unit–CJ Population	258,963
TOTAL – Adult Alcohol & Other Drug Abuse Services		**$ 5,211,017**

Child and Adolescent

Agencies	**Service**	**2013 Contract**
AJA Counseling	Care Coordination	823,075
	REACH	657,000
	Screening/Assessment	70,000
Alternatives In Psychological Consultation	Care Coordination	823,075
Aurora Family Service	Care Coordination	823,075
Families United of Milwaukee	Family & Educational Advocacy	475,000
La Causa, Inc.	Care Coordination	1,084,050
	REACH	657,000
	Screening/Assessment	225,000
	Safe Schools	75,000
Milwaukee Center For Independence	Fiscal Intermediary	20,000
My Home/Your Home	Care Coordination	823,075
	REACH	511,000
	Screening/Assessment	70,000
St. Aemilian-Lakeside	Care Coordination	823,075

	REACH	657,000
St. Charles Youth and and Family Services	Care Coordination	823,075
	Screening/Assessment	190,720
	Transitional Specialist	376,256
	Crisis Group Home (Haven House)	376,256
	Psychiatry Services	262,080
	Mobile Crisis Services	778,486
	Assessment/Case Management	497,925
Willowglen Community Care Center	Care Coordination	823,075
	Screening/Assessment	145,000
Wisconsin Council on Children & Families	Program Evaluation/Training	624,248
TOTAL – Child & Adolescent		**$ 13,593,290**
	TOTAL – BHD	**$29,658,120**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2013 Purchase of Service Contracts in the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Alcohol and Other Drug Abuse (AODA) Services

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 purchase of service contracts in the Behavioral Health Division (BHD) for the provision of Adult and Child Mental Health services and Alcohol and Other Drug Abuse (AODA) services.

Approval of the recommended contract allocations will allow the Behavioral Health Division to continue to provide a broad range of rehabilitation and support services in the community to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances for the period January 1, 2013 through December 31, 2013.

B. Total 2013 expenditures included in this request are $29,658,120.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2013 Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 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 Enter Into 2013 Purchase of Service Contracts for the Behavioral Health Division for the Provision of the Mental Health Community Investment Initiative**

Policy Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 purchase of service (POS) contracts with community agencies related to the Mental Health Community Investment Initiative for the Behavioral Health Division (BHD). Approval of the recommended contract allocations will allow BHD to continue the initiatives started in 2012 related to these funds, which are also closely aligned with the Mental Health Redesign Task Force Action Plan.

Discussion

The 2012 and 2013 BHD budgets included over $3 million for a Mental Health Redesign and Community Resource Investment, which included six specific initiatives: 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. BHD issued an RFP on March 12, 2012 for Stabilization House, the Crisis Resource Center and the Community Linkage and Stabilization Program (CLASP). These contracts were awarded per County Board approval in June 2012 and the allocations detailed below continue these services.

Community Linkages and Stabilization Program (CLASP)
CLASP provides post-hospitalization extended support and treatment designed to support an individual's recovery, increase ability to function independently in the community and reduce incidents of emergency room contacts and re-hospitalizations through individual support from Certified Peer Specialists under the supervision of a clinical coordinator. CLASP provides a safe, welcoming and recovery-oriented environment, and all services are delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care. Based on the request for proposal (RFP) process, La Causa, Inc. was the agency awarded the CLASP

contract. BHD recommends a 2013 contract for $404,714, including funds for a Stabilization Coordinator position.

Crisis Resource Center (CRC)

The CRC serves adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises. The CRC is a safe, welcoming and recovery-oriented environment for people in need of stabilization and peer support to prevent hospitalization. All services are delivered in a person-centered, trauma-informed, culturally competent and recovery oriented focus of care. Based on a competitive RFP to establish a CRC on the north side of Milwaukee County, Community Advocates was awarded a contract in 2012. For 2013 BHD recommends a POS contract with Community Advocates for $850,000 for the North side CRC. (The South side CRC contract is included on the Mental Health Community Services POS Report)

Stabilization House

Stabilization House services serve adults who live with a mental illness or co-occurring substance use disorder and are in need of further stabilization after an inpatient hospitalization. It is also warranted for individuals who are awaiting a residential placement and require structure and support to ensure a smooth transition into the residential placement. Stabilization House services may also provide temporary supported accommodation for people with mental health needs during a crisis or when they need respite from living at home. Based on a competitve RFP, Bell Therapy, Inc was awarded the Stabilization House contract in 2012. BHD is recommending a 2013 POS contract for $298,000 for Bell Therapy. (BHD maintains two other Crisis Stabilization homes and those contracts are included in the Mental Health Community Services POS Report)

Individual Placement and Support (IPS)

Developed by Dartmouth University, IPS is an evidence-based practice of supported employment that helps individuals with a severe mental illness or with co-occurring disorders work at competitive employment jobs. The funds will help provide in-depth training and consultation by David Lynde from Dartmouth University for agencies interested in utilizing the IPS model and to embed employment specialists within those agencies to achieve transitional paths to competitive employment. BHD is recommending a contract with St. Charles Youth and Family Services of $87,500 for this service.

Peer Specialists

Horizon Healthcare supports the operation of the Office of Consumer Affairs at BHD. As part of the Mental Health Redesign, Horizon Healthcare will continue to work to develop the peer specialist network. In an effort to increase consumer participation in BHD activities, Horizon Healthcare will have a mechanism for the reimbursement of these activities and will ensure that consumers shall be compensated for time and expenses in a timely and professional manner. This service was RFP'd in July 2012 and the selected vendor, Horizon Healthcare, receives $60,000 annually for these activities.

WRAP Development
The Grand Avenue Club is champion in 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. Grand Avenue will recruit and select three certified Peer Specialists to attend the educational program at the Copeland Center and become Certified WRAP facilitators. BHD is recommending a contract with Grand Avenue of $30,000 for this service.

Overall, BHD is recommending total contracts of $1,730,214 for 2013 related to the Mental Health Community Investment initiative. In addition, in the Disabilities Services Division, there is a $250,000 contract for a Crisis Respite Home for clients with DD and mental health issues. The remaining funds are dedicated to the Milwaukee Police Department initiative brought to the Board in September 2012 and various positions for quality assurance and staffing related to the above mentioned initiatives.

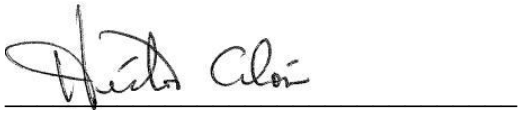
Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2013 purchase of service contracts for the provision of the Mental Health Community Investment Initiative with provider agencies for the time period of January 1 through December 31, 2012 with the contractors listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow BHD to continue the initiatives started in 2012 related to these funds, which are also closely aligned with the Mental Health Redesign Task Force Action Plan

Fiscal Effect

The total amount of $1,730,214, as recommended in these contracts has been included in BHD's 2013 Budget. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive Staff
Kelly Bablich, County Board Chief of Staff
Patrick Farley, DAS Director
Craig Kammholz, Fiscal and Budget Administrator
CJ Pahl, Assistant Fiscal and Budget Administrator
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk

File No.
(Journal,)

(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2013 Purchase of Service Contracts for the Behavioral Health Division for the Provision of the Mental Health Community Investment Initiative, 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 2013 purchase of service contracts with community agencies for the provision of the Behavioral Health Division (BHD) Mental Health Community Investment Initiative; and

WHEREAS, approval of the recommended contract allocations will allow BHD to continue the initiatives started in 2012 related to these funds, which are also closely aligned with the Mental Health Redesign Task Force Action Plan; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2013 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2013 purchase-of-service contracts with the following provider agencies for the time period of January 1 through December 31, 2013, in the amounts specified below

Agency	**Service**	**2013 Contract**
Bell Therapy	Stabilization House	298,000
Community Advocates	Crisis Resource Center (CRC)	850,000
La Causa, Inc.	Community Linkages and Stabilization	404,714
St. Charles Youth and Family Services	Individual Placement and Support (IPS)	87,500
Horizon Healthcare	Peer Specialist Services	60,000
Grand Avenue Club	WRAP Services	30,000
TOTAL – Mental Health Community Investment Initiative		**$ 1,730,214**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2013 Purchase of Service Contracts in the Behavioral Health Division for the Provision of the Mental Health Community Investment Initiative

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 purchase of service contracts in the Behavioral Health Division (BHD) for the provision of the Mental Health Community Investment Initiative for the period January 1, 2013 through December 31, 2013.

Approval of this request will allow the Behavioral Health Division to continue the initiatives started in 2012 related to these funds, which are also closely aligned with the Mental Health Redesign Task Force Action Plan.

B. Total 2013 expenditures included in this request are $1,730,214.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2013 Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 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: 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 2013 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. The County Board approved a contract with Neptune Sandwiches for the remainder of the year in September 2012.

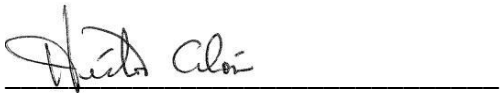
Neptune Sandwiches, as part of their bid, and as approved by Community Business Development Partners, has subcontracted approximately 11% of their contract amount to a DBE certified business. Based on Neptune's per sandwich bid and the estimated volumes for both facilities, the Department of Health and Human Services is requesting a 2013 purchase of service contract in the amount of $64,000 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 2013 purchase of service contract with the recommended vendor, Neptune Sandwiches, in the amount of $64,000.

Fiscal Effect

The amount recommended for this contract is included in BHD's and DCSD's 2013 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
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

File No.
(Journal,)

(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

WHERAS, 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 2013 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 2013 purchase of service contract in the amount of $64,000 for both BHD and DCSD; and

WHEREAS, the cost of the contract is included in BHD's and DCSD's 2013 Budget; now therefore

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into a 2013 purchase of service contract with the vendors listed and in the amounts and terms stated below:

Agency and Service	**Service**	**2013 Contract**
Neptune Sandwiches	Food Service	$64,000

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/2012

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:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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) 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 Deliquency and Court Services Division for 2013.

B) The total recommended 2013 purchase of service contract with Neptune Sandwiches is $64,000. The cost of the contract is included in the DHHS and BHD 2013 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 Alexandra Kotze, Fiscal and Policy Administrator, DHHS

Authorized Signature _____

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 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 Community Advocates for the Behavioral Health Division

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase of service (POS) contract with Community Advocates related to start-up costs for the Northside Crisis Resource Center (CRC) at the Behavioral Health Division (BHD).

Background

The 2012 BHD budget included over $3 million for a Mental Health Redesign and Community Resource Investment, which included six specific initiatives: 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. BHD issued an RFP on March 12, 2012 for a CRC and Community Advocates was awarded a contract through a report approved by the Board in June 2012.

The CRC serves adults who reside in Milwaukee County who live with a mental illness and are in need of crisis intervention and/or short-term community-based stabilization rather than hospitalization. The CRC serves adults with mental illness, including individuals with a co-occurring substance use disorder who are experiencing psychiatric crises. All services are delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

The CRC started accepting clients in September 2012. Although the facility opened earlier this year, it was always planned and included in the proposed budget that the Northside CRC would

undergo improvements to the building located at 2511 West Vine in order to create a facility that is handicapped accessible according to both state and local regulations. The Northside CRC has adjusted its Community Based Residential Facility (CBRF) licensure to become compliant with those regulations and is ready to move forward. Improvements to the facility will include the addition of an ADA accessible bathroom with shower, modifications to two resident rooms to allow for wheelchair access and an existing ramp will be updated and a second ramp will be added to the back of the facility. The cost of this project which includes permits, labor, material, equipment and supervision, will not exceed $102,000.

This initiative is consistent with recommendations of the Mental Health Redesign Task Force and is included in the budgeted fund for 2012. This investment will improve access to psychiatric care to individuals with physical disabilities. Currently there are very limited opportunities for individuals that require wheelchairs to access services that focus on diversion to inpatient levels of care. Upon completion of this project, access to this very important resource will be possible.

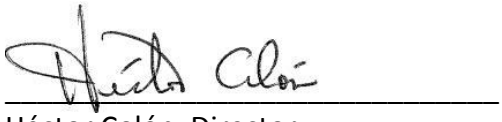
Fiscal Effect

Funds are included in the 2012 BHD Mental Health Investment Initiative for this project. Various bids were solicited for the work and reviewed by a panel including BHD and Community Advocates staff. Community Advocates anticipates completing the work before the end of the year. There is no tax levy effect. A fiscal note form is attached.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to increase the Community Advocates purchase of service contract by $102,000 to a total of $527,000 for the CRC for the time frame of December 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 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

File No.
(Journal,)

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

A RESOLUTION

WHEREAS, per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase of service (POS) contract with Community Advocates related to start-up costs for the Northside Crisis Resource Center (CRC) at the Behavioral Health Division (BHD); and

WHEREAS, BHD issued an RFP on March 12, 2012 for a CRC and Community Advocates was awarded a contract through a report approved by the Board in June 2012; and

WHEREAS, the CRC serves adults who reside in Milwaukee County who live with a mental illness and are in need of crisis intervention and/or short-term community-based stabilization rather than hospitalization; and

WHEREAS, although the facility opened earlier this year, it was always planned and included in the proposed budget that the Northside CRC would undergo improvements to the building located at 2511 West Vine in order to create a facility that is handicapped accessible according to both state and local regulations; and

WHEREAS, the cost of this project which includes permits, labor, material, equipment and supervision, will not exceed $102,000; and

WHEREAS, this initiative is consistent with recommendations of the Mental Health Redesign Task Force and will improve access to psychiatric care to individuals with physical disabilities, and

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

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

Agency	Service	Additional Amount	Revised 2012 Contract
Community Advocates	Crisis Resource Center	$102,000	$527,000

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the 2012 Purchase of Service Contract with Community Advocates for the Behavioral Health Division

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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) Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2012 purchase of service (POS) contract with Community Advocates related to ADA improvements for the Northside Crisis Resource Center (CRC) at the Behavioral Health Division (BHD).

B) The total funding recommended for the CRC physical plant improvements in 2012 is $102,000. These start-up costs were identified in the original 2012 budget for the Mental Health Investment initiative therefore no additional tax levy is necessary. Community Advocates solicited various bids for the work and they were reviewed by a panel including BHD and Community Advocates staff. Community Advocates anticipates completing the work before the end of the year.

C) These funds are budgeted in BHD Org. 6300, in the BHD Crisis Services Org. 6443, account series #8100.

D. No assumptions/interpretations.

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

Department/Prepared By Alexandra Kotze, Fiscal and Policy Administrator, DHHS

Authorized Signature _____

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 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 Enter into 2013 Professional Service Contracts 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 of $50,000 or greater. Per Section 56.30, the Director, Department of Health and Human Services (DHHS) and the Administrator, Behavioral Health Division (BHD), are requesting authorization for BHD to enter into a variety of professional service contracts for 2013.

Background

BHD uses several professional service contracts to support various essential staff activities, including dietary services, IT support, pharmacy services and medical program planning. Each of these contracts support functions that are critical to patient care and are necessary to maintain hospital, Center for Independence and Development, nursing home and crisis services licensure and paramedic services monitoring and training. A discussion of all new or renewed 2013 professional service contract recommendations follows.

Aviands, LLC

BHD issued an RFP for Dietary Services in January 2009. After the review process was concluded and the scores tallied, A'viands, LLC was the selected vendor. A'viands, LLC is a Midwest based company with headquarters in Roseville, Minnesota. They are part of the TrustHouse Services Group headquartered in Charlotte, NC. A'viands has over 2,200 employees and operates in approximately 250 facilities. They have been in business since 2003 and have a staff with extensive food service experience. A'viands has been serving in this capacity at BHD since June 2009.

In 2010, BHD received approval for a three-year contract with an option for two additional one-year renewals. BHD has worked in partnership with the vendor to improve food service delivery and work through any issues that have arisen. BHD regularly reports to the Board on this contract and the vendor has been compliant and met all expectations. Therefore, BHD is recommending an extension of this contact in the amount of $5,416,186 annually, including labor, food and other commodities for the time frame of January 1, 2013 through December 31, 2014. This is the same contract amount as 2012 and will be adjusted based on future unit closures at BHD. A'viands, LLC has met the DBE goal of 17% and has committed to doing so in the future.

Critical Management Solutions (CMS)
In order to continue with the Joint Commission accreditation process, DHHS recommends a renewal of the contract with Critical Management Solutions to provide consultation assistance to BHD. To date, CMS has conducted various assessments and developed a comprehensive Regulatory Compliance Action Plan that outlines the policies, procedures and practices that must be revised to be fully compliant with Joint Commission and the Centers for Medicare and Medicaid requirements, along with an individualized strategy to do so. CMS has assisted with implementing the Action Plan through developing and revising policies and procedures, developing staff educational material to support the execution of these policies and procedures, assisting BHD staff with the redesign or refinement of processes as expected by policy and procedure, coaching staff in their performance and documentation of clinical activities to improve compliance with Joint Commission requirements. In addition, CMS has been providing specialized technical assistance related to pharmacy and emergency response.

BHD is recommending a one-year contract for Joint Commission and pharmacy consulting services from Critical Management Solutions, from January 1, 2013 through December 31, 2013 in a not-to-exceed amount of $100,000.

Hochstatter, McCarthy, Rivas and Runde
In 2010, Corporation Counsel began contracting with Hochstatter, McCarthy, Rivas and Runde on behalf of the Behavioral Health Division for submission of immigration paperwork related to psychiatrists that are interested in working for BHD. BHD is currently under contract with four psychiatry physicians and is hoping to enter into an agreement with a fifth by year end. BHD's ability to offer this service has been an essential tool for recruitment of much needed psychiatrists at BHD. The initial contract was less than $50,000 so it did not require County Board approval. BHD anticipates continuing psychiatry needs due to retirements, vacancies and a national shortage therefore BHD is recommending a two year contract with Hochstatter, McCarthy, Rivas and Runde from January 1, 2013 through December 31, 2014 in a not-to-exceed amount of $50,000 annually.

iVisions Solutions, Inc.
iVisions Solutions, Inc, is a DBE certified, female-owned, minority business that specializes in system improvements, analyzing and managing data, and recommending solutions to effectively eliminate or rectify problem areas within information systems. Currently, iVisions Solutions, Inc. supports the Emergency Medical services (EMS) systems that scan, capture and store par-

amedic run data, maintain patient records, monitor and record paramedic dispatches and pages county-wide, and administer and manage paramedic training course enrollment, renewals and certifications.

BHD is recommending a three-year contract for IT consulting and programming services from iVisions Solutions, Inc. related to the EMS system from January 1, 2013 through December 31, 2015 in a not-to-exceed amount of $240,142 annually.

Medical College of Wisconsin – Affiliated Hospitals
BHD contracts with the Medical College of Wisconsin – Affiliated Hospitals (MCWAH) for residency and fellowship stipends. The residents and fellows provide medical care in the hospital at BHD, with oversight and direction from BHD psychiatry staff.

BHD is recommending a two-year contract for the term from January 1, 2013 through December 31, 2014 in the amount of $598,000. This is the same amount as in 2012. MCWAH has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract period.

Medical College of Wisconsin
In the 2013 Budget BHD realigned house physician staffing from being provided through the Medical College of Wisconsin (MCW) to being BHD employees. This change was a mutual agreement and will better serve BHD in terms of ability to bill for services. Therefore, this service, that was previously included in the MCW contract, is discontinued.

BHD is recommending that a total contract of $71,294 for MCW for a Residency Director ($59,794), bioethics consultation ($10,000) and for Hilltop utilization review ($1,500) be extended for the time period from January 1, 2013 through December 31, 2014. MCW has established relationships with several DBE vendors during the prior contract period. Through these continued relationships, MCW has identified sufficient qualified DBE vendors to comfortably meet or exceed the 17% commitment goal in 2013.

MobileX USA
MobileX USA provides radiology services, including x-ray, holter monitoring, EKG and ultrasound services. MobileX USA has been the on-site provider of radiology services for BHD since 1999. A two-year extension of the existing contract, in the amount of $60,000 annually, is recommended for the period January 1, 2013 through December 31, 2014. The contract amount is unchanged from the past several years. The firm has declared its intent to meet the 17% DBE goal and has been in contact with CBDP for assistance.

Mobile Medical Specialists – Dental Services
BHD is recommending a two-year contract with Mobile Medical Specialists for dental services at BHD. In prior RFPs, Mobile Medical Specialists has been was the sole respondent. Mobile Medical Specialists will provide basic dental services to BHD clients on-site. A two-year extension of

the existing contract, in the amount of $70,200 annually, is recommended for the period January 1, 2013 through December 31, 2014.

Roeschen's Omnicare Pharmacy
Currently, Roeschen's Omnicare provides all pharmacy services to the Behavioral Health Division, including outpatient clients. In October 2012, an RFP for pharmacy services was let and BHD will be reviewing proposals in December 2012. Due to the nature of the services and their impact on direct client services, BHD is recommending an extension to the current contract with Roeschen's Omnicare Pharmacy. It is anticipated that a successful vendor will not be selected and brought to the Board for approval until early in 2013. BHD needs sufficient time to transition, if necessary, to the selected vendor. Therefore, BHD is recommending a one year contract (including a 90 day termination clause) for the term from January 1, 2013 through December 31, 2013 in the amount of $5,090,120. This is the same amount as in 2012. Roeschen's has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract in 2013.

University of Wisconsin Population Health Institute – Grant Evaluation Services
University of Wisconsin Population Health Institute (UW-PHI) is an established evaluation provider known to the BHD Community Services Branch that has earned a reputation for delivery of specialized evaluation services. BHD is in need of grant evaluation services for two federal discretionary grants from SAMHSA for the final year of the grants. The evaluation component required in these grants is focused on process improvement and outcome evaluation so that the program can move toward sustainability for the future. UW-PHI will perform evaluation functions for two grants: the Milwaukee Welcomes you to Income, Sobriety, and Housing (Mi-WISH), related to treatment for homeless clients and Milwaukee Linking Individuals to New Chances (MI-LINC), related to offender reentry services. BHD recommends a total grant amount of $91,703 for the time frame for January 1, 2013 to December 31, 2013.

Dr. Laurens Young
BHD is looking to temporarily fill staff psychiatry vacancies with contract staff while recruitment efforts are ongoing. The average time to recruit a full-time psychiatrist in the current market is six to eight months, and BHD is not able to re-assign staff to cover all hours needed to sufficiently and safely fulfill all inpatient psychiatric patient care needs. Dr. Young, a fully trained senior psychiatrist, has agreed to continue to provide services on a contract basis for the Rehabilitation Center Central. This includes evaluation, diagnosis, treatment and other consultation services.

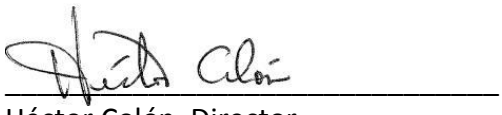
BHD is recommending a one-year contract for psychiatry services from Dr. Young, from January 1, 2013 through December 31, 2013 in a not-to-exceed amount of $140,400. As BHD is able to fill sufficient psychiatry positions, the use of this contract will be decreased or discontinued.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to execute the professional service agreements for 2013 identified in this report and for the amounts enumerated in the attached resolution.

Fiscal Effect

The total amount of $11,928,045 recommended in these contracts has been budgeted in BHD's 2013 Adopted Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, 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

File No.
(Journal,)

(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into 2013 Professional Service Contracts 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 2013 professional service contracts with provider agencies for the provision of various essential staff activities, including dietary services, information technology (IT) support, pharmacy services and medical program planning; and

WHEREAS, approval of the recommended contract allocations will allow the Behavioral Health Division (BHD) to continue the support of functions that are critical to patient care and are necessary to maintain hospital, Center for Independence and Development, nursing home and crisis services licensure and paramedic services monitoring and training; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2013 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2013 professional service contracts with the following provider agencies for the time period and amounts detailed below:

Agency and Service	Term	Contract Amount
A'viands, LLC (Dietary Services)	2 years (2013, 2014)	5,416,186 annually
Critical Management Solutions (Joint Commission/Pharmacy Consulting Services)	1 year (2013)	100,000 annually
Hochstatter, McCarthy, Rivas & Runde (Psychiatrist Immigration Assistance)	2 years (2013, 2014)	50,000 annually
iVisions Solutions, Inc. (IT Consulting/Programming Services)	3 years (2013, 2014, 2015)	240,142 annually
Medical College of Wisconsin – Affiliated Hospitals (MCWAH) (Residency Program)	2 years (2013, 2014)	598,000 annually

Medical College of Wisconsin (Residency Director)	2 years (2013, 2014)	59,794 annually
Medical College of Wisconsin (Bioethics Consulting)	2 years (2013, 2014)	10,000 annually
Medical College of Wisconsin (Hilltop Utilization Review)	2 years (2013, 2014)	1,500 annually
MobileX USA (On-Site Radiology Services)	2 years (2013, 2014)	60,000 annually
Mobile Medical Specialists (On-Site Dental Services)	2 years (2013, 2014)	70,200 annually
Roeschen's Omnicare (Pharmacy Services)	1 year (2013)	5,090,120 annually
University of Wisconsin - Population Health Institute (Grant Evaluation Services)	1 year (2013)	91,703 annually
Dr. Laurens Young (Psychiatry Services)	1 year (2013)	140,400 annually

TOTAL – 2013 Professional Services $ 11,928,045

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2013 Professional Service Contracts in the Behavioral Health Division

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 professional service contracts for the Behavioral Health Division (BHD) for the provision of various essential staff activities, including dietary services, information technology (IT) support, pharmacy services and medical program planning.

Approval of this request will allow the Behavioral Health Division to continue the support of functions that are critical to patient care and are necessary to maintain hospital, Facility for Persons with Developmental Disabilities (FDD), nursing home and crisis services licensure and paramedic services monitoring and training.

B. Total 2013 expenditures included in this request are $11,928,045.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2013 Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 26, 2012

TO: 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 2013 Contracts with the Nine Municipalities Providing Advance Life Support for the Emergency Medical Services Division**

Issue

Section 56.30 of the Milwaukee County Code of General Ordinances requires that the Milwaukee County Board of Supervisors authorize the execution of professional services contracts. The Director of the Department of Health and Human Services (DHHS) is seeking County Board approval to enter into a four-year agreement with local municipalities and the North Shore Fire Department for the provision of Paramedic Services in Milwaukee County. Contracts between the County of Milwaukee and the municipalities providing Advanced Life Support (ALS) emergency medical care to their citizens will expire in 2013. The Emergency Services Division (EMS) is a program within the Behavioral Health Division (BHD).

Background

Since 1974, Milwaukee County and the municipalities within its borders have worked together to provide the highest quality, life-saving services to the citizens of this county. The Milwaukee County Emergency Medical Services (EMS) program has served to train, monitor and coordinate the delivery system for these services. Negotiations with the municipalities began in mid-2012 with a meeting between the County Executive and representatives from the ICC. A number of key issues were identified including operational issues related to education, the county's support of infrastructure costs including medical control and the communication center and the supplemental payment. BHD-EMS and the municipalities worked diligently over the last few months and this contract represents the mutual agreement of the municipalities and Milwaukee County to provide outstanding paramedic service to the residents and visitors of Milwaukee County. The Milwaukee County EMS system has grown to 380 paramedics, working nine fire departments on thirty-eight paramedic units. It is important to have a uniform agreement with all the municipalities involved in the EMS system.

To ensure the efficient and effective fulfillment of the responsibilities of the EMS area, within the Behavioral Health Division, the DHHS Director requests County Board approval to enter into contracts beginning January 1, 2013 and extending through December 31, 2016 as follows:

- The contract for ALS services could begin as early as January 1, 2013 and extend through December 31, 2016. The municipalities are currently reviewing the final contract and once it is signed by all partied and this report is approved by the County Board, the new contract will go into effect. If necessary, the prior EMS contract will be in effect based on a clause contained in it which includes an extension, expiring December 31, 2013, if it is not renegotiated by both parties. BHD-EMS hopes to have the final 2013-2016 contract signed before March 1, 2013.

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

- This contract is performance based and the municipalities will be paid individually based on a formula developed by the ICC upon achievement of performance criteria. The performance criteria are attached to the contract. This approach continues the tradition of on-going improvement and growth within the program.

The contract with the Cities of Franklin, Village of Greendale, Greenfield, Milwaukee, Oak Creek, South Milwaukee, Wauwatosa, West Allis, and the North Shore fire department provides infrastructure support of education, quality assurance, health information medical records, medical directions and communications in an efficient and effective manner that allows the municipalities to function as necessary to operate the above programs, as well as meet county, state, and federal guidelines.

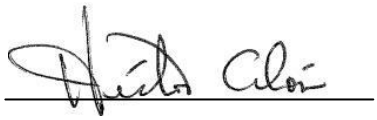
This contract continues the market-based approach to the operations of the EMS system and allows the municipalities the flexibility to meet local needs while maintaining a county-wide EMS system that has received local, state and national recognition.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into a four-year contract with the nine municipalities to provide ALS services as detailed on the attached resolution.

Fiscal Impact

The 2013 Budget includes $2,000,000 to be distributed to the EMS municipalities. In future years the contract indicates that there will be at least a $1.5 million payment from Milwaukee County to the EMS municipalities. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive Staff
Kelly Bablitch, County Board Chief of Staff
Patrick Farley, Administrator - DAS
Craig Kammholz, Fiscal and Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into contract with area municipalities for Paramedic Transport and Advanced Life Support services for the period of January 1, 2013 through December 31, 2016, 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 seeking authorization to enter into contracts with local municipalities and the North Shore Fire Department for the provision of Paramedic Services in Milwaukee County; and

WHEREAS, the EMS program is a County partnership with municipal fire departments, the Medical College of Wisconsin (MCW) and Froedtert Memorial Lutheran Hospital (FMLH); and

WHEREAS, the relationship between the County and Paramedic host communities is guided by a contractual agreement, which traditionally has established the shared costs associated with the program and defined responsibilities for both the County and the municipality; and

WHEREAS, DHHS is proposing four-year contracts for the continued provision of EMS services in County municipalities; and

WHEREAS, Milwaukee County will continue to provide infrastructure support, including Paramedic initial and continuing education, quality management, health information management, medical direction, communication base for on-line medical control, and administrative oversight; and

WHEREAS, similar to the previous contracts, these contracts specify that any supplemental funds approved in the adopted Milwaukee County budget will be distributed per a formula developed by the ICC; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the Director of DHHS, or his designee, to execute a contract for the period from January 1, 2013 to December 31, 2016 with the Cities of Franklin, Greenfield, Milwaukee, Oak Creek, South Milwaukee, Wauwatosa, West Allis, the Village of Greendale, and the North Shore fire department for the provision of advanced life support (Paramedic) service and transport and Paramedic First Response (PFR) service as stated below:

Agency	Type of Service	Term	2013 Contract
Various Municipalities & the North Shore Fire Dept	ALS Paramedic Services	2013-2016	$2,000,000*

*The contract amount each year will be determined by the exact amount of supplemental funds approved in the adopted Milwaukee County budget. Per the contract, the amount will be at least $1.5 million annually.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into contracts with local municipalities and the North Shore Fire Department for the provision of Paramedic Services in Milwaukee County.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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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 the Department of Health and Human Services (DHHS) is requesting authorization to execute contracts with local municipalities and the North Shore Fire Department for the provision of Paramedic Services in Milwaukee County.

Contracts between the County of Milwaukee and the local municipalities providing advanced life support (ALS) emergency medical care to their citizens are set to expire December 31, 2012. The prior contract will automatically extend, based on a one year extension clause, until the new contract is signed, hopefully before March 1, 2013.

The contract is proposed as a four-year contract with the Cities of Franklin, Greenfield, Milwaukee, Oak Creek, South Milwaukee, Wauwatosa, West Allis, the Village of Greendale, and the North Shore fire department to provide ALS services. Approval of this request will allow the Director of DHHS to execute contracts for the period January 1, 2013 through December 31, 2016.

B. Total 2013 expenditures included in this request are $2,000,000. Per the contract, the amount will be at least $1.5 million annually in future years but the exact allocation will be based on the supplemental funds included in the adopted Milwaukee County budget.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Emergency Medical Services (EMS) Division 2013 Budget.

D. No assumptions are made.

[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 Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Milwaukee County EMS Performance Measure

Performance measures that are tied to the 1.5 million "Performance Measure" (PM) funding shall be created through a "Consensus Development Process" (CDP). Members of the CDP workgroup shall include respresentation from contracting fire departments, medical director and County EMS management team. Members of the CDP-PM workgroup shall meet twice a year to evaluate performance data and develop strategic plans for the next year's PM.

A four (4) year PM plan is listed below. The intent of identifying a four year PM plan is to assist the Milwaukee County EMS system to provide high quality out-of-hospital care. A four year plan will also allow the fire departments from contracting municipalities to know what measures they will be accountable to meet in order to receive 100% of their allocation of the 1.5 million which is determined by the ICC. While the plan presented below is a four year PM plan, it is a challenge to predict best practices and new trends in out-of-hospital care in the future. That having been said, members of the CDP-PM workgroup may bring forth proposals to be submitted to change a given year's PM to address current best practices in EMS. Any changes must be agreed upon by the CDP-PM workgroup.

PM data will be made available to municipal fire department in manners that will allow the fire department administrators and managers to monitor their department's progress in meeting the PM and to establish corrective action plans as needed. Data will be reported monthly, quarterly or per semester for education PM. MC EMS will take into considerations and make adjustments to the data calculations as a result of noted exceptions such as an inability to upload data because of technical problems (ex. computer crashes etc.) An explanation as to why adjustments have been made and revisions to calculations (ex. data calculated on 27 days Vs 30 days within a measured month) will be noted on the reports.

PM plan is progressive and cumulative. In years 2,3 and 4, municipalities will be required to continue to meet PM from previous years. (Ex In year 2, PM for year 1 must also be met, in year 3, PM for years 1 & 2 will be required to be met and in year 4, PM from years 1,2 & 3 will also be required to be met.)

If a municipality does not fully meet a given year's PM and receives less than 100% of their funds the appeal process will be as follows:

1. Corrective Action Grace Period: Municipality fire department EMS officer will prepare and submit a 'Corrective Action" plan to Milwaukee County EMS addressing the steps the fire department will take to meet the PM. The corrective action plan will in effect for six (6) months following the end of the PM period which the fire department failed to fully meet. If the PMs are met after the six (6) month corrective action period, the municipality will be paid the funds according to the level of PM met. (PM met, vs PM marginally met). Funds not awarded will be encumbered from the year they are withheld for up to 1 year to allow for corrective actions to take place.

2. At the end of the Corrective Action Grace Period, if a fire department has not achieved 100% funding due to not fully meeting their PMs, MC EMS administration and EMS program director will meet municipality administration and fire department leadership to address why corrective action plan did not achieve the 100% goal and decide on next-step (s).

Grievance process: All source data will be available for review by fire department administration if there are questions on the validity of data used to make calculations.

DRAFT 11-5-2012

Year #1 (1/1/2013-12/31 2013) "Task" focus

Category	Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment based on points awarded VS available
Clinical PM	End tidal CO^2 monitoring	ZOLL cardiac monitor, available on ECG screen to EMS providers **Reported monthly**	End-tidal CO^2 readings are documented on patients with an advanced airway; King Airway or ETT	95-100 % patients with advanced airways have End-tidal CO^2 documented (waveform and numeric value)= 100 pts &PM met 90-94% patients with advanced airways have End-tidal CO^2 documented = 75 pts & PM marginally met <89% patients with advanced airways have End-tidal CO^2 documented = 0 pts & PM unmet	
Ops PM	Controlled Substance monitoring	County Internet based Oracle application **Reported monthly**	Paramedic vehicle controlled substances counts	95-100 % Controlled substance counts submitted daily per P&P = 100 pts &PM met 90-94% Controlled substance counts submitted daily per P&P = 75 pts & PM marginally met <89% Controlled substance counts submitted daily per P&P= 0 Pts & PM unmet	
Admin. PM	Education session attendance	County EMS Education Center and fire department attendance records **Reported at end of Fall/Spring semesters**	• Attendance at refresher classes • Completion of distance learning (DL) modules on time • Completion of psychomotor skills competencies on time	95-100 % Attendance at regularly scheduled refresher class = 100 pts & PM met 90-94% Attendance at regularly scheduled refresher class = 75 pts & PM marginally met <89 % Attendance at regularly scheduled refresher class = 0 Pts & PM unmet 95-100 % Complete DL modules by due scheduled date = 100 pts & PM met 90-94% Complete DL modules by due scheduled date = 75pts & PM marginally met <89 % Complete DL modules by due scheduled date = 0 pts & PM unmet 95-100 % Complete r skill competencies = 100 pts & PM met 90-94% Complete skill competencies = 75 pts & PM marginally met <89 % Complete r skill competencies = 0 pts & PM unmet	376-500 pts = PM met = 100% funded 251-375 pts =PM marginally met = 75% funded < 250 pts= PM unmet = 50% funded

DRAFT 11-5-2012

Year #2 (1/1/2014-12/31 2014) "Task" focus

Category	Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment based on points awarded VS available
Clinical PM	12 Lead ECG acquisition	ZOLL ECG monitor **Reported monthly**	12 Lead ECGs labeled with patient identifier (initials acceptable) and case number	95-100 % 12 lead ECGs properly labeled = 100 pts & PM met 90-94% 12 lead ECGs properly labeled = 75 pts & PM marginally met <89 % 12 lead ECGs properly labeled = 0 pts &PM unmet	
	Blood sugar measurements	Patient Care Records (PCRs) **Reported monthly**	BS obtained on all patients with Alt consciousness, repeat BS on patients treated for low BS	95-100 % BS obtained = 100 pts & PM met 90-94% BS obtained = 75 pts & PM marginally met <89 % BS obtained = 0 pst & PM unmet	
Ops PM	Medical supply ordering process	Fire department supply officer	Orders submit medical supply orders by 1500 hrs the Friday prior to assigned delivery week.	95-100 % orders submitted on time = 100 pts & PM met 90-94% orders submitted on time = 75 pts & PM marginally met <89 % orders submitted on time = 0 pts & PM unmet	
		Fire department supply officer **Reported quarterly**	Inventories for medical supplies should be at a level to not require emergency orders 95-100 % supply orders submitted on time = PM met 90-94% supply orders submitted on time = PM marginally met	100% - 2 or less Med/Supply Orders Per Year Per Department = 100 pts. & PM met 75% - 4 or less Med/Supply Orders Per Year Per Department= 75 pts & PM marginally met 50% - More than 4 Med/Supply Orders for any Department in a given year= 0 pts & PM unmet 100% - 2 or less Narc Orders Per Year Per Med Unit = 100 pts & PM met 75% - 4 or less Narc Orders Per Year Per Med= 75 pts & PM marginally met 50% - More than 4 Emerg Narc Orders for any one Med unit in a given year= 0 pts & PM unmet	

DRAFT 11-5-2012

Year #2 (1/1/2014-12/31 2014) "Task" focus

Category	Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment based on points awarded VS available
Admin. PM	Upload of ECG and patient care record data	FD station upload computers **Reported monthly**	ECG files uploaded daily	95-100 % ECGs uploaded -= 100 pts & PM met 90-94% ECGs uploaded within 24 hrs = 75 pts & PM marginally met <89 % ECGs uploaded within 24 hrs= 0 pts & PM unmet	451-600 pts = PM met = 100% funded 300-450 pts = PM marginally met = 75% funded < 300pts = PM unmet = 0% funded
		FD administration, FD ePCR vendors **Reported monthly**	Patient care records (PCR) exported to MC EMS daily (after completed PCRs are 72 hrs old)	95-100 % PCRs exported -= 100 pts & PM met 90-94% PCRs exported within 24 hrs = 75 pts & PM marginally met <89 % PCRs exported within 24 hrs = 0 pts & PM unmet = 50 pts & PM unmet	

DRAFT 11-5-2012

Year #3 (1/1/2015-12/31 2015) "Medical Chief Complaint" focus

Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment
Heart attack (STEMI) patients	Patient care Record (PCR) **Reported quarterly**	Patient contact to 12 lead obtained	**100% -** 12 Lead ECG obtained ≤ 10 after EMS arrival 90% of the time= 100 pts & PM met **75%** - 12 Lead ECG obtained < 10 after EMS arrival 80% of the time = 75 pts & PM marginally met **50%** - 12 Lead ECG obtained < 10 after EMS arrival less than 80% of the time = 0 pts & PM unmet	
	County EMS Medical Command database **Reported quarterly**	STEMI 12 lead to physician contact	**100 pts** - Contact made to medical control STEMI DX 90% of the time (YES/NO) **75 pts** - Contact made to medical control for STEMI DX 80% of the time (YES/NO) **0 pts** - Contact made to medical control for STEMI DX less than 80% of the time (YES/NO)	
	Patient care Record (PCR) **Reported quarterly**	At patient to transport Proper medications; ASA, NTG	**100 pts** - At patient time to transport < 30 minutes 90% of the time **75 pts**- At patient time to Transport < 30minutes 80% of the time **0 pts** - At patient time to Transport < 30 minutes more than 20% of the time	
	Patient care Record (PCR) **Reported quarterly**	Transport to appropriate hospital	**100 Pts** - Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) 95-100% of the time **75 pts**- Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) 90% - 94% of the time **0 pts** - Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) less than 89% of the time	

DRAFT 11-5-2012

Year #3 (1/1/2015-12/31 2015) "Medical Chief Complaint" focus

Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment
Resuscitated (ROSC) patients	Patient care Record (PCR) ZOLL ECG monitor **Reported quarterly**	12 Lead ECGs obtained upon ROSC	**100 pts** - 12 Lead ECG obtained post ROSC > 90% of the time **75 pts** - 12 Lead ECG Obtained post ROSC 80% -89% of the time **0 pts** - 12 Lead ECG Obtained post ROSC less than 80% of the time	
	ZOLL ECG monitor **Reported quarterly**	End-tidal CO^2 (waveform as well as numeric value) documented	**100 pts** - End-tidal CO^2 documented 95-100 % of the time on required patients **75 pts** - End-tidal CO2 documented 90-94% of the time on required patients **0 pts** - End-tidal CO2 documented less than 89% of the time on required patients.	
	Patient care Record (PCR) **Reported quarterly**	Transport to appropriate hospital	**100 pts** - Transport to ROSC hospital 100% of the time **75 pts**- Transports to ROSC hospital 95 -99% of the time **0 pts** - Transports to ROSC hospital less than 95% of the time	
	Patient care Record (PCR) County EMS Medical Command database **Reported quarterly**	Contact Medical Control per P&P	**100 pts** - Medical Control contacted post ROSC if patient hypotensive, presence of ectopic beats 90-100 % of the time **75 pts** - Medical Control contacted post ROSC if patient hypotensive, presence of ectopic beats 80-89% of the time **0 pts** Medical Control contacted post ROSC if patient hypotensive or presence of ectopic beats less than 80% of the time	601-800 pts PM met = 100% funded 400-600-PM marginally met = 75% funded < 400 pts PM unmet = 0% funded

DRAFT 11.5.2012

Year #4 (1/1/2016-12/31 2016) Medical Chief Complaint focus

Performance Measure (s)	PM Data Source (s) **Reported :**	Expected activity	Criteria	PM payment
Quality of CPR	ZOLL ECG monitor Rescus Net computer software program (loaded on each FD ECG upload computer) **Reported quarterly**	Percent time CPR performed on cardiac arrest patients (Time on chest)	**100 pts** - Chest compressions fraction is > 70% % of time in 90% of cases **75 pts** - Chest compression fraction is > 70% in 80 - 89% of the Cardiac Arrest cases **0 pts** - Chest compression fraction is > 70% less than 80% of the time	
	ZOLL ECG monitor Rescus Net computer software program **Reported quarterly**	Depth of CPR compressions	**100 pts**- Depth of chest compressions per County P&P 90% of the time (2 inches in adults 80% of the time) **75 pts** - Depth of chest compressions 2 inches or more 80% of the time achieved in 80% to 89% of adult Cardiac Arrest patients **0 pts** - Depth of chest compressions 2 inches or more 80% of the time achieved in less than 80% of adult Cardiac Arrest patients	
	ZOLL ECG monitor & ZOLL ECG monitor Rescus Net computer software program **Reported quarterly**	Rate of CPR compressions	**100 pts** - Rate of chest compressions per County P&P 90% of the time between 90 and 120/minute **75 pts** - Rate of chest compressions between 90 and 120 /minute 90% of the time achieved in 80% to 89% of Cardiac Arrest patients **0 pts** - Rate of chest compressions between 90 and 120/minute 90% of the time achieved in less than 80% of Cardiac Arrest patients	301-400 pts =PM met = 100% funded 300 pts =PM marginally met = 75% funded < 300,pts =PM unmet = 0% funded
	FD completed debriefing worksheet **Reported quarterly**	Evidence of case review debriefing by EMS team	**100 pts** - EMS crew completed debriefing form for cardiac arrest patients 90% of the time **75 pts** - EMS crew completed debriefing form for cardiac arrest patients 80% to 89% of the time **0 pts** - EMS crew completed debriefing form for cardiac arrest patients less than 80% of the time	

DRAFT 11-5-2012

Emergency Medical Services Agreement for Paramedic Services
Between Milwaukee County Department of Health and Human Services
and the City of ---------

THIS AGREEMENT entered into by and between the City of --------- and Milwaukee County, both entities being governmental subdivisions of the State of Wisconsin, (hereinafter referred to as "Municipality" and "County" respectively):

Definitions:

Paramedic Transport Unit	Emergency transport vehicle equipped and staffed at the advanced life support ("ALS") level, as identified in State of Wisconsin Administrative Code DHS 110 or current version of administrative code.
Paramedic First Response Unit	Vehicle staffed with at least one licensed paramedic that does not transport patients requiring ALS level care.
Full-time Unit	Paramedic unit staffed 24 hours per day, seven days a week.
Flexible Unit	Paramedic unit staffed with at least two licensed paramedics but may not be staffed 24 hours per day or seven days a week.
Medical Direction	Agency the County contracts with to provide medical guidance and oversight to the EMS system.

WITNESS:

Whereas, the Municipality is desirous of providing paramedic emergency medical services, (hereinafter referred to as "paramedic services") to its citizens and to other individuals as deemed appropriate by the governing body of the Municipality and the County and its advisory Emergency Medical Services Council, which coordinates care and services throughout the County in a cost effective and efficient manner; and

Whereas, the scope of this paramedic service is defined in Chapter 256 of the Wis. Stats. and Chapter 97 of the Milwaukee County Code of General Ordinances, which are incorporated by reference into this contract to define paramedic services as if set forth herein; and

Whereas, the County also wishes to provide for the coordinated delivery system of paramedic services to the citizens of the County and others, and both parties are willing to share in the costs of the program; and

Draft 11-8-12

Whereas, the County and the Milwaukee County Fire Chiefs agree that fire-based emergency medical services provide for the most efficient and seamless provision of quality emergency medical care to the residents and visitors of Milwaukee County;

Now therefore, in consideration of the objectives of the parties and the mutual benefits accruing to the parties of the contract from performance of the covenants herein made, this Agreement sets forth their respective responsibilities in conjunction with the provision of paramedic services within the County.

Statement of Purpose and Relationship. Municipalities enter into this contract with the County to assure that ALS services are available twenty-four (24) hours a day, seven days a week, all year, through the use of Paramedic Transport Units, Paramedic First Response Units, or Flexible. Municipalities work with the Milwaukee County Fire Chiefs Association, the Intergovernmental Cooperation Council, Milwaukee County and the Medical Director to assure that a uniform delivery system is in place that enhances the partnership between the County and Municipality, and maximizes the use of resources, while simultaneously limiting expenses.

SECTION ONE

EDUCATION

1.1 State of Wisconsin Requirements

County will provide educational programs to meet the State of Wisconsin license requirements and qualify students for participation in the National Registry Examination for an Emergency Medical Technician – Paramedic. The County will provide access to refresher courses, continuing education, and computer based education for individuals active in the Paramedic program.

1.2 Education Center & Activities

Municipality shall:

Be allowed to refer its personnel to the Milwaukee County EMS Education Center ("Education Center") for initial or continuing education. Acceptance of personnel will be based on admissions criteria established by the County. The Municipality will provide access to facilities, vehicles, and equipment to support supervised field experiences of their students enrolled in the program.

Allow students enrolled in the program and County EMS faculty access to facilities, vehicles, and equipment to support supervised field experiences and training upon mutual consent of the Municipality and the County.

Be allowed to refer an employee to an educational program other than the program operated by the County.

Draft 11-8-12

County will announce a deadline for requests approximately six (6) months prior to the beginning of a Paramedic class. Requests received after that deadline will be considered on a case-by-case basis.

Be provided initial education, refresher and continuing education courses by the County at no charge to Municipality and shall be limited to those individuals active in the system as long as the Municipality is providing paramedic service as part of the County System.

Be allowed to petition the County to recognize and accept an individual the Municipality hires whose paramedic education was provided by an entity other than Milwaukee County, as part of the County EMS System. However, the County is under no obligation to recognize or accept that individual into the Milwaukee County Emergency Medical Services System.

Agree to have representatives from the Milwaukee County Association of Fire Chiefs or their designees sit on the EMS Education Center Advisory Board.

Agree to reimburse the County, in specific cases, for the costs of students who do not complete entry into the County EMS system as a paramedic after having utilized County educational resources. Specifically, these costs relate to students that the Municipality has hired with paramedic training and/or licensing, but who fail to (or choose not to) complete the licensing and approval process through County, and therefore do not practice in Milwaukee County. Costs include, but are not limited to, tuition, continuing education conferences, and internet education user access offered by the County. In general, Municipalities who are party to this contract are not responsible for the costs of education for their employees who complete the licensing and County's education process and who are approved to practice in the County EMS system.

Agree to abide by the current State of Wisconsin Administrative Code DHS 110, or current version of the administrative code, in relation to field preceptor requirements.

Agree to take necessary efforts to ensure that active paramedics within their fire department are in good standing relative to the required system benchmarks. Will work with the County EMS Education Center to develop a benchmark remediation plan that provides for timely remediation of paramedics not obtaining required benchmarks within the established benchmark periods.

County shall:

Inform the Municipality of the size of the upcoming EMT/Paramedic class at least ninety (90) days before the start of the class. If the County offers an EMT/Paramedic class it will schedule an EMT/Paramedic class to begin on a date set by the County and agreed to by the Municipality and complete the class offered.

Provide education to the referred and accepted staff of the Municipality up to the following levels: 1) training and educational opportunities, on a space available basis as determined by the County, 2) access to refresher courses for individuals active in the

Draft 11-8-12

paramedic program, 3) access to continuing educational programs to individuals active in the paramedic program, and 4) access to computer based education for individuals active in the paramedic program.

Have full discretion in the establishment of methodologies to assess a petition and to establish review and acceptance criteria regarding individuals educated by other non-County programs. County agrees to meet annually to explore the continuing education schedule and methodologies used to deliver education. County agrees to have representatives from Municipality fire departments be represented on the EMS Education Center Advisory Board.

Allow paramedics hired by the Municipality and not educated through the County EMS Education Center ("transfer paramedics"), to participate in all educational opportunities while that paramedic completes their probationary period and receives an orientation to the County EMS system. MCEMS will assist municipalities in credentialing transfer paramedics to be able to practice within the Milwaukee County system as quickly as possible.

Once obtained, maintain accreditation from the Committee on Accreditation of Education Programs for EMS Professionals ("CoAEMSP") in accordance with the directive by the National Registry of EMTS, including that candidates taking the NREMT exam must graduate from a CoAEMSP accredited education institution.

Have the authority to set parameters on benchmarks and remediation plans to ensure patient safety and system integrity.

1.3 Service Commitment

Personnel educated through the Education Center must complete three (3) years of ALS service. Personnel who desire to leave the program may only do so with the approval of the County and the respective Fire Chief.

1.4 Licensing

Municipality shall:

Assure that paramedic students who fail their licensing exam will retake the exam within one (1) month of notification of exam results. Extenuating circumstances will be considered on a case-by-case basis.

County shall:

Require as of July 1, 2010 that all paramedics who are currently a National Registry EMTP (NREMTP) maintain their NREMTP status in order to continue to practice in the County EMS system. Any paramedic obtaining their NREMTP certification after July 1, 2010 are also be required to maintain their certification while providing paramedic level care as part of the County EMS system.

Draft 11-8-12

1.5 EMS Liaison

Municipality will designate a liaison that is capable of managing paramedic attendance at required continuing education conferences, refresher classes, web-based education modules and video conferencing educational sessions.

1.6 Student Health & Background Check

The Municipality will provide at its own expense a State of Wisconsin Caregiver background check, and immunization and health record information, as required either by State statutes, rules and regulations, or by affiliating health care institutions for all personnel referred to the Education Center prior to matriculation into a class. Potential students not submitting all required documentations (immunization records, EMT/Basic license etc) on time will not be allowed to begin class.

1.7 Student Ride-along

Upon mutual consent by the County and Municipality, persons from health care agencies, businesses, schools, non-local fire/EMS services and other education programs may be scheduled through Milwaukee County's EMS office and the respective fire department to participate in a ride-along. Any person participating in a ride-along must first meet the criteria including legal release and approval as determined by the County, Municipality, and Medical Director. Any ride along program established by the Municipality allowing EMS students/providers to provide direct patient care must be done in coordination with the offices of Milwaukee County.

1.8 Research

Municipality shall:

Agree to participate in research as determined by the County Research Committee. This could include, but is not limited to, enrolling patients, data collection and educational sessions. Municipalities shall have a minimum of one representative of all Municipalities on the County Research Committee. Municipalities are not responsible to fund equipment, medications or education that is related to a County sponsored or County approved research study. Municipalities shall be notified as early as practical, of research projects that utilize employees of the host municipality. This notification shall be provided as part of the Milwaukee County Association of Fire Chiefs' monthly meeting EMS Committee report. Municipal Chiefs shall be included in discussions related to costs, study timeframes, impacts of concurrent research projects and other relevant issues via participation on the MCEMS Research committee's quarterly meetings.

County shall:

Be solely responsible for securing funding, equipment, and education, necessary to allow the Municipality to participate in research projects that are initiated by the County.

Assure that any patient care research that requires new or updated equipment, software or hardware will be considered a direct expense of the organization requesting a research study that is conducted by the EMS agencies within the county of Milwaukee. All

Draft 11-8-12

avenues to recover and reimburse these costs will be explored by the organization requesting the research study within the research grant's legal and ethical constraints. Research protocol education and training will be integrated into existing State EMS office mandated continuing education programming whenever possible.

Assure that all studies conducted within the County EMS system have Institutional Review Board (IRB) approval from an approved IRB.

Assure that indirect costs of research such as, but not limited to, meeting attendance, protocol compliance and quality improvement efforts will be based on a mutually agreed upon exchange of services and payment between the County and the principle investigator of the study. County will pass along to the Municipality the exchange of services or payments received.

Evaluate financial or in-kind commitment of the organization requesting a research study that is conducted by the EMS agencies within the county of Milwaukee in the event that supplemental payment is not included in the yearly-adopted budget and incidental costs per transport fees are not included in this budget.

All EMS research studies performed in the county of Milwaukee will be reviewed and approved consistent with the County EMS Research Policies and Procedures and by the County EMS Research Committee. County shall invite the Municipality into discussions regarding potential and proposed studies as early as possible regarding research protocols. County shall hold quarterly research committee meetings and invite Municipalities to attend.

SECTION TWO

SYSTEM MANAGEMENT

2.1 Operations

2.1.1 Medical Direction & Oversight

Municipality shall:

Agree that the County's Medical Direction shall manage the EMS Program in accordance with all applicable requirements of federal, state and local laws, rules and regulations.

Agree that County's Medical Direction, per Wisconsin Administrative Code DHS110, shall provide medical oversight for paramedics providing services under the program.

Recognize that the Paramedics are performing under the delegated practice of the Medical Director and as such recognize that the Medical Director has sole

Draft 11-8-12

responsibility for establishing standards, medical protocol and practice privileges in the County EMS system.

Agree the Medical Direction shall develop formal patient care protocols, policies, procedures, standards and guidelines necessary for the County's EMS Program.

Agree the Medical Direction shall act as an advisor, assisting and consulting with the County on the scope of services for patients and medical equipment or supplies used in the performance of medical procedures within the program and/or other areas of the program as determined by the Director and/or its designee.

Agree to provide paramedic service following protocols, standards of care, and utilization of the EMS Communication Base under the direction of the EMS System's Medical Direction.

Agree to the provision of medical direction and coordination of medical care for the ALS 911 emergency response system for the County and provision of medical direction, supervision and on-line and off-line medical direction.

Have access to Medical Direction for special operation teams, (e.g. Tactial EMS Service providers ("TEMS). If the Municipality chooses to use the County's Medical Direction for special operations teams, the Municipality will notify Medical Direction of the training curricula and be responsible for maintaining training records.

County Shall:
Provide on-line and off-line medical direction and medical oversight for municipal employees active in the provision of paramedic services. The Medical Director has complete discretion regarding the acceptance of any individual, whose practice falls under the Medical Director's license, including the ability to withhold, suspend or terminate an individual's involvement in the County EMS System. The authority of the Medical Director is recognized on issues related to patient care and privileges of medical control for all paramedic and/or Paramedic First Response Units operating under the Medical Director's license. Medical Direction will be applied to Municipality ALS units when responding to locations outside of the County borders when that response is part of an organized EMS plan.

Have the authority, independent of the Medical Director, to counsel paramedics as needed on patient care issues, proper use of patient standards of care and educational issues. County will communicate to the employing Municipality the need to counsel a paramedic.

Provide on-line and off-line medical direction and oversight for Municipality employees active in the provision of paramedic and TEMS services.

Draft 11-8-12

2.1.2 Paramedic Response

Shall occur in accordance to the terms listed in the Definitions and the "Statement of Purpose and Relationship" contained on pages 1 and 2 of this Agreement.

2.2 Communications

2.2.1 Communications Center

The County shall provide and maintain a central communication center for coordination of field unit activities, system communications and medical direction to the paramedic units or other EMS units as determined by the County.

2.3 Equipment, Supplies & Inventory

2.3.1 Vehicles & Non-disposable Equipment

The Municipality is responsible for the purchase of any vehicle, all equipment required under State of Wisconsin Administrative Code Trans 309, cost of insuring, cost of maintaining, and the cost of any negligent or accidental damage to the vehicle and to comply with the County's equipment list requirements. Non-disposable equipment provided by the County shall remain the property of the County and the County may, upon notification to the Municipality, remove any County owned equipment. All equipment purchased by the Municipality will remain property of the Municipality.

2.3.2 Medical Inventory, Equipment & Supplies:

Municipality shall:

Order equipment and supplies for delivery of patient services that are recognized as authorized equipment and supplies in the program by the County.

Assume the liability imposed by law and hold harmless the County for the negligent operation of Municipality vehicles and equipment.

Assume all risk, responsibility, and liability for replacement of County-owned equipment on paramedic and Paramedic First Response Units when the equipment is lost and/or damaged due to an act of negligence on the part of Municipality employees. Negligence is defined as the "omission or neglect of reasonable care, precaution or action." An appeal process shall be created to arbitrate questions of responsibility for damaged or lost County equipment should the Municipality disagree with County's decision. The Municipality will not be held liable for defects in equipment purchased by the County.

Assume financial responsibility for repair costs of County-owned equipment through a reduction in the monthly payment to the Municipality for equipment and supplies.

Draft 11-8-12

Be involved with the County in the planning for the replacement of equipment the County is responsible for purchasing (e.g. Cardiac Monitors) and for County equipment requiring the use of disposable supplies the Municipality is responsible for providing (e.g. EZ IO drills and needles)

County shall:
Purchase cardiac monitor-defibrillator equipment and communication equipment necessary to transmit voice and ECG data on Paramedic Transport Units, as the cardiac monitor-defibrillators are extensions of the EMS Communications Center. The number of cardiac monitors and communication equipment the County purchases will be based on the annual financial means of the County, and in cooperation with Municipalities for the quantity and locations of replacement equipment. The number of cardiac monitors purchased by the County will be limited to an equal number of transporting paramedic units in the EMS system on the date of execution of this agreement, pursuant to past practices. The County shall consult the Municipality, with adequate advanced notice with considerations to the Municipality budgets, for the planned replacement of equipment that is within the County's financial responsibility.

The cardiac monitor-defibrillator and paramedic radio communication system shall be standard throughout the system and shall be ordered through County's Emergency Medical Services. The County will provide routine maintenance checks of County owned equipment and furnish replacement units when necessary as determined by the County.

Provide for delivery of supplies ordered from Milwaukee County EMS or Froedtert Hospital to the municipalities.

Whenever fiscally able, purchase a sufficient number of spare equipment units which the County is responsible for that will allow for the municipality to properly function while equipment is out for repair.

2.4 Policy and Practice

2.4.1 State of Wisconsin Requirements

Municipality shall:
Agree that Emergency Medical Technician-Paramedics (EMT-P) shall be scheduled during any twenty-four (24) hour shift in a manner that meets State staffing requirements as identified in DHS 110.

County shall:
Take the appropriate steps to have the regional emergency medical services plan and the County's Education Center approved by the Wisconsin Department of

Draft 11-8-12

Health and Family Services. This will include meeting data reporting requirements to the Wisconsin EMS Ambulance Reporting System.

2.4.2 Operating Standards

The Municipality is responsible for the operation of paramedic unit(s) and first response paramedic unit(s) to meet the Criteria and Standards of the Milwaukee County Council on Emergency Medical Services and the content of the Standards Manual of the Milwaukee County Emergency Medical Services System. This includes the following: Standards of Care, Standards for Practical Skills, Medical Protocols, Operational Policies, Medical Standards for Special Operations; Contractor's Manual and Dispatch Guidelines.

2.5 <u>Responses</u>

2.5.1 First Response Units

Paramedic First Response Units are operated by the Municipality and are to be compliant with State statutes and County requirements. Municipality will not transport a patient who has received ALS services in any vehicle other than a Paramedic Transport Vehicle unless special conditions warrant immediate transport as identified in Milwaukee County EMS policy.

The Municipality will not enter into situations pertaining to the provision of paramedic level services that detract from the primary service area, including, but not limited to, special events without the approval of County EMS and the Medical Director.

The Municipality may not, without authorization from the County, the County's Medical Director, the EMS Council, the Fire Chief of the affected Municipality, and other parties to this Agreement, arrange for some or all of the ALS services to be provided by one or more private ambulance provider(s).

The Municipalities agree that as participants to this Agreement they mutually consent to provide backup, as may be required, to achieve the response zone and backup requirements as established by Milwaukee County Fire Chiefs and approved by the Medical Director.

2.5.2 Mutual Aid

All paramedic transport units must be documented in the Mutual Aid agreements.

Municipality:

Is encouraged, but not required, to execute mutual aid agreements with other Municipalities adjacent to the political boundaries of the Municipality for ALS services to be provided by a Paramedic First Response Unit to assure the availability of more comprehensive coverage. The available ALS units in service must be documented in the Mutual Aid agreements similar to a Mutual Aid Box

Draft 11-8-12

Alarm System (MABAS). This flexibility shall not significantly compromise the local 911 ALS responses to the Municipality.

Municipality may execute an ALS response agreement with other Municipalities adjacent to the political boundaries of the Municipality but outside the political boundaries of the county of Milwaukee for ALS services and, during the course of this contract, provide paramedic or Paramedic First Response Unit services to citizens or other individuals within that service area. The Municipality providing the service will retain the revenues earned. The flexible use of ALS units must address ALS response times within established response zones.

County shall:
Agree to the flexible use of paramedic units for the purpose of providing all levels of care and transport. The County shall be a party to all discussions regarding the establishment of Mutual Aid Agreements and prior to the execution of any such agreement between a Municipality and a neighboring community outside of the county of Milwaukee, the County shall be consulted to assure that the service provision to County residents shall remain a top priority and that the impact of the Mutual Aid agreement continues to meet the needs of the County. Mutual Aid Agreements shall include indemnification and insurance language sufficient to protect the County and its agents from any liability and recognize the rights and control of the County's Medical Director.

2.6 Finances

2.6.1 Rates

The Municipality has the right to set policies, rates and charges for paramedic services and address other operational issues as determined by usual and customary rates set forth as established by local, state and federal guidelines. These include, but are not limited to, establishment of charges for paramedic services and the authority to bill such charges according to policies and procedures established by the Municipality.

2.6.2 Billing

The Municipality performing paramedic service shall bill users in accordance with local, state and federal guidelines. The Municipality shall retain paramedic revenue earned to cover the cost of providing paramedic care. The County shall not be held fiscally responsible for the inability to collect any revenues, contractual allowances or other write-offs for individual accounts associated with those invoices for services.

2.6.3 Payments

In order to standardize equipment and supplies in the EMS system, and support the efficiency of inventory management, the County will reimburse Municipalities for incurred incidental costs at a flat rate of thirty dollars ($30.00) per paramedic unit transport. Payments will be based on the actual number of paramedic unit

Draft 11-8-12

transports used by the Municipality during the contract period, on a schedule determined by the County. The maximum reimbursement by County on an annual basis to all Municipalities shall not exceed five hundred thousand dollars ($500,000.00).

Quarterly payments to the Municipality for net Tax Refund Intercept Program ("TRIP") revenues collected by the County's TRIP for dates of service after January 1, 2004 shall be reduced by the County for expenses incurred by the County on behalf of the Municipality. Should the Municipality not utilize the County TRIP, or should the amount of TRIP distributions not exceed the expenses, the Municipality shall be billed directly for the expenses incurred by the County for repair and maintenance of cardiac monitor/defibrillators, radios, medical supplies and ALS run reports.

The County shall include in its adopted annual budget for the four (4) year length of this Agreement, funds of not less than one million five hundred thousand dollars ($1,500,000.00) per calendar year as a result of the Municipality meeting performance measures. Each Municipality will be eligible for their portion of the payment upon meeting the performance measures found in Appendix "A". The payment of said funds will be done according to a distribution formula developed by the Intergovernmental Cooperation Council (ICC) of Milwaukee County. Following notification by the ICC of the distribution formula, the County shall submit a letter to the Municipality indicating the timing and amounts of any such payments. **(Insert name of municipality here***) would receive $ ….. per the ICC equation** .

2.7 Data and Information Technology

2.7.1 Data Collection

Municipality shall:
Cooperate in the collection of data necessary to provide information or other data regarding paramedic and/or paramedic first response services as set forth in this agreement. This includes, but is not limited to, the following: 1) make available to the County the Emergency Medical Service patient care records within ten business days of the run for paper records and within 72 hours for electronic records, 2) respond to all Quality Improvement (CQI) inquiries from the County in the timeframe established by County, 3) submit patient care record information which meets County data dictionary requirements in a format that is recognized by County's database and does not alter County's process and ability to store, search and perform quality data checks and prepare reports, and 4) automate the daily export of electronic patient care records to a County designated FTP (file transfer protocol) server.

Draft 11-8-12

Maintain the electronic capacity to upload ECG data in a format required by the County. Suggested requirements include: Quad Core processor and 6GB of memory (if fire department wants to run other applications on this computer).

Be responsible for submitting data to the Wisconsin Ambulance Run Data System (WARDS) that meets data reporting regulations as outlined by the State of Wisconsin EMS Office as well as submitting the same data to County in the National EMS Information System (NEMSIS) format plus any data dictionary elements that are unique to the County and not in the NEMSIS data dictionary if the Municipality chooses to develop an alternative method of data collection, electronic patient care record (ePCR).

Shall inform County before developing, implementing or maintaining alternative methods of data collection. Upon ePCR development, provide a single software license to County for viewing the field bridge software used by the Municipality for ePCR collection. Consult County when seeking an alternative ePCR template development. Include County EMS management in the development of and attendance at initial ePCR documentation training sessions by chosen software Vendor.

Shall be the custodian and be responsible to warehouse legal copies of paper patient care records or ePCR.

County shall:
Provide information technology (IT) assistance to enable the Municipality to upload ECG monitor data to the County's data collection system. County shall continue to provide Municipalities with ECG software required to upload and view ECG files.

Be responsible for acquiring and storing the emergency medical service patient care data from the Municipalities and making data available to the Municipalities upon request.

Submit data to WARDS that meets data reporting regulations as outlined by the State of Wisconsin EMS office for those municipalities using paper patient care records.

Should the County choose to develop an alternative method of data collection that will require special equipment, programming and/or technical support to transmit data and perform quality checks, the County will be responsible for any and all costs incurred by the Municipality for such programming, equipment and technical support.

Make County staff available for consultation to the Municipality developing, implementing, or maintaining an alternative method for of data collection.

Draft 11-8-12

Support those Municipalities using alternative data collection methods, e.g. ePCR, by providing the programming necessary to convert NEMSIS standard compliant data submitted by the Municipality to County into a format recognized by the County's database.

Refer any requests for official copies of PCR to the Municipality.

2.7.2 Reporting

Municipality shall:
Agree to meet the reporting requirements established by the County pertaining to any Emergency Medical Service provision as established in this Agreement. The Municipality agrees to comply with standards of response time, data collection, quality assurance, performance improvement and other operational issues as established by Milwaukee County EMS to meet the operational needs of the program and/or as established by Chapter 97 of the Milwaukee County Code of General Ordinances, and reviewed and approved by the County's Emergency Medical Services Council.

If using an alternative method of gathering data, e.g. electronic patient care record (ePCR) data, the Municipality agrees to upload electronically collected data, ECG, blood pressure, end-tidal CO_2, and vital sign data to the County on a mutually agreed upon schedule. The Municipality also agrees to upload electronically collected patient care record (ePCR) data to the Wisconsin Ambulance Run Data System (WARDS).

Grant the County the authority to access the Municipality/Vendor patient care database to view and print images of ePCRs.

County shall:
Agree to support the computer servers, FTP and ePCR database servers necessary to receive ECG and ePCR data. The County will provide the software necessary for the Municipality to upload the ECG data at no cost to the municipality.

Grant Municipality authority to access the County patient care database to view, print and run reports in County's patient care database.

Refer all requests for copies of the legal patient care record to the Municipality.

2.7.3 Uploading of Electrocardiogram (ECG) Data

Municipality shall:
Upload ECG data obtained as part of the patient care record to the County ECG server in a format defined by the County EMS management on a daily basis at a minimum.

Draft 11-8-12

County shall:
Provide computer server capable of receiving uploaded ECG files. In addition County will provide back-end support to receive ECG files.

2.7.4 Video Conferencing

The Municipality & County EMS management shall:
Continue to work towards a video conferencing system that meets the needs of all involved.

2.8 Quality Management

2.8.1 Performance Improvement

Municipality agrees the County's Medical Direction shall act in consultation and assistance in the coordination of activities of the Quality Assessment and Assurance Program for the EMS Program.

Personnel of County's Emergency Medical Services shall have access to and are authorized, at the discretion of the EMS Director and/or Medical Director, to conduct periodic evaluation tours of operational paramedic and/or paramedic first response units for continuous quality improvement projects, training, or special studies and/or projects.

2.8.2 Performance Measures

Municipality shall:
Participate in a Performance Measurement Initiative (PMI) program established through a Consensus Development Process (CDP). The Municipality, County and Medical Director shall be members of the CDP.

Participation in the PMI is a requirement to receive the performance measure payment from Milwaukee County listed in section 2.6.3 (Payments). The CDP will establish criteria to determine levels of accomplishment. Municipalities, who do not receive any of the performance measure payments, are required to meet the PMI requirements to in order to maintain medical control and system practice privileges for their paramedics.

The PMI is included in Appendix 1 of this Agreement.

County shall:
Work with the Municipality as well as the Medical Director to establish performance measures through a CDP that the Municipality fire department has control over, are achievable and measurable.

Draft 11-8-12

2.9 Insurance; Indemnification; Audit

2.9.1 Insurance and Indemnification

Pursuant to law, an obligation to pay damages because of injury to any person arising out of the rendering or failing to render emergency medical services by its paramedics and for the worker's compensation coverage of its paramedics, shall be the responsibility of the Municipality, it being understood and agreed that said paramedics are the employees of the Municipality for whom they work and are not the agents of Milwaukee County.

Municipality shall protect, indemnify, hold harmless and defend the County against any and all claims, demands, damages, suits, actions, judgments, decrees, orders, and expenses, including attorney's fees, for any bodily injury or property damage arising out of any wrongful, intentional or negligent acts or omissions, or from any cause, on the part of said paramedics.

2.9.2 Audit and Compliance with Fraud Hotline Bulletin

The Municipality agrees to maintain accurate records for a period of five (5) years with respect to the costs incurred under this contract and to allow the County to audit such records. The Municipality acknowledges receipt of the Milwaukee County Fraud Hotline Bulletin and agrees to post a copy of the bulletin where employees have access to it. Any and all subcontractors employed by the Municipality and involved in the provision of Emergency Medical Services shall have access to the same information.

2.10 Authority

2.10.1 Non-discrimination, Affirmative Action, Equal Opportunity and the Fair Labor Standards Act

In the performance of work under this contract, the parties shall not discriminate against any employee or applicant for employment because of race, religion, color, national origin, age, sex, sexual orientation, or handicap, which shall include, but not be limited to, employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or suspension; rates of pay or other forms of compensation; and selection for training including apprenticeships.

2.10.2 Article and Other Headings

The article and other heading contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

2.10.3 Governing Law

This Agreement has been executed and delivered in, and shall be construed and enforced, in accordance with the laws of the State of Wisconsin and ordinances of Milwaukee County.

Draft 11-8-12

2.10.4 Authorization

The undersigned parties represent that they are duly authorized to contract on behalf of their represented parties.

2.10.5 Amendments

This Agreement may be amended at any time by mutual agreement of the parties provided that before any amendment shall be operative or valid, it shall be reduced to writing and subject to approval by the respective governing body.

2.10.6 Entire Contract

This Agreement, specified Appendices and other agreements or documents specified herein shall constitute the entire contract between the parties and no representations, inducements, promises, agreements, oral or otherwise as it pertains to the County's obligations for fiscal support to the Municipality Fire Department(s) and/or Fire Department, Inc. regarding the subject matter of this contract shall be deemed to exist or bind any of the parties hereto. Any and all other existing agreements, cost sharing agreements or contracts pertaining to the provision of paramedic service between the County and the Municipality shall be considered void

2.10.7 Health Insurance Portability and Accountability Act (HIPAA):

The Municipality and the County shall carry out its obligations under this Agreement in compliance with the privacy regulations pursuant to the Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq*., as amended ("HIPAA"), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed or learned as a result of Municipality services provided hereunder. In conformity therewith, the Municipality and the County agree that they will:

2.10.7.1 Municipality shall:

Provide a Notice of Privacy Practice to all patients serviced by the paramedic system.

Not use or further disclose PHI other than as permitted under this Agreement or as required by law;

Use appropriate safeguards to prevent use or disclosure of the PHI except as permitted by this Agreement;

Mitigate, to the extent practicable, any harmful effect that is known to the Municipality of a use or disclosure of PHI by the Municipality in violation of this Agreement;

Draft 11-8-12

Report to Milwaukee County EMS any use or disclosure of the PHI not provided for by this Agreement of which the Municipality becomes aware;

Assure that any agents or subcontractors to whom the Municipality provides PHI, or who have access to PHI, agree to the same restrictions and conditions that apply to the Municipality with respect to such PHI;

Make PHI available to Milwaukee County EMS and to the Individual who has a right of access as required under HIPAA within thirty (30) days of the request;

Notify Milwaukee County EMS of any amendment(s) to PHI and incorporate any amendment(s) to PHI at the request of Milwaukee County EMS or the Individual who has a right of access as required under HIPAA;

Upon patient request, provide an accounting of all uses or disclosures of PHI made by the Municipality as required under HIPAA privacy rule within sixty (60) days;

Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining the Municipality's and Milwaukee County EMS's compliance with HIPAA.

2.10.7.2 County shall:

Use appropriate safeguards to prevent use or disclosure of the PHI except as permitted by this Agreement;

Mitigate, to the extent practicable, any harmful effect that is known to the County of a use or disclosure of PHI by the County in violation of this Agreement;

Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining the Municipality's and Milwaukee County EMS's compliance with HIPAA

2.10.7.3 PHI in relation to termination of agreement

At the termination of this Agreement, all PHI received from, or created or received by the Municipality on behalf of the County EMS, will not require return or destruction, as the Municipality

Draft 11-8-12

itself is a covered entity under HIPAA, and the PHI will be required for the proper management and administration of the Municipality in the absence of this Agreement.

Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by the County EMS, in its sole discretion, pursuant to section 2.10.2, if the County EMS determines that the Municipality has violated a term or provision of this Agreement pertaining to the County EMS service obligations under the HIPAA privacy rule, or if the Municipality engages in conduct, which would, if committed by the County EMS, result in a violation of the HIPAA privacy rule by the County EMS.

2.10.7.4 Uses and disclosures of PHI

The specific uses and disclosures of PHI made by the Municipality on behalf of Milwaukee County EMS include:

Review and disclosure of PHI as required for treatment, payment and health care operations;

Disclosures of PHI upon request as permitted by Wisconsin State statutes and the Federal privacy rule;

Uses required for the proper management and administration of the Municipality as a business associate and;

Other uses or disclosures of PHI as permitted by HIPAA privacy rule.

2.11 Term, Renewal and Termination

2.11.1 Term

This agreement shall be effective from January 1, 2013 until December 31, 2016. If the parties to this agreement fail to renegotiate this Agreement prior to December 31, 2016, then this agreement shall automatically be extended for one (1) additional year on the same terms and conditions.

2.11.2 General Termination

Either party may terminate the Agreement without cause by serving a sixty (60) day notice via certified mail in the event of passage and signing of a resolution by the respective governing body declaring the intention of ending the provision of paramedic services or withdrawing support from the paramedic program. Material breech of any provision of the contract, including but not limited to the Municipality's provision of Emergency Medical Services data to the County, by either party may serve as grounds for

Draft 11-8-12

termination of the contract. In the event of a breech of contract, the offending party shall have thirty (30) days from the date notice has been given to correct the situation. If the offending situation is not corrected at the end of the thirty (30) day period, the contract shall be considered void sixty (60) days from the original date of notification and any further obligations on behalf of the Municipality and/or the County are terminated.

2.11.3 Termination by the County in Critical Service Situations:

In recognition that the paramedic program operates to provide health and safety services to all county residents and that situations may arise which would prohibit the delivery of these services, thereby jeopardizing the health and safety of county residents, the County may, at the discretion of the Medical Director, suspend this contract on twenty-four (24) hours notice whenever a situation occurs which, in the judgment of the Medical Director, would prohibit the Municipality from fulfilling its responsibility to provide services to residents at the level mandated by the EMS program and which cannot be corrected within a twenty-four (24) hour time span. For the purposes of this section, situations which might interrupt the delivery of services to residents include, but are not limited to, acts of nature, acts of the Municipality or its employees or any other action which would reduce the availability of trained and authorized paramedics and/or EMTs. In the event the Medical Director determines a situation exists which jeopardizes the health and safety of county residents and which warrants execution of the County's right to suspend the contract under this section, the Medical Director shall perform the following:

The Medical Director shall inform the Municipality in writing of the situation jeopardizing the safety and health of county residents and the intention of the County to suspend the Paramedic contract for services within twenty-four (24) hours unless the situation can be addressed and corrected within a time span not to exceed twenty-four (24) hours from the time of notification. This notification shall include the date and exact time of suspension and shall be delivered to the Municipality in a manner that insures receipt of notification.

The Medical Director shall inform the County Executive's Office, the Chair of the Committee on Health and Human Needs, the Director of Health and Human Services and the Director of County's Emergency Medical Services of the decision to suspend the contract under this section and provide a justification of the action and the anticipated actions required to insure continuous delivery of services to county residents. A full report of the situation shall be provided to the Municipality and made available for the County Board of Supervisors and the County Executive within a ten (10) day period following the execution of the County's right to suspend the contract under this section. This report shall include, but not be limited to, the situation which warranted the suspension of the contract, the actions of the Medical Director to insure delivery of services to residents once the contract

Draft 11-8-12

for services was suspended, the plans of the Medical Director to insure continued delivery of services to residents in the immediate future, and what, if any future contract changes would be required with the Municipality or any other Municipality with which the County contracts for paramedic services to insure the delivery of services.

Upon notification of the County's intent to suspend the contract under these provisions, the Municipality shall address the concerns of the Medical Director within eight (8) hours of receipt of notification of the County's intent to suspend the contract under this section with a plan to correct the situation in a time frame not to exceed the twenty-four (24) hour time frame, if the Municipality desires to maintain the operation of the Program(s).

The Medical Director has the right to reject any and all corrective action plans if those plans do not, in the opinion of the Medical Director, insure the safety and health of county residents. The contract shall be considered void twenty-four (24) hours from the original date and time of notification and any obligations on behalf of the Municipality and/or the County suspended.

Draft 11-8-12

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931 For the City of ---------: For the County:
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935 Hector Colon Date
936 Director DHHS
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939 Mayor Date Paula Lucey, Administrator Date
940 Behavioral health Division
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944 City Clerk Date Kenneth Sternig Date
945 Program Director
946 Emergency Medical Services
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950 Date
951 Risk Management
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953
954
955 Corporation Counsel Date
956 (Approved as to Form and
957 Independent Contractor Status)
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960
961 DBE Date
962 Complies with Chapter 42
963
964

Draft 11-8-12

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 27, 2012

TO: Peggy Romo West, Chairwoman , Committee on Health and Human Needs

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

SUBJECT: **An informational report from the Director, Department of Health and Human Services, on the progress and activity of the Mental Health Redesign and Implementation Task Force**

Issue

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

As requested by the Committee on Health and Human Needs in September 2012, the Department of Health and Human Services (DHHS) and the Behavioral Health Division (BHD) are submitting a report on the implementation plan for the Redesign Task Force, developed in collaboration with community stakeholders and the contracted technical assistance providers.

Background

Mental health service delivery in Milwaukee County had been the subject of considerable research and scrutiny in the months and years leading up to the creation of the Redesign Task Force in April 2011. Numerous public and private entities issued reports on how to modernize and improve the mental health system generally as well as the Behavioral Health Division specifically. The County Executive and Board of Supervisors charged DHHS with assembling a group of public and private sector stakeholders – including consumers, providers, advocates and administrators – with instructions to evaluate and prioritize the various recommendations to improve the Milwaukee County mental health system and to develop an implementation plan for those recommendations.

The Redesign Task Force has worked since July 2011 under the leadership of Pete Carlson, Vice President and CAO of Aurora Psychiatric Hospital and Aurora Behavioral Health Services, and Paula Lucey, BHD Administrator. Five Action Teams were charged with addressing key areas of the redesign and how to prioritize and advance select recommendations within those key areas – Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. Each Action Team is co-chaired to encourage partnership in facilitation. The Redesign Task Force has recognized that its success will depend upon the meaningful involvement of individuals with lived experience of mental illness, as well as their family members. This is a priority in both participation and leadership in the redesign and implementation process. It is likewise essential to engage participants who represent the racial, ethnic, and cultural diversity of our community. To date, we have not been successful in recruiting adequate

participation from such key stakeholder groups, and the Redesign Task Force leaders are therefore committed to increasing the diversity of experiences, opinions, and ethnicities and cultures that are represented among the contributors to redesign and implementation.

The past and present deliberations and activities of the Redesign Task Force and the Action Teams are rooted in various proposals recognized by the County Board in its initial charge to the Redesign Task Force, including reports by the Human Services Research Institute, the Community Advisory Board for Mental Health, the Department of Audit, the New Behavioral Health Facility Study Committee and others.

The charter document of the Redesign Task Force articulates its guiding principles, which include ensuring access to high quality services and supports in community-based settings, reducing reliance on emergency services and unnecessary inpatient care, full inclusion of consumers, family members and advocates, partnership between public and private stakeholders, compliance with the integration mandate of the ADA and *Olmstead v. L.C.*, diversity and cultural competence and moving beyond the medical model to a philosophy of independent living. Lastly, and central to the redesign efforts, is adherence to SAMHSA's Guiding Principles of Recovery (http://www.samhsa.gov/recovery):

- Recovery emerges from hope.
- Recovery is person-driven.
- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationship and social networks.
- Recovery is culturally-based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibility.
- Recovery is based on respect.

Redesign activities are built around the overall BHD mission, which is to empower all individuals to live independently and to help them and their families achieve their vision of happiness by providing services that are person-centered. These redesign efforts are a major undertaking within this mission and are consistent with the values and principles of the Department of Health and Human Services:

- We respect the dignity and worth of each individual we serve and with whom we work.
- We act with honesty and integrity, adhering to the highest standards of moral and ethical principles through our professional and personal behavior.
- We strive for excellence, implementing best practices and measuring performance toward optimal outcomes.
- We work collaboratively, fostering partnerships with others in our service networks and with the community.
- We are good stewards of the resources entrusted to us, using them efficiently and effectively, to fulfill our mission.
- We honor cultural diversity and are culturally competent and sensitive.

In January 2012, responding to a directive from the New Behavioral Health Facility Study Committee (File No. 11-516), a presentation was made to the Committee on Health and Human Needs outlining the recommendations of the Redesign Task Force. Each Action Team presented the key recommendations from their area. A comprehensive presentation was also made at a public summit in February 2012,

where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance to the stakeholders in the redesign and implementation process.

Following the February summit, the Action Teams paused their work as BHD leadership, the Redesign Task Force, and its Executive Committee considered how to move forward with the recommendations that had been put forward. The Redesign Task Force resolved in March 2012 to seek technical assistance for the process of implementing the affirmed recommendations. An RFP was developed in April and issued in May. Responses were received and evaluated in June, and the County Board of Supervisors passed a resolution authorizing the DHHS Director to execute a professional service agreement with ZiaPartners, Inc. The contract began September 1, 2012, and the consultants have worked with leaders from DHHS, BHD, and the Redesign Task Force and Action Teams since that time.

Discussion

Through their review and prioritization of redesign recommendations, and by adjusting and adapting recommendations based on their expertise, the Redesign Task Force and Action Teams have yielded a thoughtful, thorough and ambitious action plan that is categorized into Targeted Improvement Areas:

1) **System of Care:** Creating a system of care with a skilled workforce and programming array that are person-centered, recovery-oriented, trauma-informed, integrated and culturally competent.
2) **Crisis System Redesign:** Creating and sustaining a community-based continuum of crisis services to reduce involuntary commitments and undue reliance on acute inpatient care.
3) **Continuum of Community-Based Services:** Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.
4) **Integrated Multi-System Partnerships**: Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.
5) **Reduction of Inpatient Utilization:** Supporting a recovery-oriented system that permits the reduction of both acute care utilization and long-term care bed utilization, both at BHD and throughout the community.

Structures Supporting Redesign Efforts

In addition to the Redesign Task Force, a number of structures are in place to support the community-wide implementation of redesign-related initiatives.

- Private Hospitals and BHD: BHD leaders meet on a monthly basis with representatives from private hospitals to improve transition care management between BHD and area hospitals and emergency departments. Participants also share data and discuss general trends, issues and ideas for improving patient care. This is an open exchange of concerns and a functioning problem-solving group that has met since 2008.

- Milwaukee Co-Occurring Competency Cadre (MC3): A dedicated and growing group of community agencies (including BHD) has committed to providing welcoming, trauma-informed, recovery-oriented and co-occurring capable programs and to delivering integrated, stage-matched, best practice, recovery-oriented, person-centered interventions for all individuals who present for services. The Person-Centered Care Action Team will meet monthly (or as needed) as a formal subcommittee of the MC3 Steering Committee, providing guidance to redesign participants and supporting the transformation of programs to align with the needs of persons and families who have complex needs. Continuous quality improvement will be emphasized on all levels in pursuit of the mission of BHD and the guiding principles of DHHS.

- BHD Crisis Service Providers: The Director of Crisis Services at BHD has initiated Community Outreach Partnerships for Empowerment, or COPE, a workgroup which involves the community-based Crisis Resource Centers, the Community Linkage and Stabilization Program (CLASP), the Stabilization Houses, Certified Peer Specialists, consumer family members, AODA providers and other partners that are motivated to help identify, change and sustain system improvements.
- Behavioral Healthcare Provider Coalition: A newly convened group of providers meets monthly to discuss shared concerns and opportunities for system-wide coordination and communication. BHD has committed to meet with this group with due frequency, upon the group's request.
- Disabilities Services Division: BHD and the Disabilities Services Division (DSD) are working together to relocate clients from Hilltop and to develop the necessary community support services for successful transitions for these clients. DSD is working to develop respite housing with a goal of providing an opportunity for clients to become stable prior to requiring inpatient admissions. BHD is also expanding its mobile team to include expertise in intellectual disabilities to support clients and their caregivers in the community. Both Divisions are consulting with the Waisman Center from Madison, a national expert on this population of clients.
- Housing Division: BHD and the Redesign Task Force maintain a close relationship with the Housing Division of DHHS. The Housing Division continues to expand the opportunities for individuals to live as independently as possible in the community. Working together, BHD and Housing staff can find the best housing and programmatic approach for clients.
- Internal Structures: The redesigned system that we are pursuing requires a seamless continuum of collaborating and integrated services. Within BHD, Crisis Services and Adult Community Services have recognized the overlap in their services and are working together closely on the design of their service system. Senior staff is attending both Crisis and Community Services staff meetings to be fully familiar and involved with the activities and innovations of each branch. Adult Community Services is also working closely with Wraparound Milwaukee to merge their quality programs and contract monitoring. Each branch purchases services from multiple vendors, and each has a need to monitor its processes and to define and evaluate outcomes.

Resources Related to Redesign

The Redesign Task Force has affirmed numerous recommendations related to the necessity of an increased investment in community resources in order to achieve the goals of decreasing reliance on inpatient care and psychiatric emergency services, reducing recidivism, and promoting prevention.

The 2012 BHD Budget included $3 million in community investment funding aimed at bolstering the mental health system community infrastructure, with a goal of building a mental health system that is more reliant on community-based services and less reliant on inpatient care. In 2012 BHD has invested these funds in the following programs:

- The **Stabilization House** (contracted with Bell Therapy for $149,000) serves adults living with a mental illness or co-occurring disorder who are in need of further stabilization after inpatient treatment or observation, as well as those awaiting a residential placement and requiring structure and support to ensure a smooth transition. Stabilization House services may also provide temporary supported accommodation for people with mental health needs during a crisis or when they need respite from living at home. In addition, BHD has a Behavioral Health Emergency Service Clinician position that staffs this program ($47,000 in 2010).
- The new **Crisis Resource Center** (contracted with Community Advocates for $525,000) serves adults with mental illness, including individuals with a co-occurring substance use disorder, who

are experiencing psychiatric crises. This location complements the existing CRC on the south side. The 2012 funds include some one-time upgrades to the facility to ensure ADA accessibility.

- The **Community Linkages and Stabilization Program** (contracted with La Causa for $195,000) provides post-hospitalization extended support and treatment designed to support consumers' recovery, increase ability to live independently in the community, and reduce emergency room contacts and re-hospitalizations through individual support from a Certified Peer Specialist. This contract includes a coordinator position to oversee the entire program.
- The **Expansion of the Mobile Crisis Team**, including a new partnership formed with the Milwaukee Police Department, provides a team of first responders to calls for behavioral health emergencies. The team includes a clinician at BHD and an MPD officer with a goal of reducing emergency detentions in Milwaukee County. Total investment in this initiative in 2012 is $82,000.
- BHD has partnered with the Disabilities Services Division (DSD) to start a **DD-Mental Health Respite Program** in 2012. DSD expanded the number of Crisis Respite Home beds to provide a less restrictive service alternative for individuals with intellectual, physical disabilities or with co-occurring mental health and intellectual disabilities who live in the community and need short-term crisis intervention. This creates an alternative for BHD admissions for individuals in crisis. Total investment in this initiative in 2012 is $110,000.
- Additionally, BHD has made other investments including: hiring a new **Quality Assurance** position, providing funds for supportive services in a **Special Needs Housing** facility, sponsoring a **Redesign Summit** for community providers, hiring ZiaPartners for **Technical Assistance,** funding an **Employment Seminar** and investing in **Training and Research**.

Due to the logistics of planning and implementing these initiatives, BHD realized a one-time remainder of $1.1 million from the funds earmarked for the community investment in 2012. This was reported to the Committee on Health and Human Needs in September 2012, and the Board approved a contract with the Planning Council for Health and Human Services in October 2012 to assist BHD in using these one-time funds in 2013 for the implementation of the following distinct initiatives:

- **<u>Certified Peer Specialists Pipeline Program</u>**
  Target launch date: January 2013 – First Pipeline Program group of CPS deployed
  Estimated cost: $200,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *6.3 Expand peer support and consumer-operated services*
  - ***Mental Health Redesign:*** *Person-Centered Care and Continuum of Care Action Team recommendations*

  Through the Certified Peer Specialist (CPS) Program, Milwaukee County will help improve and systematize the training, certification, development and employment of CPS in Milwaukee County.

- **<u>Step-down Housing Alternative</u>**
  Target launch date: February 2013 – Opening of Step-Down Housing
  Estimated cost: $100,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.1.1 Integrated Community Housing; 7.3 Homeless System Partnership*
  - ***Mental Health Redesign:*** *Community Linkages Action Team*

The Step-Down Housing Alternative will fill a gap in services by providing an additional resource in the housing continuum for those who are discharged from inpatient settings or transitioned from homeless situations. The funds will be used for the County to takeover and renovate existing housing at the Autumn West location that is being vacated by Community Advocates.

- **Case Management Expansion**
  Target launch date: May 2013 – Client capacity expanded by two caseloads
  Estimated cost: $400,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.2 Expand Permanent Supportive Housing*
  - ***Mental Health Redesign:*** *Community Linkages Action Team*
    Two additional caseloads will be developed in collaboration with community stakeholders in order to fill needs that are not currently being met and make the services available to a larger client base.

- **Individual Placement and Support (IPS) Employment**
  Target launch date: June 2013 – First pipeline group of CPS available
  Estimated cost: $125,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *5.4 Expand EBPs; 6.2 Increased education and services*
  - ***Mental Health Redesign:*** *Workforce Action Team*

  IPS (Individual Placement and Support) refers to the evidence-based practice of supported employment that helps people with co-occurring disorders work at competitive employment jobs. The funds will help provide in-depth training, embedded employment specialists and transitional paths to employment.

- **Supportive Living Units**
  Target launch date: August 2013 – New units ready and available
  Estimated cost: $200,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.2 Expand Permanent Supportive Housing*
  - ***Mental Health Redesign****: Community Linkages Action Team*

  These additional supportive housing units represent a continued investment of funds for additional community-based supportive living units with on focus a suburban sites.

These proposals for the remainder of the 2012 community investment funds will ultimately result in some expansion of community services, though it may take several months for their impact to be realized. Given the urgency and severity of the need for community-based services, and given that these funds have been available since January 2012, we would be remiss not to explore every opportunity to further expedite our implementation processes to improve the lives of our clients. We will also continue to consult with the Action Teams regarding recommendations on future expansion of community services.

The 2013 Budget maintains funding for the above programs developed in 2012 (with the exception of the noted one-time investments), and it also includes several initiatives that are directly responsive to recommendations that emerged from or were affirmed by the Redesign Task Force. BHD will close one (1) of its Acute Treatment Units in 2013, due to increasing transfers to private hospitals and decreasing census. This reduction of inpatient beds at BHD is contingent upon appropriate services and inpatient capacity in the community, and back-up plans will be in place to address unanticipated demand. The Center for Independence and Development (formerly Rehabilitation Center – Hilltop) will also be

downsized by twenty-four (24) beds, with clients transitioning to community-based services and supports. In its Adult Community Services, BHD intends to expand its service array in 2013 to include two new psychosocial rehabilitation benefits – Community Recovery Services (CRS) and Comprehensive Community Services (CCS) – to enable smoother transitions between levels of care for consumers with changing needs. These select initiatives represent a small but significant piece of the broad system of mental health services in Milwaukee County.

In order to track our progress and determine if we are increasing access to community services, increasing independence and wellness, and decreasing use of crisis and institutional services, it is essential to have the tools in place to track service utilization, consumer satisfaction, and provider quality. Developing such tools will be a top priority and should be in place in the first quarter of 2013, aided by the contracted technical assistance providers. Additional quality assurance and independent oversight will also be key to ensuring that resources are wisely invested and that high standards are achieved and maintained for provider quality and consumer outcomes.

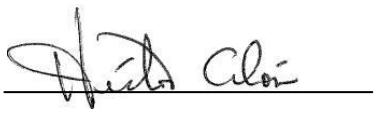
Next steps: Redesign Implementation Action Plan

With the assistance of ZiaPartners and their technical assistance team, the Redesign Task Force has developed an action-oriented and flexible framework for planning, tracking, and recording progress on all redesign implementation activities, which are aligned with Action Team and expert recommendations and grouped within the five identified Targeted Improvement Areas. The attached plan is intended to be a living document to which the Redesign Task Force and Action Teams will add content over time, including specific tasks, responsible parties, and markers of progress. Much of this content is already in place in the plan, and many tasks are already mature and well understood. BHD leadership and the Redesign Task Force are excited and eager to continue to work with community stakeholders and the technical assistance team to further develop this plan and to use it as a comprehensive guide and measurement tool to track progress toward a welcoming, person-centered, recovery-oriented mental health system. The Action Teams have regrouped and resumed regular meetings as of November 2012, and there will be a concerted effort to recruit more diverse membership, including increased participation of those with lived experience. The present work of the Action Teams is to ensure that all recommendations are put into goals that are specific, measurable, attainable, realistic, and time-bound, and to assign appropriate tasks to responsible parties.

Included with this report are three items: A list of select redesign-related accomplishments to date (**Appendix 1**); a list of past and present contributors to the redesign and implementation efforts (**Appendix 2**); a Mental Health Community Investment Expense Tracker (**Appendix 3**); and an Action Plan related to the five Targeted Improvement Areas (**Attachment 1**). BHD will report on a quarterly basis with updates on the Action Plan.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

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

APPENDIX 1:

Select Accomplishments To Date

The following is a select list (in no particular order) of some of the programs implemented and projects executed in 2011 and 2012 related to the five Targeted Improvement Areas, as well as other budget initiatives put into place beginning in 2010 toward the redesign efforts:

- Worked with Family Care and the Disability Services Division to initiate plans to begin **downsizing Hilltop**, pursuant to 2011 and 2012 budget initiatives.
- Initiated **Community Linkages and Stabilization Program (CLASP)** to improve patient discharges and reduce recidivism, utilizing person-centered and trauma-informed services provided by Certified Peer Specialists.
- Began operation of an eight-bed **Stabilization House** to provide services for adults with a mental illness or co-occurring disorder who are in need of further stabilization after an inpatient hospitalization.
- Conducted training for employers on how to train, hire, and properly utilize the services of Certified Peer Specialists in their programming and as integral members of their treatment teams.
- Involvement in the **Milwaukee Co-occurring Competency Cadre (MC3)** initiative.
- **Outsourced Targeted Case Management (TCM)** and expanded caseloads, requiring contractors to utilize Certified Peer Specialists and prioritize involvement in the MC3 initiative. Adding a minimum of one Spanish-speaking case manager.
- Issued new contract for Office of Consumer Affairs, reflecting the central role of consumer perspectives in the provision of services and the evolution of the system.
- New **supportive housing developments** at Highland Commons and Bradley Crossing.
- Added Milwaukee County to the Medicaid State Plan Amendment for **Community Recovery Services** to maximize the County's options for developing a more complete and responsive continuum of care, bridging the wide clinical gap between TCM and CSP.
- Opened a new **Crisis Resource Center** on the north side, adding geographic access for consumers with 50% more bed capacity than the existing south side location, helping reduce inpatient admissions and bouts of homelessness.
- Replaced Crisis Walk-In Clinic at BHD with new **Access Clinic** model, ensuring that all walk-in clients are seen by a clinician and referred as needed to community-based therapy or medication management services.
- Conducted **Trauma-Informed Care program assessments** and hired a **TIC Coordinator**.
- Revised BHD Assessment Policy to incorporate universal screening including Joint Commission requirement to include trauma related to exploitation.
- Educated staff on Mandt techniques to **reduce seclusion and restraint** and on sensory techniques and trauma-informed care to maintain more therapeutic environments.
- **Reconfigured inpatient units at BHD** to include a Women's Treatment Unit and an Intensive Treatment Unit, in addition to two general Acute Treatment Units. Reduced the overall census by seventeen (17) beds. Expected to close one of the Acute Treatment Units in 2013.
- Increased **transfers to private hospitals**. More than half of insured patients who require inpatient admission are being transferred from BHD to a private hospital. Aided by a private hospital opening a dedicated unit for BHD transfers.
- Conducted educational clinical series in Evidence-Based Treatment and Recovery initiated in BHD Day Treatment Program.

- Expanded on existing **relationships with area academic institutions** by creating an affiliation between the BHD Psychology Department and Marquette University's doctoral program in Clinical Psychology. Recruited and accepted three (3) Clinical Psychology doctoral students for BHD practicum experiences.
- Appointed new Director of Psychology Training at BHD.
- Hired a Director of Social Work at BHD to continue established best practice discharge standards, including continuity of care planning and alternative step-down approaches and community linkages.
- Created the **Prevention Coordinator** position within the Community Services Branch.
- Collaborated with the Milwaukee Police Department for the inclusion of **crisis-trained officers on the BHD mobile crisis team,** and participated in Crisis Intervention Team trainings to expand the pool of CIT-trained MPD officers, County Sheriff's Deputies, and corrections officers.
- Established a Cultural Competence Committee at BHD for "an assessment of service needs, strategies to reduce disparities and access, language needs, race/ethnicity and culturally competent training and commitment to a growing multicultural workforce."
- Issued RFP for language services for BHD and have implemented a contract with expanded requirements for services including a call-in option.

Began implementation of **Electronic Medical Records** for improved safety, efficiency, and interoperability.

APPENDIX 2:

Mental Health Redesign Participants and Contributors (Past and Present)

Sadiqa Abdullah – Karen Avery – Bevan Baker – Dan Baker – Barbara Beckert – Pat Bellittiere
Cindy Bentley – Jennifer Bergersen – Stacey Bielski – Danielle Birdeau – Serge Blasberg
Michelle Boknevitz – E. Marie Broussard – Beth Ann Burazin – Mary Lou Burger – Kathleen Burroughs
Shirin Cabraal – Todd Campbell – Pete Carlson – Lee Carroll – Clarence Chou – Ricardo Cisneros
Sue Clark – Sara Coleman – Héctor Colón – Kelly Davis – Chris Della – Lora Dooley – Matt Drymalski
Colleen Dublinski – Melissa DuBois – Peg DuBord – Sue Eckhart – Kathleen Eilers –Rene Farias
Michael Fendrich – Kristina Finnel – Pam Fleider – Ursula Flores – Mark Flower – Liz Ford
Rachel Forman – Mark Fossie – Sarah Fraley – Susan Gadacz – Debra Gatzke – Michelle Gehring
Scott Gelzer – Lois Gildersleeve – Meg Gleeson – Mardy Goldsmith – Martina Gollin-Graves
Paul Golueke – Shawn Green-Smith – Ann Hadley – Beth Halusan – Judith Hansen – Thomas Harding
Chantil Harris – Jonathan Hart – Nigel Harvey – Tom Heinrich – Chris Hendrickson – Rob Henken
Javier Hernández – Carol Hess – Jim Hill – Peter Hoeffel – Julie Hueller – John Hyatt – Tito Izard
Bernestine Jeffers – David Johnson – Karen Johnson – Jane Johnston – Barb Jones – Bruce Kamradt
Jonathan Kanter – Karen Kaplan – Raisa Koltun – Carrie Koss Vallejo – Alex Kotze – Debra Kraft
Jim Kubicek – Justin Kuehl – Henry Kunath – Rochelle Landingham – Walter Laux – Jon Lehrmann
Jamie Lewiston – Carl Lockrem – Cheryl Lofton – Amy Lorenz – Jeanne Lowry – Paula Lucey – Geri Lyday
Juan Macias – Lyn Malofsky – Heather Martens – Michelle Martini – Jim Mathy – James McNichol
Joy Mead-Meucci – Patty Meehan – Ronald Mendyke – Amy Moebius – Mary Moftah – Chris Morano
Paul Mueller – Valerie Nelson – Mary Neubauer – Tom Nowak – Lynne Oehlke – Jay O'Grady
Chris Ovide – Judy Pasko – Alice Pauser – Robin Pedersen – Mary Pelner – Larry Pheifer – John Prestby
Kathleen Pritchard – Vicki Provencher – Dennis Purtell – Zach Quade – Tom Reed – Laura Riggle
Leonor Rosas – Ruth Ryshke – SaAire Salton – Nick Sayner – Ken Schmidt – Doris Schoneman
Sue Schuler – Susan Sigl – Shelly Silfven – Barbee Sorensen – Vicki Spataro Wachniak – Gary Stark
Mark Stein – Mary Stryck – Yvonne Stueber – Danielle Summers – Joy Tapper – Susan Tarver-Harris
Tia Torhorst – Joe Volk –Beth Walloch – Jeff Weber – Joy Wedel – Brenda Wesley – Peggy Romo West
Paul West – Jan Wilberg – Gregory Williams – Janet Wimmer – Sally Winkelman – Jennifer Wittwer
Tracy Wymelenberg – Kenyatta Yamel – Debora Zamacona Hermsen – Nathan Zeiger

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 - Contract	$ 75,870	$ 75,870	$ 31,613	July 1 start date (2012)
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)	
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		**$63,786**	**$1,144,296**	

IMPROVEMENT AREA 1: System of Care: Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated, and culturally competent, for all programs and persons providing care.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Convene an advisory group comprised of consumers, providers, and other stakeholders to ensure adherence to person-centered care and recovery.	Achieve and maintain representation of diverse constituencies on Redesign Task Force with consideration to lived experience and person-centered planning.	MHRITF leadership	**2011-04:** Included Action Team co-chairs on Redesign Task Force	AT-PCC
	Formally affiliate MC3 Steering Committee with Person-Centered Care Action Team to provide guidance to redesign activities and ongoing system improvements.	MC Steering Committee; AT-PCC	**2012-10:** Chartered subcommittee of MC3 Steering Committee for support and evaluation of person-centered principles in redesign.	
Improve engagement of consumers and their families.	Issue RFP and enter into new contract for BHD Office of Consumer Affairs.	BHD; Horizon Healthcare, Inc.	**2012-10:** Contract awarded to Horizon Healthcare, Inc.	HSRI; CAB; AT-PCC
Expand application of the Comprehensive, Continuous, Integrated System of Care to create accessible and therapeutic environments.	Increase buy-in and participation in MC3 Steering Committee and Change Agent activities.	MC3 Recruitment Committee	**Ongoing**	CAB; AT-PCC
	Develop metrics on how to measure CCISC-related progress for all programs.	MC3 Evaluation Committee; Dr. Drymalski; AT-Q	**2013-04:** Metrics to be developed, implementation to begin	
	Create more welcoming environments of care, including transforming physical environments to be more welcoming and therapeutic.	Administrators and facilities managers, partnering with AT-PCC	**2012-04:** Women's Treatment Unit; **2012-11:** PCS Admission Center renovated to enhance patient care and safety	
Incorporate trauma-informed care and person-centered planning into policies and procedures, hiring and training processes, and service delivery.	Hire a Trauma-Informed Care Coordinator at BHD and conduct TIC program assessments.	BHD	**2011:** Hired TIC Coordinator	HSRI; CAB; AT-PCC
	Prioritize TIC as a skill for new hires and in professional development for existing staff.	TIC Coordinator; BHD leadership; all providers	**Ongoing** (BHD)	
	Train and evaluate staff on use of motivational and person-centered approaches.	Managers system-wide	**2012 and Ongoing:** Mandt training for all BHD staff, with annual recertification	
	Foster partnership among community agencies to provide TIC system-wide.	MC3 Change Agents	**2012-01:** TIC training for Change Agents	
Expand Evidence-Based Practices consistent with SAMHSA guidance.	Integrate mental health, AODA, and other services across the system, incl. universal screening and motivational interviewing.	MC3 Steering Committee; BHD Community Services	**2012-12:** Workshop with Center for Evidence-Based Practices (Case Western Reserve University) on integrated care	HSRI; AT-CC; AT-CL; AT-Q

Workforce should be reflective of and sensitive to consumer population.	Recruit and engage providers from diverse backgrounds, including those with the lived experience of mental illness.	Management teams throughout system, partnering with AT-WF	**2012-10:** Contracted with new provider to enhance utilization of Certified Peer Specialists at BHD	HSRI; CAB; AT-PCC; AT-WF
	Conduct cultural competency training and periodic self-assessment.	Management teams throughout system, partnering with AT-WF	**2011:** Cultural Comp. Committee established at BHD; **Ongoing:** Employee education related to peers	
Make public sector entities competitive with the private sector to ensure consistently high quality services throughout the system.	Regularly review and adjust compensation to ensure competitive recruitment.	BHD; County Board; County HR	**2012:** Staffing plan submitted to County HR	AT-WF
	Utilize incentives such as student loan forgiveness and professional development opportunities.	BHD; County Board	**2012:** Meeting with Milwaukee County HR	
Promote a culture of ongoing learning, interdisciplinary fluency, and professional development.	Normalize set of minimum skill and training requirements for persons working in behavioral health, including basic knowledge of human development.	BHD and community providers; AT-WF	Orientation redesigned. Front line staff empowered as Change Agents (MC3).	AT-WF
Ensure adequate supply of qualified mental health professionals to meet current and future demand. Promote psychiatry and psychiatric nursing as a profession, and explore an expanded role for psychiatric RNs and NPs.	Create a pipeline for personnel such as psychiatrists, RNs and NPs, psychiatric RN managers and executives, psychologists, occupational therapists, and psychotherapists with substance abuse certification.	BHD; County HR; academic institutions; Nursing's Voice	**2011-2012:** Nursing's Voice activities hosted by Faye McBeath Foundation	AT-WF
	Partner with higher education institutions to aid recruitment, retention, and education of licensed professionals.	BHD; foundations; UWM School of Nursing; Nursing's Voice	**2012:** Faye McBeath Foundation supporting two nursing school faculty in residence at BHD, working alongside RN staff to provide professional development, coaching; **2013:** Psychology Fellowship at BHD; exploring MCW partnership	
	Maintain up-to-date nursing and medical curricula. Engage nursing schools about including psychiatry in core curriculum.	BHD Nursing; licensed providers throughout system; AT-WF	**2012:** Four nursing schools placing students at BHD	
	Implementation of Nursing's Voice project.	WI Center for Nursing; Public Policy Forum; nursing schools (3); major employers of RNs; advisory panel	**2011-2013:** Collaboration to improve preparation of RNs for MH jobs, upgrade skills of RNs employed in MH, operate pilot projects to connect RN educators and employers.	

Ensure timely access to qualified interpreters and translators, and educate providers on how to utilize appropriately.	Contract for language services at BHD, including a call-in option.	BHD administration	**Ongoing** (BHD)	CAB; AT-PCC; AT-WF
	Provide education for interpreters and translators to gain proficiency in person-centered care and trauma-informed care.	BHD administration	**2012-2013:** BHD to meet with Office for Persons with Disabilities	
Use consumer-directed services and peer support to assist consumers in system navigation and development of individualized recovery plans.	Include peer support as a preference/requirement in contracting for community-based services.	BHD Community Services; Contract Administration	**2012:** Peer support given priority consideration in contracting	HSRI; CAB; AT-CL; AT-PCC
	Support non-crisis peer-supported listening and referral services.	Warmline, Inc.; BHD	**2009 and Ongoing+A50**	
Expand peer support and consumer-operated services.	Peer Specialist Pipeline Program to improve and systematize CPS training, certification, development, and employment.	BHD; WI Peer Specialist Employment Initiative; UWM	**2013-01:** First Pipeline Program group of Certified Peer Specialists to be deployed	HSRI; AT-PCC; AT-CC; AT-CL; AT-WF
	Promote education opportunities for employers who work with Certified Peer Specialists.	BHD; TCM/CSP providers; WI Peer Spec. Employment Initiative	**2012-09:** Conducted educational event; assessing outcomes to plan for future opportunities	
	Support the Evidence-Based Practice of the Clubhouse model of psychiatric rehabilitation.	Grand Avenue Club; BHD Community Services	**2012-09:** Increased funding to Grand Avenue Club for training of Certified Peer Specialists as WRAP facilitators; **Ongoing**	
Establish a system-wide QA/QI Steering Committee to monitor core outcome measures, identify process indicators, and develop a dashboard for reporting.	Determine quality data to be gathered and assign responsibility for ongoing analysis, reporting, and recommendations for improvement to group of qualified representatives from community stakeholders.	TriWest; AT-Q; QA/QI staff from stakeholder organizations; MC3 Evaluation Committee	**2012-2013:** TriWest to establish community dashboard	HSRI; AT-Q
Develop a management information system to collect and report common data elements.	Work with TriWest to establish community dashboard and common acuity measures.	TriWest; AT-Q; QA/QI Steering Committee	**2012-11:** Input collected from MHRITF on types of data to be collected for community dashboard	HSRI; AT-Q
Consider QA/QI performance evaluations in the review of proposals for adult community services.	BHD Community Services to work with Wraparound Milwaukee to consolidate QA monitors.	BHD Community Services; Wraparound Milwaukee	**2012-11:** Plan developed	CAB; AT-Q
	Establish Provider Partnership Profiles.	BHD Community Services	**2012-2013 (Ongoing)**	

IMPROVEMENT AREA 2: Crisis System Redesign: Creating and sustaining a community-based continuum of crisis services to reduce involuntary commitments and undue reliance on acute inpatient care.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Support and expand mobile crisis services in collaboration with law enforcement.	Contract with MPD to include officer on Mobile Crisis Team, focusing on Districts 3, 5, and 7.	BHD Crisis Services	**2012-10:** Agreement with MPD; MOU in process	CAB; AT-CL
	Develop crisis support for persons with intellectual disabilities.	BHD Crisis Services	**2013:** Pursuing contract with Waisman Center	
Seek and evaluate opportunities for diversion from the psychiatric emergency department and inpatient admission.	Crisis training for law enforcement and health care personnel through CIT and CIP programs.	BHD Crisis Services	**Ongoing:** CIT and CIP trainings with MPD and MCSO	CAB; AT-CL
Develop and expand alternative crisis services to enable diversions from unnecessary emergency care or hospitalization.	Reorganize programs to create an integrated safety net of crisis services and other community-based programs.	BHD Crisis Services; BHD Community Services	**2012-10:** BHD Director of Crisis Services leading reorganization	HSRI; AT-CC; AT-CL
	Establish Crisis Resource Center on Milwaukee's north side with increased capacity, supplementing existing capacity at south side location.	DHHS; BHD; Community Advocates (contractor)	**2012-08:** CRC operational on north side; CRC on south side remains active	
Improve discharge planning from acute inpatient and long-term care.	Initiate and support Community Linkages and Stabilization Program (CLASP).	BHD; La Causa (contractor)	**2012-08:** CLASP initiated	HSRI; AT-CL; AT-CC
	Establish an additional eight-bed Stabilization House to provide services to adults with mental illness or co-occurring disorders who are in need of further stabilization after an inpatient	BHD; Phoenix Care Systems (contractor)	**2012-09:** Contract awarded	
	Convene a partnership with community programs to facilitate rapid transitions.	BHD Community Services, Crisis Services, Social Work; private hospitals	**2013:** Goal to establish critical pathway	

IMPROVEMENT AREA 3: Continuum of Community-Based Services: Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Increase accessibility and flexibility along the continuum of care, allowing smooth transitions between types and levels of care.	Engage in State-level discussion toward the expansion of community-based rehabilitative services (CCS/CRS) offered through Section 1937 of the Social Security Act.	Cheryl Lofton and other DMHSAS staff; BHD Community Services, partnering with AT-CC	**2012-07:** BHD presentation to County Board, approved inclusion on Medicaid State Plan Amendment for CRS; **Ongoing:** Preparation to participate in CCS and CRS benefits	HSRI; AT-CC
	Continuously improve transitions from BHD to private hospitals, inpatient discharge to behavioral health "home," and ED transition care management.	Workgroup of BHD and private hospital representatives	**2012:** Ongoing problem-solving and communication	

Expand community-based services and increase their geographic diversity, including availability of counseling and medication options for uninsured and underinsured.	Implement Access Clinic model (replacing Crisis Walk-In Clinic).	BHD Crisis Services	**2011-11:** Access Clinic operational; **2012-10:** 888 individuals served to date	HSRI; CAB; AT-CC
	Outsource Targeted Case Management (TCM) and expand caseloads.	BHD Community Services, Contract Administration	**2011:** TCM services fully contracted to private providers	
Provide free and easy access to accurate information about prevention, early signs and symptoms, and the spectrum of available services.	Establish comprehensive online clearinghouse with information on prevention and available services from providers and stakeholders.	211; BHD and community providers	**2013:** Clearinghouse to go online	CAB; AT-PCC
	Maintain print materials for free distribution at geographically diverse access points.	DHHS staff	**2013:** DHHS Community Relations staff to develop/update materials	
Connect individuals with employment services as a component of their community-based recovery.	Implement employment programs such as the Individualized Placement and Support (IPS) model (Evidence-Based Practice).	BHD Community Services, partnering with AT-CL, AT-WF	**2013:** Engage first group; ongoing education; contract with Dartmouth	HSRI; AT-WF; AT-CL
	Partner with the Department of Vocational Rehabilitation to expand employment opportunities for persons in recovery.	BHD Community Services, partnering with AT-CL, AT-WF	**2013:** Pursue DVR partnership	
Prioritize benefits counseling for consumers to increase access and maximize revenue.	Benefits counseling component featured in CLASP.	CLASP contractor	**2012-08 and Ongoing:** CLASP offering benefits counseling	HSRI; AT-CC
Prevent backups and delays by creating the framework to coordinate various providers for the effective treatment of individuals with the most complex and challenging needs.	Designate a Community Intervention Specialist (CIS) as a liaison with public and private entities interacting with individuals with the most complex needs.	DHHS Housing Division	**2013-01:** CIS position funded; Housing Division in recruitment process	AT-CL
	Support a Community Interdisciplinary Consultation Team to assist the CIS at the request of providers on complex cases spanning multiple systems.	Community Intervention Specialist (Housing Division), partnering with AT-CL, AT-CC, community providers	**2013:** Team to be established with Housing Division support	

IMPROVEMENT AREA 4: Integrated Multi-System Partnerships: Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.

Recommendation	Tasks / Tactics	Responsible Party	Progress Points	Source
Increase supportive housing through "blended management" partnership between Housing Division and developers, landlords, and service providers.	Leverage public and private funding to develop new supportive housing.	Housing Division; BHD; partner with AT-CL	**2012:** Highland Commons and Bradley Crossing sites developed and put into operation	AT-CL
	Develop new single family homes with Gorman & Co.	Disabilities Services Division; Housing Division	**2013:** Ongoing discussion and planning	
Maximize public dollars for construction, and forge new strategic partnership with private sector to attract additional gap financing dollars.		Housing Division	**2013:** Ongoing discussion and planning	AT-CL

Explore a new housing model as a step-down from a CBRF.	Create a housing model as an alternative to CBRF placements for individuals discharged from an institution or at risk of homelessness.	Housing Division; BHD; partner with AT-CL	**2013-02:** Opening and beginning operations of step-down housing at Autumn West location	HSRI; AT-CL
Expand Evidence-Based Practices consistent with SAMHSA guidance.	Increase permanent supportive housing.	Housing Division; BHD; partner with Pathways to Housing consultant, AT-CL	**2011-12:** Bradley Crossing opened, including peer support services; **2012-08:** Highland Commons opened, with on-site services funded in part by redesign funds; **2013-08:** New supportive housing in suburbs	HSRI; AT-CL
Data link and cross-training between BHD and the criminal justice system to facilitate better discharge planning for persons involved in both systems.	Research potential models of data sharing between mental health, substance abuse, and criminal justice systems, including legal concerns (e.g. HIPAA).	IT & clinical staff (BHD, MPD, Sheriff); Community Justice Council	Implementation dependent on Sheriff; potential opportunities with House of Corrections redesign	HSRI; CAB; AT-CL
	Conduct Crisis Intervention Team (CIT) training for service providers and law enforcement personnel.	CIT trainers; BHD; MPD and MCSO	**Ongoing**	
Improve integration of behavioral health capacity into primary health care services.	Expand FQHC behavioral health capacity. Expand MCW outpatient capacity. Expand Outreach intensive Beh. Health Services.	FQHCs; BHD; Milwaukee Health Care Partnership; Continuum of Care	**Ongoing:** CLASP efforts; **2013:** Grow outpatient capacity	HSRI; AT-CC; AT-PCC

IMPROVEMENT AREA 5: Reduction of Inpatient Utilization: Supporting a recovery-oriented system that permits the reduction of both acute care utilization and long-term care bed utilization, both at BHD and throughout the the community system.

Recommendation	Tasks / Tactics	Responsible Party	Progress Points	Source
Gradually downsize BHD inpatient capacity to optimal size, provided that adequate community-based supports are in place and patient discharges are carefully planned and monitored. Evaluate BHD inpatient care delivery structure.	Reconfigure BHD Acute Inpatient Units, establishing Intensive Treatment Unit and Women's Treatment Unit while reducing overall bed census.	BHD	**2011:** Renovations and staff education; **2012-01:** Intensive Treatment Unit operational; **2012-04:** Women's Treatment Unit operational	HSRI; CAB; AT-CL; AT-CC
	Adjust culture and build clinical capacity among private providers to treat and support persons with severe psychiatric symptoms and complex psychosocial needs.	Private hospitals and community partners	**Ongoing:** Monthly meetings between BHD and private hospital administrators	
	Estimate optimal size and design most cost-effective delivery structure.	BHD Community Services	**2013-04:** BHD to close one Acute Inpatient Unit due to increasing transfers to private hospitals.	
	Expand case management services to serve larger client base in the community.	BHD Community Services	**2013-05:** Expanding case management services by two caseloads.	

Ensure the availability of a spectrum of community-based services for individuals with intellectual disabilities to support the downsizing of Hilltop.	Produce new housing for individuals with intellectual disabilities enrolled in Family Care.	DHHS Housing Division	**2013:** Marian Center	HSRI; CAB; AT-CL; AT-CC
	Expand small, short-term residential options for challenging behaviors among individuals with intellectual disabilities.	Disabilities Services Division	**2012:** Respite services for intellectual disabilities	
	Research funding to develop accessible housing for individuals eligible for Family Care.	Housing Division; Family Care	**2013:** Public Policy Forum study	
	Redesign of Hilltop facility into Center for Independence and Development	BHD	**2012:** Planning phase; **2013:** Full implementation	
	State downsizing committee.	Hilltop providers; BHD; State of Wisconsin	**2012:** Team in place and meeting bi-weekly	
Streamline Family Care enrollment for eligible individuals admitted to BHD or discharged/relocated from Hilltop.	Ongoing discussions with Family Care	Family Care	**2013:** Goal to facilitate more timely enrollments	CAB; AT-CL; AT-CC

HSRI: Human Services Research Institute
CAB: Community Advisory Board for Mental Health
AT-CC: Continuum of Care Action Team
AT-CL: Community Linkages Action Team
AT-PCC: Person-Centered Care Action Team
AT-Q: Quality Action Team
AT-WF: Workforce Action Team

By Supervisor Sanfelippo

File No.

A RESOLUTION

authorizing and directing the Director, Department of Health and Human Services and the BHD Administrator to develop a detailed, data-driven implementation plan for mental health redesign in Milwaukee County (as originally directed in adopted resolution File No. Res 11-284)

WHEREAS, in April 2011, the County Board adopted a resolution (File No. Res 11-284) creating a Mental Health Redesign Task Force ("Task Force") to provide the County Board with data-driven implementation planning; and

WHEREAS, the release of a number of studies and suggested plans related to the organization and delivery of mental health services in Milwaukee County, proceeded the creation of the Task Force; and

WHEREAS, although specific suggestions varied, the aforementioned reports generally favored shifting resources so that consumers could be treated in community settings; and

WHEREAS, the Task Force was to coordinate recommendations from the various mental health proposals in order to create a data-driven implementation plan for mental health redesign in Milwaukee County; and

WHEREAS, while the Task Force has reported regularly to the County Board via the Committee on Health and Human Needs, a data-driven implementation plan with specific steps that should be taken in order to move system redesign forward, established timelines, and measureable benchmarks has yet to be presented; and

WHEREAS, the 2012 Adopted Budget included over $3 million in funding for *Mental Health Redesign and Community Resource Investment* to help move system redesign forward; and

WHEREAS, the Behavioral Health Division has worked with the Task Force to recommend spending of *Mental Health Redesign and Community Resource Investment* funding; and

WHEREAS, as of September 2012, BHD reports that $1,114,296 of the 2012 budgeted *Mental Health Redesign and Community Resource Investment* remains unspent; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services and the BHD Administrator are authorized and directed to develop a detailed, data-driven implementation plan for mental health redesign in Milwaukee County (as originally directed in adopted resolution File No. Res 11-284), which shall include the following:

1. Specific recommendations to redesign the mental health system in Milwaukee County and shift resources into the community, which are organized by order of importance

2. Detailed steps which will be taken to implement recommendations, and a timeframe in which they will be implemented

3. Measurable standards so that policymakers and the public can benchmark the success of redesign efforts

; and

BE IT FURTHER RESOLVED, that the Director, Department of Health and Human Services and the BHD Administrator shall submit the aforementioned plan to the Board in the December 2012 Cycle for review and approval.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: September 20, 2012

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: A resolution authorizing and directing the Director, Department of Health and Human Services and the BHD Administrator to develop a detailed, data-driven implementation plan for mental health redesign in Milwaukee County (as originally directed in adopted resolution File No. Res11-284).

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

There is no fiscal effect associated with this resolution other than existing staff time needed to develop the plan. In July 2012, the County Board adopted a resolution (File No. 12-561) allocating $242,087 to ZiaPartners, Inc. for technical assistance associated with the implementation of key mental health redesign recommendations. It is anticipated that any assistance provided by ZiaPartners to develop the detailed, data-driven implementation plan directed in this resolution would be covered under the existing contract.

Department/Prepared By Jennifer Collins, County Board Research Analyst

Authorized Signature Jennifer Collins

Did DAS-Fiscal Staff Review? ☒ Yes ☐ No

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

COUNTY OF MILWAUKEE
Inter-Office Communication

Date : November 26th, 2012

To : The Honorable Marina Dimitrijevic, County Board Chairwoman

From : Donald Natzke, Director, DAS Office for Persons with Disabilities,
Michael Bonk, Disabilities Recreation Manager

Subject : ***Accessible Recreation Contract, 2013-2015, Easter Seals Southeastern Wisconsin***

Background:

On January 1, 2002, responsibility to provide accessible Wil-O-Way recreation services were transferred from the Department of Parks to the Office for Persons with Disabilities (OPD). OPD assumed responsibility for both recreation programming and operation of the facilities located in Grant and Underwood Parks. Recreation services were designed to be coordinated by OPD's Community Recreation Coordinator, and following an RFP process, supplied by a community agency skilled and knowledgeable in providing recreation supports requested by people with disabilities. Through RFP processes completed in 2002, 2004, 2007, and 2009: Easter Seals Southeastern Wisconsin, and its predecessor agency Kindcare, Inc. has served satisfactorily in this capacity.

Under the direction of the Office for Persons with Disabilities, Easter Seals has successfully increased the number of Wil-O-Way Summer Day Camp participants involved in the six-week experience. They have also been able to support the needs of people with more complex and pervasive accommodation needs.

OPD and Easter Seals have also joined to provide summer youth employment through a grant provided by the Milwaukee Area Workforce Investment Board, providing supportive employment opportunities to disadvantaged young workers.

Care providers are also benefited and comforted to know that campers are in a safe and stimulating environment. This affords them both respite, and the opportunity to continue employment and other life tasks.

Through support provided by Milwaukee County, camp fees are maintained at an affordable price for all camp costs including provision of transportation.

In addition, the Wil-O-Way Centers have offered additional onsite recreation opportunities based at the Grant and Underwood Centers to the benefit of people with disabilities and their care providers. On other occasions, program participants are supported in community outings such as Lake Michigan sailing at the Milwaukee Community Sailing Center, area restaurants, bowling centers, etc.

With highly satisfactory survey results, this combination of services has maintained successful operations.

Current Status:

On August 17, OPD released an RFP for a three-year contract to provide accessible programming through the Wil-O-Way Recreation Program. OPD staff conducted an aggressive distribution of materials to researched and known community recreation providers.

A bidder's conference was held on September 6, and October 3 was designated as the R.F.P. proposal return date.

The only proposal received was one created by Easter Seals of Southeastern Wisconsin. Staff reviewed it for its completeness and conformance with requirements.

On October 8, the Milwaukee County Commission for Persons with Disabilities Wil-O-Way Committee reviewed and scored the proposal. The proposal was found to adequately address program requirements and provided evidence that Easter Seals could continue to meet the recreation needs of people with disabilities.

The Milwaukee County Commission for Persons with Disabilities provided their endorsement on that date. Based on the recommendation of the Milwaukee County Commissioners, bolstered by their past performance, the Office for Persons with Disabilities respectfully submits a Resolution and Fiscal Note endorsing this contemplated three-year contract with Easter Seals of Southeastern Wisconsin for County Board review and adoption.

Donald Natzke, Director
DAS Office for Persons with Disabilities

Michael Bonk, Disabilities Recreation Manager
DAS Office for Persons with Disabilities

File No.

(Journal November, 26th, 2012)

(ITEM NO. 6767) From the Director, Office for Persons with Disabilities, requesting authorization to contract with Easter Seals Southeastern Wisconsin for a period of three years, beginning January 1, 2013 and concluding December 31, 2015, to provide program planning and service provision for the Wil-O-Way Recreation program, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Milwaukee County Commission for Persons with Disabilities (Commission) has been established by Chapter 73 of the General Ordinances of Milwaukee County to promote independence for handicapped and disabled persons; and

WHEREAS, the Office for Persons with Disabilities has assumed the responsibility of operating Milwaukee County's Wil-O-Way Recreation program since January 1, 2002; and

WHEREAS, over 500 citizens including children and adults with a variety of disabilities are served by programming through Wil-O-Way which is otherwise not readily available throughout the community; and

WHEREAS, the Wil-O-Way program at Underwood and Grant Parks operate year round afternoon, evening and weekend programs and annually sponsors a six week summer camp, family events, and community outings for persons with disabilities; and

WHEREAS, THE Wil-O-Way Recreation program offers recreation programming at various recreational venues throughout the County including County golf courses, swimming pools and non County venues; and

WHEREAS, Easter Seals Southeastern Wisconsin has responsibly assumed coordination of summer day camp transportation, course registration, and some administrative and management of facilities and equipment; and

WHEREAS, Easter Seals Southeastern Wisconsin is an experienced recreation provider and has been responsible for providing this service to the Wil-O-Way program since 2002; now therefore,

BE IT RESOLVED, that the County Board of Supervisors does hereby authorize and direct the Director, Office for Persons with Disabilities, to contract with Easter Seals Southeastern Wisconsin to provide program planning and implementation of the Wil-O-Way Recreation Program for a period between January 1, 2013 – December 31, 2015 ; and

39 BE IT FURTHER resolved that the Office for Persons with Disabilities will continue
40 to provide guidance and monitor the Wil-O-Way Recreation program.

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42

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/14/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: REQUEST AUTHORIZATION TO AMEND A PROFESSIONAL SERVICES CONTRACT BETWEEN JOXEL GROUP, LLC AND THE INFORMATION MANAGEMENT SERVICES DIVISION (IMSD) FOR 2013 IMPLEMENTATION SERVICES RELATED TO ELECTRONIC MEDICAL RECORDS (EMR) SYSTEM REPLACEMENT.

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☒ Increase Operating Expenditures
(If checked, check one of two boxes below)

☒ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.

B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [1] If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.

C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.

D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

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

A. Approval of the requested amendment is to extend the professional services contract between Joxel Group, LLC (TJG) and the Information Management Services Division (IMSD) for the continuation of the Electronic Medical Records (EMR) implementation for the Department of Health and Human Services (DHHS)- Behavioral Health Division (BHD). This action will result in an increased cost of $615,685.

B. The cost related to the proposed contract amendment is an additional $615,685 for the 2013 Implementation Services of the broader project. IMSD and BHD are recommending that the additional funding of $615,685 necessary to complete the professional services contract for 2013 project management, business analyst and interface analyst services of the Implementation phase be funded through BHD operating funds

C. The requested funds are included in the BHD 2013 operating budget. IMSD will return to the County Board and the County Executive for approval of the costs to fund, 2014, the final phase of the project.

D. The expenditures provided above are estimated. It is assumed that the overall Electronic Medical Records (EMR) project may require future budget appropriation requests to complete.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature

Did DAS-Fiscal Staff Review? ☒ Yes ☐ No

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

Date: November 14, 2011

To: Supervisor Marina Dimitrijevic, Chairwoman, County Board of Supervisors

FROM: Chris Lindberg, Director of Information Management Services

Subject: Request for Authorization to execute a Professional Services Contract Amendment with the Joxel Group, LLC for Phase 3 – Implementation of an Electronic Medical Records System for the Department of Health and Human Services – Behavioral Health Division

REQUEST
The Director of the Department of Administrative Services – Information Management Services Division (IMSD) is requesting authorization to amend the professional services contract with the Joxel Group, LLC (TJG) in order to continue the implementation of the Electronic Medical Records (EMR) system for the Department of Health and Human Services (DHHS) – Behavioral Health Division (BHD).

BACKGROUND
Capital Project W0444 - Electronic Medical Records System was adopted in the 2010 Capital Improvement Budget. IMSD was appointed project lead on this initiative.

The EMR project is broken down into four phases:
Phase 1 – Planning and Design
Phase 2 – Request for Proposal (RFP) Process and Vendor Selection
Phase 3 – Implementation
Phase 4 – Closeout and Audit

The Joxel Group (TJG), a certified DBE vendor, was competitively awarded a professional services contract to provide both program and project management services for the EMR initiative. TJG has completed Phase 1 and Phase 2 of the EMR project and as a result facilitated a decision making process along with IMSD, BHD and the Department of Administrative Services to select Netsmart Technologies, Inc. (Netsmart) Avatar product as the preferred EMR system for BHD.

IMSD, TJG and BHD began Phase 3 – Implementation in January 2012. The approach is comprehensive and, due to the complexity of process integration and change management, is anticipated to continue through December of 2013. Implementation, to date, has been successful. As of December 1, 2012, the Crisis Program within BHD (PCS, OBS, Crisis Mobile, and the Access Clinic) will be utilizing the new EMR system. It is anticipated the remaining programs, Acute, (estimated by the end of the first quarter of 2013), Long-term Care and the Operated Community Services programs along with Day Treatment

(estimated by the end of the second quarter 2013), and the Contracted Community Service programs (estimated by the end of the fourth quarter of 2013) will be deployed based on estimated timelines.

As reported in December 2011, the approach for Phase 3 – Implementation is comprehensive and includes seven (7) steps. The steps, as well as the status of the steps are as follows:

Step 1: Education
Action: Educational sessions will be conducted by Netsmart and the TJG implementation team to familiarize BHD on the processes and components of the Netsmart system. In addition, integration components of the system will also be reviewed with Netsmart and the IMSD team in order to ensure there is an understanding on the architecture of the software.
Status: Complete. The first step in this process was to document at a high level the current state process from Admissions/Registration to Discharge for all the programs at BHD. The education process was then tailored to ensure relevancy to the BHD processes. This provided the BHD team a perspective of how the system would be structured to address their operational needs.

Step 2: Planning
Action: A detailed Implementation plan will be developed in conjunction with Netsmart, BHD, TJG and IMSD. This plan will provide a phased approach for implementing the Netsmart software for the various programs within BHD.
Status: Complete. The integrated plan provided a detailed approach to deliver Avatar to the Crisis Program and a high level estimated timelines on subsequent programs (Acute, Long Term Care, Day Treatment and Community Services).

Step 3: Discovery and Configuration
Action: A detailed review of business processes within each BHD program (Crisis, Acute, and Community Services) will be conducted to determine the priorities for configuration. In addition, a technical review will be conducted to understand conversion, interfaces, security, administration, scanning/imaging, and reporting needs for each of these programs. The requirements will then be configured to the Netsmart system. Based on the requirements, a test strategy for each program will be developed that incorporates test cases and scripts for testing the configuration. A training strategy will also be developed to train BHD users – for both user acceptance testing as well as end-user training.
Status: Complete for the Crisis Program. A detailed process review was conducted on the Crisis Program based on staff roles to ensure there was a clear understanding on the duties of each clinician. Based on the process, and inventory of clinical documentation, configuration priorities were established. Configuration was validated to ensure that process changes were acceptable to the business. Test and Training strategies were developed in conjunction with BHD to ensure comprehensive training and validation process. Discovery and Configuration will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

Step 4: Testing
Action: Configuration will result in a system prototype being built for each program within BHD. The prototypes will be unit tested by Netsmart, the TJG implementation team as well as BHD users. Integration and system testing will also be conducted to validate data conversion, interfaces, security, imaging/scanning, and reporting.
Status: Complete for the Crisis Program. Test scripts were built for each scenario within the Crisis Program which was used for Integration Testing. The same scripts were used by BHD users during the User Acceptance Testing (UAT). UAT involved fiscal, admissions, nursing, and practitioners. Feedback from UAT is tracked to ensure that changes are being readily incorporated within the system and/or processed. Testing will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

Step 5: Training
Action: Training will be executed based on a training strategy for the appropriate users. A BHD training group will be formed and will be integrated to the training plan to ensure continuity of training for all of BHD.
Status: In-process: Training for the Crisis Program is scheduled to be completed by November 30, 2012. Training sessions are built on a tool that captures the BHD processes as well as the system flow of the Avatar configuration. Training will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

Step 6: Evaluation and Optimization
Action: Based on the testing, a system prototype will be optimized to meet BHD's needs, prior to rollout.
Status: Completed. Based on the feedback from testing the configuration was optimized to ensure compliance with the user requests. However, this will be an on-going process as users get more familiarized with the Avatar system.

Step 7: Project Wrap-up
Action: At the completion of the Crisis implementation, lessons learned will be captured which will feed Acute, Long Term Care, Day Treatment and Community Service phases of implementation.

IMSD is requesting the authority to amend the existing TJG professional services agreement by $615,685 for the continuation of Phase 3 – Implementation. The requested funds are included in the 2013 BHD Budget

IMSD will return to the County Board and the County Executive for approval of the costs to fund 2014 the final phase of this project.

RECOMMENDATION
The Director of the Information Management Services Division respectfully requests approval to execute a professional services amendment with the Joxel Group, LLC for continuation of the implementation services of the Electronic Medical Records (EMR)

solution for BHD.

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

Prepared By:

Laurie Panella, IMSD
Deputy Chief Information Officer

Approved By:

Chris Lindberg, IMSD
IT Director, Chief Information Officer

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, County Executive's Office
Peggy Romo West, Chairperson, Health and Human Needs Committee
Nikiya Harris, Vice Chairperson, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Patrick Farley, Director, Department of Administrative Services
Hector Colon, Director, Health and Human Services
Jeanne Dorff, Deputy Director, Health and Human Services
Paula Lucey, Director, Behavioral Health Division
Jim Kubicek, Deputy Director, Behavioral Health Division
Jennifer Collins, Health and Human Services Research Analyst
Jodi Mapp, Health and Human Services Committee Clerk
Alexandra Kotze, Fiscal and Policy Administrator, Health and Human Services
Antionette Thomas-Bailey, Fiscal and Budget Analyst, Dept of Admin Services
Sushil Pillai, The Joxel Group, LLC

File No.
(Journal,)

(ITEM *) Request for authorization to execute a Professional Services Contract Amendment with the Joxel Group, LLC for continuation of the implementation of an Electronic Medical Records System for the Department of Health and Human Services – Behavioral Health Division by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Director of the Department of Administrative Services – Information Management Services Division (IMSD) is requesting authorization to amend the professional services contract with the Joxel Group, LLC (TJG) in order to continue the implementation of the Electronic Medical Records (EMR) system for the Department of Health and Human Services (DHHS) – Behavioral Health Division (BHD); and

WHEREAS, Capital project WO444 - Electronic Medical Records System (EMR) was adopted in the 2010 Capital Improvement Budget. IMSD was appointed project lead on this initiative; and

WHEREAS, the EMR project is broken down into four phases including Phase 1 – Planning and Design, Phase 2 – Request for Proposal (RFP) Process and Vendor Selection, Phase 3 – Implementation, Phase 4 – Closeout and Audit; and

WHEREAS, the Joxel Group (TJG), a certified DBE vendor, was competitively awarded a professional services contract to provide both program and project management services for the EMR initiative; and

WHEREAS, TJG has completed Phase 1 and Phase 2 of the EMR project and as a result facilitated a decision making process along with IMSD, BHD and the Department of Administrative Services to select Netsmart Technologies, Inc. (Netsmart) Avatar product as the preferred EMR system for BHD; and

WHEREAS, IMSD, TJG and BHD began Phase 3 – Implementation in January 2012. The approach is comprehensive and, due to the complexity of process integration and change management, is anticipated to continue through December of 2013; and

WHEREAS IMSD is requesting the authority to amend the existing TJG professional services agreement by $615,685 for the continuation of Phase 3 – Implementation; and

WHEREAS, IMSD will return to the County Board and the County Executive for approval of the costs to fund 2014 the final phase of this project;

now, therefore,

BE IT RESOLVED, The Director of the Information Management Services Division is authorized to execute a professional services amendment with the Joxel Group, LLC for continuation of the implementation services of the Electronic Medical Records (EMR) solution for BHD.

Fiscal Note Attached

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/14/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: REQUEST AUTHORIZATION TO AMEND A PROFESSIONAL SERVICES CONTRACT BETWEEN JOXEL GROUP, LLC AND THE INFORMATION MANAGEMENT SERVICES DIVISION (IMSD) FOR 2013 IMPLEMENTATION SERVICES RELATED TO ELECTRONIC MEDICAL RECORDS (EMR) SYSTEM REPLACEMENT.

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☒ Increase Operating Expenditures
(If checked, check one of two boxes below)

☒ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.

B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [1] If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.

C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.

D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

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

A. Approval of the requested amendment is to extend the professional services contract between Joxel Group, LLC (TJG) and the Information Management Services Division (IMSD) for the continuation of the Electronic Medical Records (EMR) implementation for the Department of Health and Human Services (DHHS)- Behavioral Health Division (BHD). This action will result in an increased cost of $615,685.

B. The cost related to the proposed contract amendment is an additional $615,685 for the 2013 Implementation Services of the broader project. IMSD and BHD are recommending that the additional funding of $615,685 necessary to complete the professional services contract for 2013 project management, business analyst and interface analyst services of the Implementation phase be funded through BHD operating funds

C. The requested funds are included in the BHD 2013 operating budget. IMSD will return to the County Board and the County Executive for approval of the costs to fund, 2014, the final phase of the project.

D. The expenditures provided above are estimated. It is assumed that the overall Electronic Medical Records (EMR) project may require future budget appropriation requests to complete.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature

Did DAS-Fiscal Staff Review? ☒ Yes ☐ No

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

Date: November 12, 2012

To: Supervisor Marina Dimitrijevic, Chairwoman, County Board of Supervisors

FROM: Chris Lindberg, Director of Information Management Services

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

REQUEST

The Director of the Information Management Services Division is requesting authorization to amend the professional service contract with the Joxel Group, LLC for information technology support service of the Community Mental Health Care application, the Department of Health and Human Services - Behavioral Health Division's current core business system.

BACKGROUND

In January 2012, the Information Management Services Division (IMSD) was granted authorization to execute a contract with the Joxel Group (TJG), a certified DBE vendor, to provide support services and technical assistance for the Department of Health and Human Services (DHHS) - Behavioral Health Division's (BHD) current core business system, Community Mental Health Care (CMHC). IMSD is now returning to the Board to request an amendment to extend the current professional services contract to cover 2013 core functions and support of the CMHC system. It is anticipated that CMHC will be retired at the end of 2013 or early 2014.

BHD, with assistance from IMSD and TJG, is in the second year of implementing a new Electronic Medical Record (EMR) system, which will provide comprehensive EMR services and ultimately replace CMHC. TJG, in managing the CMHC contract as well as the new EMR implementation, is able to provide efficiencies and cost savings through critical knowledge transfer of the current CMHC IT staff and cross functional support for both projects by the EMR and CMHC teams.

CMHC provides critical services and information to BHD including billing and patient data and it must be supported and maintained until the new EMR is substantially complete. Due to efforts of the staff at BHD, and through the new EMR initiative, the technical support cost of CMHC was reduced from $2.2 million in 2010 to $1.4 million in 2011. Ultimately, when the contract was transitioned from Accenture, to TJG in 2012, TJG was able to provide quality support services of CMHC at a cost of $700,000. This report is requesting the authority to increase the existing TJG professional services agreement by

$600,000 for support services in 2013. The requested funds are included in the 2013 BHD Budget.

RECOMMENDATION

The Director of the Information Management Services Division respectfully requests approval to execute a professional services amendment in the amount of $600,000 with the Joxel Group, LLC for information technology support service of the Community Mental Health Care application, the Department of Health and Human Services - Behavioral Health Division's current core business system.

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

Prepared By:

Laurie Panella, IMSD
Deputy Chief Information Officer

Approved By:

Chris Lindberg, IMSD
IT Director, Chief Information Officer

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, County Executive's Office
Peggy Romo West, Chairperson, Health and Human Needs Committee
Nikiya Harris, Vice Chairperson, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Patrick Farley, Director, Department of Administrative Services
Hector Colon, Director, Health and Human Services
Jeanne Dorff, Deputy Director, Health and Human Services
Paula Lucey, Director, Behavioral Health Division
Jim Kubicek, Deputy Director, Behavioral Health Division
Jennifer Collins, Health and Human Services Research Analyst
Jodi Mapp, Health and Human Services Committee Clerk
Alexandra Kotze, Fiscal and Policy Administrator, Health and Human Services
Antionette Thomas-Bailey, Fiscal and Budget Analyst, Dept of Admin Services
Sushil Pillai, The Joxel Group, LLC

File No.
(Journal,)

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

A RESOLUTION

WHEREAS, in January 2012, the Information Management Services Division (IMSD) was granted authorization to execute a contract with the Joxel Group (TJG), a certified DBE vendor, to provide support services and technical assistance for the Department of Health and Human Services (DHHS) - Behavioral Health Division's (BHD) current core business system, Community Mental Health Care (CMHC).; and

WHEREAS, IMSD is now returning to the Board to request an amendment to extend the current professional services contract to cover 2013 core functions and support of the CMHC system; and

WHEREAS, BHD, with assistance from IMSD and TJG, is in the second year of implementing a new Electronic Medical Record (EMR) system, which will provide comprehensive EMR services and ultimately replace CMHC; and

WHEREAS, TJG, in managing the CMHC contract as well as the new EMR implementation, is able to provide efficiencies and cost savings through critical knowledge transfer of the current CMHC IT staff and cross functional support for both projects by the EMR and CMHC teams; and

WHEREAS, CMHC provides critical services and information to BHD including billing and patient data and it must be supported and maintained until the new EMR is substantially complete; and

WHEREAS, due to efforts of the staff at BHD, and through the new EMR initiative, the technical support cost of CMHC was reduced from $2.2 million in 2010 to $1.4 million in 2011. Ultimately, when the contract was transitioned from Accenture, to TJG in 2012, TJG was able to provide quality support services of CMHC at a cost of $700,000; and

WHEREAS, this report is requesting the authority to increase the existing TJG professional services agreement by $600,000 for support services in 2013; and,

now, therefore,

BE IT RESOLVED, the Director of the Information Management Services Division is hereby authorized to execute a professional services amendment with the Joxel

47 Group, LLC for information technology support service of the Community Mental Health
48 Care application, the Department of Health and Human Services - Behavioral Health
49 Division's current core business system.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/15/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

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

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☒ Increase Operating Expenditures
(If checked, check one of two boxes below)

☒ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

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

A. The Information Management Services Division (IMSD) respectfully requests authorization to execute a professional services contract amendment with the Joxel Group, LLC (TJG) on behalf of the Behavioral Health Division (BHD) for support service of BHD's current core business system, Community Mental Health Care (CMHC). The amendment value is $600,000..

B. The cost related to the proposed contract is $600,000 for four (4) high level technical resources and will fund not only support services of CMHC but will provide assistance in the implementation of the new Electronic Medical Records system at BHD. IMSD and BHD are recommending that the funding for this contract be provided through BHD.

C. The 2013 BHD Budget includes sufficient funding for this contract. The $600,000 cost is an estimate and provides for full time support of CMHC as well as implementation services of the new EMR. The reliance on the CMHC application throughout 2013 will be greatly reduced but will not cease until the new EMR system is fully implemented at BHD. In 2014 the level of CMHC support is unknown. IMSD will return in December of 2013 to seek authority of the County Board of Supervisors and the County Executive to amend the contract with TJG for 2014 CMHC services, if needed

D. It is assumed that fewer resources will be required to support CMHC throughout 2013. The $600,000 cost estimate reflects this reduction.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature

Did DAS-Fiscal Staff Review? ☒ Yes ☐ No

REVISED

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: November 29, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs
Supervisor Willie Johnson Jr., Chair, Committee on Finance, Personnel and Audit

FROM: Maria Ledger, Director, Department of Family Care

SUBJECT: Request authorization to execute a contract with the State of Wisconsin Department of Health Services to operate a Managed Care Organization (MCO) to provide the Family Care benefit for the period January 1, 2013 through December 31, 2013, and to accept the funding thereunder.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012 and the Committee on Finance, Personnel and Audit on December 13, 2012.

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

The State of Wisconsin Department of Health Services (DHS) and the legislature authorized the expansion of Family Care to all target groups, including all adults with a developmental disability, physical disability or frailties of aging over the age of 18 who reside in Milwaukee County. The Family Care benefit has been available to eligible and enrolled adult residents of Milwaukee County since November 2009.

The process for awarding contracts to continue to provide the Family Care benefit is set forth at s. 46.284 (2) of the Wisconsin Statutes as follows: "The department may contract with counties, long-term care districts, the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private organization that has no significant connection to an entity that operates a resource center. Proposals for contracts under this subdivision shall be solicited under a competitive sealed proposal process under s. 16.75 (2m) and the department shall

evaluate the proposals primarily as to the quality of care that is proposed to be provided, certify those applicants that meet the requirements specified in sub. (3) (a), select certified applicants for contract and contract with the selected applicants."

The Director, Department of Family Care requests authorization to execute a contract with the Department of Health Services enabling the Milwaukee County Department of Family Care to serve as a managed care organization (MCO) for the period January 1, 2013 through December 31, 2013 in Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties and to accept the funding provided thereunder.

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

Attachment

Cc:

County Executive Chris Abele
Amber Moreen, Chief of Staff, Office of the County Executive
Raisa Koltun, Office of County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas-Bailey, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

File No. ___
(Journal,___)

(ITEM NO. __) From the Department of Family Care (DFC), requesting authorization to execute a contract with the State of Wisconsin Department of Health Services to operate a managed care organization (MCO) to provide the Family Care benefit to residents of Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties for the period January 1, 2013 through December 31, 2013, and to accept the funding thereunder, by recommending the adoption of the following:

A RESOLUTION

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

WHEREAS, Milwaukee County was one of five pilot counties authorized to provide the Family Care benefit to eligible residents and Milwaukee County has provided the Family Care benefit to residents of Milwaukee County since July 2000 previously through the Milwaukee County Department on Aging and currently through the Milwaukee County Department of Family Care (MCDFC); and

WHEREAS, the State of Wisconsin Department of Health Services (DHS) and the legislature authorized the expansion of family care to all target groups, including all adults with a developmental disability, physical disability or frailties of aging over the age of 18 who reside in Milwaukee County, and the Family Care benefit has been available to eligible and enrolled adult residents of Milwaukee County since November 2009; and

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

WHEREAS, in August 2008 the State of Wisconsin issued a Request for Proposals (RFP #1645-DLTC-SM) to provide the Family Care benefit in Milwaukee County consistent with the above-referenced statute; and

WHEREAS, RFP #1645-DLTC-SM provided in part that "DHS will offer an initial contract for the duration of the calendar year in which the contract begins, with the option for

47 annual one-year renewals, not to exceed five years in total, if the MCO continues to meet
48 performance requirements."
49
50 WHEREAS, MCDFC submitted a timely response to RFP #1645-DLTC-SM; and
51
52 WHEREAS, following review of the response to the RFP submitted by MCDFC,
53 DHS on February 2, 2009 issued a Letter of Intent to pursue contract negotiations with
54 DFC for Long-Term Managed Care in Milwaukee in 2009 as described in the above-
55 referenced RFP with the option for one year contract renewals for calendar years 2010,
56 2011, 2012 and 2013, therefore,
57
58 WHEREAS, in June 2011 the State of Wisconsin issued a Request for Proposals
59 (RFP #1720-DLTC-JB) to provide the family care benefit in Kenosha and Racine
60 Counties consistent with the above-referenced statute; and
61
62 WHEREAS, RFP #1720-DLTC-JB provided in part that "DHS will offer an initial
63 contract for the duration of the calendar year in which the contract begins, with the option for
64 annual one-year renewals, not to exceed five years in total, if the MCO continues to meet
65 performance requirements."
66
67 WHEREAS, DFC submitted a timely response to RFP #1720 - DLTC-JB; and
68
69 WHEREAS, following review of the response to the RFP submitted by DFC, DHS
70 on September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC
71 for Long-Term Managed Care in Racine and Kenosha in 2012 as described in the
72 above-referenced RFP with the option for one year contract renewals for calendar years
73 2013, 2014, 2015 and 2016, and
74
75 WHEREAS, in August, 2012 the State of Wisconsin issued a Request for
76 Proposals (RFP #1737-DLTC-JB) to provide the Family Care benefit in Sheboygan,
77 Ozaukee, Washington, Waukesha and Walworth Counties consistent with the above-
78 referenced statute; and
79
80 DFC submitted a timely response to RFP # 1737-DLTC-JB- and,
81
82 WHEREAS, following review of the response to the RFP submitted by DFC, DHS
83 on October 26, 2012 issued a Letter of Intent to pursue contract negotiations with DFC
84 for Long-Term Managed Care in Sheboygan, Ozaukee, Washington, Waukesha and
85 Walworth Counties as described in the above-referenced RFP with the option for one
86 year contract renewals for calendar years 2014, 2015, 2016 and 2017, and,
87
88 WHEREAS, an adequate capitation rate to meet the service needs of enrolled members
89 will be based upon the DHS actuarially sound rate-setting methodology applied to the
90 projected enrolled members in this geographic area, therefore,
91
92 BE IT RESOLVED, The Director, Department of Family Care is hereby
93 authorized to execute a contract with the Department of Health Services enabling the

94 Milwaukee County Department of Family Care to serve as a managed care organization
95 (MCO) for the period January 1, 2013 through December 31, 2013 and to accept the
96 funding provided thereunder, and
97
98 BE IT FURTHER RESOLVED, that contract performance by Milwaukee County
99 Department of Family Care shall be contingent upon continued funding from the State of
100 Wisconsin Department of Health Services for administration and delivery of the family
101 care benefit by the Department of Family Care, and
102
103 BE IT FURTHER RESOLVED, further County Board authorization is required for
104 participation by the Department of Family Care as a Managed Care Organization (MCO)
105 for any additional renewal for any date of service after December 31, 2013,
106
107

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/22/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request authorization to execute a contract with the State of Wisconsin Department of Health Services to operate a managed care organization (MCO) to provide the Family Care benefit to residents of Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties for the period January 1, 2013 through December 31, 2013, and to accept the funding thereunder.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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	280,989,792	294,522,931
	Revenue	280,989,792	294,522,931
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

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

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

There are no direct costs, savings, anticipated revenues or budgetary impacts associated with the requested action in the current budget year. Any contract executed with DHS will not take effect until 2013. Capitation rates will be determined prior to the execution of the contract.

Department/Prepared By Jim Hodson

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: November 26, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Supervisor Peggy Romo-West, Chair, Committee on Health and Human Services
Supervisor Willie Johnson Jr., Chair, Committee on Finance, Personnel and Audit

FROM: Maria Ledger, Director, Milwaukee County Department of Family Care

SUBJECT: Request for authorization to execute a professional services contract with The Medical College of Wisconsin for medical consultant services to be provided in 2013 with vendor service fees not to exceed $100,000 in 2013 and to renew for one additional year for up to a total of two additional years upon satisfactory performance and at the sole discretion of the MCDFC Director upon the same terms and conditions.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012 and the Committee on Finance, Personnel and Audit on December 13, 2012.

MCDFC operates a Managed Care Organization (MCO) in accordance with the Contract between Milwaukee County Department of Family Care and the State of Wisconsin Department of Health Services. In addition to other requirements, MCDFC is responsible for providing those services in the Family Care benefit package that are medically necessary. MCDFC is required to provide covered services and coordinate non-covered Medical Assistance service, including acute and primary care to all enrolled members.

MCDFC is charged with the responsibility of determining the most cost-effective services necessary to support the health and safety of members enrolled in the Managed Care Organization (MCO) operated by MCDFC. MCDFC will benefit from the services of a medical consultant to develop and oversee practice guidelines that ensure delivery of care consistent with contemporary clinical and economic standards. The medical consultant can provide support, guidance and clinical oversight to care managers and nurses responsible for authorization and coordination of services to members enrolled in MCDFC's Managed Care Organization.

The Medical College of Wisconsin has identified a licensed and experienced physician capable of providing the necessary services to support the continued successful operation of MCDFC and the cost-effective management of service utilization on behalf of members.

The Milwaukee County Department of Family Care requests authority to execute a professional services contract in an amount not to exceed $100,000 with The Medical College of Wisconsin to provide medical consultant services to be performed under the direct supervision of the Director of MCDFC or her designee. The Director of the Department of Family Care requests authority to

extend this agreement for one additional year for up to a total of two additional years upon the same terms and conditions without need for further action of the Board. This Professional Services Contract is contingent upon continued funding from the State of Wisconsin Department of Health Services for administration and delivery of the Family Care benefit by the Department of Family Care and County Board authorization for continued participation by the Department of Family Care as a Managed Care Organization (MCO) during the term of this agreement and renewal.

If you have questions concerning the proposed Professional Services Contract between MCDFC and The Medical College of Wisconsin, you may contact Maria Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Chairman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Raisa Koltun, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas-Bailey, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

File No. ___
(Journal,___)

(ITEM NO. __) From the Director of Milwaukee County Department of Family Care (MCDFC), requesting authorization to execute a Professional Services Contract with The Medical College of Wisconsin to provider medical consultant services to be provided in 2013 with vendor service fees not to exceed $100,000 in 2013 and to renew for one additional year for up to a total of two additional years, upon satisfactory performance and at the sole discretion of the MCDFC Director upon the same terms and conditions:

A RESOLUTION

WHEREAS, the Milwaukee County Department of Family Care operates a Managed Care Organization (MCO) in accordance with the Contract between Milwaukee County Department of Family Care and the Department of Health Services (DHS); and

WHEREAS, the purpose of Family Care is to divert persons requiring long-term care from expensive publicly funded nursing homes to more appropriate community-based forms of care desired by the clients themselves in order to maintain the highest quality of life possible in the least restrictive setting; and

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

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

WHEREAS, The Medical College of Wisconsin has identified a licensed and experienced physician capable of providing the necessary services to support the continued successful operation of MCDFC and the cost-effective management of service utilization on behalf of members, therefore,

WHEREAS, A three-year agreement is the most cost effective and beneficial option for the MCO providing a consistent source for undisturbed medical consultant services; and

BE IT RESOLVED, (1) The Department of Family Care is hereby authorized to negotiate and execute a Professional Services Contract in an amount not to exceed $100,000 with The Medical College of Wisconsin properly qualified physician to serve as Medical Consultant to the Milwaukee County

47 Department of Family Care beginning in 2013 and (2) services shall be
48 performed under the direct supervision of the Milwaukee County Department
49 of Family Care Director or her designee and (3) any costs during the term of
50 this agreement over the amount now approved will require further Board
51 action, and
52
53 BE IT FURTHER RESOLVED, that the Director of the Milwaukee County
54 Department of Family Care in her sole discretion may extend this agreement
55 for a one-year period up to a total of two additional years upon the same terms
56 and conditions without need for further action of the Board, and
57
58 BE IT FURTHER RESOLVED, that this Professional Services Contract
59 shall be contingent upon continued funding from the State of Wisconsin
60 Department of Health Services for administration and delivery of the Family
61 Care benefit by the Milwaukee County Department of Family Care and County
62 Board authorization for continued participation by the Milwaukee County
63 Department of Family Care as a Managed Care Organization (MCO) during the
64 term of this agreement and renewal.
65
66

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/22/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request authorization to execute a professional services contract for medical consultant services to be provided in 2013 with vendor service fees not to exceed $100,000.00 in 2013 and to renew for one additional year, 2014, upon satisfactory performance and at the sole discretion of the DFC Director upon the same terms and conditions.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

The Milwaukee County Department of Family Care requests authority to negotiate and execute a professional services contract in an amount not to exceed $100,000.00 with a properly qualified physician to serve as Medical Consultant to the Department of Family Care. Medical Consultant services shall be performed under the direct supervision of the Department of Family Care Director or her designee.

Department/Prepared By Jim Hodson

Authorized Signature Maria Ledger

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: November 20, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs
Supervisor Willie Johnson Jr., Chair, Committee on Finance, Personnel and Audit

FROM: Maria Ledger, Director, Department of Family Care Maria Ledger

SUBJECT: Request for authorization to enter into a Professional Services Contract with Milwaukee Center for Independence, Inc. for the period of January 1, 2013 through December 31, 2013, total fees paid to contractor shall not exceed $816,406 during the contract period, and with the option of up to two one-year extensions without a competitive Request for Proposal (RFP) based on satisfactory vendor performance.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012 and the Committee on Finance, Personnel and Audit on December 13, 2012.

The resolution authorizes the Director, Milwaukee County Department of Family Care (MCDFC) to execute a Professional Services Contract with Milwaukee Center for Independence, Inc. Best Practice Team for calendar year 2013, and with an option to extend the contract for additional one year periods for up to a total of two years; based upon satisfactory performance of the vendor upon the same terms and conditions.

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

The Managed Care Organization operated by MCDFC issued a Request for Proposal (RFP) in 2012 soliciting proposals from qualified agencies to provide Best Practice Services in 2013 with the right to continue upon satisfactory performance and at the discretion of the Department for two (2) additional years. The proposal submitted by Milwaukee Center for Independence, Inc. in response to the aforementioned RFP was determined to best meet the requirements and needs of the Managed Care Organization and scored best in both the presentation of services required as well as pricing.

If you have questions concerning the proposed Professional Services Contract between MCDFC and Milwaukee Center for Independence, Inc., please contact Maria Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, Office of the County Executive
Raisa Koltun, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas-Bailey, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

From the Director of Department of Family Care to execute a professional Services Contract with Milwaukee Center For Independence, Inc. to provide Best Practice Services and Quality Review to the Department of Family Care – Managed Care Organization (MCO) under Family Care from January 1, 2013 through December 31, 2013, and a requirement that vendor service fees shall not exceed $ 816,406 during the contract period and with the option of up to two one-year extensions without a competitive Request for Proposals (RFP) based on satisfactory vendor performance, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a comprehensive effort to redesign Wisconsin's Long-Term Support Services for older adults and persons with disabilities through the Family Care Program; and

WHEREAS, the purpose of Family Care is to divert persons requiring long-term care from expensive publicly funded nursing homes to more appropriate community-based forms of care desired by the clients themselves; and

WHEREAS, the Milwaukee County Board of Supervisors has authorized the Department of Family Care to participate as a Managed Care Organization under Family Care; and

WHEREAS, in 2012, the Department of Family Care (MCO) issues a publicly solicited Request for Proposal (RFP) seeking a Best Practice Team for assistance with quality review and training and guiding the Case Management Units, as a MCO under Family Care, as required by DHS and whose business objectives are aligned with the Department's vision for a Family Care MCO; and

WHEREAS, the new Professional Services Contract for Best Practice Services and Quality Review (1) remains quality and outcome based, (2) is for calendar year 2013, and (3) includes the option to extend the contract for a one year period for up to a total of two years; and

WHEREAS, the RFP sought an agency with experience as an agency that has demonstrated a record of having experience in quality review, a diverse and balanced staff, and ability to train and assist the Case Management Units; and

WHEREAS, the RFP required applicants to (1) have experience working with Family Care or other home and community based waiver programs; (2) have a documented track record with quality review experience; and (3)

indicate certified Disadvantaged Business Enterprise (DBE) firms have the maximum opportunity to participate in the contract; and

WHEREAS, Milwaukee Center for Independence, Inc. submitted a proposal that was scored best in both the presentation of services required as well as pricing; and

WHEREAS, A three-year agreement is the most cost effective and beneficial option for the MCO providing a consistent source for undisturbed Best Practice Team services; and

WHEREAS, Milwaukee Center for Independence, Inc. is considered a 100% contributor to the Disadvantaged Business Enterprise due to their firm being an approved DBE; and

WHEREAS, a 2013 Professional Services Contract with Milwaukee Center for Independence, Inc. for $816,406 will be funded through rates and fees collected by Milwaukee County Department of Family Care in 2013; and

WHEREAS, now therefore,

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

Enter into a Professional Services Contract with Milwaukee Center for Independence, Inc. for the period of January 1, 2013 through December 31, 2013, total fees paid to contractor shall not exceed $816,406 during the contract period, and with the option of up to two one-year extensions without a competitive Request for Proposal (RFP) based on satisfactory vendor performance

BE IT FURTHER RESOLVED, that agreements will be contingent upon County Board authorization of the Department of Family Care continued participation as a Managed Care Organization (MCO) under Family Care for the period January 1, 2013 through December 31, 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/20/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Professional Services Contract - Best Practice Quality Review Services

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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	775,644	816,406
	Revenue		
	Net Cost	775,644	816,406
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [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 request asks for authorization to execute a contract for the Milwaukee County Department of Family Care's (MCDFC) Quality Review Services with the Milwaukee Center for Independence (MCFI).
B. The request will provide authorization to contract for Quality Review services during MCDFC's 2013 fiscal year.

C The contract amount does not exceed MCDFC's 2013 operating budget for this service.

Department/Prepared By

MCDFC - Jim Hodson

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: November 26, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Supervisor Peggy Romo-West, Chair, Committee on Health and Human Services
Supervisor Willie Johnson Jr., Chair, Committee on Finance Audit and Personnel

FROM: Maria Ledger, Director, Department of Family Care Maria Ledger

SUBJECT: Request for authorization to enter into a Professional Services Contract with Andrea & Orendorff, SC for the period of January 1, 2013 through December 31, 2013, total fees paid to contractor shall not exceed $932,000 during the contract period, and with the option of up to two one-year extensions without a competitive Request for Proposal (RFP) based on satisfactory vendor performance.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012 and the Committee on Finance, Personnel and Audit on December 13, 2012.

The resolution authorizes the Director, Milwaukee County Department of Family Care (MCDFC) to execute a Professional Services Contract with Andrea & Orendorff, LLC Senior Management services for calendar year 2013, and with an option to extend the contract for additional one year periods for up to a total of two years; based upon satisfactory performance of the vendor upon the same terms and conditions.

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

The Managed Care Organization operated by MCDFC issued a Request for Proposal (RFP) in 2012 soliciting proposals from qualified agencies to provide Senior Management Services in 2013 with the right to continue upon satisfactory performance and at the discretion of the Department for two (2) additional years. The proposal submitted by Andrea & Orendorff, LLC, in response to the aforementioned RFP was determined to best meet the requirements and needs of the Managed Care Organization and scored best in both the presentation of services required as well as pricing.

If you have questions concerning the proposed Professional Services Contract between MCDFC and Andrea & Orendorff, LLC, please contact Maria Ledger at 287-7610.

Attachment

cc: County Executive Chris Abele
Chairman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Raisa Koltun, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Thomas-Bailey, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

From the Director of Department of Family Care to execute a professional Services Contract with Andrea & Orendorff, SC to provide Senior Management Services to the Department of Family Care – Managed Care Organization (MCO) under Family Care from January 1, 2013 through December 31, 2013, and a requirement that vendor service fees shall not exceed $932,000 during the contract period and with the option of up to two one-year extensions without a competitive Request for Proposals (RFP) based on satisfactory vendor performance, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a comprehensive effort to redesign Wisconsin's Long-Term Support Services for older adults and persons with disabilities through the Family Care Program; and

WHEREAS, the purpose of Family Care is to divert persons requiring long-term care from expensive publicly funded nursing homes to more appropriate community-based forms of care desired by the clients themselves; and

WHEREAS, the Milwaukee County Board of Supervisors has authorized the Department of Family Care to participate as a Managed Care Organization under Family Care; and

WHEREAS, in 2012, the Department of Family Care (MCO) issues a publicly solicited Request for Proposals (RFP) seeking a Fiscal Management Partner for assistance with the fiscal and business operations as a MCO under Family Care, as required by DHS and whose business objectives are aligned with the Department's vision for a Family Care MCO; and

WHEREAS, the new Professional Services Contract for Senior Management Services (1) remains quality and outcome based, (2) is for calendar year 2013, and (3) includes the option to extend the contract for a one year period for up to a total of two years; and

WHEREAS, the RFP sought an agency with experience as a firm that has demonstrated a record of providing fiscal and operational management experience for government agencies; and

WHEREAS, the RFP required applicants to (1) have experience working with Family Care or other home and community based waiver programs; (2) have a documented track record with managed care accounting principles, auditing, cost projections, rate setting, refining IT systems, and service and accounting reporting; and (3) indicate certified Disadvantaged Business

Enterprise (DBE) firms have the maximum opportunity to participate in the contract; and

WHEREAS, Andrea & Orendorff, SC submitted a proposal that was scored best in both the presentation of services required as well as pricing; and

WHEREAS, A three-year agreement is the most cost effective and beneficial option for the MCO providing a consistent source for undisturbed Senior Management Services; and

WHEREAS, Andrea & Orendorff, SC is considered a 100% contributor to the Disadvantaged Business Enterprise due to their firm being an approved DBE; and

WHEREAS, a 2013 Professional Services Contract with Andrea & Orendorff, SC for $932,000 will be funded through rates and fees collected by Milwaukee County Department of Family Care in 2013; and

WHEREAS, now therefore,

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

Enter into a Professional Services Contract with Andrea & Orendorff, SC for the period of January 1, 2013 through December 31, 2013, total fees paid to contractor shall not exceed $932,000 during the contract period, and with the option of up to two one-year extensions without a competitive Request for Proposal (RFP) based on satisfactory vendor performance

BE IT FURTHER RESOLVED, that agreements will be contingent upon County Board authorization of the Department of Family Care continued participation as a Managed Care Organization (MCO) under Family Care for the period January 1, 2013 through December 31, 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/22/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: The Department of Family Care is requesting authorization to enter into a professional services contract with Andrea & Orendorff, LLC for Senior Management services for 2013, based upon satisfactory performance of the vendor in an amount not to exceed $932,000.00.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

The Department of Family Care is requesting authorization to enter into a professional services contract with Andrea & Orendorff, LLC for Senior Management services for 2013, in an amount not to exceed $932,000.00. There are no direct costs, savings, anticipated revenues or budgetary impacts associated with the requested action in the current budget year.

Department/Prepared By Jim Hodson

Authorized Signature

Did DAS-Fiscal Staff Review? ☐ Yes ☐ No

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

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: November 23rd 2012

To: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Supervisor Willie Johnson Jr., Chair, Finance, Personnel and Audit Committee

From: Maria Ledger, Director, Department of Family Care

Subject: Information Only report on the Milwaukee County Department of Family Care Income Statement for the period January 1 through September 30, 2012

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) Income Statement of the Managed Care Organization (MCO) for the period January 1, 2012 through September 30, 2012. In addition, it shows the variance of those results to the 2012 adjusted budget.

The actual amounts are preliminary (see the recurring Note on the attached MCDFC-MCO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the first nine months of the year.

The MCO is showing a preliminary actual Net Loss of ($392,322) for the first nine months of 2012. Comparing this to the adjusted budgeted Net Loss of ($2,370,874) creates a positive Net Income Variance of $1,978,552.

MCO enrollment as of September 30, 2012 was 7,943 members, a net increase of **227** members from the June 30, 2012 enrollment of **7,716** members

If you have questions concerning the attached income statement, please contact Director Ledger at 287-7610

Attachment

cc:

County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Raisa Koltun, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Craig Kammholz, Fiscal and 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

MCDFC-MCO Income Statement
For the period of January 1 thru September 30, 2012

Consolidated

	1/1/2012 - 9/30/2012 Preliminary Actual		1/1/2012 - 9/30/2012 Budget
Revenues			
Capitation Revenues	$182,976,633	(1)	$185,820,990
Member Obligation Revenues	$22,928,075		$23,639,831
Other Revenues	$286,873		$440,818
Total Revenues	**$206,191,582**		**$209,901,639**
Expenses			
Member Service Expenses	$197,028,909		$200,022,376
Administrative Expenses:			
---Labor & Fringes	$4,502,651		$5,239,948
---Vendor Contracts	$3,027,756		$3,628,055
---Cross Charges/internal transfers	$937,521		$925,646
---Other expenses (supplies, mileage, etc.)	$1,087,067		$2,456,487
--- Est. contribution to reserve	$0		$0
Total Expenses	**$206,583,904**		**$212,272,512**
Net Surplus/(Deficit)	**($392,322)**		**($2,370,874)**

September 2012 MCO Enrollment	
Nursing Home (Comprehensive):	
59 and Under	1,753
60 and Over	6,082
Non-Nursing Home (Intermediate):	
59 and Under	71
60 and Over	37
Total Members Served - 9/30/12	7,943

Note (1): The above results does not reflect an accrual to increase capitation revenue for new expansion members (i.e., waiver program) based on an increase in acuity (i.e. members requiring higher care plan needs) as measured by the long-term functional screen. There may be a potential increase in revenues to reflect increased member acuity and associated costs, MCDFC estimates this potential to be as high as approximately $795,430. An accrual will not be made until MCDFC receives confirmation from the Wisconsin Department of Health Services on MCDFC's estimates.

Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

County of Milwaukee

INTEROFFICE COMMUNICATION

DATE: November 19, 2012

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute the 2013 State and County Contract Covering Social Services and Community Programs – Aging Programs between Milwaukee County and the Wisconsin Department of Health Services and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012.

The resolution authorizes the Milwaukee County Executive to execute the 2013 State and County Contract Covering Social Services and Community Programs – Aging Programs between Milwaukee County and the Wisconsin Department of Health Services (DHS) and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year.

Funds provided under the State/County contract include most of the revenue in the Department on Aging's 2013 Adopted Budget. These funds pay for services provided to older persons by Department on Aging and purchased by the Department from non-profit and for-profit service providers.

These funds do require a local matching share that is provided, in part, through the County Tax Levy allocated to the Department on Aging in the 2013 Adopted Budget. As in previous years, contract agencies will be required to provide the remainder of the local matching share.

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

Stephanie Sue Stein, Director
Milwaukee County Department on Aging

cc: County Executive Chris Abele
Raisa Koltun
Jennifer Collins
Antionette Thomas-Bailey
Jonette Arms
Thomas Condella
Mary Proctor Brown
Nubia Serrano
Chester Kuzminsk
Gary Portenier
Pat Rogers

Attachments

RESOLUTION

WHEREAS, the Milwaukee County Department on Aging is funded primarily through several federal and state grant programs that are administered by the Wisconsin Department of Health Services (DHS); and

WHEREAS, the 2013 State and County Contract Covering Social Services and Community Programs -- Aging Programs between DHS and Milwaukee County will provide most of 2013 revenues for the Department on Aging; and

WHEREAS, those revenues, including any and all increases in award amounts, will support most of the Department's direct and purchased services for older persons during 2013; now, therefore,

BE IT RESOLVED, that the County Executive is hereby authorized to execute the 2013 State and County Contract Covering Social Services and Community Programs -- Aging Programs between the Wisconsin Department of Health Services (DHS) and Milwaukee County and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year, for the support of Department on Aging programs and services for older persons.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2012

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to execute the 2013 State and County Contract Covering Social Services and Community Programs – Aging Programs and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	Revenue	0	
	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.

This resolution authorizes the Milwaukee County Executive to execute the 2013 State and County Contract with Wisconsin Department of Health Services (DHS) and enables the Director, Department on Aging, to accept federal and state revenues provided for under the 2013 Adopted Budget, as well as any and all increases in allocations during the contract year. The adoption of this resolution will not require the expenditure of any County Tax Levy not previously authorized in the 2013 Adopted Budget.

This resolution has no 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

INTEROFFICE COMMUNICATION

DATE: November 19, 2012

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute 2013 program and service contracts

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012.

The resolution authorizes the Director, Department on Aging, to execute 2013 program and service contracts with vendors for the amounts and purposes set forth in the resolution. The Department is purchasing a variety of supportive human services and community programs designed to sustain the independence and well being of Milwaukee County's seniors during 2013.

County Board Resolution File No. 98-197 (a)(a) authorizes departments to recommend the renewal of an existing contract without a Request for Proposal (RFP) when based upon (1) satisfactory performance by the vendor and (2) continued funding within the Department's adopted budget. The resolution does require that each program have an open and competitive RFP at least once every three years. Under that authority the Department on Aging identifies which programs require an open and competitive RFP each year, which require an RFP every other year, and which require an RFP once every three years. Regardless of whether a contract recommendation comes from an RFP or a contract renewal, the vendor must submit a complete proposal to assure both sides agree on budget, scope of service, staffing, and other factors.

A proposed vendor for 17 of the 27 awards for 2013 were selected by the Milwaukee County Commission on Aging from among qualified service providers who submitted proposals in response to an open and competitive Request for Proposals issued by the Department on Aging. Each proposal submitted was reviewed by Department staff and members of the Commission on Aging's Service Delivery Committee and evaluated in writing. The Service Delivery Committee, at public meetings to which all applicants were invited, approved recommendations for 2013 contracts. The full Commission on Aging, at its meeting on November 16, 2012, adopted the Service Delivery Committee recommendations. The Department includes actions by the Commission in the accompanying resolution.

An additional ten contracts are recommended for renewal for 2013 based upon the satisfactory performance of the vendor during 2012 and consistent with funds included in the Department's Adopted Budget for calendar year 2013. Vendors for nine contracts recommended for renewal are eligible for year one of a two year renewal option authorized by the County Board on December 15, 2011 [File No. 12-22]. One other vendor is in year two of a two year renewal option authorized by the Board on December 16, 2010, [File No. 11-34].

The Department offers two programs budgeted at greater than $1,000,000. The first is the proposed contract totaling $1,258,867 with Interfaith Older Adult Programs, Inc., to administer Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Seniors Centers. The second is the proposed contract totaling $1,356,745 with Transit Express, Inc., to provide Specialized Elderly Transportation Services. Both the

Interfaith and Transit Express contracts were eligible for contract renewal for 2013 so no open and competitive RFP was issued for either contract.

In addition to the 2013 resolution, the attached report summarizes the Commission's process for 2013 contract recommendations and the changes in allocations for 2013.

If you have any questions about the resolution or the report, please call me at 2-6876.

Stephanie Sue Stein, Director
Department on Aging

Attachments

cc: County Executive Chris Abele
Raisa Koltun
Antionette Thomas-Bailey
Jennifer Collins
Jonette Arms
Thomas Condella
Mary Proctor Brown
Nubia Serrano
Chet Kuzminski
Jill Knight
Diane Beckley
Beth Monrial Zatarski
Jonathan Janowski
Gary Portenier
Pat Rogers

Background on the Commission on Aging's Request for Proposal and Vendor Selection Process for 2013 Contracts

I. Request for Proposal Process and Commission on Aging's Selection of Vendors

The Department on Aging makes allocations for contractual services on the basis of several factors. These include: a) the anticipated funding available through the Department's federal and state grant programs; b) the needs of Milwaukee County's older adult population as identified in the Department's Area Plan; c) federal and state requirements regarding eligible populations to be served and services to be provided; and d) the need to maintain continuity of care and services to the many frail elders who depend upon the Department's programs and services for their continued independence in the community.

Allocations for most services do not change significantly from year to year. When additional funding is anticipated, the Department invests it in the following ways:

- Increasing allocations for individual programs serving high needs populations;
- Creating new programs for populations not previously served;
- Developing services to meet previously unmet needs of older people; and
- Increasing allocations to existing programs to help providers meet rising costs and maintain levels of service.

Over the years some program have been redesigned to provide services more efficiently or to use limited resources more effectively.

The Commission on Aging is recommending an award for each of 27 separate contracts or contract renewals for 2013. Seventeen (17) of the recommended contract awards were selected on the basis of a competitive Request for Proposals (RFP) process. This process was initiated in August with the publication of legal notices in three newspapers, including one that serves the African-American community. Interested parties could obtain RFP guidelines and requirements, specific program/service guidelines or specifications, and proposal forms either online through the Business Opportunity portal or in person at Department on Aging offices in the Maria Coggs Human Services Center.

The Request for Proposal materials clearly described the programs and services for which the Department was seeking providers, the amount of funding available in each program or service area, and the criteria to be used in evaluating proposals. The Department on Aging staff offered prospective providers technical assistance in the preparation of proposal materials upon request.

Proposals submitted by the published deadline of September 7, 2012, were evaluated by Department staff and based on established criteria. The criteria include: the ability of the provider to meet program/service guidelines and specifications; the budget and unit rates proposed by each provider; the need to maintain continuity of services to frail elders; and the ability and willingness of vendors to provide a living wage and family supporting benefits. Staff summarized each proposal and submitted award recommendations in written proposal analyses.

Copies of proposals and proposal analyses were provided to members of the Commission on Aging's Service Delivery Committee, who collectively provided approximately 100 hours of volunteer time reading the RFP materials, the proposals submitted, and the staff analyses. Copies of the analysis were mailed to each vendor who submitted a proposal.

II. Demographics of Milwaukee County Seniors

According to the 2010 Census of Population and Housing, a total of 153,556 persons age 60 or older reside within Milwaukee County. The racial or ethnic breakdown of that population is as follows:

White	121,337	79.0%
Black or African-American	25,933	16.9%
American Indian or Alaska Native	600	0.4%
Asian	2,536	1.7%
Native Hawaiian or Other Pacific Islander	29	0.0%
Some other race	2,066	1.3%
Two or more races	1,055	0.7%
Hispanic or Latino (all races)	6,582	4.3%

III. Targeting of Services to Elder Persons of Color or Ethnicity

Of 27 contracts recommended by the Commission on Aging for 2013 funding, 8 (30%) contracts are to be awarded to agencies owned or managed by persons of color or ethnicity, with awards totaling $673,111 and representing 11% of all funds awarded.

While the entire range of the Department's contractual services is provided to persons of color or ethnicity, several of the contracts listed on the attached table are targeted to serve specific populations. Targeted services involve senior center programming, outreach, and nutrition, all of which may be more effective when designed to meet specific cultural needs or overcome cultural barriers.

The targeting of services represents the Department's efforts to serve the diversity of Milwaukee County's elderly population and to comply with federal mandates under the Older Americans Act to target services to populations having the greatest economic and social need.

The following summarizes programs providing targeted services by race or ethnicity:

Service	Provider	Allocation
African-American		
1. Senior Center	Bethesda Community Senior Citizens' Center, Inc.	$ 85,000
2. Senior Center	Project Focal Point, Inc.	60,000
Hispanic		
1. Senior Center, Transportation Nutrition Site Supervision, Catering	United Community Center, Inc.	373,189

Asian

1. Social Services and Nutrition	Asian American Community Center, Inc.	$ 37,500
2. Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation	Hmong/American Friendship Association, Inc.	32,850
3. Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Recreation, and Education	Milwaukee Christian Center, Inc.	53,550
4. Nutrition Site Supervision	Milwaukee Christian Center, Inc.	40,000

Native American

1. Social Services and Nutrition	Indian Council of the Elderly, Inc.	84,572

Other Targeted Services

1. Alzheimer's Counseling and Community Support Services	Alzheimer's Association of Southeastern Wisconsin, Inc.	50,000
2. Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Senior Centers	Interfaith Older Adult Programs, Inc.	1,258,867
3. Outreach in Public Housing	S. E. T. Ministry, Inc.	67,500

In addition to services targeted to specific minority groups, every Department on Aging vendor must submit as part of their proposal a description of the efforts they will make to serve persons of color.

The Department further targets contractual services by locating them in areas with high concentrations of elder persons of color. For example, 8 of the 27 Senior Meal Program meal sites are located in the African-American community and 1 in the Hispanic community. Of the more than 60 senior apartments or apartment complexes receiving group grocery shopping transportation, 16 are located in the African-American community. Of the 20 groups receiving transportation to Senior Meal Program nutrition sites or senior centers, 8 are predominately African American, 1 Hispanic or Latino, and 2 Asian.

II. Summary of Changes from 2012 to 2013 in Program Allocations and Vendor Awards

The attached table summarizes changes in the Department's contract award recommendations for 2013. Explanations are provided for changes greater than 5.0%.

Milwaukee County Department on Aging
2012 - 2013 Contract Changes

	Program/Service	2012 Provider	2012 Award	2013 Provider	2013 Award	% Change	Reason for Change
1.	Telephone Reassurance Services	Interfaith Older Adult Programs, Inc.	$13,500	Interfaith Older Adult Programs, Inc.	$13,500	0.0%	
2.	Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation	Hmong/American Friendship Association, Inc.	$32,850	Hmong/American Friendship Association, Inc.	$32,850	0.0%	
3.	Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Recreation, and Education	Milwaukee Christian Center, Inc.	$53,550	Milwaukee Christian Center, Inc.	$53,550	0.0%	
4.	Nutrition Site Supervision at Hart Park Senior Center	YMCA of Metropolitan Milwaukee, Inc.	$20,000	YMCA of Metropolitan Milwaukee, Inc.	$20,000	0.0%	
5.	Nutrition Site Supervision at Milwaukee Christian Center	Milwaukee Christian Center, Inc.	$40,000	Milwaukee Christian Center, Inc.	$40,000	0.0%	
6.	Nutrition Site Supervision at Lakeside Senior Enrichment Program	Prospect Congregate Housing, Inc.	$20,000	Prospect Congregate Housing, Inc.	$20,000	0.0%	
7.	Outreach and Services to Lesbian, Gay, Bisexual and Transgender Elderly	SAGE Milwaukee, Inc.	$10,000	SAGE Milwaukee, Inc.	$10,000	0.0%	

Milwaukee County Department on Aging
2012 - 2013 Contract Changes

	Program/Service	2012 Provider	2012 Award	2013 Provider	2013 Award	% Change	Reason for Change
8.	Benefit Specialist/Legal Services	Legal Action of Wisconsin, Inc.	$406,209	Legal Action of Wisconsin, Inc.	$398,501	-1.9%	
9.	Alzheimer's Counseling and Community Support Services	Alzheimer's Association of Southeastern Wisconsin, Inc.	$50,000	Alzheimer's Association of Southeastern Wisconsin, Inc.	$50,000	0.0%	
10.	Family Support for Aging and Persons with Developmental Disabilities	ARC Milwaukee, Inc.	$15,075	ARC Milwaukee, Inc.	$15,075	0.0%	
11.	Programs in Minority Senior Centers	Bethesda Community Senior Citizens Center, Inc.	$85,000	Bethesda Community Senior Citizens Center, Inc.	$85,000	0.0%	
12.	Programs in Minority Senior Centers	Project Focal Point, Inc.	$60,000	Project Focal Point, Inc.	$60,000	0.0%	
13.	Programs in United Community Center Senior Center	United Community Center, Inc.	$373,189	United Community Center, Inc.	$373,189	0.0%	
14.	Nutrition Site Supervision Services (Nine Sites)	Interfaith Older Adult Programs, Inc.	$214,750	Interfaith Older Adult Programs, Inc.	$180,000	-16.2%	$34,750 reduction resulting from completion of (1) a one-time marketing plan using new technologies and (2) a one-time purchase of new equipment.

Milwaukee County Department on Aging
2012 - 2013 Contract Changes

	Program/Service	2012 Provider	2012 Award	2013 Provider	2013 Award	% Change	Reason for Change
15.	Nutrition Site Supervision Services (Twelve Sites)	Goodwill Industries of Southeastern Wisconsin, Inc.	$275,500	Goodwill Industries of Southeastern Wisconsin, Inc.	$240,000	-12.9%	$35,500 reduction resulting from completion of (1) a one-time marketing plan using new technologies and (2) a one-time purchase of new equipment.
16.	Specialized Elderly Transportation Services	Transit Express, Inc.	$1,447,945	Transit Express, Inc.	$1,356,745	-6.3%	$91,200 reduction resulting from two factors: a $65,000 reduction is from funds available in 2012 only (see File No. 12-841) and a $31,200 reduction in state s.85.21 funding and partially offset by a $5,000 increase from other sources.
17.	Late Life Counseling Services	Jewish Family Services, Inc.	$33,000	Jewish Family Services, Inc.	$33,000	0.0%	
18.	Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Senior Centers	Interfaith Older Adult Programs, Inc.	$1,268,867	Interfaith Older Adult Programs, Inc.	$1,268,867	0.0%	

Milwaukee County Department on Aging
2012 - 2013 Contract Changes

	Program/Service	2012 Provider	2012 Award	2013 Provider	2013 Award	% Change	Reason for Change
19.	Services to Asian-American Elderly	Asian-American Community Center, Inc.	$37,500	Asian-American Community Center, Inc.	$37,500	0.0%	
20.	Services to Native American Elderly	Indian Council of the Elderly, Inc.	$84,572	Indian Council of the Elderly, Inc.	$84,572	0.0%	
21.	Employment, Training and Placement Services	Interfaith Older Adult Programs, Inc.	$40,500	Interfaith Older Adult Programs, Inc.	$40,500	0.0%	
22.	Coordination of Neighborhood Services	Interfaith Older Adult Programs, Inc.	$271,232	Interfaith Older Adult Programs, Inc.	$271,232	0.0%	
23.	Family Caregiver Support and Alzheimer's Direct Services	Interfaith Older Adult Programs, Inc.	$472,000	Interfaith Older Adult Programs, Inc.	$472,000	0.0%	
24.	Shopping and Errand Services	Goodwill Industries of Southeastern Wisconsin, Inc.	$111,300	Goodwill Industries of Southeastern Wisconsin, Inc.	$87,300	-21.6%	$24,000 reduction is from funds available in 2012 only (see File No. 12-842)
25.	Case Management and Delivery Services for Home Delivered Meals	Goodwill Industries of Southeastern Wisconsin, Inc.	$944,262	Goodwill Industries of Southeastern Wisconsin, Inc.	$995,603	5.4%	

Milwaukee County Department on Aging
2012 - 2013 Contract Changes

	Program/Service	2012 Provider	2012 Award	2013 Provider	2013 Award	% Change	Reason for Change
26.	Outreach in Public Housing	S.E.T. Ministry, Inc.	$92,500	S.E.T. Ministry, Inc.	$67,500	-27.0%	$25,000 reductions is from a one-time only award enabling SET Ministry to act as fiscal agent during reorganization of the Mobile Market program to combat hunger by selling hign quality, low cost food (see File No. 12-843).
27.	After Hours Telephone Coverage for ElderLink	IMPACT Alcohol and Other Drug Abuse Services, Inc.	$30,000	IMPACT Alcohol and Other Drug Abuse Services, Inc.	$30,000	0.0%	

2012 Contractual Services Consolidated Within Other Programs or Discontinued for 2013

None

RESOLUTION

WHEREAS, the Adopted Budget for the Milwaukee County Department on Aging allocates revenues and expenditures for the purchase of a variety of supportive programs and services for Milwaukee County older persons during 2013; and

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

WHEREAS, at it's meeting on November 16, 2012, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2013:

	Provider Agency	Program/Service	Recommended Contract Award
1.	Interfaith Older Adult Programs, Inc.	Telephone Reassurance Services	$ 13,500
2.	Hmong/American Friendship Association, Inc.	Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation	32,850
3.	Milwaukee Christian Center, Inc.	Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Recreation and Education	53,550
4.	YMCA of Metropolitan Milwaukee, Inc.	Nutrition Site Supervision at Hart Park Senior Center	20,000
5.	Milwaukee Christian Center, Inc.	Nutrition Site Supervision at Milwaukee Christian Center	40,000
6.	Prospect Congregate Housing, Inc.	Nutrition Site Supervision at Lakeside Senior Enrichment Program	20,000

	Provider Agency	Program/Service	Recommended Contract Award
7.	SAGE Milwaukee, Inc.	Outreach and Services to Lesbian, Gay, Bisexual and Transgender Elderly	$ 10,000
8.	Legal Action of Wisconsin, Inc.	Benefit Specialist/Legal Services	398,501
9.	Indian Council of the Elderly, Inc.	Services to Native American Elderly	84,572

; and

WHEREAS, at it's meeting on November 16, 2012, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2013, with the provision that, contingent upon acceptable performance by the vendor and inclusion of sufficient funds in the Department's Adopted Budget, the contract may be renewed for one additional year without Request for Proposals [File No. 98-197 (a)(a)]; and

WHEREAS, the following vendors performed satisfactorily under requirements of their 2012 contract and with sufficient funds included in the Department's Adopted Budget for 2013, the Department recommends renewing the following contracts for the period January 1, through December 31, 2013:

	Provider Agency	Program/Service	Recommended Contract Award
10.	Alzheimer's Association of Southeastern Wisconsin, Inc.	Alzheimer's Counseling and Community Support Services	$ 50,000
11.	Life Navigators, Inc.	Family Support for Aging and Persons with Developmental Disabilities	15,075

	Provider Agency	Program/Service	Recommended Contract Award
12.	Bethesda Community Senior Citizens' Center, Inc.	Programs in Minority Senior Centers	$ 85,000
13.	Project Focal Point, Inc.	Programs in Minority Senior Centers	60,000
14.	United Community Center, Inc.	Programs in United Community Center Senior Center	373,189
15.	Interfaith Older Adult Programs, Inc.	Nutrition Site Supervision Services (9 Sites)	180,000
16.	Goodwill Industries of Southeastern Wisconsin, Inc.	Nutrition Site Supervision Services (12 Sites)	240,000

; and

WHEREAS, at it's meeting on November 11, 2011, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2012, with the provision that, contingent upon acceptable performance by the vendor and inclusion of sufficient funds in the Department's Adopted Budget, the vendor may be awarded up to two additional one-year contracts without Requests for Proposals [File No. 98-197 (a)(a)], and

WHEREAS, the following vendors performed satisfactorily under requirements of their 2012 contract and with sufficient funds included in the Department's Adopted Budget for 2013, the Department recommends renewing the following contracts for year one of a two-year renewal option for the period January 1, through December 31, 2013:

	Provider Agency	Program/Service	Recommended Contract Award
17.	Jewish Family Services	Late Life Counseling Services	$ 33,000

	Provider Agency	Program/Service	Recommended Contract Award
18.	Interfaith Older Adult Programs, Inc.	Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park and Lawrence P. Kelly Senior Centers	$ 1,258,867
19.	Interfaith Older Adult Programs, Inc.	Employment, Training and Placement Services	40,500
20.	Interfaith Older Adult Programs, Inc.	Coordination of Neighborhood Services	271,232
21.	Interfaith Older Adult Programs, Inc.	Family Caregiver Support and Alzheimer's Disease Direct Services	472,000
22.	Goodwill Industries of Southeastern Wisconsin, Inc.	Shopping and Errand Services	87,300
23.	Goodwill Industries of Southeastern Wisconsin, Inc.	Case Management and Delivery Services for Home Delivered Meals	995,603
24.	S. E. T. Ministry, Inc.	Outreach in Public Housing	67,500
25.	IMPACT Alcohol and Other Drug Abuse Services, Inc.	After Hours Telephone Coverage to Aging Resource Center	30,000

; and

WHEREAS, at it's meeting on November 11, 2011, the Commission on Aging recommended awarding the Services to Asian American Elderly contract to Asian American Community Center, Inc., for the period January 1, through December 31, 2012, with the provision that, contingent upon acceptable performance of the vendor and inclusion of sufficient funds in the Department's Adopted Budget, the vendor may be awarded up to two additional one-year contracts without Requests for Proposals [File No.

98-197 (a)(a)], and

WHEREAS, although Asian American Community Center continues to provide quality nutrition and social services to older persons participating in Services to Asian American Elderly, due to frequent delays in financial and service reporting and the late submission of their 2013 proposal, the Department is changing the Services to Asian American Elderly program and this vendor to ones requiring an annual RFP; and

WHEREAS, since progress is being made by Asian American Community Center in resolving their program administration deficiencies, and because sufficient funds exist in the 2013 Adopted Budget, the Department recommends a contract for the period January 1, through December 31, 2013 as follows:

	Provider Agency	Program/Service	Recommended Contract Award
26.	Asian-American Community Center, Inc.	Services to Asian American Elderly	$ 37,500

; and

WHEREAS, at it's meeting on November 12, 2010, the Commission on Aging recommended awarding the following program and service contract for the period January 1, through December 31, 2011, with the provision that, contingent upon acceptable performance of the vendor and inclusion of sufficient funds in the annual County Budget, the contract may be renewed for two additional years without a Request for Proposal [File No. 98-197 (a)(a)]; and

WHEREAS, the following vendor performed satisfactorily under requirements of their 2012 contract and with sufficient funds included in the Department's Adopted Budget for 2013, the Department recommends renewing the following contract for year two of the two-year renewal option for the period January 1, through December 31, 2013:

	Provider Agency	Program/Service	Recommended Contract Award
27.	Transit Express, Inc.	Specialized Elderly Transportation Services	$ 1,356,745

; and

WHEREAS, the above recommended contracts require authorization by the Milwaukee County Board of Supervisors; now, therefore,

BE IT RESOLVED, that Director, Milwaukee County Department on Aging, is hereby authorized to enter into contracts for 2013 with the above named providers for programs, services, amounts, and contract periods indicated.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2012

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to execute 2013 program and service contracts

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	Revenue	0	
	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.

This resolution authorizes the Director, Department on Aging, to execute twenty-seven (27) purchases of service contracts for 2013 that provide a wide range of programs and services to Milwaukee County older persons. All funds required to execute the contracts authorized herein depend on Federal and State grants and County Tax Levy included in the revenue and expenditure allocations for the Department on Aging in the 2013 Adopted Budget.

This resolution has no 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
INTEROFFICE COMMUNICATION

DATE: November 19, 2012

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization for the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care, for the period January 1, through December 31, 2013, and to accept $2,773,238 and such other revenues as DHS may award to operate the Resource Center in 2013

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012.

The resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care, for the period January 1, through December 31, 2013, and to accept $2,773,238 and such other revenues as DHS may award to operate the Resource Center in 2013.

Family Care is Wisconsin's long-term care entitlement program for the elderly and persons with disabilities. The major purpose of Family Care is to divert persons requiring long-term care services from expensive publicly funded nursing homes to more appropriate community-based forms of care. One essential component of Family Care enables counties to serve as an Aging and Disability Resource Center (ADRC). These centers are responsible for providing the following services: information and assistance; benefits counseling; access to SSI, SSI-E, Medicaid, and food stamps; emergency response; elder abuse and adult protective services; transitional services; prevention and early intervention services; long-term care options counseling; and access to the Family Care benefit. The Milwaukee County Board of Supervisors has authorized the Milwaukee County Department on Aging to participate as the Aging Resource Center of Milwaukee County since 2000.

The Department is requesting authorization to continue serving as the Aging Resource Center in 2013 and to accept the $2,773,238 award and such other revenue that may be awarded for that purpose. The anticipated award was included in the 2013 Adopted Budget.

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

Stephanie Sue Stein

Stephanie Sue Stein, Director
Milwaukee County Department on Aging

cc: County Executive Chris Abele
Raisa Koltun
Jennifer Collins
Antionette Thomas-Bailey
Jonette Arms
Thomas Condella
Mary Proctor Brown
Nubia Serrano
Chet Kuzminski
Gary Portenier
Pat Rogers

Attachment

RESOLUTION

WHEREAS, the Wisconsin Department of Health and Family Services (DHFS) engaged in a comprehensive initiative to redesign Wisconsin's Long Term Support services for older adults and persons with disabilities; and

WHEREAS, the result of that initiative is the long-term care program Family Care; and

WHEREAS, a major purpose of Family Care is to divert persons requiring long term care from expensive publicly funded nursing homes to more appropriate community-based forms of care; and

WHEREAS, one component of Family Care enables counties to serve as Aging and Disability Resource Centers; and

WHEREAS, the Aging Resource Center of Milwaukee County is responsible for providing the following services: Information and Assistance; Benefits Counseling; Access to SSI, SSI-E, Medicaid, and Food Stamps; Emergency Response; Elder Abuse and Protective Services; Transitional Services; Prevention and Early Intervention Services; Long-Term Care Options Counseling; and Access to the Family Care Benefit; and

WHEREAS, the Milwaukee County Board of Supervisors has authorized the Department on Aging to participate as the Aging Resource Center of Milwaukee County each year since 2000; and

WHEREAS, the Department on Aging is seeking authorization to continue to serve as the Aging Resource Center of Milwaukee County for the period January 1, through December 31, 2013; and

WHEREAS, the State of Wisconsin has allocated $2,773,238 to pay for the services to be provided by the Department on Aging as the Aging Resource Center of Milwaukee County in 2013; now, therefore,

BE IT RESOLVED, that the Milwaukee County Executive, or his designee, is hereby authorized to execute a contract with the Wisconsin Department of Health Services enabling the

Department on Aging to serve as the Aging Resource Center of Milwaukee County for the period January 1, through December 31, 2013; and

BE IT FURTHER RESOLVED, that the Milwaukee County Executive, or his designee, is hereby authorized to accept $2,773,238 from the Wisconsin Department of Health Services (DHS) and such other revenues as DHS may award to operate the Aging Resource Center of Milwaukee County in 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2012

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2013 and to except $2,773,238 in state and federal funds, and such other revenues as may be awarded to support the Aging Resource Center.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	Revenue	0	
	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.

This resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2013.

The resolution also authorizes the Director, Department on aging, to accept $2,773,238 in state and federal funds, and such other revenues as may be awarded, to support the Department's activities as the Aging Resource Center of Milwaukee County under Family Care. The adoption of this resolution will not require the expenditure of any County tax levy not previously authorized in the 2013 Adopted Budget.

This resolution has no 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

INTEROFFICE COMMUNICATION

DATE: November 19, 2012

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

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to submit the 2013-2015 Milwaukee County Area Plan for Older People to the Wisconsin Department of Health Services – Bureau on Aging and Disability Resources and to accept the federal and state revenues provided thereunder

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2012.

The resolution authorizes the County Executive and the Chairwoman of the County Board to sign, and the Director of the Department on Aging to submit, the 2013-2015 Milwaukee County Area Plan for Older People to the Wisconsin Department of Health Services – Bureau on Aging and Disability Resources and to accept the federal and state revenues provided thereunder. A copy of the 2013-2015 Area Plan is enclosed.

The Plan is required under the federal Older Americans Act and constitutes Milwaukee County's application for an anticipated $5,427,865 in federal and state aging funds for 2013. These funds will be used to continue some of the Department's major community programs, including the Senior Meal Program, Home Delivered Meals, Family Caregiver Support, Minority Senior Centers, Specialized Transportation, Benefit Specialist, and other contractual services.

The plan was drafted by the Department on Aging based on a format specified by the state and incorporates public comments and suggestions solicited at seven (7) public hearings held throughout Milwaukee County during July. The draft plan was reviewed and approved by the Milwaukee County Commission on Aging on November 16, 2012.

The draft 2013-2015 Area Plan contains information of the context in which the plan was developed (pages 16-24) and sets forth the Department's state required and locally determined focus areas for years 2013-2015 (pages 25-41).

The funds applied for through the plan require a local matching share, which will be provided through County Tax Levy included in the Department's Adopted Budget and by the service providers with whom the Department will contract during 2013.

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

Stephanie Sue Stein, Director
Milwaukee County Department on Aging

cc: County Executive Chris Abele
Raisa Koltun
Jennifer Collins
Antionette Thomas-Bailey
Jonette Arms
Thomas Condella
Mary Proctor Brown
Nubia Serrano
Jill Knight
Diane Beckley
Beth Monrial Zatarski
Chet Kuzminski
Gary Portenier
Pat Rogers

Enclosures

RESOLUTION

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

WHEREAS, the Older Americans Act requires each Area Agency on Aging to periodically submit an Area Plan to the designated state unit on aging; and

WHEREAS, the Milwaukee County Department on Aging, as staff to the Commission on Aging, has prepared the 2013-2015 Milwaukee County Area Plan for Older People; and

WHEREAS, this plan was prepared in the format prescribed by the state and with significant public comments and suggestions gathered at seven (7) public hearings held throughout Milwaukee County; and

WHEREAS, on November 16, 2012, the Milwaukee County Commission on Aging approved the 2013-2015 plan for submission to the Wisconsin Department of Health Services - Bureau on Aging and Disability Resources, which is Wisconsin's designated state unit on aging; and

WHEREAS, the plan constitutes Milwaukee County's grant application for the Department on Aging's 2013 allocation of $5,427,865 under the Older Americans Act and state aging programs; and

WHEREAS, the revenues have been included in the 2013 Adopted Budget for the Department on Aging; and

WHEREAS, all local match required for these revenues was either included in the 2013 Adopted Budget or will be provided by service providers as a condition of their contract with the Department; now, therefore,

BE IT RESOLVED, that the County Executive and the Chairwoman of the Milwaukee County Board of Supervisors are hereby authorized to sign, and the Director, Department on Aging, is hereby authorized to submit, the 2013-2015 Milwaukee County Area Plan for Older People to the

Wisconsin Department of Health Services - Bureau on Aging and Disability Resources; and

BE IT FURTHER RESOLVED, that Director, Department on Aging, is hereby authorized to accept the federal and state revenues that will be awarded to the Department pursuant to the submission and approval of the plan.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: November 19, 2012

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to submit the 2013-2015 Milwaukee County Area Plan for Older People to the Wisconsin Department of Health Services – Bureau on Aging and Disability resources and to accept the federal and state revenues provided thereunder

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☒ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	Revenue	0	
	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.

This resolution authorizes the Milwaukee County Executive and the Chairwoman of the Milwaukee County Board of Supervisors to sign, and the Director, Department on Aging, to submit, the 2013-2015 Milwaukee County Area Plan for Older People to the Wisconsin Department of Health Services – Bureau on Aging and Disability Resources. It also authorizes the Director, Department on Aging, to accept the federal and state revenues that will be awarded to the Department pursuant to the submission and approval of the plan.

Adoption of this resolution will require the expenditure of some County Tax Levy as part of the required local matching share for the anticipated $5,427,865 in federal and state aging funds in 2013. Both the Tax Levy and Area Agency grant funds have been included in the revenue and expenditure allocations for the Department on Aging in the 2013 Adopted Budget. Additional matching funds will be provided through in-kind and cash contributions from contract agencies as a condition of their contract with Milwaukee County Department on Aging.

This resolution has no 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

Milwaukee County Area Plan for Older People 2013 – 2015

Milwaukee County Department on Aging
1220 West Vliet Street, Suite 302
Milwaukee, WI 53205

Stephanie Sue Stein, Director
Viola "Vi" Hawkins, Chair, Commission on Aging

MCDA
Milwaukee County
Department on Aging

Dear Friends of Milwaukee County:

The document you are receiving today is the 2013-2015 Area Plan for the Milwaukee County Department on Aging (MCDA). The Milwaukee County Department on Aging is designated by the State of Wisconsin and the Federal Administration on Aging as the Area Agency on Aging for Milwaukee County. As such we are charged with the planning, service, and advocacy for the 153,000+ persons over 60 residing here.

Every three years we are required to submit a plan for our area which tells the federal and state government how we intend to do our work and what work we intend to do for the next three years. This document contains a great deal of compliance and background material. The discussion about the work we intend to do in the next three years is the core of this plan and begins on page 25.

The State Office on Aging prescribes the goals on pages 25 through 37 for us and all Area Agencies in Wisconsin must respond to them. The state goals are: Long Term Care and Older American's Act programs; Alzheimer's; Emergency Planning; and Family Caregiver Support. These are all ongoing responsibilities of MCDA.

The three local goals, which follow, were determined after a lengthy and thorough public input process described in detail on pages 38-41.The goal focus areas are: *Home Repair and Chore Service*; *Communication About Aging Programs and Services*; and *Opportunities for Social Engagement*.

Home Repair and Chore Service: Repeatedly older people told us an impediment to their remaining independent in their homes was the availability and reliability of the repair and upkeep needed to age in place. There are many interested organizations that we will gather to discuss and determine solutions for these issues. Then we will work with our partners to create vehicles for information about and delivery of these services.

The second goal is improved **Communication with older people and their families about Aging Programs and Services**: The myriad of efforts we make today are not working as is evidenced by the lack of knowledge about existing resources and services we heard repeatedly at our input sessions. We will convene communication experts to help us develop new tools for reaching the community

Third **Opportunities for Social Engagement** for all of the seniors in Milwaukee County inclusive of recreation, exercise, education, and social engagement. This goal will be carried out under the direction of our Wellness Committee. We will educate our community about what already exists and work with willing partners to develop new opportunities.

We were fortunate to have Wisconsin AARP as a robust partner in the planning process. As a consequence AARP will undertake developing information and programs about the fourth identified goal, which is financial resources, financial planning, retirement preparation, etc. The Milwaukee County Department on Aging is thrilled to work with AARP to make this happen.

Thank you for your interest and support. There are three fun and important years of work in front of us all.

Stephanie Ann Stein

Milwaukee County Area Plan for Older People 2013 – 2015

Milwaukee County Department on Aging
1220 West Vliet Street, Suite 302
Milwaukee, WI 53205

Stephanie Sue Stein, Director
Viola "Vi" Hawkins, Chair, Commission on Aging

TABLE OF CONTENTS

- Executive Summary 3
- Board of Directors/Advisory Council Approval of the Plan for Older People for 2013-2015 4
- Section 1: Organization and Structure of the Area Agency on Aging 6
- Section 2: Context 16
- Section 3: Planning Process 20
- Section 4: Statewide Focus Areas 25
- Section 5: Agency Focus Areas 38
- Section 6: Coordination Between Titles III and VI 42
- Section 7: Special Projects 43
- Section 8: Area Agency Application to Directly Provide Service 45
- Section 9: Targeted Populations 47
- Section 10: Budgets (separate attached electronic document) 50
- Attachments
- Compliance with Federal State Laws and Regulations
- Assurances

Board of Directors/Advisory Council Approval of the Plan for Older People for 2013 – 2015

Milwaukee County

County/Tribe

This plan represents the intent of the Milwaukee County Department on Aging (MCDA) Area Agency on Aging (AAA) to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the designated Area Agency on Aging, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2013-2015.

We assure that the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging.

We verify that all information contained in this plan is correct.

_____

Chris Abele, County Executive of Milwaukee County Date

_____

Marina Dimitrijevic, Chair, Milwaukee County Board of Supervisors Date

_____

Viola "Vi" Hawkins, Chair, Milwaukee County Commission on Aging Date

_____

Rocille McConnell, Co-Chair, Commission on Aging Advisory Council Date

_____

Kerry Malak, Co-Chair, Commission on Aging Advisory Council Date

Board of Directors/Advisory Council Approval of the Plan for Older People for 2013 – 2015

Role of the Board of Directors & the Advisory Council

Milwaukee County Commission on Aging (COA) members and members of its Advisory Council participated in a series of public input sessions ("Dessert and Discussions" and "Cookies and Conversations") June through July 2012. Sixty-seven people were trained as "Cookies and Conversation" Outreach Volunteers, including many Milwaukee County Commission on Aging members and advisors. They participated in the process by going out into the community during June and July to speak with older adults about their aging needs. On July 16 and July 23, Commissioners and Advisors, along with other "Cookies and Conversation" Outreach Volunteers, participated in follow up meetings to report what they learned from speaking with older adults throughout Milwaukee County. More detail about these sessions can be found on pages 20-22. A listing of the Commission on Aging and Advisory Council members who attended each session can be found in *Attachment A*.

The Milwaukee County Commission on Aging also sponsored two public hearings to solicit reaction from the Milwaukee Department on Aging's draft area plan. These hearings were held on October 10 from 9:00 am to 11:00 am at the Wilson Park Senior Center and from 1:00 pm to 3:00 pm at the Washington Park Senior Center. A listing of the Commissioners and Advisory Council members who attended and participated in each of these hearings can be found in *Attachment B*.

Commissioners were updated and offered the opportunity to provide feedback on the Area Plan process during June, August, September, and October, as were Advisory Council members who were updated and received the same opportunity at the May and August meetings.

The Commission on Aging's Advisory Council will approve the final plan at its November 13, 2012 meeting. The Commission on Aging will approve the final plan at its November 16, 2012 meeting pending County Board approval.

Executive Summary

Every three years, the Milwaukee County Department on Aging (MCDA) Area Agency on Aging, as required, submits to the Bureau on Aging and Disability Resources (BADR) an "Area Plan for Older Adults." The Area Plan is our process to review, re-evaluate and restructure MCDA's priorities and set an aging agenda for Milwaukee County.

The Milwaukee County Department on Aging is responsible for ensuring appropriate programs and services are available for 153,556 people 60+. The department also serves as the unit on aging and in that capacity is charged with implementing Older Americans Act (OAA) programs, information and assistance, and advocacy in Milwaukee County. The Milwaukee County Department on Aging is committed to our mission, which is "To affirm the dignity and value of older adults in Milwaukee County by supporting their choices for living in and giving to our community."

The 2013- 2015 Area Plan planning process allowed the Milwaukee County Department on Aging to take a step back, assess what we are doing, listen to what older people say we should be doing, look at characteristics of the current and emerging older adult population, and develop new strategies for promoting goals and outcomes that align with our noted mission.

Input sessions, an Area Agency community survey, literature reviews, a demographic scan, staff observations, and interfaces with older adults and experiences with advocacy issues on a daily basis helped to guide the development of Milwaukee County's Area Plan for Older People. This plan includes the required environmental scan, goals in support of state strategies and the Older Americans Act, and local goals to be implemented in support of older adults 60+.

As a result of a rewarding partnership with AARP Wisconsin and implementation of multiple outreach approaches, we were able to touch all areas of Milwaukee County, whereby introducing untapped older people to MCDA and an array of aging services and resources. Due to our collaborative efforts with AARP Wisconsin, MCDA learned that a high proportion of seniors were unaware of the many services and benefits offered in the community. Given this development, one of our major local goals will be to foster a major communication and marketing campaign to enhance relationships and outreach with the entire community. We will work to maintain our great working relationship with AARP and many other community partners to widen our reach to older adults in Milwaukee County.

Additionally, we learned that older adults who would like to remain in their homes, have a strong need for home chore and maintenance support services. Furthermore, seniors want to learn new things, particularly in the areas of recreation, academic subjects, and hobbies. They are quite interested in fitness, exercise and healthy eating combined with opportunities for socialization. Given these disclosures, MCDA developed goals and will implement programming aimed at opportunities thoughtful of the needs identified by Milwaukee County older adults.

The Milwaukee County Department on Aging is focused and ready to begin implementing the 2013-2015 Area Plan. Given the strategies we used to dig deep and gain information about older adult needs, we believe that the plan truly reflects the wishes of older adults over the next three years, and will result in increased knowledge and awareness of community resources, and therefore, a stronger connection between older adults and the community in which they live.

Section 1: Organization and Structure of the Area Agency on Aging

Section 1-A: Overview of the Area Agency on Aging

MISSION OF THE AREA AGENCY ON AGING:

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

ADDRESS OF THE AREA AGENCY ON AGING:

Milwaukee County Department on Aging
1220 W. Vliet Street – Suite 302
Milwaukee, Wisconsin 53205

MAILING ADDRESS:

Refer to Above

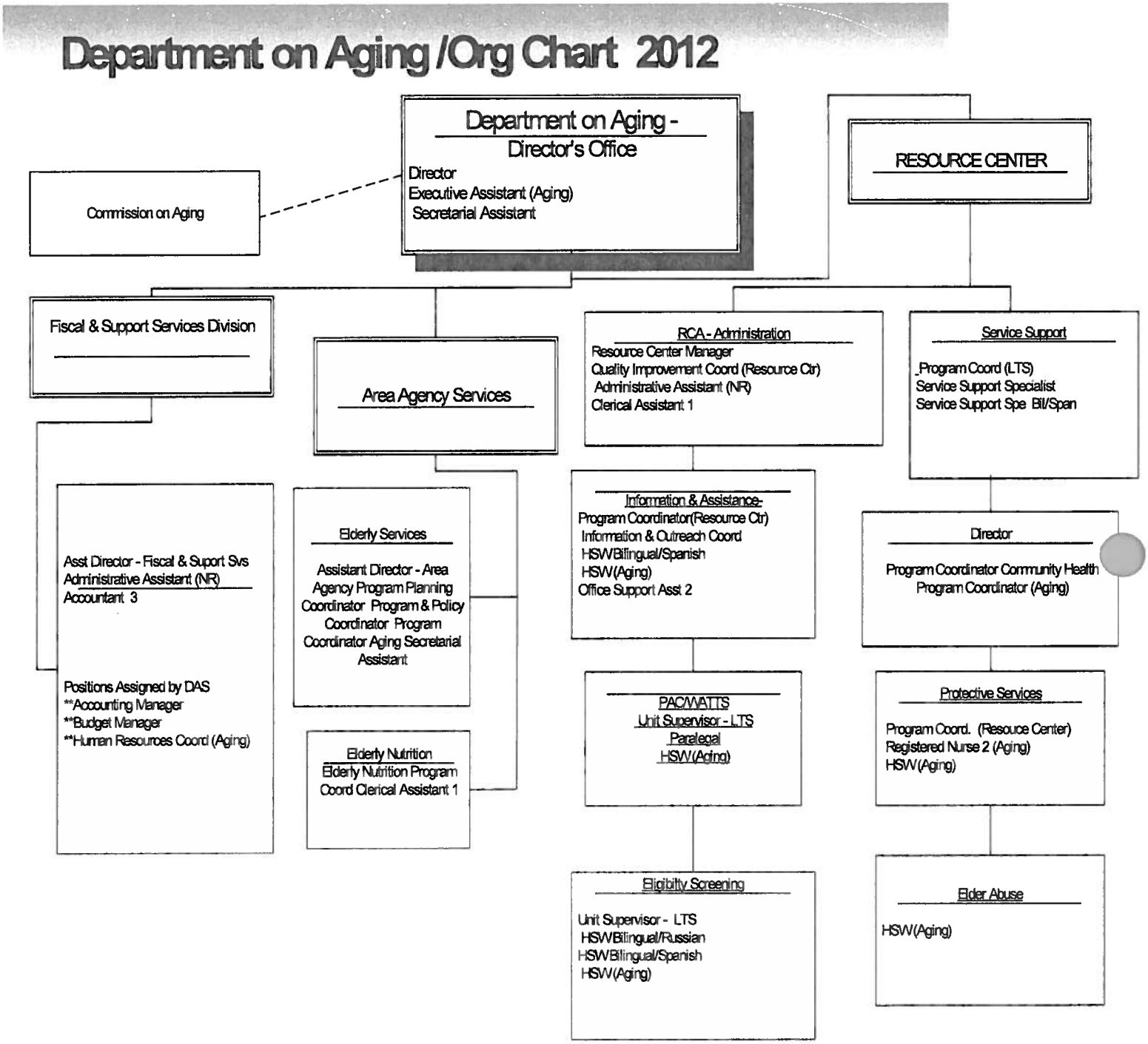
HOURS OF OPERATION:

Business hours are from 8:00 a.m. until 5:00 p.m. Monday through Friday. Information and Assistance is available through the Aging Resource Center from 7:00 a.m. to 5:30 p.m. Monday through Friday. After hours and on weekends, telephone calls are transferred to 211 for referrals.

HELPFUL CONTACT INFORMATION:

414-289-5950	Administration
414-289-6874	Information and Assistance
414-289-8591	Information and Assistance TTY
1-866-229-9695	Toll Free
Website	www.milwaukee.gov/county/aging

Section 1-B: Organizational Chart of the Area Agency on Aging



Section 1-C: Membership of the Board of Directors/Policy Making Body

MEMBERS OF THE MILWAUKEE COUNTY COMMSSION ON AGING		
Composition	**Number**	**Percent**
Total number of members	16	100%
Members who are either county supervisors or members of tribal councils	1	6%
Members who are at least 60 years old	14	88%
Members who are low income	2	13%
Members of racial/ethnic minorities	7	44%
Members who are women	9	56%
Members who are consumers of services in the aging network	6	38%

Section 1-D: Membership of the Advisory Council

MEMBERS OF THE ADVISORY COUNCIL		
Composition	**Number**	**Percent**
Total number of members	21	100%
Members who are either county supervisors or members of tribal councils	0	0%
Members who are at least 60 years old	13	62%
Members who are low income	2	10%
Members of racial/ethnic minorities	5	24%
Members who are women	15	71%
Members who are consumers of services in the aging network	10	48%
Members who are members of nutrition councils	2	10%
Members with leadership experience in the private and/or voluntary sectors	10	48%
Members who are providers of supportive or health care, or veterans services	7	33%

Section 1-E: Staff of the Area Agency on Aging

Listed below are the people employed by the Area Agency on Aging of MCDA

Name: **Stephanie Sue Stein** Job Title: Director Telephone Number/Email Address: 414.289.6876/Stephanie.Stein@milwaukeecounty.com
Brief Description of Duties: Administration of the Milwaukee County Department on Aging, including 2 major divisions: AAA and Fiscal, (Resource Center and Care Management Organization). Advocate on local, state and national levels.
Name: **Meg Rauschenberger** Job Title: Executive Assistant Telephone Number/Email Address: 414.289.6010/Meg.Rauschenberger@nilwaukeecounty.com
Brief Description of Duties: Coordination of Director's appointments, messages, and activities. Staff support for the Commission on Aging meetings, activities, and special events.
Name: **Jonette N. Arms** Job Title: Assistant Director – Area Agency on Aging Telephone Number/Email Address: 414.289.6073/ Jonette.Arms@milwaukeecounty.com
Brief Description of Duties: Overall administration of AAA programs and special projects. Serve as Department liaison to County Board, community groups and agencies. Lead strategic planning.
Name: **Beth Monrial Zatarski** Job Title: Elderly Nutrition Program Coordinator Telephone Number/Email Address: 414.289.6880/Beth.Monrial.Zatarski@milwaukeecounty.com
Brief Description of Duties: Coordination and administration of the Senior Meal Program including congregate and home-delivered meal programs. Data collection and assessments. Lead for Nutrition Council activities. Coordinate annual senior meal program volunteer recognition dinner.
Name: **Gary Portenier** Job Title: Program Planning Coordinator Telephone Number/Email Address: 414.289.6547/Gary.Portenier@milwaukeecounty.com
Brief Description of Duties: Oversee contracting. Staff Service Delivery Committee. Monitor transportation contracts. Liaison to County Board Health and Human Needs Committee. Collect transportation and demographic data. Lead for NAPIS reporting.
Name: **Jon Janowski** Job Title: Program/Policy Coordinator Telephone Number/Email Address: 414.289.6546/ Jonathan.Janowski@milwaukeecounty.com
Brief Description of Duties: Legislation, advocacy and grant writing. Monitor Benefit Specialist, Employment, and Outreach to LGBT Elderly. Staff Advisory Council and Advocacy Committee. Area Plan writing and updating.

Name: **Jill Knight** Job Title: Program Coordinator Telephone Number/Email Address: 414.289.6794/Jill.Knight@milwaukeecounty.com
Brief Description of Duties: Monitor Late Life Counseling, Family Caregivers. Telephone Reassurance, Alzheimer Support and Coordination of Neighborhood Services. Coordinate Hall of Fame.
Name: **Diane Beckley** Job Title: Program Coordinator Telephone Number/Email Address: 414.289.6376/ Diane.Beckley@milwaukeecounty.com
Brief Description of Duties: Monitor senior center contracts. Staff Senior Centers Roundtable. Facilitate Chronic Disease Self -Management Classes. Participate in Wisconsin Association of Senior Centers. Coordinate Golden Idol.
Name: **Patricia Batemon** Job Title: Active Aging Project Coordinator Telephone Number/Email Address: 414.289.5788/ Patricia.Batemon@milwaukeecounty.com
Brief Description of Duties: Coordinate Active Aging Research Center grant project, including collaboration between grant partners, grant reporting, and implementation of project goals
Name: **Elizabeth Lentz** Job Title: Secretarial Assistant Telephone Number/Email Address: 414.289.6873/Elizabeth.Lentz@milwaukeecounty.com
Brief Description of Duties: Provide overall secretarial support for Senior Nutrition Program inclusive of preparing meal program site reports and donation deposit reports, updating spreadsheets, and tallying surveys and other forms to compile statistics and related reports.
Name: **Zulma Myszewski** Job Title: Secretarial Assistant Telephone Number/Email Address: 414.289.5945/Zulma.Myszewski@milwaukeecounty.com
Brief Description of Duties: Provide overall clerical and administrative support to the Assistant Director and technical support to Area Agency contract staff. Staff support for the Commission on Aging subcommittee and council meetings, activities, and special events
Name: **Debra Horton** Job Title: Clerical Assistant Telephone Number/Email Address: 414.289.6293/Debra.Horton@milwaukeecounty.com
Brief Description of Duties: Assist the clerical support team in their overall duties. Prepare documents for SAMS data entry and execute that function.

Listed below are the people employed by Fiscal Services of MCDA

Name: **Thomas Condella** Job Title: Assistant Director, Fiscal Services Telephone Number/Email Address: 414.289.6280/ Thomas.Condella@milwaukeecounty.com
Brief Description of Duties: Provide leadership and oversight of fiscal (budget and accounting) services and staff within MCDA.
Name: **Mary P. Brown** Job Title: Budget Manager Telephone Number/Email Address: 414.289.6803 /MaryP.Brown@milwaukeecounty.com
Brief Description of Duties: Plan, analyze, manage, coordinate and monitor development of annual departmental operating and capital budgets. Develop and amend as required various state budgets and financial reports, including Area Plan and Aging Resource Center.
Name: **Wendy Brown** Job Title: Accountant III Telephone Number/Email Address: 414.289.6269/Wendy.Brown@milwaukeecounty.com
Brief Description of Duties: Perform professional accounting work, maintain accurate and detailed accounting records for contracts for Area Agency, Aging Resource Center and the Nutrition Programs in Aging. Monitor, prepare and process all the financial activities. Prepare request for reimbursements and distribute the various funds by funding source from the state. Prepare and process journal entries and assist with the year end closing of the books.
Name: **Mary Corbella** Job Title: Administrative Assistant Telephone Number/Email Address: 414.289.6012/Mary.Corbella@milwaukeecounty.com
Brief Description of Duties: Provides overall fiscal and administrative support. Office management, purchase supplies, coordinate set up and reserve rooms for MCDA meetings, and employee payroll for all staff.

Listed below are the people employed by the Aging Resource Center of MCDA

Name: **Chester Kuzminski** Job Title: Resource Center Manager Telephone Number/Email Address: 414.289.6626/ Chester.Kuzminski@milwaukeecounty.com
Brief Description of Duties: Provide leadership and full oversight of staff and Aging Resource Center. activities.
Name: **Steven Peterson** Job Title: Program Coordinator for Information and Assistance (Elderlink) Telephone Number/Email Address: 414.289.5797 /Steven.Peterson@milwaukeecounty.com
Brief Description of Duties: Provide overall oversight and supervision of Information and Assistance section within the Aging Resource Center.

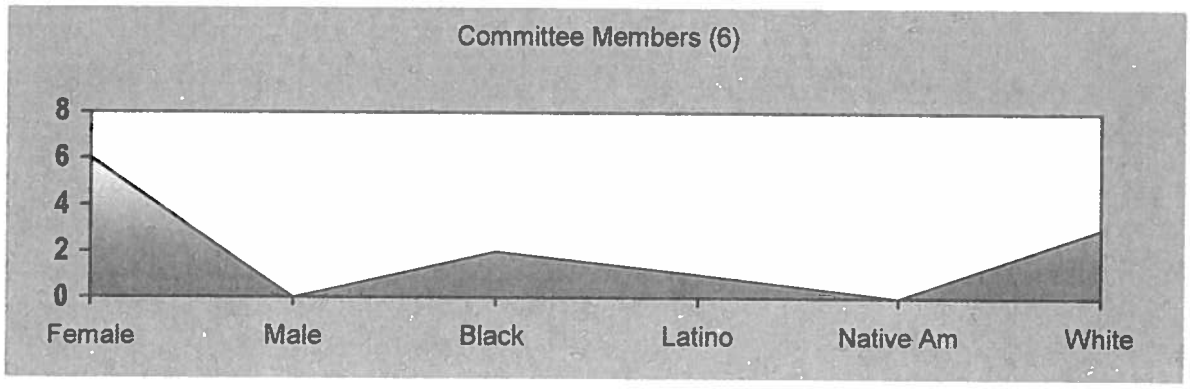
Name: **Ramona Williams** Job Title: Program Coordinator for Adult Protective Services / Elder Abuse Telephone Number/Email Address: 414.289. 5866 /Ramona.Williams@milwaukeecounty.com
Brief Description of Duties: Provide overall management and supervision of Adult Protective Services and Elder Abuse Services within the Aging Resource Center.
In total, there are 53 staff members employed with MCDA that work within the Aging Resource Center as supervisors, human service workers, program coordinators, paralegals, and secretarial and clerical support.

Section 1-F: Affirmative Action Plan

Statement of Commitment of Affirmative Action and Equal Employment

By submission of this plan the Area Agency on Aging signifies its commitment to employment practices based solely on the work-related abilities and qualifications of employees and job applicants. Staff is assigned and promoted without regard to race, color, religion, sex, age, handicap or national origin. In addition, the area agency on aging is committed to taking affirmative action in the hiring and upgrading of minority, female, disabled and older people.

Policies	Yes	No
Does the Committee annually review and update the affirmative action plan?	X	
Does the Committee annually review employment practices to eliminate discriminatory elements?	X	
Are written procedures for handling discrimination complaints developed, posted, and in use?	X	
Has the affirmative action plan been explained or discussed with all staff?	X	
Persons Responsible for the Affirmative Action Plan: Stephanie Sue Stein – Regina Harmon – Esperanza Gutierrez		



Analysis of Current Staff:

DIVISION ADMINISTRATORS:
Stephanie Sue Stein, Director - 414. 289.6876 - F/W
Jonette N. Arms, Assistant Director (Area Agency on Aging) - 289.6073 - F/B
Thomas Condella, Assistant Director (Fiscal) - 414.289.6280 - M/W
Chester Kuzminski, Resource Center Manager - 414.289.6266 - M/W

COMMITTEE MEMBERS:

Mary Dutkiewicz, Human Resource Coordinator - 414.289.6271 - F/W
Regina Harmon, Human Service Worker - 414.289.5709 - F/B
Esperanza Gutierrez, Human Service Worker – 414.289.5706 – F/H
Patricia Batemon, Active Aging Project Coordinator – 414.289.5788 – F/B
Sonia LeMay, Human Service Worker – 414.289.6667 – F/W
Tammie Palmer, Paralegal – 414.289.6251 – F/W

Analysis of Recent Efforts:
The Affirmation Action Program has been upheld and the Diversity Committee has executed its mission statement to "further the awareness and inclusion of all persons, recognizing various cultures and ethnicities through a wide array of holistic opportunities and activities."

Affirmative Action and Equal Opportunity Goals:
Implementation of the principles of Equal Employment Opportunity through an effective Affirmative Action Program: This program is intended to ensure the diversity of Milwaukee County residents is reflected in the Milwaukee County Department on Aging's workforce to the extent of their availability with the requisite skills needed for each position. The following is provided to employees, applicants, and all others who in any way interact with this office: 1) Equal Employment Opportunity, 2) Equal treatment in all matters, including where possible, equal access to all services and facilities and 3) Protection against sexual harassment in compliance with approved guidelines recognized by EEOC and Milwaukee County's Workforce Development Division.

Section 2: Context

In examining the context of older adult support needs, MCDA gathered information about older adults and their current needs based on census information, community input sessions, peer-to-peer surveying, online and hardcopy questionnaires, and public hearings. Reviewing literature, current trends, and staff analysis helped identify potential future needs of older adults.

2010 Census Data

- **Older adults comprise 16.2% of the total population of Milwaukee County.** The older adult population of Milwaukee County (age 60 or older) totals 153,556 people. The overwhelming majority of older adults are self-sustaining, vital, and contributing members of the community.

- **Milwaukee County's older adult population increased slightly from 153,189 in 2000 to 153,556 in 2010, an increase of 367 people or 0.2%.** A net decline in the number of white elders of 8,594 was more than offset by a net increase of 8,961 in the number of minority elders.

- **The growth in the number of minority elders in Milwaukee County includes all racial groups as well as Hispanic or Latino elders.** While the number of White elders declined from 129,931 in 2000 to 121,337 in 2010, the number of minority elders increased from 23,258 to 32,219. Over the decade the number of minority elders increased as follows: Black or African American 37.2%, American Indian and Alaska Native 28.7%, Asian 63.5%, and Some Other Race 56.6%. In addition, the number of Hispanic or Latino elders increased 73.1%.

- **The fastest growing segment of the older adult population is among people ages 60 to 64.** The so-called 'baby boom" generation (people born between 1946 and 1964) have begun reaching age 60, resulting in a significant rise in those 60 to 64 years of age. People ages 60 to 64 increased from 31,504 in 2000 to 44,423 in 2010, an increase of 41.0%.

- **The number of people age 85 or older continues to grow.** Since 1950 there has been a 564% increase in people age 85 or older. The number of people age 85 or older grew from 2,860 in 1950 to 18,987 in 2010. From 2000 to 2010, the group increased from 16,512 to 18,987 people, a 15% increase.

- **More than 35% of Milwaukee County residents age 65 or older live alone.** Older women are more likely to live alone than older men.

American Community Survey

- **Minorities age 65 or older are at greater risk of living in poverty.** According to estimates from the 2006-2010 American Community Survey, the poverty rate for White elders is 8.4% whereas the poverty rate for Black or African American elders is 18.3%, for American Indian and Alaska Native elders is 19.8%, for Asian elders is 21.6%, and

Some Other Race is 21.5%. The poverty rate for Hispanic or Latino elders is estimated at 20.4%.

- **Educational attainment among persons 65 or older.** According to estimates from the 2006-2010 American Community Survey regarding the highest level of educational attainment, among people 65 or older 23.9% lack a high school degree, 55.1% have a high school degree, and 21.0% have an Associate degree of higher. Among seniors with an Associate degree or higher, highest attainment includes 16.0% with an Associate degree, 48.6% with a Bachelor's degree, and 35.4% with a Graduate or Professional degree.

- **Marital status among people 60 or older by gender.** According to estimates from the 2006-2010 American Community Survey regarding marital status, among males age 60 or older, 62.9% are married, 12.5% are widowed, 14.9% are separated or divorced and 9.7% were never married. Among females age 60 or older, 37.5% are married, 38.0 are widowed, 16.0% are separated or divorced, and 8.6% were never married.

Face of Aging Milwaukee County 2012, 3rd Edition

On behalf of MCDA, the University of Wisconsin – Madison's (UW–Madison) Center for Urban Population Health (CUPH) is preparing the report, "The Face of Aging in Milwaukee County 2012, 3rd Edition." This report serves as the environmental scan of older people in Milwaukee County as required by the Wisconsin Bureau of Aging and Disability Resources. The Face of Aging provides detailed insight about the seniors that live in Milwaukee County. This report was released December 2012 and is included with Milwaukee County's final approved Area Plan.

Highlights taken from the Executive Summary of the Face of Aging in Milwaukee County 2012 (*Attachment C*) demographic report include:

- The older population in the United States continues to grow. The population 65 years and over has increased from 35 million in 2000 to 40 million in 2010 and is projected to reach 55 million in 2020, a 36% increase in this decade.

- Milwaukee County is no different. The near aging and aging populations between 50 and 64 years old experienced the largest increase in growth among all age groups in Milwaukee County.

- Overall trends show that the Milwaukee County population ages 60+ are and will steadily grow, but not uniformly across the various age categories.

- The City of Milwaukee remains the most populated municipality with the older population ages 60+, but a few of the surrounding municipalities have experienced a high percentage of change relative to their total population

- The African American community continues to be the largest and has experienced the most significant growth among minority populations ages 60+.

- Over the past decade the education levels of the older population have been increasing across categories from high school or equivalent through graduate and professional degrees.

- Between 2000 and 2010, there were fewer households in every household income category under $50,000 and an increase in every category above $50,000.

- Overall Milwaukee County is experiencing a higher percentage of people 65+ living in poverty. The white population was the only race to experience this increased level of poverty; African American and Latino communities both experienced a small decrease since 2000.

- Milwaukee County has a higher percentage of people 65 and older living alone than in Wisconsin, with women having the highest percentage living alone.

What we know about future older adults from literature re: baby boomers
The United States is experiencing historic growth in the 65+ demographic. This trend is forcing communities to think differently about a wide range of public programs and services such as transportation, housing, social services, and wellness.

According to a 2012 survey conducted by the National Council on Aging (NCOA), UnitedHealthCare and USA Today:

- 23% of Milwaukee's seniors are not confident that their income will be sufficient to pay the bills over the next 5-10 years
- 18% of Milwaukee's seniors are not confident in, or do not have, a financial plan for their retirement years
- If an accident or unexpected medical issue were to occur, 83% of Milwaukee seniors said they believe they would be able to pay the associated expenses
- 29% of Milwaukee's seniors are not confident that they know about all of the government benefits available to help them meet their needs
- 20% of Milwaukee's seniors are employed either full-time or part-time
- 43% of Milwaukee's seniors report having someone they consider to be a caregiver in their lives, and 24% of seniors serve as a caregiver for someone else
- 36% of Milwaukee's seniors living independently believe it is likely that they will need one of their children or grandchildren to care for them in the future
- 43% of Milwaukee respondents who serve as a caregiver for someone else report that they would benefit from additional support services (such as respite care)
- 83% of Milwaukee's seniors intend to continue living in their current home over the next 5-10 years
- 84% of Milwaukee's seniors report high levels of confidence that they will be able to stay in their homes without having to make any significant home modifications
- 59% of Milwaukee's seniors report that they are satisfied with the resources and services their community offers now
- 48% of Milwaukee's seniors say they don't visit senior and community centers in their region enough to have an opinion on the quality of programming and events available

- When asked what community characteristics would help them lead a happy and healthy life, Milwaukee's seniors listed a walkable community as their top choice (46%)
- 27% of Milwaukee's seniors do not believe that high-quality transportation services are currently available to them

96% of Milwaukee's seniors say they would be able to see a primary care physician in their community if they needed medical care

What we know about current and future issues facing older adults and resource implications from our staff?

Since January 1, 1993, MCDA has been an independent department of Milwaukee County government and has reported directly to the elected County Executive and County Board of Supervisors. The Milwaukee County Department on Aging has received support for beginning new and often risky programs such as Family Care, applying for and carrying out grants of national significance like the Robert Wood Johnson Community Partnerships for Older Adults, and working with older people to advocate for opportunity and change.

As financial support becomes more unpredictable and tenuous on the county, state, and federal levels, it is imperative that MCDA continue its long tradition of resourcefulness. In order to move ahead with addressing the wishes and needs of Milwaukee County's seniors, MCDA will continue to be in the convener of vested interests in Milwaukee to identify issues and to solve them.

Older people are valued and valuable members of this community. They give generously of their time and their assets to assist each other and the entire body of citizens. They expect to be part of public decision-making and advocacy.

As older people continue to desire to age in place and in the community, there will be a need to identify services and supports, not only through public systems but also through neighborhood and family systems.

As the evolution of information technology accelerates at a dizzying pace it will be important to engage and educate older persons as the new and important avenues to connectedness. As the perception of scarcity and generational inequity is promulgated by some it will be urgent to train and mobilize advocates to speak to the value of a society that keeps its promises to its elders.

The Milwaukee County Department on Aging learned through its public input sessions that older adults desire information, support, and opportunity. It is our intention to work with all interested partners to meet those desires.

Section 3: Planning Process

Section 3-A Planning Process Used in the Development of the Plan

In developing the 2013-2015 Area Plan, MCDA was guided by the following process:

- Initial review of the 2010-12 Area Plan and amendments by staff
- An external analysis/environmental scan completed by the Center for Urban Population Health
- Reports and feedback from Commission on Aging during March, April, May, June, August, September, October, and November and to the Advisory Council during May, August and November
- Online and hard-copy surveys disseminated to local seniors, caregivers, and providers
- An internal analysis
    - Public input session comments to determine local goals
    - Public survey and comments complemented local goals
    - Staff reviewed and commented to update environmental scan information
- Goal-setting (undertaken by staff)
- Ongoing review (by staff, general public, Advisory Council, Commission on Aging)
- Public hearing feedback was used to fine-tune goals
- Revisions (as needed)

The Milwaukee County Department on Aging solicited feedback from many stakeholders in preparing for this current area plan. In February and March 2012, internal discussions began among Area Agency staff, Commission on Aging and Advisory Council members, and partners to organize the area plan process. In March and April MCDA staff finalized questions for an online and paper survey that would be publicized throughout the county and disseminated to local seniors via email, partner agencies, senior centers, Senior Nutrition Program meal sites, etc. During this time MCDA staff also began laying the groundwork for senior peer-to-peer information gathering, and a series of public input sessions at Milwaukee County senior centers.

In June MCDA staff, in partnership with AARP Wisconsin, began disseminating its survey and promoting its upcoming listening sessions. The MCDA outreach plan was implemented in June and July. In May MCDA also entered into a formal agreement with the UW–Madison Center for Urban Population Health to conduct and complete an environmental scan of the aging population in Milwaukee County.

In June 2012, MCDA trained and recruited 67 "Cookies and Conversation" outreach volunteers to each speak with a minimum of 20 Milwaukee County older adults age 60 and older to learn about what they needed to live independently. The volunteers were racially and culturally diverse and represented multiple municipalities in Milwaukee County. These volunteers arranged one-on-one and small group meetings with seniors at fitness centers, places of worship, community centers, in their homes, and elsewhere to discuss the open-ended questions, "What do older adults need to live independently?" and "What does it mean to have quality of life?" "Cookies and Conversation" outreach volunteers met with MCDA staff on July 16 and July 23 at the Washington Park Senior Center to share their findings. This strategy allowed over 1,350 seniors to be reached and surveyed throughout Milwaukee County.

In July 2012 MCDA staff organized and conducted a series of seven public input sessions (called "Dessert and Discussions") at senior centers all over Milwaukee County. These forums, which were also co-sponsored and publicized by the AARP Wisconsin, were intended to solicit specific feedback from seniors. Participants were asked to list their physical, environmental, social, and financial needs as they related to independence and quality of life. To develop outcomes from the Dessert and Discussion, participants worked in large and small groups to identify and prioritize key needs and issues.

The seven "Dessert and Discussion" input sessions were held from July 12 through July 26 at the following locations:

2012 - 2015 Area Plan Input Sessions
Milwaukee County Department on Aging
Held July 12-26

Date	Time	Site	Number of participants	Special features
7-12-12	12:30 – 2:30 pm	United Community Center Senior Center	46	Spanish language interpreter
7-13-12	12:30 – 2:30 pm	Wilson Park Senior Center	85	
7-17-12	9:30 – 11:30 am	St. Paul's Church – Brown Deer	53	
7-18-12	12:30 – 2:30 pm	Kelly Senior Center	45	
7-19-12	9:30 – 11:30 am	Clinton and Bernice Rose Senior Center	79	
7-25-12	9:30 – 11:30 am	Franklin City Hall Community Room	82	
7-26-12	9:30 – 11:30 am	Washington Park Senior Center	77	

The sessions were extremely well attended. There were members from the Milwaukee County Commission on Aging and its Advisory Council at every session but one, and one County Board member attended the Franklin session. MCDA and AARP staffed booths with outreach materials at each forum. The MCDA Director and AARP Wisconsin Associate State Director of Community Outreach also delivered short presentations at each session that broadly summarized each agency's programs and services. All stakeholder feedback during these sessions was documented and collected by MCDA staff.

MCDA staff analyzed all input session responses in July and August. Staff also analyzed all 780 senior surveys (online and hard copy) during this same time. A summary of the "Dessert and Discussion" and "Cookies and Conversation" findings can be found in *Attachment D.*

Preliminary findings from the surveys and input sessions were shared with Milwaukee County Commission on Aging members at the August and September meetings (including the Advisory Council meeting) in July and August. In general, the surveys revealed the following themes:

- Most seniors use senior/community centers and senior dining/meal services
- The vast majority of seniors feel safe in their home and neighborhoods
- Seniors want to learn new things, particularly in the areas of recreation, academic subjects, and hobbies
- Most seniors indicate they are exercising each week, and the vast majority of those seniors engage in walking as their main form of exercise
- Eight in ten seniors report having a cell phone, and two-thirds of seniors say they use a computer
- Three in four seniors say they have enough money to pay for the things they need

A complete summary of all online and hard copy survey findings can be found in *Attachment E.*

Section 3-B Public Hearings, Comments, Changes
Once a draft area plan was developed, MCDA staff shared the plan with the public and solicited comments and suggestions at a pair of public hearings in October.

The public was notified about the hearings in September and October through the following outlets:

- AARP snail mail communications to their 60,000+ members 60 years and older in Milwaukee County
- Posted notice on the MCDA website
- Flyers delivered to all senior centers for posting
- Notices sent to all people on the MCDA Commission on Aging mailing list
- Weekly e-mail blasts went out to the MCDA consumer and partner networks
- A WMCS (AM 1290) radio interview featuring Jonette N. Arms, Assistant Director and Jon Janowski, Program and Policy Coordinator, MCDA as well as Marianne Muzzi, Associate State Director for Community Outreach, AARP.

Public Hearings themed "Harvesting Your Feedback" were held on Wednesday, October 10, 2012 at the Wilson Park Senior Center from 9:00 am to 11:00 am and at the Washington Park Senior Center from 1:00 pm to 3:00 pm. A total of 128 individuals, 88 from Washington Park Senior Center and 40 from Wilson Park Senior Center, attended the hearings and provided valuable suggestions as to how the plan could be improved.

Participants were informed that the public hearings were an opportunity to provide feedback on the established goals that were initially written to reflect the needs and desires of over 2,500 older adults and their representatives that participated in various input activities during June and July 2012. State mandated and local goals were presented and read one-by-one to public hearing participants. Staff elaborated to clarify content and the audience was offered the opportunity to ask questions and obtain answers after each goal was read.

Participants were registered and MCDA staff took written notes at each session. Refer to Attachment F for complete meeting minutes. Throughout the planning process (input sessions, surveys, and public hearings) participants were offered the opportunity to send written feedback to the MCDA via phone and e-mail.

Based on responses provided at the public hearings, older adults were satisfied with the established goals as the information reflected what seniors said they needed and wanted during summer input sessions. Seniors at the public hearings asked the following questions and/or made the following statements regarding information they wanted to add to the goals:

- **Development of a System of Home and Community-Based Services**
  - Columbia St. Mary's was left out of the list of health care systems and should be added.

- **Specialized Transportation Services**
  - Develop and add an additional goal focused on advocacy and mobilization of seniors.

- **Alzheimer's Disease and Related Disorders**
  - Medical providers should be included in the new Alzheimer's Disease Coalition.

- **Emergency Preparedness**
  - Emergency preparedness information needs to be distributed beyond the Internet because not all seniors use a computer. All marketing techniques should be used, such as print media, TV, radio, billboards, etc.
  - When speaking about partnerships within the community, there should be a listing of all of them so that people know who our partners are in helping us address some of these issues.
  - Some of the main issues of concern are hot temperatures and burns.

- **Home Repair and Chore Service**
  - The word "disability" should be added to this section so that people are aware that older people may not be physically able to do the work.
  - Add certified and senior friendly home repair services to goal statement #2.

- **Communication About Aging Programs and Services**
  - Attempt to seek grant funding from a nonprofit organization to develop the plan.
  - Strengthen the partnership with AARP during plan implementation and throughout the outreach process.

- **Opportunities for Social Engagement**
  - Include utilization of senior centers to support outreach.

Written comments made by phone or sent via mail prior to the public hearings were incorporated into the final goals. No written comments were sent by mail, email, or through the MCDA website after the public hearings took place.

Based on public hearing feedback, MCDA staff made the following changes to its area plan:

- Under a System of Home and Community Based Services, changed the number of potential collaborative health care systems from three to four in goal statement #1.
- Under "Specialized Transportation Services" a second goal statement was created to add an advocacy action.
- Added "medical providers" to the potential coalition members under "Alzheimer's Disease and Related Disorders" in goal statement #1.
- Included additional types of media outlets in "Emergency Preparedness" under goal statement #2.
- Included fire and heat emergencies in "Emergency Preparedness" under goal statement number #3.
- Added the words "certified and senior-friendly" to goal statement #2 under "Home Repair and Chore Service".
- Included an option to seek funding to develop a communication plan under goal statement #1 under "Communication About Aging Programs and Services".
- Added AARP Wisconsin to goal statement #3 under "Communication About Aging Programs and Services".
- Under "Opportunities for Social Engagement" added senior centers as another named outreach option.

FOCUS 4-A: DEVELOPMENT OF A SYSTEM OF HOME AND COMMUNITY-BASED SERVICES

Framework

Beginning in 1998 the Milwaukee County Department on Aging took an aggressive role in the development of Wisconsin's reform of its comprehensive system of Home and Community Based Care.

Consequently MCDA was chosen as one of the State's nine original ADRCs and one of five counties to pilot and operate the Family Care benefit using a manages care model.

The Milwaukee County Department on Aging directly and successfully operated the Family Care CMO until July 2010. At that time several more organizations were chosen to also operate family Care programs in Milwaukee County and the care management organization was required to separate from the organization operating the Aging Resource Center.

The Milwaukee County Department on Aging continues to operate the Aging Resource Center in Milwaukee County and co-staffs the Aging and Disability Resource Center Governing Board.

The system of home and community supports in Milwaukee County is mature and vigorous. However system innovation and enhancement is always evolving.

GOALS

Goal Statement #1: In order to avoid unwanted, dangerous and expensive outcomes for seniors discharged from hospitals in Milwaukee County, MCDA will work with BADR, MetaStar, and the four Hospital Systems in Milwaukee County to explore the development of care transition partnerships. Discussions with all four systems will take place by December 31, 2013.

Goal Statement #2: In order to test the efficacy of formal care transition relationships, MCDA will operationalize and measure outcomes for at least one care transition pilot with a health care system by December 31, 2014.

Goal Statement #3: In order to fund the startup and ongoing costs of care transition models, MCDA will explore and secure revenue from one or more sources including federal, state, local government funds and private funds from hospital partners. Ongoing January 1, 2013-December 31, 2015.

FOCUS 4-B: Older Americans Act Programs

Title IIIC Nutrition Services

Framework

Since 1973, Milwaukee County has been operating both a senior congregate dining program and Home Delivered Meals, under Title III-C of the Older Americans Act. Both programs target older adults who may be frail, isolated, and homebound and/or disadvantages. Older adults benefit from these programs by receiving a nutritious meal so that they can remain healthy, active and independent in their own homes and communities.

Title IIIC-1 Congregate Meals are provided at 29 Senior Dining Sites throughout Milwaukee County through contractual agreements with various agencies to manage these meal sites. Each site employs a part-time supervisor that oversees day-to-day operations. Volunteers support this initiative and play a vital role with the set up, serving and clean up of the meal sites. Approximately 1,200 meals are served daily to eligible older adults. In addition to a hot meal for lunch, the dining site is also a source of nutrition education, community resources, social activities and overall support to older adults.

Title IIIC-2 Home Delivered Meals provide a hot meal at lunch to frail and homebound adults who are unable to prepare their own meals. Milwaukee County has contractual agreements with an agency to provide the case management of this large program in addition to contracting with a caterer for meals. Based on need, some of these individuals may also be recipients of a cold supper meal in addition to weekend meals. On a daily basis, 1,000 hot meals are delivered from eight dispatch sites that serve 48 routes throughout the Milwaukee County.

Funding of the above programs is static. Milwaukee County is aware of the need to improve the efficiency and effectiveness in serving older adults with their support of BADR initiatives and recommendations.

GOALS

Goal Statement #1: MCDA will fully participate in the state's Elderly Nutrition Program Task Force and by October 31, 2013 will assist the group with identifying best practices for updating the Elderly Nutrition Program.

Goal Statement #2: MCDA staff, in collaboration with the state BADR, will review task force recommendations and recommend state policy changes by March 31, 2014.

Goal Statement #3: MCDA staff will attend state training events and implement new training policies and methods at Elderly Nutrition Program sites by November 30, 2015.

Goal Statement #4: MCDA will consolidate all census and demographic data, meal count data, and site evaluation results into a written report by December 31, 2013.

Goal Statement #5: The Milwaukee County Commission on Aging's Advisory Council and Nutrition Council will review the report and make recommendations about meal site programming by December 1, 2014.

Goal Statement #6: MCDA staff will implement recommendations at meal sites by December 1, 2015.

Title III-B Elderly Specialized Transportation Services

Framework

During a series of meetings held during 2011 and 2012, the Milwaukee County Commission on Aging Advisory Council's Underserved Populations Workgroup members identified that accessible, affordable, and reliable transportation were major issues for older adults. Members also recognized that a lack of knowledge, a lack of awareness of various and current transportation modes, and the inability to make and navigate available choices were major issues that needed to be addressed. The workgroup members' overall concerns regarding transportation were consistent with ongoing concerns voiced by older adults and aging advocates for decades.

After months of conversations and research, the Underserved Populations Workgroup concluded that addressing funding and improvements in available, more accessible, and affordable transportation opportunities were not areas that could be quickly or directly influenced. Therefore, workgroup members agreed to focus on increasing seniors' lack of knowledge and lack of awareness of various and current transportation modes along with educating them on how identify and navigate available choices.

In June and July 2012, MCDA Area Agency on Aging survey results, proved that there is a serious need to educate, promote, and create awareness of transportation methods and how to navigate and use current systems in Milwaukee County.

Based on information explored and learned, the aim in Milwaukee County is to increase awareness among seniors and subsequently improve access to specialized elderly transportation services and broad transportation alternatives.

GOALS

Goal Statement #1: To improve the efficiency and effectiveness of transportation services to seniors in Milwaukee County, staff will work with the Commission on Aging Advisory Council Underserved Population Workgroup to assist with developing specific strategies to educate and garner interest of seniors and their caregivers, aging service providers, and the community at-large about transportation options by December 31, 2014.

Measured Outcomes:

- √ By February 28, 2013, recruit a minimum of three new members to the Underserved Populations Workgroup to ensure inclusion of diverse populations that may go undetected.

- √ Convene a minimum of two discussions and two presentations inclusive of staff, existing vendor representatives, partners, and consumers for the purpose of educating workgroup members about Milwaukee County Specialized Transportation Services and broad transportation options by August 31, 2013.
- √ Develop a comprehensive transportation community outreach plan inclusive of a toolkit for educating Milwaukee County seniors, their caregivers, aging service providers, and community members about qualifications for, the purpose of, and how to use and request specialized elderly transportation services by December 31, 2013.
- √ Conduct a minimum of three community presentations on specialized elderly transportation at senior centers, churches, and congregate senior meal sites by August 31, 2014.
- √ Sponsor and host a Milwaukee County Transportation Options Expo that will cater to specialized and other transportation services and choices for seniors, (such as paratransit and public transportation) by December 31, 2014.

Goal Statement #2: Staff will collaborate with the Commission on Aging Advisory Council Underserved Populations Workgroup, Make it Work Milwaukee! Coalition, and other relevant partners on at least one initiative, which advocates for transportation solutions that benefit seniors by December 31, 2015.

Goal Statement #3: MCDA staff and Commission on Aging and Advocacy Committee representatives will attend and participate in monthly Wisconsin Aging Network meetings to gain knowledge and provide input on developing advocacy strategies that support statewide efforts to address consumer concerns about non-emergency medical transportation. Ongoing each year of the plan until December 31, 2015.

FOCUS 4-C: Alzheimer's Disease and Related Disorders (ADRD)

Framework

The Alzheimer's Association of Southeastern Wisconsin in collaboration with MCDA and the Wisconsin's Alzheimer's Institute will continue to provide greater access to advocacy, education, information and referral, and support for families of persons with Alzheimer's disease and related dementias. The mission of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care for all affected; and to reduce the risk of dementia through the promotion of brain health. The Milwaukee County Department on Aging supports their mission and will continue to work in collaboration with them and many community partners in Milwaukee County.

The Alzheimer's Association of Southeastern Wisconsin states Alzheimer's disease currently affects 1 in 8 individuals over the age of 65 and nearly 1 in 2 individuals over 85. It is a disease that primarily and disproportionately affects older adults. New research points to a higher burden

of Alzheimer's disease among minorities. The level of need for increased awareness, outreach, and intervention to those currently diagnosed and those who will be diagnosed in the near future is further complicated by the high percentage of "at risk" individuals who reside in Milwaukee County. Sixty-three percent (63%) of the state's minority population over 65 live in Milwaukee County. Statistics further identify that of the state's population with Alzheimer's disease, approximately 15%, or 15,989 persons, reside in Milwaukee County.

GOALS

Goal Statement #1: In order to form an enhanced network for servicing older adults diagnosed with Alzheimer's disease or related dementias and their families, MCDA, the Alzheimer's Association of Southeastern Wisconsin and the Wisconsin Alzheimer's Institute will assemble a listing of interested partner agencies and stake holders, inclusive of medical providers interested in forming an Alzheimer's Disease Coalition by December 31, 2013.

Goal Statement #2: In order to continue the dialog and collaboration in supporting, enhancing services and increasing awareness to those currently diagnosed and those who will be diagnosed with Alzheimer's disease or a related dementia, the Alzheimer's Disease Coalition will convene three times per year to share initiatives that each has and advocate on behalf of those with Alzheimer's disease by December 31, 2014.

Goal Statement #3: The Alzheimer's Coalition will choose two initiatives in order to further advocate for and increase awareness of issue in Milwaukee County by December 31, 2015.

FOCUS 4-D: Emergency Preparedness

Framework

The Emergency Preparedness goals for the Milwaukee County Area Plan for Older People 2013-2015 is an extension of the groundwork developed during the previous Area Plan of 2010- 2012. Much progress has been accomplished during the previous plan and the lessons we learned along with the feedback from older adults and stakeholders in emergency preparedness has resulted in a solid platform of emergency preparedness initiatives to build upon.

The previous plan emphasized educating older adults, their caretakers, and the aging network in Milwaukee on disaster preparedness and preparing emergency kits in the event a disaster would impact their lives. Training was also emphasized in educating aging network stakeholders and Milwaukee County Department on Aging employees in disaster preparedness efforts targeting both the workplace as well as working with older adults in developing preparedness kits. These efforts were conducted in 2011.

In 2012, we launched another educational initiative targeting the membership of the Milwaukee Aging Consortium. We sponsored two educational programs on disaster preparation planning for property managers where older adults are residents. These sessions were split into two parts, pre disaster planning and post disaster planning. A panel of experts from emergency preparedness

stakeholders presented information critical to understanding the importance of developing disaster emergency operation plans or enhancing their existing plans. Emergency preparedness stakeholders also provided information at their resource booths.

Also, we continued to work with Milwaukee County Emergency Management in refining the development of the Forward Assessment Team deployment procedures as well as refining the Functional Needs Emergency Shelter Protocols in the event there is a need to activate shelter(s) in Milwaukee County.

Milwaukee County Department on Aging staff members are represented on several organizations, affiliations or committees that are involved at the State or local level in emergency preparedness. These include Wisconsin AIRS, Milwaukee County Forward Assessment Team, City of Milwaukee Heat Task Force, COAD Partnership Council and Wisconsin Hospital Emergency Preparedness Program. In addition to the input from older adults, lessons learned from the last few years' activities and feedback from the above stakeholders have provided us with valuable input into the development of the area plan for 2013-2015.

Therefore, MCDA will work with local and state emergency preparedness organizations in the development of long-range emergency preparedness plans in responding to natural and man-made disasters impacting older adults.

GOALS

Goal Statement #1: To provide information about developing disaster preparedness plans for large and small Long Term Care Facilities, MCDA will participate on the Wisconsin Hospital Emergency Preparedness Program (WHEPP) Expert Panel to develop and distribute documents and templates on disaster preparedness material in accordance with an established WHEPP marketing/communication plan by December 31, 2013.

Goal Statement #2: To assure the safety of older adults, MCDA Forward Assessment Team (FAst Team) will continue to participate in the develop long-range emergency preparedness plans and coordinate activities within the framework of the Emergency Operations Center of Milwaukee County through December 31, 2015.

Goal Statement #3: To raise disaster preparedness awareness, inclusive of fire and heat emergencies to residents and the existing aging network, MCDA will collaborate with emergency response stakeholders to provide disaster preparedness education, disseminate preparedness material through print media, TV, radio, billboards, etc and post web based (on-line access) of current resource information starting January 2013 through December 31, 2015.

FOCUS 4-E: Evidence-Based Prevention Programming

Framework

Since 2008, MCDA has engages in facilitating the Living Well with Chronic Conditions program and has become a model for Wisconsin. In addition, the Stepping On fall prevention program and Walk With Ease pain management program were adopted in the 2012 Milwaukee County Commission on Aging Wellness Council strategic plan. These programs are facilitated in collaboration with the State Evidence Based Prevention workgroup and Wisconsin Healthy Aging Institute. The programs meet the highest level of criteria as defined by Administration on Aging.

Milwaukee County understands that evidence-based programs are interventions based on evidence that is generated by scientific studies. In response to an understanding that there is overwhelming evidence that older adults benefit from health promotion interventions, the Commission on Aging Wellness Council created goals in 2011 that support MCDA's Evidence Based Prevention Program. In early 2012, the Wellness Council adopted senior fall prevention as its major initiative.

Through it's Evidenced Based Prevention Program and Wellness Council, MCDA has begun efforts to expand health promotion and wellness in this area. During 2013-2015, MCDA will continue to increase awareness and improve access to and engagement in evidence-based prevention programs and health promotion activities throughout Milwaukee County.

GOALS

Goal Statement #1: To assure sustainability and expansion of programs recommended by the Administration on Aging, the Milwaukee County Department on Aging will collaborate with the Commission on Aging Wellness Council and external partners to promote a model of health promotion and disease prevention for seniors. This goal will be ongoing over the entire three years of the plan through December 31, 2015.

Measured Outcomes:

- √ Convene discussions of staff and Commission on Aging Wellness Council and Nutrition Council to align the Eight Dimensions of Wellness with Bureau of Aging and Disability Resources approved evidence-based prevention programs by June 30, 2013.
- √ Develop a community outreach senior health promotion and disease prevention campaign by December 31, 2013 and implement the campaign in subsequent years of the plan by December 31, 2014 and December 31, 2015.
- √ Develop and submit a session proposal to present at the Wisconsin Aging Network Conference regarding how the Milwaukee County Department on Aging established and executed a successful model of health promotion and disease prevention for seniors, and the outcomes of the model developed and implemented, by September 30, 2015.

Goal Statement #2: Utilizing the Commission on Aging Wellness Council and Nutrition Council and community partners, increase by a minimum of two the number of approved evidence based prevention programs that align with Milwaukee County adopted Eight Dimensions of Wellness by December 31, 2014.

Measured Outcomes:

- √ Research and present Bureau of Aging and Disability Resources approved evidence-based prevention programs during regular monthly Wellness Council meetings.
- √ Adopt and initiate implementation of a minimum of two programs by June 30, 2014.
- √ Collaborate with the partners, e.g., the Arthritis Foundation, local healthcare systems, Milwaukee County Senior Centers, Interfaith Older Adult Programs, Senior Ambassadors, and Cookies and Conversation Community Outreach Volunteers to identify, recruit, train, and develop cohorts of volunteers to assist with promoting and implementing existing and new evidence-based prevention programs within the 12 Milwaukee County Department on Aging supported senior centers by December 31, 2014.

Goal Statement #3: Milwaukee County Department on Aging staff and Commission on Aging Wellness Council members will work together to expand cross division/departmental and external relationships with a minimum of six additional partners to create a robust model of Bureau of Aging and Disability Resources approved health promotion and disease prevention programs for seniors throughout Milwaukee County by December 31, 2015.

Measured Outcomes:

- √ Convene a maximum of two meetings inclusive of potential partners to discuss past and current accomplishments, challenges, barriers and future opportunities to utilize new and existing relationships to promote and conduct outreach of evidence-based prevention programming that aligns with the Eight Dimensions of Wellness by March 31, 2015.
- √ Collaborate with existing and new partnerships to enhance and continue implementing strategies for Milwaukee County's senior health promotion and disease prevention campaign.

FOCUS 4-F: Family Caregiver Support (National Family Caregiver Support Program)

Framework

The Mission of the Family Caregiver Support Network (FCSN) is to advocate through empowering, encouraging and educating both family and community caregivers so that they can improve the quality of life for the caregiver and the care receiver. Their purpose is to offer outreach, advocacy, empowerment, education through communication, assessment of community

needs and encouragement for caregiver groups. The Milwaukee County Department on Aging supports their mission and will continue to work in collaboration along with many other community partners to support the family caregivers in Milwaukee County.

Services are provided by the Family Caregiver Support Network director and/or two resource specialists in collaboration with MCDA staff: Interfaith Older Adult Programs, Inc. continues to operate the FCSN as one of its primary programs and has added Alzheimer Family Caregiver Support Program (AFCSP) direct services. The network builds on Interfaith's mission to "link older adults with a caring community."

The Family Caregiver Support Network helps family caregivers by offering them information, assistance to access available services, education, support, respite care and supplemental services. This includes assisting older adult relative caregivers who are responsible for minors or adult children with disabilities. It also identifies gaps in services for caregivers, and will act as an advocate in calling attention to caregiver needs and working toward developing and/or expanding programs to better serve caregivers and their loved ones. By assisting caregivers, FCSN supports all efforts to help older adults stay in the community for as long as possible, thereby promoting quality of life for both the older adult and the caregiver. Under the AFCGSP, staff determines eligibility, completes enrollment paperwork and provides assistance to clients to arrange services as needed. The caregivers of these clients will benefit from the services of FCSN.

Features of the FCSN include counseling, information and assistance to individual caregivers through two call lines: 414-220-8600 or 800-449-4481. Resource specialists who are well versed in both public and private community resources directly assist caregivers. The resource specialists have good working relationships with other information and referral entities and have the ability to relate to the individual needs of caregivers. Appropriate referrals are made to the Department on Aging for possible access and eligibility to a variety of programs and services. Caregiver resources are kept current through attending and networking at the Milwaukee Aging Consortium and other health and resource events and trainings. Staff also tour skilled and assisted living facilities and meet with new providers of services and products. Information is gained from the Internet and staff participation in webinars which pertain to the four National Family Caregiver Support Program (NFCSP) populations including those featuring services needed by employed caregivers and their employers.

Quarterly *"Caregiver Circle"* Newsletter is written specifically for caregivers with information about support groups, upcoming talks and/or training sessions and educational articles. It is mailed to all callers to the FCSN phone lines who indicate an interest in receiving it, as well as caregiver support groups, senior centers, other Interfaith programs, collaboration partners and a number of service providers. It is distributed at community and employee health and resource fairs.

A clearinghouse for caregiver support groups and training sessions is maintained by FCSN which includes a community resource file with upcoming seminars, workshops, health fairs/screenings, training sessions, and other meetings of interest to caregivers as well as an up to date data base with all appropriate area support groups. This allows FCSN to monitor the need for additional support groups and training opportunities. Family Caregiver Support Network staff members that are trained facilitators are available for caregiver support groups, *Elder Care and Work: Finding the Balance* seminars and

other caregiver related workshops. The Family Caregiver Support Network collaborates with community programs to provide: a grandparent/relative caregiver educational series, *Taking Care of You: Powerful Tools for Caregiving series,* an annual caregiver support/ educational conference and promotes *Savvy Caregiver and Dementia Basics.*

Family Caregiver Classes - FCSN offers classes specifically for family caregivers of older adults called "Taking Care of You: Powerful Tools for Caregiving." The "Powerful Tools" educational program provides family caregivers with self-care techniques; communication skills for handling difficult situations with an older adult; confidence to deal with health care providers; and the perspective to better understand emotions and challenges involved with family caregiving.

Speaker's Bureau - Network speakers educate and inform caregiver groups, professional caregivers, students, professionals in the field of aging, and the community at large about issues facing caregivers. FCSN staff is keep abreast of legislative and policy issues affecting caregivers, e.g. changes in healthcare, Lifespan Respite etc. and provide updated information at group presentations.

Resource Library and other Education – FCSN has an extensive resource library with books, tapes CD's, magazine articles, DVD's and videos that are available for loan to caregivers and professionals assisting caregivers on topics related to caregiving. Resource Specialists will also assist caregivers to locate reference materials thru the public library systems and other community organizations. Materials in other languages are acquired when available. FCSN will send materials directly to family caregivers and professionals who help them. FCSN also has scholarships available for Alzheimer's classes and "hands on" training by a licensed professional for a caregiver having difficulty providing hands-on care.

Family Caregiver Support Network web site (www.caregiversupportnetwork.org) contains informational articles, checklists, its newsletter issues, links to specific caregiver resources and FCSN staff. The website also contains links to a vast array of additional web sites dealing with older adult topics and caregiver needs. Users of the website are able to e-mail questions to the FCSN staff for personalized responses.

A direct tie to community programs, such as Interfaith's Neighborhood Outreach Program (NOP), allows caregivers to access community services that offer a wide array of services including friendly visits and transportation to medical appointments and grocery shopping.

Assistance to local businesses in defining caregiver issues facing employees and providing individual caregiving assistance – FCSN staff continue to target businesses in the Milwaukee area that are interested in family caregiving and employment issues and want to their employees aware of FCSN as a place to turn for help.

Supporting employed Family Caregivers is done through linking/collaborating with other community agencies, programs and businesses to provide the tools employed caregivers need to both care for their care recipients and stay healthy caregivers themselves.

Family Caregiver Toolkit – FCSN continues to make its "Family Caregiver Toolkit" available to family caregivers who would significantly benefit from its help with organizing caregiving duties and older adult materials necessary in time of a health crisis.

Innovative mechanisms to reward and support family caregivers continue on a monthly basis where FCSN offers gift cards that are practical (gas and food) as well as supportive (bath and body and books for reading) which caregivers report to be both "useful" and "fun" with which to shop. Monthly, FCSN will offer a number of subscriptions to "Today's Caregiver" magazine, which the publication provides to the FCSN free of charge.

Respite Care and Supplemental Services: FCSN provides counseling and assessment for, information and assistance in the arrangement of, payment of approved services and any follow-up assistance needed for respite and supplemental services. Collaborations to provide services have been formed and continue to develop with respite providers, personal care and homemaker services, service equipment vendors and professionals that provide nursing and geriatric care services that support the care being provided or allow caregivers to take a break. Recognizing that NFCSP respite is to be temporary and not long term, staff works with families and service providers on an ongoing basis to identify other more permanent options for supplemental services and respite.

Research: FCSN continues to maintain research materials about and for family caregivers. Staff continues to research information and resources to help both the local and long-distance caregiver, and for use by program collaborators (community and business). FCSN also participates in caregiver research projects referring caregivers when appropriate.

Advocacy: FCSN advocates on local, state and national levels for services and materials that help family caregivers provide care for older adults. Advocacy also identifies and works to break down barriers (such as unnecessary paperwork in government and health care systems) that can make caregiving of an older adult difficult.

Coordinating activities and program with MCDA, collaboration and coalition building: FCSN continues to coordinate general and specific outreach efforts with MCDA and participate in other activities as proposed by MCDA including the Area Plan. The FCSN continues to collaborate with a variety of organizations. The Family Caregiver Support Network hosts a Caregiver collaboration event for those that work with caregivers to share information, discuss resources for caregivers and seek ways to avoid duplication.

(1) INFORMATION TO CAREGIVERS

The Family Caregiver Support Network will continue to provide information to caregivers about available services over the phone, via e-mail, in-person at the program's office or in the home, individual mailings, the quarterly newsletter, handouts, resource tables, radio talk shows, caregiver conference, presentations and support groups.

(2) ASSISTANCE TO CAREGIVERS

FCSN will continue to assist caregivers to access services through the provision of information and instruction as to how to appropriately utilize services. When needed, FCSN will call an

appropriate service with the caregiver or for the caregiver. When necessary, FCSN will act as an advocate for the caregiver in-order to access a service.

(3) INDIVIDUAL COUNSELING

FCSN will continue to provide individual counseling over the phone, in person, through family meetings and in groups such as the grandparent support group and Powerful Tools for Caregivers.

(4) ORGANIZATION OF SUPPORT GROUPS

FCSN will continue to monitor existing support groups, support them as requested and assist in the development and staffing of groups. FCSN will continue to staff the Grandparent Support Group.

(5) TRAINING TO CAREGIVERS TO ASSIST IN MAKING DECISIONS AND SOLVING PROBLEMS RELATING TO THEIR CAREGIVING ROLES

FCSN will continue educating and training caregivers over the phone and in person as well as through the annual Grandparent Series, Grandparent Support group, workshops, resource tables, *Taking Care of You: Powerful Tools* caregiver series and the annual caregiver conference.

(6) RESPITE CARE

FCSN will continue to educate family caregivers and professionals about respite over the phone, in person, in print, and through presentations and media advertising. FCSN interfaces directly with the family to discuss the temporary use of respite and then identify long-term services. The caregiver through a grant may select the provider of the service. The provider is paid by FCSN or the caregiver is reimbursed.

(7) SUPPLEMENTAL SERVICES

FCSN will continue to educate family caregivers and professionals about supplemental services over the phone, in person, in print and through community education (resource events, educational presentations, agency presentations etc.). FCSN will interface with the caregivers to discuss the short-term use and when appropriate help identify the long-term assistance available. When necessary, FCSN interfaces with the provider so that a grant may be awarded.

(8) COORDINATION

Milwaukee does not have one family caregiver coalition. Because of the diversity, history of collaborative efforts and scope of needs, partners come together to meet specific needs. FCSN has joined or formed several specific partnerships or coalitions. Most activities (education series and support group) related to grandparent and relative caregiving was coordinated on an ongoing and as needed basis with two agencies. Additional partners are able to assist with particular education, resources and services. A group of partner agencies continues to meet and offer an annual event for the Mind, Body, and Spirit. This is both for professional and informal family caregivers.

GOALS

Goal Statement #1: In order to expand outreach to employed caregivers through interfacing with 25 small and medium size employers by December 31, 2013, MCDA in collaboration with

Interfaith, RE-SERVE Southeast Wisconsin, and the FCSN will create a temporary outreach position that will staff this project.

Goal Statement #2: In order to assist caregivers with better self-care and the appropriate care of their care receiver, FCSN and MCDA will adopt workable general family caregiver *needs assessment tools* by December 31, 2014 which may be self administered or used by assisting professionals. The assessment tools may be used to make appropriate referrals for further research and policy recommendations.

Goal Statement #3: In order to assist family caregivers with the management of finances and paperwork, FCSN and MCDA will review and update the Family Caregiver Support tool kit by December 31, 2015

Section 5: Agency Focus Areas

A. Home Repair and Chore Service

Framework

As articulated in public listening sessions and surveys, seniors who wish to remain in their homes and maintain their independence need reliable information about funding for home repair and chore services in and around their homes. Milwaukee County Department on Aging proposes to address this need.

Goal Statement #1: In order to inventory resources and more clearly define need, MCDA and its Advisory Council workgroup will convene public and private community partners that have skill in home repair and/ or chore service delivery and express a willingness to develop countywide solutions by June 30, 2013

Goal Statement #2: MCDA will identify and designate one or more community lead agencies to assume the role of developer and dispenser of information about certified and senior-friendly home repair and chore services by January 31, 2014

Goal Statement #3: In order to fund start up and operational costs of a comprehensive county-wide chore service home repair program MCDA will secure funds from local/national foundations and/or assist with fund raising events. Ongoing for Area Plan 2013-2015.

Goal Statement #4: In order to raise community awareness of MCDA's successful initiative to create a system or program to respond to home repair needs, MCDA will hold a home repair /chore service expo and will develop multiple avenues for public information dissemination by April 30, 2015.

B. Communication About Aging Programs and Services

Framework

During community input sessions in June and July 2012, at seven Milwaukee County senior centers, older adults consistently shared that they needed accurate information about services and programs available, better interaction with MCDA staff, and personal connectedness with services and programs.

Good, friendly, and quality communication is essential to ensuring seniors have access to relevant services and programs. Helping older adults live independently and providing opportunities for them to contribute to their communities is a part of MCDA's mission. MCDA's current outreach and awareness efforts are implemented through professional staff, Senior Ambassadors, commissioners, committee and council members, advocates and volunteers, and

special educational events/activities. However, according to feedback received, more must be done to expand the department's reach into the community.

Communication and customer service strategies will to be enhanced to address the overwhelming desire of seniors to have increased awareness and improved access to supportive services, resources, and programs available through Milwaukee County Department on Aging and other older adult serving agencies.

GOALS

Goal Statement #1: Milwaukee County Department on Aging staff will work in partnership with a university or college marketing internship program and/or obtain small grant funding to develop a comprehensive community educational outreach plan, inclusive of social media, website enhancement, a community calendar, e-notify, e-alerts, and other mediums. This goal will be ongoing over the entire three years of the plan through June 30, 2015.

Measured Outcomes:

- √ Increase the number of social and public aging informational mediums used by the Milwaukee County Department on Aging by three additional technological tools by December 31, 2013.
- √ Train a minimum of 50 Milwaukee County Department staff on how to access and use social and public aging informational mediums, and prepare at least three staff to lead in helping to maintain technological tools by December 31, 2014.
- √ Train 50 older adults each year of the area plan on how to access and navigate social and public mediums such as email, e-alerts, website, e-notify, and Facebook. Ongoing until June 30, 2015.

Goal Statement #2: Work with MCDA Quality Improvement Coordinator to create and foster increased perceptions of friendly and welcoming telephone and face-to-face customer service interactions between staff and older adults and their family members or representatives by March 31, 2014.

Measured Outcomes:

- √ Develop an assessment tool/strategy to assist with collecting information and providing feedback regarding the quality of service and overall friendliness of staff and customer interactions by June 30, 2013.
- √ Conduct three trainings to teach, coach, motivate, and encourage improved quality customer service based on specific identified areas of deficiencies for 75% of staff by October 31, 2013.
- √ Monitor and adapt staffs' customer service abilities
- √ Improve perceptions of customer service interactions by 25% by March 31, 2014.

Goal Statement #3: To assure broader outreach to Milwaukee County seniors, partner with aging community service providers, AARP Wisconsin, nonprofit and private-for-profit organizations, health care systems, retail outlets, and older adult volunteers to engage them in

promoting supportive services, resources, and programs available throughout the community by December 31, 2015.

Measured Outcomes:

- √ Increase the number of partners helping to develop messages and promote broader aging services and resources in Milwaukee County by three each year of the area plan, December 31, 2013, December 31, 2014, and December 31, 2015.
- √ Increase the number of senior ambassadors, "cookies and conversation" outreach volunteers, Senior Statesmen, and Commission on Aging members and advisors by five percent in each year of the area plan.
- √ Encourage and engage staff and volunteers in helping to promote the mission of the Milwaukee County Department on Aging and broader community aging resources.

C. Opportunities for Social Engagement

Framework

The Milwaukee County Department on Aging is committed to expanding opportunities for seniors to interact socially. The Milwaukee County Department on Aging helps connect seniors to programs and resources that increase social interaction and thereby enhances senior well-being.

Feedback from various area plan input sessions this past summer indicated that seniors want more social engagement opportunities. Milwaukee County Department on Aging staff heard that seniors want more access to wellness-based programs and services. Milwaukee County Department on Aging staff also heard that seniors appreciate the value of intergenerational relationships and want more opportunities to interact with their younger peers.

Milwaukee County Department on Aging staff also recognize that there continues to be a large gap between available wellness resources and seniors' knowledge of those programs and services. Milwaukee County Department on Aging and its Wellness Council have been working since 2008 to narrow that gap.

Milwaukee County Department on Aging evidence-based programs such as "Stepping On" and "Living With Chronic Conditions" reached over 90 seniors in 2012. Evaluations indicate seniors participating in these programs felt better, reduced falls and took charge of their lives. Seniors also gained specific knowledge and skills to prevent falls and learned how to manage their symptoms so that they could get the most out of their lives.

GOALS

Goal Statement #1: MCDA staff and the Intergenerational Council will expand senior and youth membership, plan a symposium, and create recommendations for future collaboration by November 1, 2015.

Goal Statement #2: Increase overall class participation and the number of peer leaders in evidence-based programs 10% by December 31, 2015.

Goal Statement #3: MCDA and the COA Wellness Council will compile all available local wellness resources and publicize them through grassroots and electronic mediums as well as senior centers by December 1, 2015.

Section 6: Coordination Between Titles III and VI

Not Applicable

Section 7: Area Agency on Aging Special Projects

Name of the Service
Milwaukee County Transportation Options Expo

Rationale for the Project
Please reference pages 27-28, Section FOCUS 4-B: Older Americans Act Programs, Title IIIB – Specialized Elderly Transportation Program

Name of the Service
Golden Idol

Rationale for the Project
Beginning in 2008, the Golden Idol competition was originally designed as a marketing tool for senior centers while showcasing and revitalizing the talents of older adults throughout the community. In order to view the competition, membership in a senior center is required, thereby boosting membership at some centers and increasing interest at all Milwaukee County Senior Centers. More than 300 people attend this annual event.

Name of the Service
Senior Statesman

Rationale for the Project
This program offers seniors the opportunity to learn about and participate in the local legislative process through first-hand contact with the people who represent them. Graduates of the Senior Statesmanship Program are recruited for participation in the Commission's advocacy-related efforts.

Name of the Service
Intergenerational Symposium

Rationale for the Project
Working in partnership with the Intergenerational Council of the Commission on Aging, the symposium will help to promote and expand intergenerational programming in Milwaukee County. Adults and youth will learn more about the richness of opportunities and share reciprocal experiences.

Name of the Service
Senior Hall of Fame

Rationale for the Project
Established in 1997, annually, the Senior Hall of Fame honors five outstanding seniors in Milwaukee County who have served the community as volunteers and as advocates on behalf of older adults. Older adults are encouraged to continuing their volunteerism through this prestigious recognition. The Senior Hall of Fame helps to pique the interest of other older adults to get involved with volunteerism.

Name of the Service
Senior Nutrition Program (SMP) Volunteer Recognition Dinner

Rationale for the Project
Annually, this dinner draws over 400 SMP volunteers. Drivers, cooks, site supervisors, and all other volunteers who play a integral role in ensuring senior meal program services take place. Volunteers for the SMP have a heightened sense of commitment. Each year, combined, volunteers of the SMP log nearly 66,000 hours, serve approximately 265,000 congregate meals and deliver 252,000 meals to homebound older adults. For the volunteers' time and effort, the event is an opportunity to come together on one evening to have a nice dinner and celebrate their hard work.

The Volunteer Recognition Dinner allows older adult volunteers to socialize, develop friendships, and discover opportunities to strategize and consult with one another regarding their meal sites.

Name of the Service
The Face of Aging in Milwaukee County Call to Action Symposium

Rationale for the Project
Based on information published in The Face of Aging 2012 in Milwaukee County report, this event will make the call to action for advocates, policy makers, funders, organizations, and agencies to reflect on and address the diverse needs of Milwaukee County older adults.

Section 8: Area Agency on Aging Waiver to Directly Provide Service

Name of Service: Aging Resource Center

Description of Service:
The Aging Resource Center (ARC) of Milwaukee County provides information and assistance to help people 60 years of age and older remain active, independent and connected to their communities. Reports are provided to the Resource Oversight Committee on an ongoing basis.

One telephone number is available to obtain information and assistance about public and private benefits for older adults ages 60 and over. Staff includes a manager, human service workers (bilingual), a marketing coordinator, and clerical support. A department website and resource database is maintained for internal and public access to link older adults with needed support. Staff is available 24 hours a day, seven days a week, with after-business hours handled by an on-call system. Also, two human service workers visit senior centers, senior dining sites and subsidized housing complexes on a regular basis to provide information and support.

Eligibility and Enrollment for publicly funded Long Term Care programs:
Information and screening are available for functional and financial eligibility for a variety of Manages Care program options and a Medicaid fee for-service system. Options Counseling is provided to assist older adults in making choices for the best program meeting their needs.

Quality Assurance:
Staff processes all complaints and grievances from the public. This includes investigation, amelioration, and fair hearings. Additionally, consumer satisfaction assessments are conducted. Reports are provided to the Resource Oversight Committee.

Elder abuse and crisis intervention:
Department staff (bilingual) including supervisors, a nurse, human service workers and clerical support provide a mechanism to investigate possible crisis situations. Investigations follow allegations related to physical abuse, material abuse, neglect, self-neglect, and emotional abuse of adults age 60 and over who reside in Milwaukee County. Staff conducts client visits. Intervention services are provided as the case warrants.

Justification for the Direct Provision by the Department on Aging:

1. The Aging Resource Center of Milwaukee County serves as a single entry point for all older adults in Milwaukee County. Without this single access point, the delivery of services would be fragmented, information would not be available to all older adults, and clients would not be referred for service according to their needs. Additionally, assessment of potential clients is critical to an effective Manages Care Organization to optimally serve older adults in need. Without Elder Abuse and At-Risk crisis intervention services, older adults would remain in vulnerable situations.
2. The Placement of the Aging Resource Center of Milwaukee County within the Department on Aging is integral to the function of the Area Agency on Aging, which is the lead agency for review, coordination, and oversight of all older adult services.

3. The majority of the employees within this unit are union employees of Milwaukee County, and their job responsibilities are defined by union contract.
4. The service is not a Title III funded service.

Section 9: Targeted Populations

Section 9-A: Serving Low-Income Minority Older Individuals

OUTCOME: Enhance and maintain low-income and minority older adults' participation in MCDA programs.

GOALS:

1. By maximizing the usefulness of data and information contained in the Milwaukee County Face of Aging 2012 demographic report, MCDA will work with the Milwaukee Commission on Aging Underserved Populations Workgroup to identify needs of low-income minority older adults in Milwaukee County.
2. Add one new target population to the Underserved Populations Workgroup each year of the Area Plan by December 31, 2013, December 31, 2014, and December 31, 2015.

BACKGROUND:
Current services provided to low-income and minority older adults will continue based upon available funding. Educational and awareness of transportation modes will be a new initiative specifically targeted to low income minority older individuals within the planning and service are included as part of the area plan.

The Milwaukee County Department on Aging has published a detailed demographic report, the Face of Aging 2012, following the 2010 census. This document will provide invaluable information related to realigning where services should be targeted to assure that the service needs of low-income minority individuals are available to each population. In addition, the report will serve as a valuable tool for individuals, organizations, foundations, and policymakers in the local community and state.

During 2013-2015, MCDA will ensure the inclusion of evidence-based prevention programs to low-income minority individuals through Area Agency contracted senior centers.

Section 9-B: Report on Service to Low Income Minority Older Individuals During 2012

The following summarizes specifically targeted services by ethnic category:

African American

Service	Provider	Allocation
Senior Center	Bethesda Community Senior Citizens' Center	$85,000
Senior Center	Project Focal Point	$60,000
Asian American Social and Nutritional Services	Asian-American Community Center	$37,500
Community Outreach and Access Services to Southeast Asian Elderly: Translation and Interpretation	Hmong/American Friendship Assoc.	$32,850
Community Outreach and Access Services to Southeast Asian Elderly: Socialization, Education, and Recreation	Milwaukee Christian Center	$53,550
Nutrition Site Supervision	Milwaukee Christian Center	$40,000

Hispanic or Latino

One contract for the following four services:

Service	Provider	Allocation
Senior Center	United Community Center	$77,189
Transportation	United Community Center	$129,000
Nutrition Site Supervision	United Community Center	$28,000
Catering (through Café El Sol)	United Community Center	$139,000

Native American

Service	Provider	Allocation
Social and Nutritional Services	Indian Council of the Elderly	$84,572

Russian-Speaking Elderly

Service	Provider	Allocation
Nutrition Site Supervision	Prospect Congregate Housing	$20,000

Lesbian, Gay, Bisexual, and Transgender Elderly

Service	Provider	Allocation
Outreach and Services	SAGE Milwaukee	$10,000

All Older Persons of Color

Service	Provider	Allocation
Alzheimer's Counseling and Community Support	Alzheimer's Association of Southeastern Wisconsin	$50,000
Outreach in Public Housing	S. E. T. Ministry	$67,500
Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park and Lawrence P. Kelly Senior Centers	Interfaith Older Adult Programs	$1,258,867

The Department on Aging will continue to improve and expand established initiatives, looking toward identifying and serving newly emerging target populations

Section 9-C: Serving Older Individuals in Rural Areas

Not applicable.

Section 10: Budgets

Also attached as separate emailed Excel document.

Area Agency on Aging Budget - 2013

Revision Date: 01-24-12 CK

AGENCY NAME

Milwaukee

Budget

This developed form has been created to assist you to better facilitate your completing of the 2013 County and AAA Plan on Aging Budget.
In the event you notice a problem with this form please contact James Schmidlkofer at james.schmidlkofer@dhs.wisconsin.gov. Thank you.

Instructions:

To avoid modifying the template, begin by selecting Save As from your File menu drop down list and save this as 2013 Budget Form Template.

1) Once you have saved the blank template you can save your completed document in the following format: 2013 Budget - County or Tribal name.
   * Example: 2013 Budget - Rusk County or 2013 Budget - Ho Chunk Tribe

2) Beginning on this tab:
   a) Select your county, tribe or organization from the drop down list under Agency Name.

3) On each applicable tab enter in all required information, such as program budget, cash and in-kind budget, other budgets (federal, state, local), current year program budget, and prior year program income budget.
   ** If a specific program does not apply to you simply skip over the tab, do not delete or modify the form.

4) Verify at the bottom of each form that you do not have errors on the form.

5) **Email this completed spreadsheet to the state, even if in draft form, by September 1, 2012.**
   **** Note: You will also need to submit an electronic version of your plan by this date.**
   **** Note: You will need to send in a final version of your plan and budget once it has been approved by your board - electronically and hard copy.**

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: **Milwaukee**

Report for: **Budget**

Title III-B Budget Amount: **$ 884,748**

Section 10-B Title III-B Supportive Services

Expenditure Category	Title III-B Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	-								-
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation	298,448		33,161						331,609
12. Legal/Ben. Assist.	155,946		17,327						173,273
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach	232,070		26,142						258,212
16. Public Information									-
17. Counsel. & Training	19,778		2,198						21,976
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.									-
20. Advoc./Lead.Devel.									-
21. Other	20,250		2,250						22,500
23. Health Promotion	158,256		17,584						175,840
Total	**884,748**	-	**98,662**	-	-	-	-	-	**983,410**

Remaining Budget Balance	$	-	
Percent of Access to Services		60%	**Ok - You provide at least 6% of your allocation to Services Associated with Access to Services.**
Percent of Legal/Ben. Assist.		18%	**Ok - You provide at least 5% of your allocation to Legal/Benefit Assistance Services.**
Percent of In-Home Services		0%	**Not Ok - Lines 2, 3 and 4 need to total at least 7% of your allocation.**
Total Non-Federal Match	$	98,662	**Ok - Minimum Match Met**
Match Amount Needed	$	98,305	

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

Title III-C1 Budget Amount: $ 2,464,720

Section 10-C1 Title III-C1 Congregate Meals

Expenditure Category	Title III-C1 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals	686,864		95,275						782,139
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	1,777,856		142,820						1,920,676
9. Nutrition Counsel.			11,921						11,921
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other			23,842						23,842
23. Health Promotion									
Total	**2,464,720**	**-**	**273,858**	**-**	**-**	**-**	**-**	**-**	**2,738,578**

Remaining Budget Balance $ -

Percentage of HDM 28% **Ok - You provide no more than 45% of your allocation to Home Delivered Meals.**

Total Non-Federal Match $ 273,858 **Ok - Minimum Match Met**

Match Amount Needed $ 273,858

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: **Milwaukee**

Report for: **Budget**

Title III-C2 Budget Amount: **$ 699,490**

Section 10-C2 Title III-C2 Home Delivered Meals

Expenditure Category	Title III-C2 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals	641,193		71,244						712,437
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation	58,297		6,478						64,775
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	699,490	-	77,722	-	-	-	-	-	777,212

Remaining Budget Balance $ -

Total Non-Federal Match $ 77,722 **Ok - Minimum Match Met**

Match Amount Needed $ 77,721

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

Title III-D Budget Amount: $ 82,030

Section 10-D Title III-D Disease Prevention and Health Promotion Services

Expenditure Category	Title III-D Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									-
15. Outreach									
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.	21,053		2,339						23,392
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion	60,977		6,776						67,753
Total	**82,030**	-	**9,115**	-	-	-	-	-	**91,145**

Remaining Budget Balance	$	-	
Percent of Med. Mgt/Scr./Edu.		26%	**Ok - You provide at least 25.44% of your allocation to Medication Management/Screening/Education.**
25.44% Needed	$	20,868	
Total Non-Federal Match	$	9,115	**Ok - Minimum Match Met**
Match Amount Needed	$	9,114	

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

Title III-E Budget Amount: $ 448,325

Section 10-E Title III-E Family Caregiver Support Program

Expenditure Category	Title III-E Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									
14. Info. & Assistance	119,499		40,000						159,499
15. Outreach	148,826		49,442						198,268
16. Public Information	60,000		20,000						80,000
17. Counsel. & Training	60,000		20,000						80,000
18. Temporary Respite	60,000		20,000						80,000
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	448,325	-	149,442	-	-	-	-	-	597,767

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards.

	Information and Assistance			Counseling and Training	
	Public Information			Temporary Respite	

Remaining Budget Balance $ -

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

AFCSP Budget Amount: $ -

Section 10-AFCSP State Alzheimer's Family and Caregiver Support Program

Expenditure Category	AFCSP Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	242,158								242,158
23. Health Promotion									
Total	**242,158**	-	-	-	-	-	-	-	**242,158**

Match for Title III-E	(242,158)

Note: To avoid duplication of match this will be adjusted on the Summary Page.

Remaining Budget Balance -

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

State Elderly Benefit Services Budget Amount: $ 111,456

Section 10-BS State Elderly Benefit Services

Expenditure Category	State Elderly Benefit Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.	111,456		12,384						123,840
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion									
Total	**111,456**	**-**	**12,384**	**-**	**-**	**-**	**-**	**-**	**123,840**

Remaining Budget Balance $ -

Total Non-Federal Match $ 12,384 **Ok - Minimum Match Met**

Match Amount Needed $ 12,384

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

State Elder Abuse Services Budget Amount: $ 432,321

Section 10-EA State Elder Abuse Direct Services

Expenditure Category	State Elder Abuse Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	432,321								432,321
23. Health Promotion									
Total	**432,321**	-	-	-	-	-	-	-	**432,321**

Remaining Budget Balance $ -

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: **Milwaukee**

Report for: **Budget**

State Senior Community Services Budget Amount: **$ 62,617**

Section 10-SCS State Senior Community Services

Expenditure Category	State SCS Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach	31,128		6,958						38,086
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.									-
20. Advoc./Lead.Devel.									
21. Other	31,489								31,489
23. Health Promotion									
Total	62,617	-	6,958	-	-	-	-	-	69,575

Remaining Budget Balance -

Total Non-Federal Match $ 6,958 **Ok - Minimum Match Met**
Match Amount Needed $ 6,957

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

Section 10-Other Other Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration				345,685	855,039		12,000		1,212,724
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals				121,925			1,012,715		1,134,640
6. Adult Day Care									-
7. Case Management				3,049,294	2,517,353	(333,108)			5,233,539
8. Congregate Meals				189,793			196,701		386,494
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation					1,118,500				1,118,500
12. Legal/Ben. Assist.				90,990	47,911				138,901
13. Nutrition Education									-
14. Info. & Assistance				475,928	665,581				1,141,509
15. Outreach				3,208	132,348	112,089			247,645
16. Public Information									-
17. Counsel. & Training					13,222				13,222
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.				(247)					(247)
20. Advoc./Lead.Devel.									-
21. Other					716,057	1,457,868			2,173,925
23. Health Promotion					64,000	155,120			219,120
Total	-	-	-	**4,276,576**	**6,130,011**	**1,391,969**	**1,221,416**	-	**13,019,972**

Area Agency on Aging Unit Budget - 2013

Name of County/Tribe: Milwaukee

Report for: Budget

Total Budget Amount: $ 5,185,707

Section 10-Summary — Summary Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	-	-	-	345,685	855,039	-	12,000	-	**1,212,724**
2. Personal Care	-	-	-	-	-	-	-	-	**-**
3. Homemaker	-	-	-	-	-	-	-	-	**-**
4. Chore	-	-	-	-	-	-	-	-	**-**
5. Home Del Meals	1,328,057	-	166,519	121,925	-	-	1,012,715	-	**2,629,216**
6. Adult Day Care	-	-	-	-	-	-	-	-	**-**
7. Case Management	-	-	-	3,049,294	2,517,353	(333,108)	-	-	**5,233,539**
8. Congregate Meals	1,777,856	-	142,820	189,793	-	-	196,701	-	**2,307,170**
9. Nutrition Counsel.	-	-	11,921	-	-	-	-	-	**11,921**
10. Assisted Transpo.	-	-	-	-	-	-	-	-	**-**
11. Transportation	356,745	-	39,639	-	1,118,500	-	-	-	**1,514,884**
12. Legal/Ben. Assist.	267,402	-	29,711	90,990	47,911	-	-	-	**436,014**
13. Nutrition Education	-	-	-	-	-	-	-	-	**-**
14. Info. & Assistance	119,499	-	40,000	475,928	665,581	-	-	-	**1,301,008**
15. Outreach	412,024	-	82,542	3,208	132,348	112,089	-	-	**742,211**
16. Public Information	60,000	-	20,000	-	-	-	-	-	**80,000**
17. Counsel. & Training	79,778	-	22,198	-	13,222	-	-	-	**115,198**
18. Temporary Respite	60,000	-	20,000	-	-	-	-	-	**80,000**
19. Med.Mgt/Scr./Edu.	21,053	-	2,339	(247)	-	-	-	-	**23,145**
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	**-**
21. Other	726,218	-	26,092	-	716,057	1,457,868	-	-	**2,926,235**
23. Health Promotion	219,233	-	24,360	-	64,000	155,120	-	-	**462,713**
AFCSP Adjustment		242,158							**242,158**
Total	**5,427,865**	**242,158**	**628,141**	**4,276,576**	**6,130,011**	**1,391,969**	**1,221,416**	**-**	**19,318,136**

Remaining Budget Balance	(242,158)

Section 10-AAA Admin

Expenditure Category	Title III-B Admin Budget	Title V Budget	HCFA Budget	Title III-E Budget	Interest Income Budget	Total Budget
Wages/Salaries	$ 25,729.20					$ 25,729.20
Fringe Benefits	$ 20,216.00					$ 20,216.00
Travel						$ -
Rent/Utilities						$ -
Telephone						$ -
Printing/Copying						$ -
Supplies						$ -
Equipment						$ -
Training						$ -
Other (itemize below)						
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Other						$ -
Subtotal	$ -	$ -	$ -	$ -	$ -	$ -
Match						$ -
Total Operations	**$ 45,945.20**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 45,945.20**

Section 10-AAA Priority

Expenditure Category	Title III-B Special Project Budget	Title III-B Counties/ Tribes Budget	Total Budget for Required Services	Percent of PSA Title III-B Alloc.
Access Services				
Information & Assistance		$ -	$ -	
Assisted Transportation		$ -	$ -	
Transportation		$ 298,448.00	$ 298,448.00	
Outreach		$ 232,070.00	$ 232,070.00	
Subtotal Access	$ -	$ 530,518.00	$ 530,518.00	100%
In-Home				
Personal Care		$ -	$ -	
Homemaker		$ -	$ -	
Chore		$ -	$ -	
Subtotal In-Home	$ -	$ -	$ -	#DIV/0!
Legal & Benefit Assistance		$ 155,946.00	$ 155,946.00	100%
Total Allocation	$ -	$ 686,464.00	$ 686,464.00	

Attachment A

Commission on Aging and Advisory Council members who attended the July listening sessions ("Cookies and Conversations" and "Dessert and Discussions")

Commission on Aging and Advisory Council members who attended the July listening sessions ("Cookies and Conversations" and "Dessert and Discussions")

United Community Center Senior Center - "Dessert and Discussion" – July 12, 2012

Frank Gonzales, Jr., Commission on Aging, Vice Chair

Wilson Park Senior Center – "Dessert and Discussion" - July 13, 2012

Judy Troestler, Commission on Aging and Aging and Disability Resource Center Governance Board
Commissioner Sr. Edna Lonergan, Commission on Aging – Chair, Intergenerational Council

Washington Park Senior Center – "Cookies and Conversation" – July 16, 2012

Vi Hawkins, Commission on Aging, Chair
Gwen Jackson, Commission on Aging, Emeritus
James Kimble, Advisory Council

Saint Paul's Church – "Dessert and Discussion" - July 17, 2012

Jean Davidson, Advisory Council
Barbara Bechtel, Aging and Disability Resource Center Governance Board

Kelly Senior Center – " Dessert and Discussion" - July 18, 2012

None

Clinton and Bernice Rose Senior Center – "Dessert and Discussion" - July 19, 2012

Mattie Payne, Commission on Aging

Washington Park Senior Center – "Cookies and Conversation" – July 23, 2012

Viola "Vi" Hawkins, Commission on Aging, Chair
Jean Davidson, Advisory Council
Eileen Hayes, Commission on Aging
Bob Haase, Commission on Aging – Chair, Advocacy Committee

Franklin City Hall – "Dessert and Discussion" - July 25, 2012

County Supervisor Steve Taylor, Commission on Aging
Lisa Bittman, Advisory Council

Washington Park Senior Center – "Dessert and Discussion" - July 26, 2012

Bob Haase, Commissioner on Aging – Chair, Advocacy Committee
Viola "Vi" Hawkins, Commission on Aging, Chair
Eileen Hayes, Commission on Aging
Alvin Hill, Jr., Commission on Aging – Co-Chair, Underserved Populations Workgroup
Sandy Richins, Commission on Aging – Chair, Nutrition Council
Gina Green-Harris, Advisory Council – Co-Chair, Underserved Populations Workgroup

Attachment B

Minutes from Area Plan public hearings held on October 10, 2012

MILWAUKEE COUNTY DEPARTMENT ON AGING
"HARVESTING YOUR FEEDBACK" - AREA PLAN PUBLIC HEARING

THURSDAY, OCTOBER 10, 2012

WILSON PARK SENIOR CENTER
2601 WEST HOWARD AVENUE, MILWAUKEE, MAIN HALL

MEETING MINUTES

Milwaukee County Commission on Aging members as well as Department on Aging staff and guests are listed below.

Milwaukee County Commission on Aging Members

Vi Hawkins, Chair, Commission on Aging
Frank Gonzales, Jr., Vice-Chair, Commission on Aging
Casper Green
Bob Haase
Gary Mikolaijczyk
Gwen Jackson, Emeritus
Judith Strauss, Chair, Commission on Aging Service Delivery Committee

Milwaukee County Commission on Aging Advisory Council Members

Kerry Malak, Co-Chair, Commission on Aging Advisory Council
Rocille McConnell, Co-Chair, Commission on Aging Advisory Council
David Hoffman, Chair, Commission on Aging Wellness Council
Lisa Bittman, Interfaith Older Adult Programs

Milwaukee County Department on Aging Staff

Jonette Arms
Jon Janowski
Beth Monrial-Zatarski
Diane Beckley
Jill Knight
Greg Reiman
Beth Lentz
Zulma Myszewski
Amanda Kaiz (Intern)

Milwaukee County Department on Aging Guests

Mariann Muzzi, AARP Wisconsin
Robert Bell, Photographer

The Department on Aging PowerPoint presentation and its "2013-15 Goals" handout is attached.

Meeting opened at 9:15 am.

I. INTRODUCTION

Jonette Arms, Assistant Director of the Milwaukee County Department on Aging, introduced herself and welcomed everyone to the public hearings. Jonette introduced the MCDA staff members, the AARP representative (Mariann Muzzi) the Milwaukee County Commission on Aging members (including committee and council chairpersons), Advisory Council members, and the photographer. She asked that the authorization forms giving MCDA permission to include photos and comments in any publications should be signed and will be collected at the end of the hearing. She briefly spoke about the three strategies implemented by the Department on Aging to identify the needs of older adults and determine area plan goals for 2013-2015. These strategies included: 7 "Dessert and Discussions", two "Cookies and Conversations," and hard-copy and online surveys (780 surveys were filled out). She explained that the state-mandated goals were required focus areas and the local goals were based on feedback from older adults within the community.

II. STATE-MANDATED GOALS

Goals pertaining to these six areas were discussed. Attendees were asked to provide feedback and ask questions. Areas of concern that were brought up by the attendees and addressed by MCDA staff were:

A. Development of a System of Home and Community-Based Services

Audience Question: Is Columbia-St. Mary's a part of Wheaton? Why was it not included in the goal regarding older adults who transition back to homes and communities to reduce readmissions? You mentioned Aurora, Wheaton and Froedtert.

MCDA Response: The three health systems that were named is not an exclusive list. Columbia St. Mary's should and will also be included. Not including them was an oversight.

B. Older Americans Act Programs:

a. **Elderly Nutrition Programs**
b. **Specialized Transportation Services**

Audience Question: Will there be transportation options for those people who cannot drive any longer due to visual impairments?

MCDA Response: Yes, there are currently and will continue to be transportation options for people with visual and physical limitations. We can provide the telephone number to our Aging Resource Center of Milwaukee County to help you obtain information on current transit services available.

C. Alzheimer's Disease and Related Disorders

COA Wellness Council Chairman David Hoffman suggested that medical providers be included in the new Alzheimer's Disease Coalition.

D. Emergency Preparedness

Commissioner Judy Strauss said she thinks the emergency preparedness information needs to be distributed beyond the Internet because not all seniors use a computer. All marketing techniques should be used, such as print media, TV, radio, billboards, etc.

Audience Statement: Religious institutions are important outreach points and should post information on their website or in their bulletins.

Audience Statement: When speaking about partnerships within the community, there should be a listing of all of them so that people know who our partners are in helping us address some of these issues.

MCDA Response: When writing the plan, we give examples of partners. We do not list all partners because once our goals are approved, as a part of our strategy; we go out and seek our partners. We do not always know who are partners will be when beginning work on an issue or project.

E. Evidence-Based Prevention Programming

F. Family Caregiver Support

III. LOCAL GOALS

Goals pertaining to these three areas were discussed. Attendees at the hearing were asked to provide feedback and ask questions. Areas of concern that were brought up by attendees and addressed by MCDA staff were:

A. Home Repair and Chore Service

Audience Question: Are we looking at Habitat for Humanity as a partner to help achieve our goals?

MCDA Response: Yes.

Audience Question: Are we also considering trade unions and carpenters?

MCDA Response: Yes. One of current partners and older adult service agencies is Rebuilding Together Milwaukee. They have partnerships with people who are engaged in specialized trades.

B. Communication About Aging Programs and Services

C. Opportunities for Social Engagement

IV. CONCLUSION

Jonette Arms explained the remainder of the process for the Area Plan, including deadlines that must be adhered to. She noted that the MCDA draft plan will go to the state Department of Health Services on Monday October 15th. MCDA staff will then incorporate state feedback into the draft plan and present it to the Commission on Aging's Advisory Council on November 13th and full Commission on Aging on November 16th. The County Board will take up the area plan at its December 20th meeting.

An audience member asked whether County Supervisors should be contacted prior to voting on the plan. Jonette Arms responded that people should let Board members know that they have been informed through these information sessions and would like their support of the area plan.

V. CLOSING REMARKS

Commission on Aging Chair Viola "Vi" Hawkins thanked Jonette Arms and MCDA staff for doing an excellent job throughout the area plan process. She thanked those involved in the listening sessions and asked that everyone continue to be involved. She expressed that Milwaukee County is on the right track and is setting an example for other counties. She concluded by saying that each individual knows what they need, and people should feel comfortable voicing their opinions to her and MCDA staff so that everyone can be heard.

Commissioner Shirley Warren thanked MCDA for their involvement in getting feedback throughout the area plan process.

Commissioner and Advocacy Committee Chair Bob Haase stated that people should regularly contact elected officials because advocacy is an important part of their job.

Commissioner Emeritus Gwen Jackson mentioned the date and location of Advocacy Committee meetings (the first Monday of each month) and noted that the meetings are open to the public and that people should feel free to attend. She also said that MCDA has great staff with great leadership and that Milwaukee County has one of the best Departments on Aging in the United States.

Jonette Arms thanked MCDA staff for pulling all of the area plan pieces together. She specifically noted Jon's leadership in keeping everyone on task and taking a leadership role in writing the area plan. She also thanked the Advisors, Commissioners, volunteers and all individuals that attended the hearing.

Mariann Muzzi from AARP Wisconsin mentioned the election season and Senator Herb Kohl's retirement. She referred to the AARP voter guides distributed at the beginning of the meeting and

encouraged attendees to read the literature to sort out myth from fact regarding Social Security and Medicare. She also mentioned a Free Driver Safety Course for Veterans and family members.

Jonette Arms closed by asking those interested to sign the photo release forms so that pictures could be used in the Faces of Aging demographic report and other mediums to showcase Milwaukee County residents.

Meeting adjourned at 10:30 am.

Respectfully submitted,

Zulma Myszewski, Secretarial Assistant

MILWAUKEE COUNTY DEPARTMENT ON AGING
"HARVESTING YOUR FEEDBACK" – AREA PLAN PUBLIC HEARING

THURSDAY, OCTOBER 10, 2012

WASHINGTON PARK SENIOR CENTER
4420 WEST VLIET STREET, MILWAUKEE, MAIN HALL

MEETING MINUTES

Milwaukee County Commission on Aging members as well as Department on Aging staff are listed below.

Milwaukee County Commission on Aging Members

Vi Hawkins, Chair, Commission on Aging
Frank Gonzales, Jr., Vice-Chair, Commission on Aging
Gary Mikolajczyk
Judith Strauss, Chair, Commission on Aging Service Delivery Committee
Shirley Warren, Chair, Commission on Aging Resource Center Oversight Committee
Gwen Jackson, Emeritus

Milwaukee County Commission on Aging Advisory Council Members

Kerry Malak, Co-Chair, Commission on Aging Advisory Council
Rocille McConnell, Co-Chair, Commission on Aging Advisory Council
David Hoffman, Chairman, Commission on Aging Wellness Council
Lisa Bittman, Interfaith Older Adult Programs

Milwaukee County Department on Aging Staff

Stephanie Sue Stein, Director
Jonette Arms, Assistant Director
Jon Janowski, Program and Policy Coordinator
Beth Monrial-Zatarski, Senior Meal Program Manager
Diane Beckley, Program Coordinator
Jill Knight, Program Coordinator
Greg Reiman, Program Manager
Beth Lentz, Secretarial Assistant
Zulma Myszewski, Secretarial Assistant
Amanda Kaiz, Intern, Senior Meal Program

Milwaukee County Department on Aging Guests

Mariann Muzzi, AARP Wisconsin
Robert Bell, Photographer

The Department on Aging PowerPoint presentation and its "2013-15 Goals" handout is attached.

Meeting opened at 1:15 pm.

I. INTRODUCTION

Jonette Arms, Assistant Director of the Milwaukee County Department on Aging, introduced herself and welcomed everyone to the public hearings. Jonette introduced the MCDA staff members, the AARP representative (Mariann Muzzi) the Milwaukee County Commission on Aging members (including committee and council chairpersons), Advisory Council members, and the photographer. She asked that the authorization forms giving MCDA permission to include photos and comments in any publications should be signed and will be collected at the end of the hearing. She briefly spoke about the three strategies implemented by the Department on Aging to identify the needs of older adults and determine area plan goals for 2013-2015. These strategies included: 7 "Dessert and Discussions", two "Cookies and Conversations," and hard copy and online surveys (780 surveys were filled out). She explained that the state-mandated goals were required focus areas and the local goals were based on feedback from older adults within the community.

II. STATE-MANDATED GOALS

Goals pertaining to these six areas were discussed. Attendees were asked to provide feedback and ask questions. Areas of concern that were brought up by the attendees and answered by MCDA staff were:

G. Development of a System of Home and Community-Based Services

Jonette Arms mentioned that in the morning hearing someone brought up Columbia St. Mary's being excluded from the presentation. She said the Department's goals would be updated to reflect their inclusion.

H. Older Americans Act Programs: (no questions asked or statements made)

a. **Elderly Nutrition Programs**
b. **Specialized Transportation Services**

I. Alzheimer's Disease and Related Disorders

Jill Knight, MCDA staff, said that with respect to the Alzheimer's ongoing initiative, two other goals would be chosen after 2015. The process/focus will not end in 2015, but will continue beyond the final year of the area plan.

J. Emergency Preparedness

Audience Question: Are summer heat emergencies a part of the emergency preparedness goals? This year many older adults weren't checked on to see if they were ok.

MCDA Answer: Yes, emergency preparedness does include heat emergencies. We do partner with emergency management organizations, the American Red Cross and the health department among others. We are part of a big collaboration of agencies that focus on emergency preparedness. When heat alerts go out to the community, we are part of ensuring that older people and the agencies that serve them receive the right information. Within our department we coordinate resources and ensure that consumers who have contact with our Resource Center are checked on. Our human service workers and agency partners check on clients to make sure they are OK.

Audience Statement: Someone who works with the Boy Scouts provided additional information about emergency preparedness and kits that people can purchase (such as first aid kits.) Some of the main issues of concern are hot temperatures and burns.

K. Evidence-Based Prevention Programming (no questions asked or statements made)

L. Family Caregiver Support

Audience Question: Are caregivers the ones that go into homes to take care of the elderly? In one participant's case, it happens to be her brother and there is a lot of resentment about people coming into the home. These people are trying to cut off some of his services. The lady coming into the home shouldn't be directing them.

MCDA Response: It can be a professional or a family member who provides caregiving services. The participant should call the MCDA Resource Center to figure out the situation. The participant should also take some brochures from the table in the back for additional caregiving resources.

Audience Statement: It depends on the type of insurance that people have, and that's why certain services are cut.

Other special guests and MCDA staff were introduced before moving on to the next part of the presentation.

Mariann Muzzi from AARP Wisconsin mentioned the election season and Senator Herb Kohl's retirement. She referred to the voter guides distributed at the beginning of the meeting and encouraged attendees to read the literature to sort out myth from fact regarding Social Security and Medicare. She also mentioned a Free Driver Safety Course for Veterans and family members.

Audience Question: Are AARP voter resources available online?

AARP Response: Please visit www.earnedasay.org and all voter resources are located there.

III. LOCAL GOALS

Goals pertaining to these three areas were discussed. Attendees at the hearing were asked to provide feedback and ask questions. Areas of concern that were brought up by attendees and addressed by MCDA staff were:

D. Home Repair and Chore Service

Audience Statement: When talking about chores and messaging the word "disability" is not mentioned. The disabled are not always just in need of chores. They physically cannot do work needed around the house. Maybe we could add that word in there, so that they are aware that they may be older and not physically able to do the work.

MCDA Response: Thanks for the feedback. When people gave us feedback during the summer input sessions, they did talk about the aging process, and not being able to walk or bend. People have discussed needing supports in their homes, like a ramp or something to hold onto in the bathroom. So those things are definitely being taken into consideration and will be included. When we talk with our partners at the table, we will definitely also look to our disability service providers/partners for assistance.

Audience Statement: Regarding home repair, my parents have lived in their home for 47 years and many things are deteriorating. Are there any assistance options available with plumbing and other repairs?

MCDA Response: Yes, lots of programs are available to help you. As hard as we work to get information out to people, we still need to do more and have to develop additional strategies to inform every one of the resources available to them. We want older adults to stay in their own homes, but we know that often they cannot because of physical limitations. Call the MCDA Resource Center at 289-6874 to get information on programs that might be available for current home maintenance and chore services.

E. Communication About Aging Programs and Services

Audience Question: Do people have to do Title 19 paperwork, because my stepfather refuses to turn it in?

MCDA Response: One resource to consider is option is Legal Action of Wisconsin. They have benefit specialists that can help people with public benefit applications. People can always call Legal Action, not to give them your information, but to at least find out what's available. The Aging Resource Center of Milwaukee County can also provide information about eligibility requirements for various programs.

Audience Question: Do all of these programs have a fee?
MCDA Response: No, not all of them. The MCDA Resource Center will give you specifics.

F. Opportunities for Social Engagement (no questions asked or statements made)

IV. CONCLUSION

Jonette Arms explained the remainder of the process for the Area Plan, including deadlines that must be adhered to. She noted that the MCDA draft plan would go to the state Department of Health Services on Monday October 15th. MCDA staff will then incorporate state feedback into the draft plan and present it to the Commission on Aging's Advisory Council on November 13th and full Commission on Aging on November 16th. The County Board will take up the area plan at its December 20th meeting.

V. CLOSING REMARKS

Viola "Vi" Hawkins expressed that it was a pleasure to see so many faces in the audience and that this process is what Milwaukee County is all about. She thanked Jonette Arms and the MCDA staff for putting the hearing together. She mentioned that she enjoys these events because she likes to be informed, because even if she might not need the resources today she might need them tomorrow. Ms. Hawkins said the "Cookies and Conversations" and "Dessert and Discussions" were catalysts to get the area plan started, and feedback from the sessions will be put into the plan and taken to the state. Ms. Hawkins also mentioned that she sits on the State Aging Advisory Committee and that although she cannot go everywhere, people can communicate with her through these events. She noted that it is important to volunteer and get involved, because somehow everyone can make a difference in a person's life.

Gwen Jackson thanked MCDA staff for a wonderful meeting and said that Milwaukee has the best Department on Aging in the nation. She thanked Stephanie Sue Stein and Jonette Arms for their leadership. She also thanked everyone for coming to the hearing. She said that we are very lucky to live here because Milwaukee County has the best Commission on Aging.

Jonette Arms thanked everyone for attending and for listening to the area plan goals. She noted that these goals were based on input from approximately 2,500 seniors. She also thanked MCDA staff for helping to pull together the public hearings.

Meeting adjourned at 2:45 pm.

Respectfully submitted,

Zulma Myszewski, Secretarial Assistant

PRESENTATION OF MILWAUKEE COUNTY 2013-2015 AREA PLAN GOALS

Thursday, October 10, 2012

Wilson Park Senior Center
Washington Park Senior Center

Jonette N. Arms, Assistant Director
414-289-6073
jonette.arms@milwaukeecounty.com

2013-15 Area Plan – The Basics

Area plan is our road map for the next three years.

- What are we required to do?
- What you want us to do?

What Have We Done So Far?

- 7 "Dessert and Discussions"
- 2 "Cookies and Conversations"
- 780 surveys

What We Are Required To Do...

Development of a System of Home and Community-Based Services

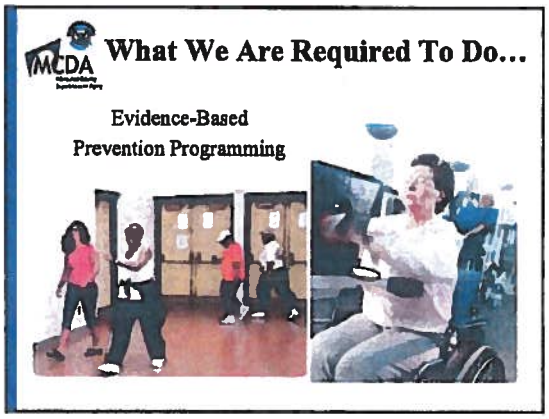
What We Are Required To Do...

Older Americans Act Programs

What We Are Required To Do...

Alzheimer's Disease and Related Disorders (ADRD)

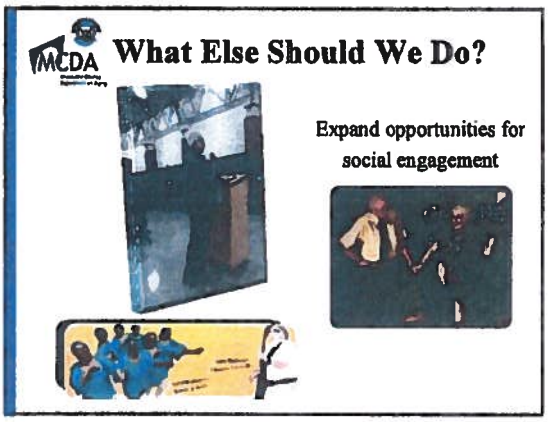
What We Are Required To Do...
Emergency
Preparedness


What We Are Required To Do...
Evidence-Based
Prevention Programming

What We Are Required To Do...
Family Caregiver Support

What Else Should We Do?
Expand home repair and chore services

What Else Should We Do?
Improve communication about programs and services


What Else Should We Do?
Expand opportunities for
social engagement

Area Plan Next Steps

- Draft sent to state by October 15th
- Commission on Aging Advisory Council review and approval on November 13th
- Commission on Aging review and approval on November 16th
- County Board review and approval on December 20th

And finally…

Thank you for your feedback!

Comments or questions:

- Call ~ 414-289-5950
- Email ~ agingevents@milwaukeecounty.com
- Information and Assistance ~ 414-289-6874

MILWAUKEE COUNTY DEPARTMENT ON AGING – 2013-15 AREA PLAN GOALS

A. State-Mandated Goals

Development of a System of Home and Community-Based Services

Goal Statement #1: In order to avoid unwanted, dangerous and expensive outcomes for seniors discharged from hospitals in Milwaukee County, The MCDA will work with BADR MetaStar and the three Hospital Systems in Milwaukee County to explore the development of Care Transition partnerships. Discussions with all three systems will take place by December 31st, 2013.

Goal Statement #2: In order to test the efficacy of formal care transition relationships, the MCDA will operationalize and measure outcomes for at least one care transition pilot with a health care system by December 31, 2014.

Goal Statement #3: In order to fund the startup and ongoing costs of care transition Models, The MCDA will explore and secure revenue from one or more sources including federal, State, Local Government funds and private funds from hospital partners. Ongoing for 2013-2015.

Older Americans Act Programs

1. Elderly Nutrition Programs

Goal Statement #1: MCDA will fully participate in the state's Elderly Nutrition Program Task Force and by October 31, 2013 will assist the group with identifying best practices for updating the Elderly Nutrition Program.

Goal Statement #2: MCDA staff, in collaboration with the state BADR, will review task force recommendations and recommend state policy changes by March 31, 2014.

Goal Statement #3: MCDA staff will attend state training events and implement new training policies and methods at Elderly Nutrition Program sites by November 30, 2015.

Goal Statement #4: MCDA will consolidate all census and demographic data, meal count data, and site evaluation results into a written report by December 31, 2013.

Goal Statement #5: The Milwaukee County Commission on Aging's Advisory Council and Nutrition Council will review the report and make recommendations about meal site programming by December 1, 2014.

Goal Statement #6: MCDA staff will implement recommendations at meal sites by December 1, 2015.

2. Specialized Transportation Services

Goal Statement #1: To improve the efficiency and effectiveness of transportation services to seniors in Milwaukee County, staff will work with the Commission on Aging Advisory Council Underserved Population Workgroup to assist with developing specific strategies to educate and garner interest of seniors and their caregivers, aging service providers, and the community at-large about transportation options by December 31, 2014.

Alzheimer's Disease and Related Disorders (ADRD)

Goal Statement #1: In order to form an enhanced network for servicing older adults diagnosed with Alzheimer's disease or related dementias and their families, MCDA, the Alzheimer's Association of Southeastern Wisconsin and the Wisconsin Alzheimer's Institute will assemble a listing of interested partner agencies and stake holders interested in forming an Alzheimer's Disease Coalition by December 31, 2013.

Goal Statement #2: In order to continue the dialog and collaboration in supporting, enhancing services and increasing awareness to those currently diagnosed and those who will be diagnosed with Alzheimer's disease or a related dementia, the Alzheimer's Disease Coalition will convene three times per year to share initiatives that each has and advocate on behalf of those with Alzheimer's disease by December 31, 2014.

Goal Statement #3: The Alzheimer's Coalition will choose two initiatives in order to further advocate for and increase awareness of issue in Milwaukee County by December 31, 2015.

Emergency Preparedness

Goal Statement #1: To provide information about developing disaster preparedness plans for large and small Long Term Care Facilities, MCDA will participate on the Wisconsin Hospital Emergency Preparedness Program (WHEPP) Expert Panel to develop and distribute documents and templates on disaster preparedness material in accordance with an established WHEPP marketing/communication plan by December 31, 2013.

Goal Statement #2: To assure the safety of older adults, MCDA FAst Team will continue to participate in the develop long-range emergency preparedness plans and coordinate activities within the framework of the Emergency Operations Center of Milwaukee County through December 31, 2015.

Goal Statement #3: To raise disaster preparedness awareness to residents and the existing Aging Network, MCDA will collaborate with Emergency Response Stakeholders to provide disaster preparedness education, disseminate preparedness material and

post web based (on-line access) of current resource information starting January 2013 through December 31, 2015.

Evidence-Based Prevention Programming

Goal Statement #1: To assure sustainability and expansion of programs recommended by the Administration on Aging, the Milwaukee County Department on Aging will collaborate with the Commission on Aging Wellness Council and external partners to promote a model of health promotion and disease prevention for seniors. This goal will be on-going over the entire three years of the plan through December 31, 2015.

Goal Statement #2: Utilizing the Commission on Aging Wellness Council and Nutrition Council and community partners, increase by a minimum of two the number of approved evidence based prevention programs that align with Milwaukee County adopted Eight Dimensions of Wellness by December 31, 2014.

Goal Statement #3: Milwaukee County Department on Aging staff and Commission on Aging Wellness Council members will work together to expand cross division/departmental and external relationships with a minimum of six additional partners to create a robust model of Bureau of Aging and Disability Resources approved health promotion and disease prevention programs for seniors throughout Milwaukee County by December 31, 2015.

Family Caregiver Support (National Family Caregiver Support Program)

Goal Statement #1: In order to expand outreach to employed caregivers through interfacing with 25 small and medium size employers by December 31, 2013, MCDA in collaboration with participation with Interfaith, RE-SERVE Southeast Wisconsin, FCSN will create a temporary outreach position that will staff this project.

Goal Statement #2: In order to assist caregivers with better self care and the appropriate care of their care receiver, FCSN and MCDA will adopt workable general family caregiver needs assessment tools by December 31, 2014, which may be self administered or used by assisting professionals. The assessment tools may be used to make appropriate referrals, for further research and policy recommendations.

Goal Statement #3: In order to assist family caregivers with the management of finances and paperwork, FCSN and MCDA will review and update the Family Caregiver Support Tool Kit by December 31, 2015.

B. Local Goals

Home Repair and Chore Service

Goal Statement #1: In order to inventory resources and more clearly define need the MCDA will convene under the auspices of an Advisory Council workgroup community partners both public and private who have skill in home repair and/ or chore service delivery and express a willingness to develop county wide solutions for meeting this need. By June 30, 2013

Goal Statement #2: In order to operationalize this initiative the MCDA will identify and designate one or more community lead agencies to assume the role of developer and dispenser of information about and access to Home repair and Chore services. By January 31, 2014

Goal Statement #3: In order to fund start up and operational costs of a comprehensive county wide chore service home repair program the MCDA will secure funds from local/national foundations and/or assist with fund raising events. Ongoing for Area Plan 3013-2015.

Goal Statement #4: In order to raise community awareness of the MCDA's successful initiative to create a system/or program to respond to home repair chore service needs of older adults the MCDA will hold a home repair /chore service expo and will develop multiple avenues for public information dissemination. By April 30, 2015.

Communication About Aging Programs and Services

Goal Statement #1: Milwaukee County Department on Aging staff will work in partnership with a university or college marketing internship program to develop a comprehensive community educational outreach plan, inclusive of social media, website enhancement, a community calendar, e-notify, e-alerts, and other public relation mediums. This goal will be on-going over the entire three years of the plan through June 30, 2015.

Goal Statement #2: Work with Milwaukee County Quality Improvement Coordinator to create and foster increased perceptions of friendly and welcoming telephone and physical customer service interactions between Milwaukee County Department on Aging staff and older adults and their family members or representatives by March 31, 2014.

Goal Statement #3: To assure a broader outreach to Milwaukee County seniors, partner with aging community service providers, nonprofit and private-for-profit organizations, health care systems, retail, and older adult volunteers to engage them in helping to promote supportive services, resources, and programs available throughout the community by December 31, 2015.

Opportunities for Social Engagement

Goal Statement #1: Increase overall class participation and the number of peer leaders in evidence-based programs by 10% by December 31, 2015.

Goal Statement #2: MCDA and the COA Wellness Council will compile all available local wellness resources and publicize them through grassroots and electronic mediums by December 1, 2015.

Goal Statement #3: MCDA staff and the Intergenerational Council will expand senior and youth membership, plan a symposium, and create recommendations for future collaboration by November 1, 2015.

The aforementioned goals are DRAFT until the State of Wisconsin Bureau of Aging Disability Resources gives final approval of the Milwaukee County Area Plan for Older Adults, which will be sometime in November 2012.

For more information about area plan goals:
Call: 414-289-5950
Email: agingevents@milwaukeecounty.com

If you are interested in learning about aging services and resources, please contact the Aging Resource Center of Milwaukee County's Information and Assistance at 414-289-6874.

Attachment C

The Face of Aging in Milwaukee County 2012, Third Edition
Demographic Report

Third Edition

2012

The Face of Aging in Milwaukee County

Milwaukee County Department on Aging Demographic Report

Barbara Bechtel and Viola "Vi" Hawkins

Milwaukee County Commission on Aging

Viola "Vi" Hawkins
Chair

Frank Gonzales, Jr.
Vice Chair

Mattie Payne
Secretary

County Supervisor Steve F. Taylor

Brenda J. Doxtator

Casper T. Green

Bob Haase

Eileen Hayes

Alvin C. Hill, Jr.

Gwen T. Jackson
Emeritus

Lynnea Katz-Petted

Sr. Edna Lonegran

Gary Mikolajczyk

Sandra Richins

Arnoldo Sevilla

Judith Strauss

Shirley Warren

Stephanie Sue Stein
Director
Milwaukee County Department on Aging

Jonette N. Arms
Assistant Director
Milwaukee County Department on Aging

Letter from the Director

Dear Friends,

I began my career in the field of Aging on October 25, 1974. I worked for the Social Development Commission as the Social Services Coordinator for the 20 senior meal sites we operated. Our offices were on the sixth floor of the Plankinton building, now part of the Grand Avenue Mall in downtown Milwaukee.

Many older people lived downtown. Older men lived in the hotels that were primarily residences for single people and older women lived in inexpensive small but adequate apartments.

Every day we saw and talked to older people at the Tasty Town Counter on the first floor of Gimbels, at the soda fountain and grill at Woolworths and walking down the avenue on their way to shop at the Grand. Older people also worked downtown as sales clerks, waiters and waitresses and as hotel receptionists. There was enough business for three senior meal sites downtown between East Jackson Street and West 10th Street.

When we produced our first The Face of Aging report in 1993, I had moved away from SDC in downtown Milwaukee to direct the Milwaukee County Department on Aging —and as our report pointed out, older people had moved too. "Progress" and "Development" had translated into the demolition of almost all of the hotels and affordable apartments. Tasty Town was gone and so was the Grand.

The data and numbers meant that we had to pay attention and follow what was happening in the lives of people ages 60 and over or we would not be using our resources wisely. Now we have had two more censuses and are publishing our third The Face of Aging report. We will again examine where it is that we direct our resources. The decisions about where we are needed in Milwaukee County will be driven by data and analysis. However it is real people who inspire and support our work. You see the faces of just a few of them in this report.

The message I wish to impart to policy makers and leaders in Milwaukee County is that older people are assets to their communities, not liabilities. Older people give much more to their families and their communities than they will ever take. They give much more help than they will ever receive. If we listen and we try to understand the value of lived experience and accumulated wisdom we can all benefit.

I wish to thank everyone who contributed time, talent, and treasure to make this report happen.

I give thanks for all of the days and years I have been allowed to work with the Seniors of Milwaukee County.

Stephanie Sue Stein

About this Report

The Center for Urban Population Health was enlisted by the Milwaukee County Department on Aging to update The Face of Aging report. This publication chronicles the changes of the aging community of Milwaukee County using secondary data.

All of the data used in this report come from publicly available data sources. A full listing of sources for each figure or table can be found on pages 92– 94. Data for each indicator were presented by race/ethnicity and gender when available. In some cases, data were not available due to internal confidentiality policies which specify that data will not be released when the number is less than five individuals. In other cases, the data were available but the rates or percentages are not presented here. When a rate has small numbers in the numerator or denominator, rates and percentages are subject to large year-to-year fluctuations and, as such, would not have provided a meaningful representation of that population.

Where Milwaukee data was nonexistent, the report presents a national or state-level summary to assist in describing the face of aging. This icon of the outline of the United States indicates the data represented is from a national or state source and does not reflect local Milwaukee specific data.

In partnership with AARP Wisconsin and the Center for Urban Population Health, Jennifer Sauer, Brittne Nelson, Erin Pinkus and Sibora Gjecovi of AARP State Research and Ed Evans of AARP Research and Strategic Analysis contributed to the charts and maps in this publication where indicated. To learn more about AARP, please visit www.aarp.org.

Funding to support the third edition of The Face of Aging was made possible by a generous donation from the Helen Bader Foundation.

Assistance with editing was provided by Milwaukee County Department on Aging staff: Jon Janowski, Program and Policy Coordinator and Diane Beckley, Program Coordinator, who also coordinated the photography for this report.

Facilitation of the partnership and discussions that set the framework for the report was provided by the Wisconsin Alzheimer's Institute Milwaukee Program (WAI), under the leadership of Gina Green-Harris, Director of Milwaukee Outreach Program. WAI also contributed to the information on Alzheimer's Disease.

This report was prepared by the Center for Urban Population Health. David Frazer, Jessica Rice, Habib Rahentulla, Carrie Stehman, Maddie Lamb and Courtenay Kessler prepared this report. If there are any questions, please feel free to contact them at 414.219.5100.

The Center for Urban Population Health is a partnership among the University of Wisconsin School of Medicine and Public Health, University of Wisconsin-Milwaukee and Aurora Health Care. The Center has a mission to advance population health research and education to improve the health of urban communities and does this by moving evidence to action with communities. This report is just one example of the type of work the Center does. To learn more about the Center's collaborative work, you can visit www.cuph.org.

Table of Contents

TOPIC	Page
Commission on Aging	2
Letter from the Director	3
About this Report	4
Table of Contents	5
Background	6
Executive Summary	7
Demographic Overview	
Race	17
Population by Municipality	21
Gender	26
Diversity	32
Milwaukee County Population comparison 1950-2010	53
Change in Milwaukee County Population	57
Projections	60
Education Overview	61
Economic Status	
Income	65
Poverty Status	69
Independence	
Living Alone	72
Marital Status	77
Drivers License	81
Health Status	
General Health	85
Causes of Death	85
Death Rate	86
Insurance Coverage	86
Long-term Care	87
Alzheimer's Disease	91
Sources	92
Milwaukee County Executive and Supervisors	95

Background

Milwaukee County is one of only seven communities in the nation named as **"most livable for people of all ages"** and recognized in 2005 by the United States Administration on Aging for **"best practices that can be used by local governments throughout the country in preparing for the aging of the baby boom population".** What makes it so livable? In part because of the many organizations, partners and stakeholders who are working together to create an environment that values our aging adults and provides programming that improves the quality of life.

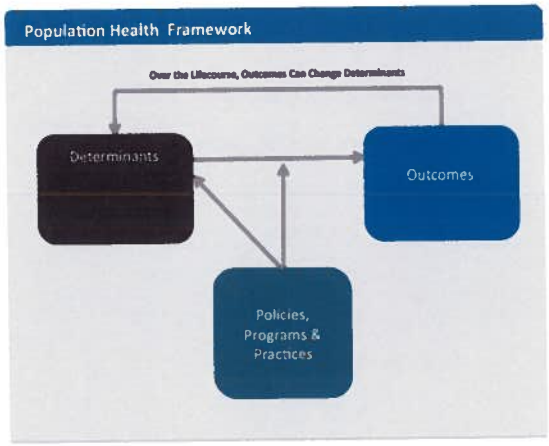
Leading the way is the Milwaukee County Department on Aging. The mission of the Milwaukee County Department on Aging is to affirm the dignity and value of older adults of Milwaukee County by supporting their choices for living in, and giving to, our community.

Consistent with this mission, this report seeks to provide an update on the state of the aging community in Milwaukee County and inform its many partners so they can plan and make resource decisions for programming, policies and practices that affirm the dignity and value of older adults.

This report is sponsored by a collaboration from the Milwaukee County Department on Aging, AARP, the Helen Bader Foundation, and the Wisconsin Alzheimer's Institute and prepared by the Center for Urban Population Health.

This report takes a comprehensive look at the many determinants of health and wellbeing, describes the demographic makeup of the current aging community and describes the outcomes this community is currently experiencing. The report uses a framework that will help the user answer two important questions:

1. **What is the state of our aging community?**
2. **How well is our infrastructure prepared to meet the needs of our changing community?**



The first question will be answered in the following pages. The second will be informed by this report, but can only be answered by you, your organization and our community.

This report is organized around this framework and is broken up into five key areas that fall within either the determinants category or the outcomes area.

Determinants:

- Demographic overview
- Education overview
- Economic status
- Independence

Outcomes

- Health status

Organizing the data in this way allows the reader to have a better understanding of what the determinants or influences are and what are the outcomes of the Milwaukee aging community and encourages them to think about how programs, policies or practices can respond to seniors. Policies, programs or practices can seek to address one or many of the determinants. They can also interrupt negative or support the positive outcomes that the aging community is experiencing, thus improving the quality of life for Milwaukee county seniors.

Executive Summary

Introduction

The older population in the United States continues to grow. The 65 years and over population has increased from 35 million in 2000 to 40 million in 2010 and is projected to reach 55 million in 2020— a 36% increase in this decade.

Milwaukee County is no different. The following is a summary of The *Face of Aging in Milwaukee County*. This report takes a comprehensive look at the many determinants of health and wellbeing, describes the demographic makeup of the current aging community and describes the outcomes this community is currently experiencing. The report uses a framework that will help the user answer two important questions.

1. **What is the state of our aging community?**
2. **How well is our infrastructure and organizational capacity prepared to meet the needs of our changing community?**

Understanding the answers to these two questions can allow our community to be responsive to the needs of seniors and provide the best environment for our citizens to experience life's transitions.

The report utilizes secondary data, mainly the US Census, to describe the state of aging in Milwaukee County. This executive summary identifies a number of key trends or changes that have taken place over the past decade. This summary and the full report are meant to be a sourcebook for the reader to consider their response to the second question from their unique place in the community.

The State of Our Aging Community

Milwaukee County older adults remain 16% of the total population of Milwaukee County. Older adults ages 60 years and over have remained steady at 16% of the total population of Milwaukee County since the 2000 Census.

It is projected that the Milwaukee County older adult population will slightly increase over the next 30 years despite projections that the total population of Milwaukee County will decrease. The US Census Bureau projects that the total Milwaukee County population will decrease from 929,208 people in 2010 to 863,208 people in 2035. In contrast the older adult population is expected to increase from 152,982 people in 2010 to 215,979 people in 2035.

The largest percent change in Milwaukee County population was shared across the 55-59 and 60-64 age categories both of which experienced more than 40% increase from 2000 to 2010. Milwaukee County's 55-59 population increased 49% from 2000 to 2010. This increase is generally considered to be driven by the fact that the "baby boomer" generation (those born between 1946 – 1964) will be crossing into older adult categories during this next decade.

African American and Hispanic/Latino older adults continue to drive the slight overall increase in older adults over the past three decades as White older adults continue to decrease in Milwaukee County. The Hispanic/ Latino older adult community grew over 40% since 2000 and the African American older adult community grew at a slightly lower rate of 27%.

Older adults in Milwaukee County are more educated and make more money than their counterparts did ten years ago. Over the past decade, older adults in

high school (or equivalent) through graduate and professional degrees.

Financial wellbeing has also improved. Between 2000 and 2010, there were fewer households in every household income category under $50,000 and an increase in every category above $50,000.

Everyone has not equally benefited from past economic growth. Black or African American and Hispanic or Latino populations each have larger percentages of their communities with annual household incomes of $20,000 or less. And although both groups have experienced a slight reduction in the number of people living in poverty in the past decade, they experience poverty at a rate nearly three times that of their White counterparts.

Milwaukee County older adults live alone at a higher rate than the rest of the state of Wisconsin. Both Milwaukee County older men and women live alone at a higher rate than their counterparts in Wisconsin, with women living alone at a higher rate than men. Since 1990, the percentage of married men and women in Milwaukee County has generally decreased and the percentage of older widowed, divorced/separated and single (never married) older adults has increased.

More than 75% of Milwaukee County older adults report their general health status as feeling good or very good. Eighty percent of local older adults report that they expect their quality of life to stay the same or get even better over the next 5 to 10 years—five percentage points higher than the national average.

Milwaukee County older adults die at a slightly higher rate than their Wisconsin counterparts. Heart disease is the leading cause of death for Milwaukee County older adults, followed by cancer, chronic lower respiratory diseases and stroke.

Are We Prepared?

As the face of Milwaukee's older adults changes it is important to ask this question. The answers may be different for each reader, depending on their role or stake in creating a positive environment for our older adults. Regardless of one's role, the new face of aging for Milwaukee County has implications which lead to further questions.

The aging baby boom bubble. Milwaukee County has begun to experience the first baby boomers crossing over into older adulthood, with many to follow. While this is a growing group in Milwaukee County, it is projected that the overall county population will decrease in the next 30 years.

How long will the baby boomers work? Will they be financially able to retire at age 65? If they need to work longer, what types of jobs will be available for them? If they retire early or at age 65, how will this affect the tax base from which many of the programs serving older adults receive funding?

A growing diverse community. The Hispanic/Latino older adult community grew over 40% since 2000 and the African American older adult community grew at a slighter lower rate of 27%.

Are the older adult serving organizations and programs prepared to serve a more diverse community? How prepared are staff to communicate in the language of the communities they serve, particularly for the growing Hispanic/Latino community? How prepared are programs to take advantage of the cultural richness, beliefs and values that the communities they serve bring with them? How prepared is the workforce? Does the workforce and boards of directors of older adult organizations reflect the communities in which they are and will be serving?

Longer, larger, sicker. With the advancement of health care and public health, people are living longer. Reports from the Wisconsin Department of Health Services indicate that since 1990, the obesity rate for adults has more than doubled—nearly 27% of adults are obese and about 65% are overweight or obese. Obesity in adults is associated with many chronic diseases and poor health outcomes. Obesity is a risk factor for type 2 diabetes, cardiovascular disease, certain cancers, asthma, arthritis, high blood pressure, high cholesterol levels, and depression. Many of these health outcomes directly contribute to the top causes of death for Milwaukee County's older adults and to a growing rate of Alzheimer's Disease.

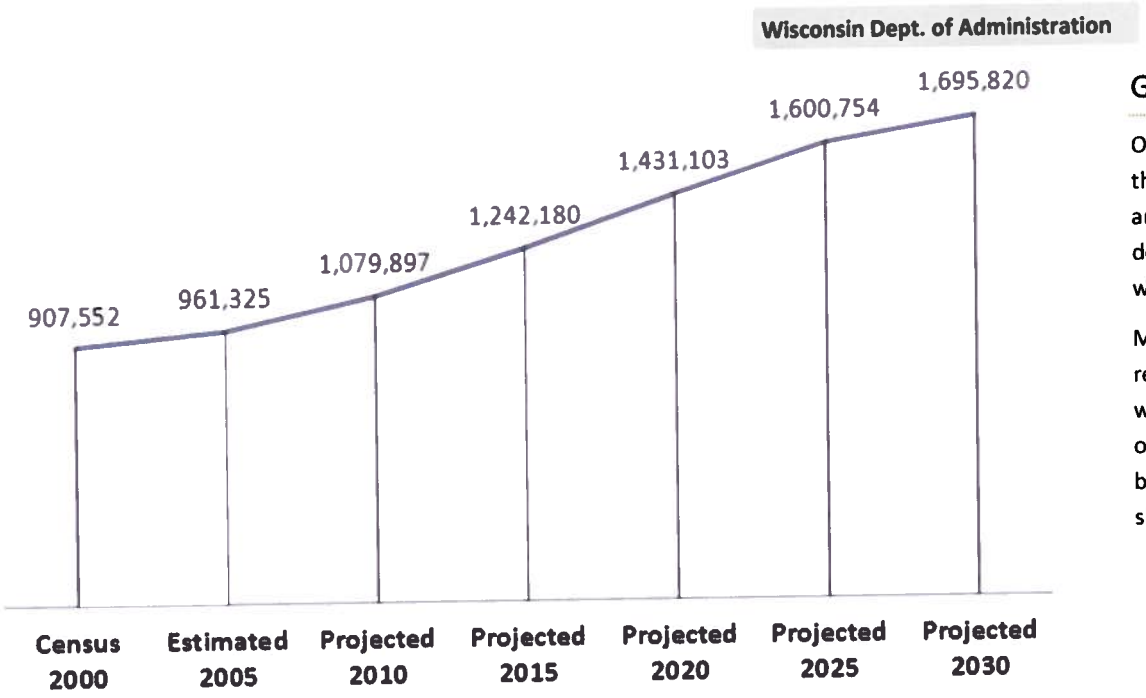
With a growing older adult population in terms of numbers and waistlines, uncovered health and long-term care expenses leave everyone fiscally vulnerable—particularly older adults. What can be done? What programs are prepared to address the growing health needs of the older adult community? How accessible are healthy food options for older adults? How healthy are the food programs for older adults? What type of physical activities exist for older adults? Are current policies and programs responsive to the growing need for health care and long-term care? Again, is our workforce prepared for the growing population and trained to deal with the various health concerns and co-morbidities that exist and will increase?

The simple question of "are we prepared?" is not so simple to answer. It is the hope of the Milwaukee County Department of Aging that this sourcebook of data will help your organization continue this important dialogue and prepare you to respond to the needs of older adults in our community.

Demographic Overview

Figure 1

Wisconsin Population Projection (2000-2030) for Ages 60+



Growth

Overall trend shows that Wisconsinites 60 and over will nearly double in population within 30 years.

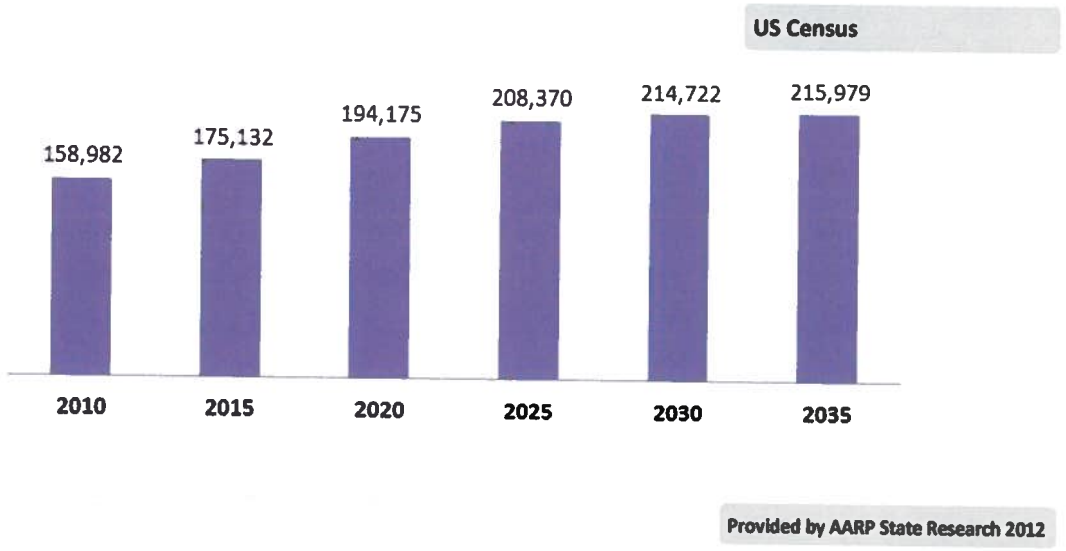
Milwaukee County residents 60 and over will steadily increase over the same period but at a slightly slower rate.

Growth

Overall trends show that Milwaukee County residents ages 60+ are growing in number and will steadily increase, but not uniformly across the various age categories.

Figure 2

Milwaukee County Population Projection (2010-2035) for Ages 60+



Growth

The near aging and aging populations between 50 and 64 years old experienced the largest increase in growth among all age groups in Milwaukee County.

Figure 3

Milwaukee County Population Change by Age Category 2000 to 2010

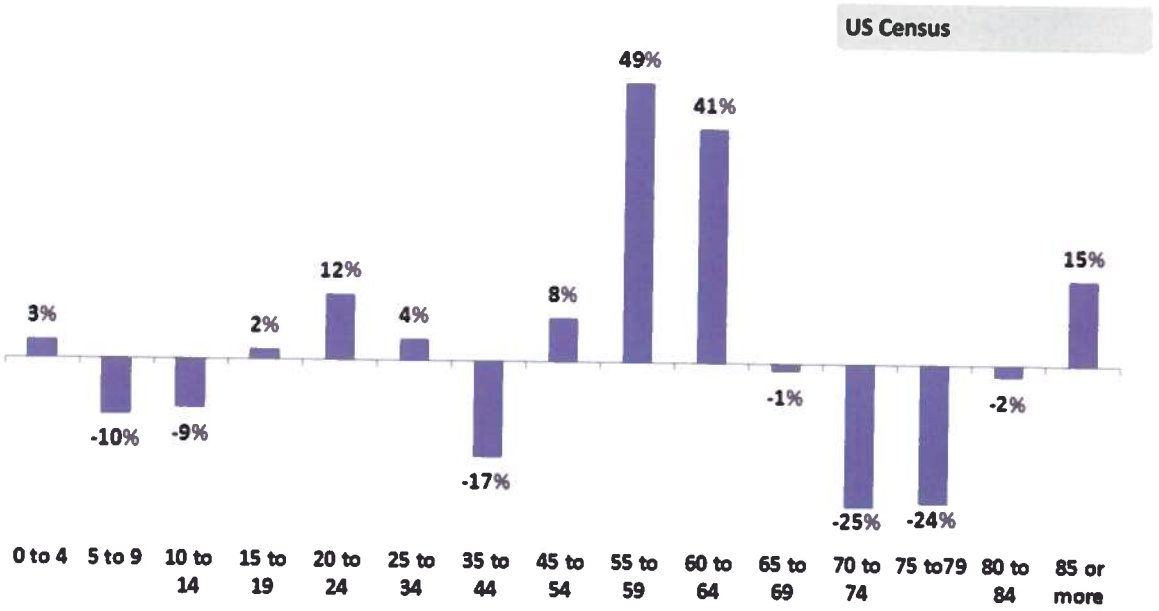
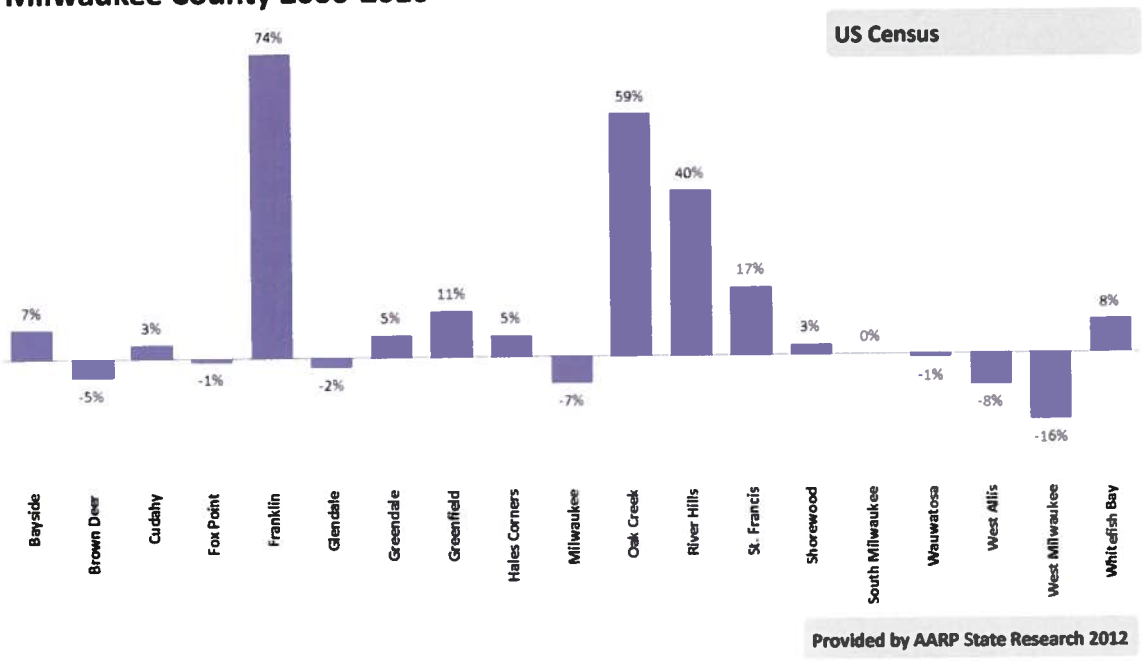


Figure 4

Percent Change of Older Adult Population Ages 60+ Milwaukee County 2000-2010

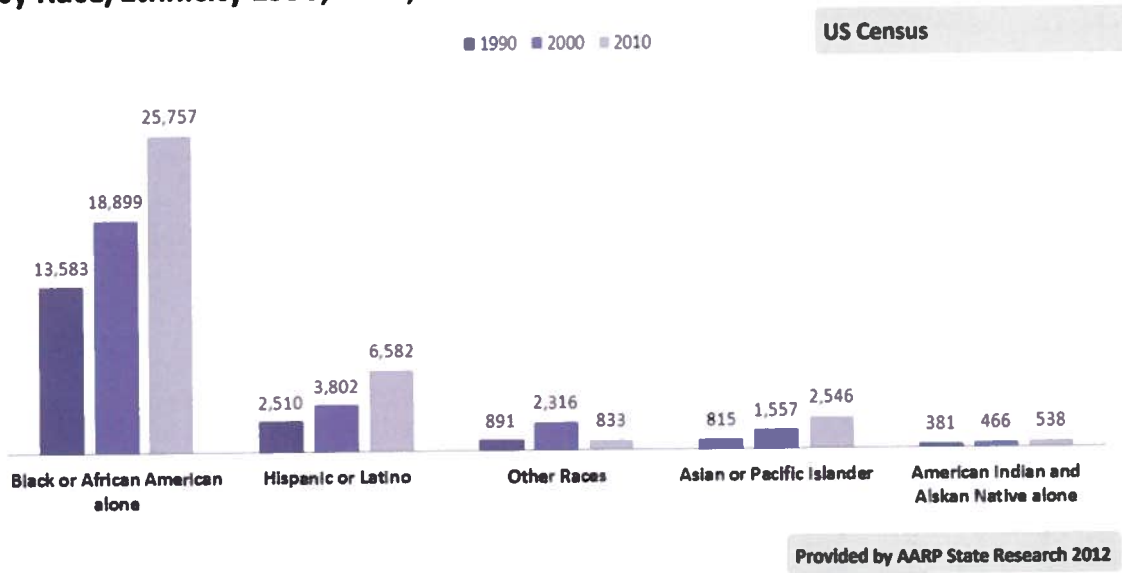


Growth

The City of Milwaukee remains the municipality with most seniors ages 60 and over, but a few of the surrounding municipalities have experienced a high percentage of change relative to their total population.

Figure 5

Comparison of Milwaukee County Minority Population Age 60+ by Race/Ethnicity 1990, 2000, 2010



Growth

The African American community continues to be the largest racial/ethnic minority group and have the most significant growth among minority populations ages 60 and over.

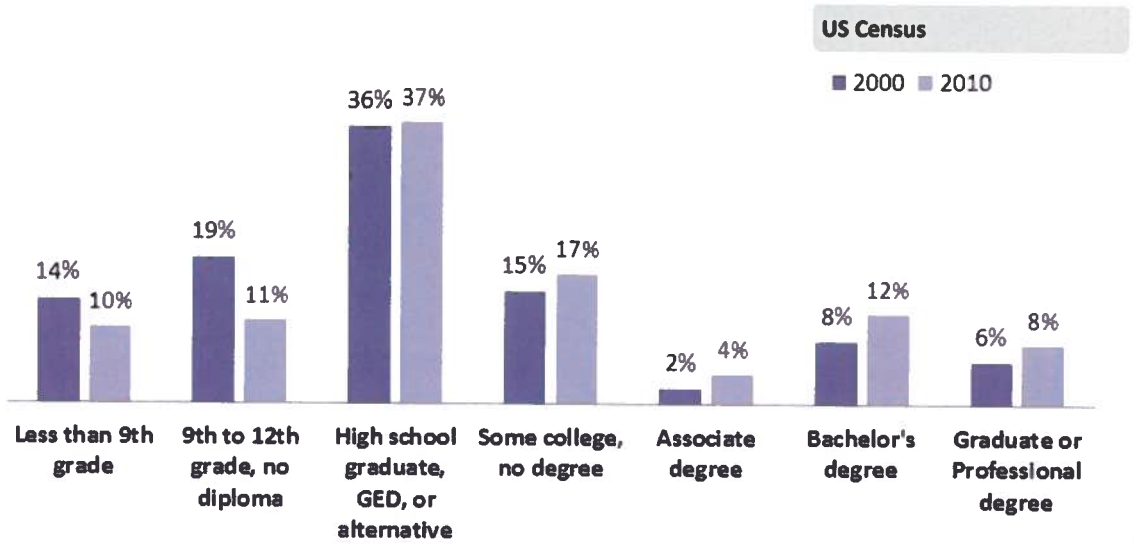
Education Overview

Education

Over the past decade the education levels of older adults have been increasing across categories from high school or equivalent through graduate and professional degrees.

Figure 6

Educational Attainment of Persons Age 65+ in Milwaukee County 2000, 2010



Economic Status

Income

Between 2000 and 2010, there were fewer households in every household income category under $50,000 and an increase in every category above $50,000.

Figure 7

Level of Household Income for Householders 65+ Milwaukee County 2000, 2010

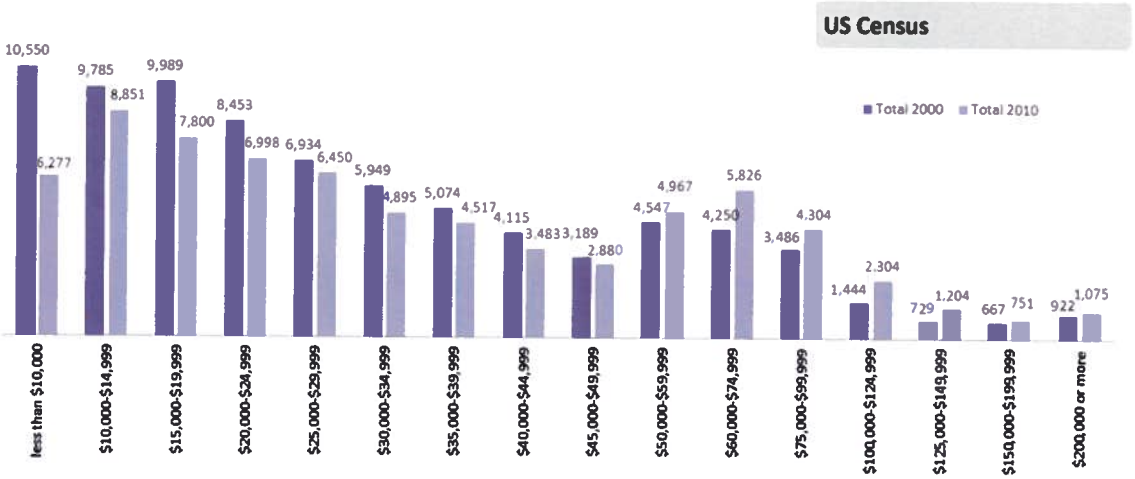
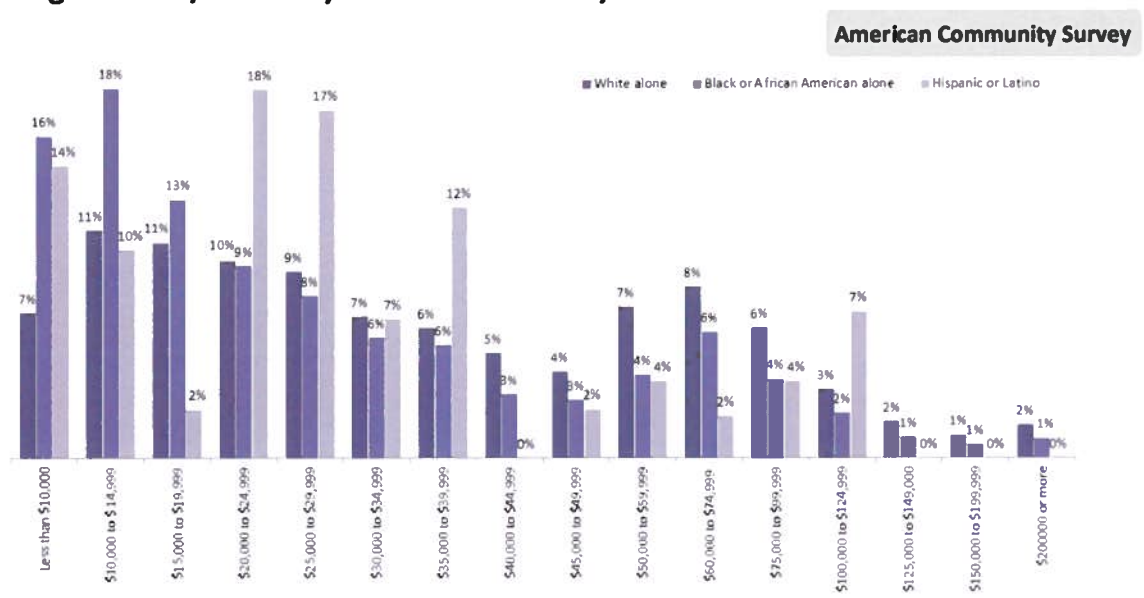


Figure 8

Household Income in 2010 for Households of Persons 65+ by Largest Race / Ethnicity Milwaukee County



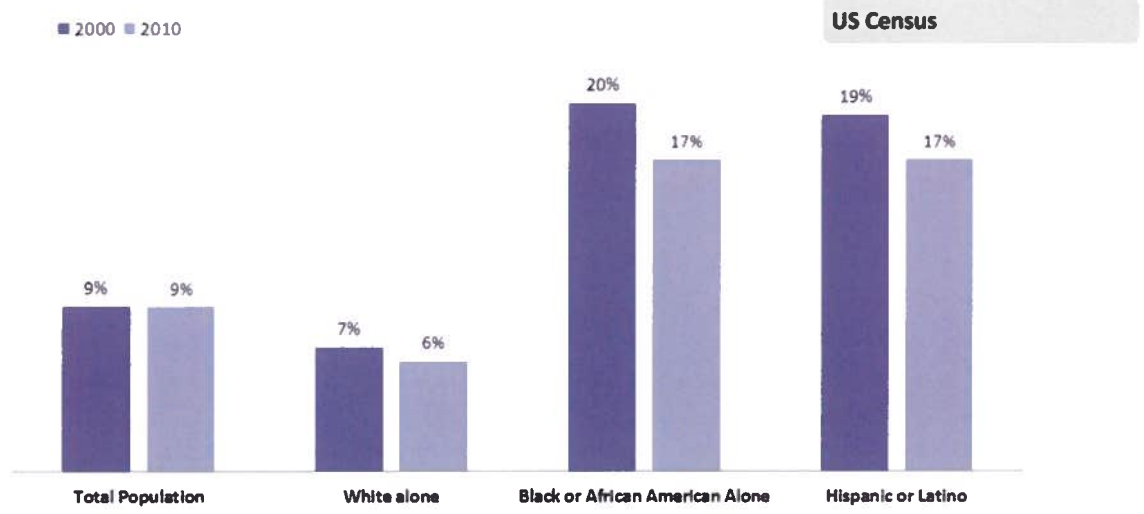
Income

This chart shows household income for persons 65 and over and the distribution of persons within their race or ethnicity.

Black or African American and Hispanic or Latino groups each have larger percentages of their communities with annual household incomes of $20,000 or less.

Figure 9

Percentage of Population 65+ Living in Poverty Milwaukee County 2000, 2010



Poverty

In Milwaukee County, the poverty rate for seniors 65 and over has remained steady at 9%.

Each of the largest racial/ethnic groups in Milwaukee County have experienced a slight reduction in the number of people living in poverty between 2000 and 2010.

Independence

Living Alone

Milwaukee County has a higher percentage of persons 65 and older living alone than in Wisconsin as a whole. Women live alone at a higher rate than men.

Figure 10

Percent of Persons 65+ Living Alone by Gender State and Milwaukee, 2010

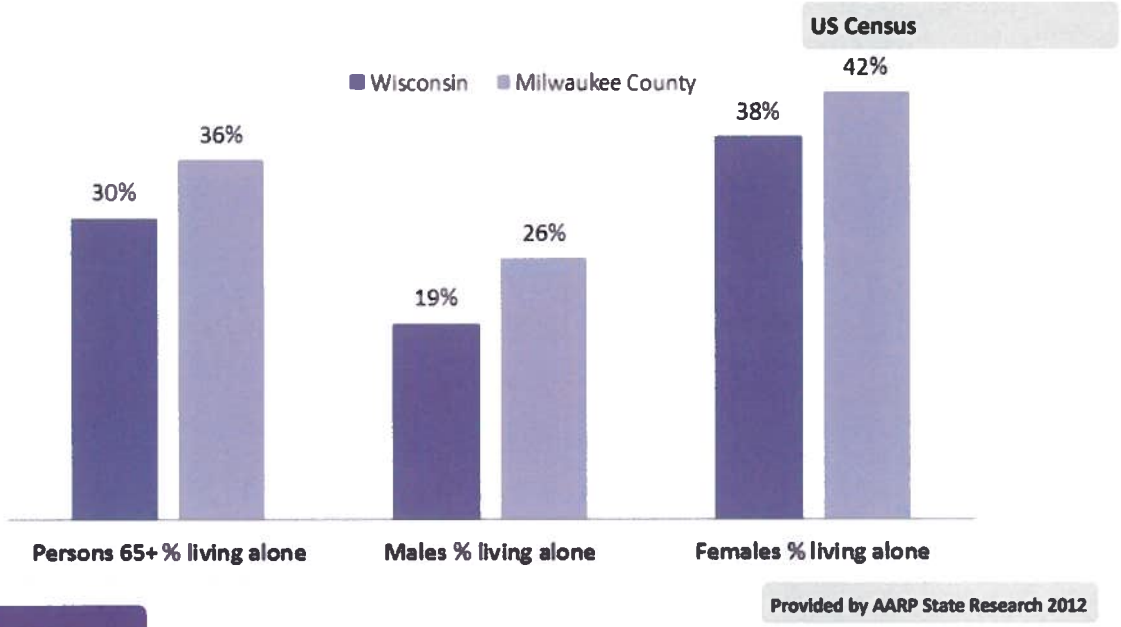
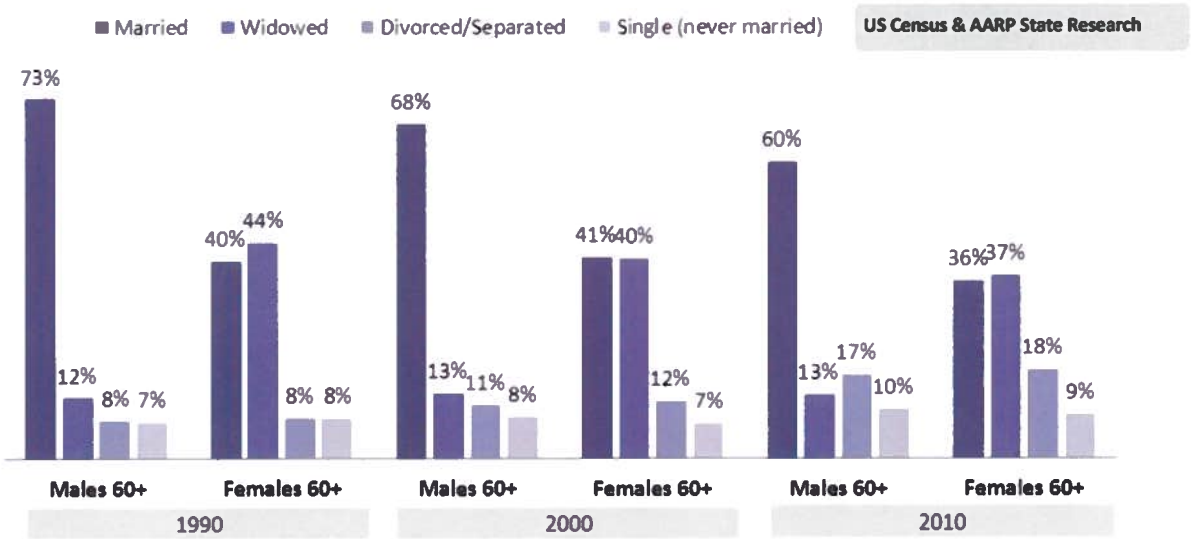


Figure 11

Comparison of Older Adults Marital Status 1990, 2000 and 2010

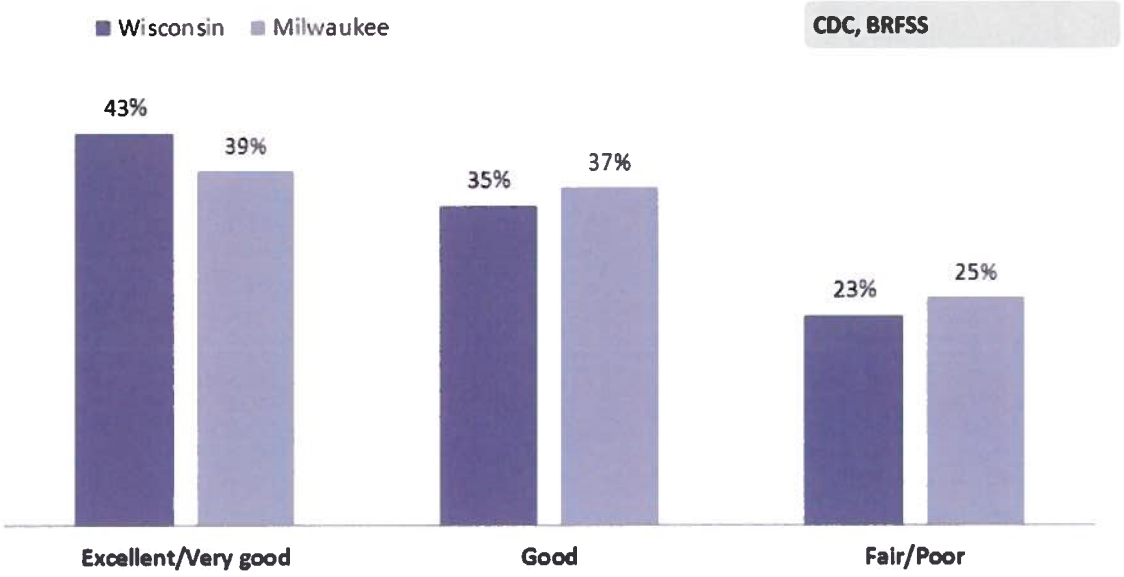


Since 1990, the percentage of older married men and women in Milwaukee County has decreased and the percentage of older widowed and divorced/separated women has increased.

Health Status

Figure 12

Self Reported General Health Status of Persons 65+ in Milwaukee County 2010

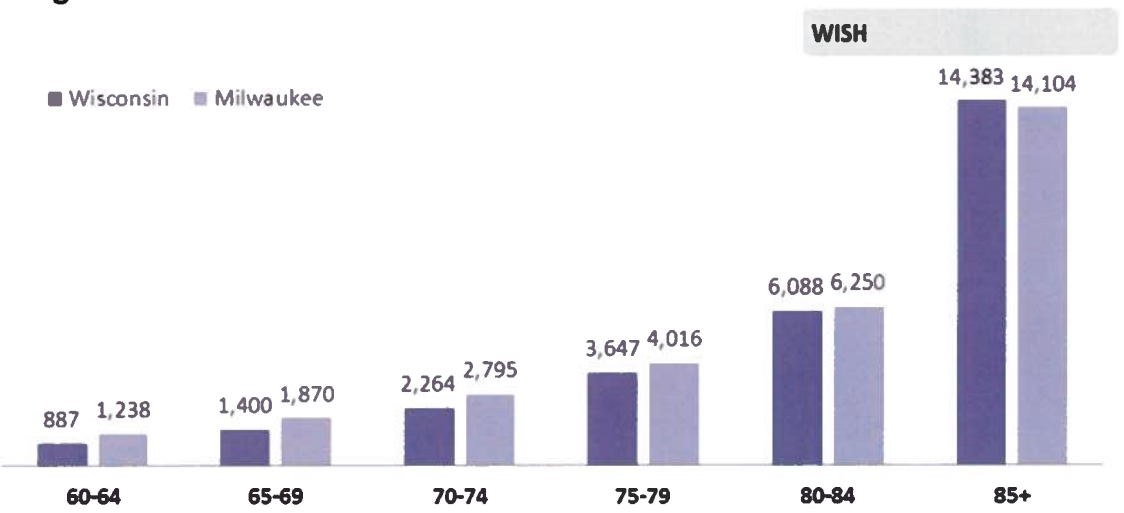


General Health

More than 75% of Milwaukee County residents 65 and over report feeling good or very good. This is just slightly less than the state as a whole.

Figure 13

2010 Death Rate (Deaths per 100,000 population) for Age of Death



Death Rate

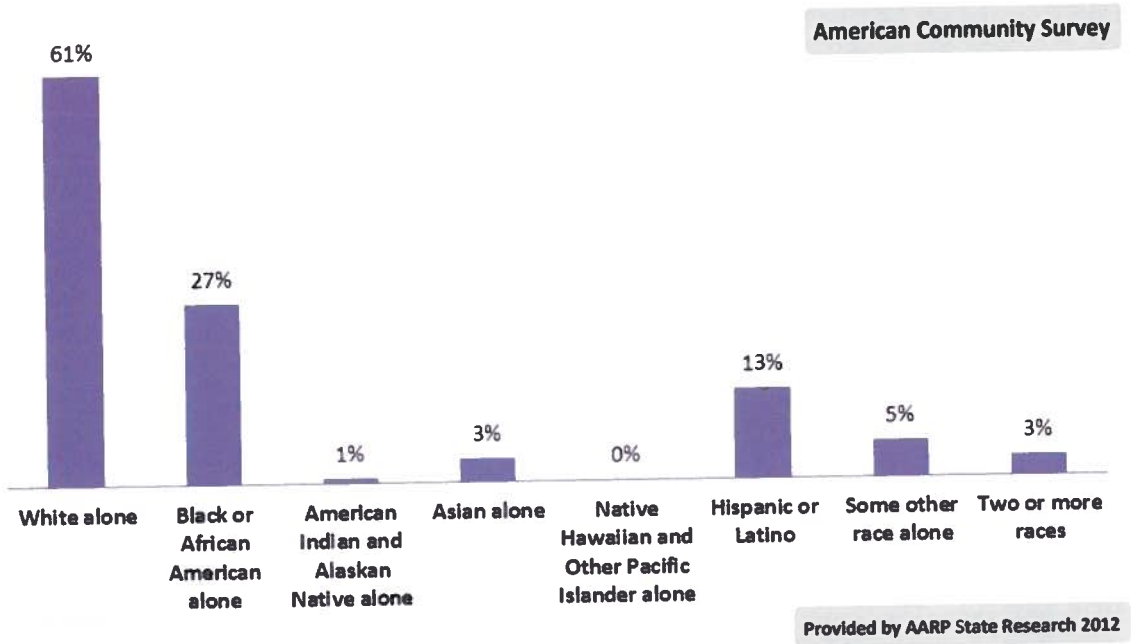
Milwaukee County experiences a slightly higher death rate across all age categories except for Wisconsinites 85 years and older.

Demographic Overview

Milwaukee County Older Adult Advocates

Figure 14

Percent of Milwaukee County Persons by Race/Ethnicity Year 2010



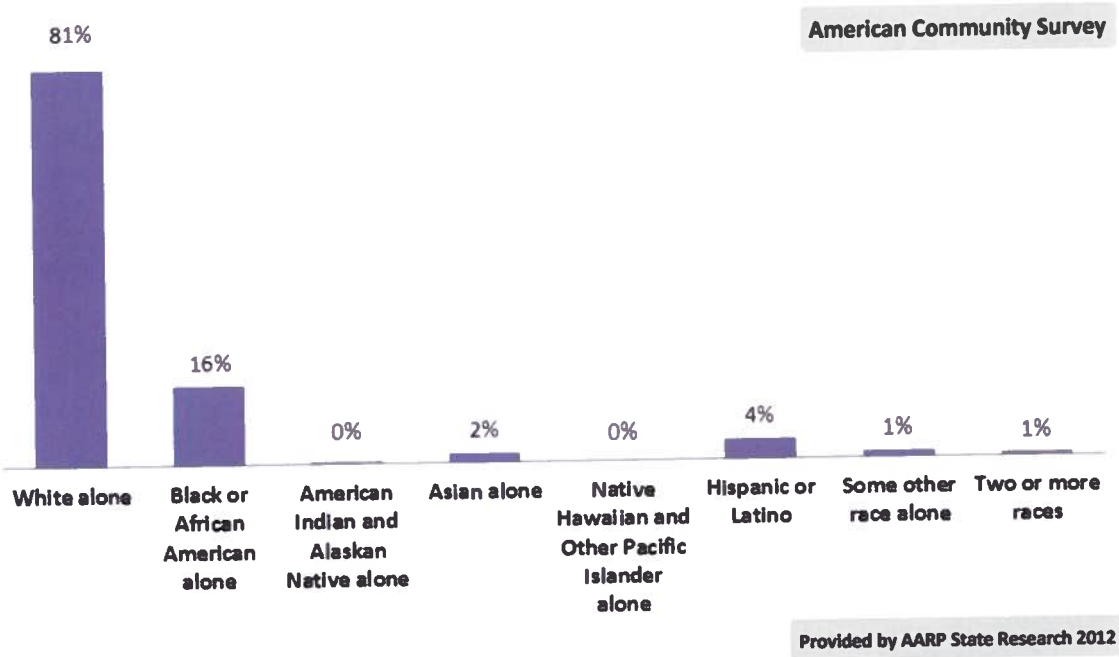
60%

of the total population in Milwaukee County is White.

This graph looks at the percent of Milwaukee County's population with respect to race and ethnicity. The graph shows that the majority of Milwaukee's population is made up of those classified as White (61%). Twenty-seven percent of Milwaukee County's population is considered Black or African American and 13% are considered Hispanic or Latino.

Figure 15

Percent of Milwaukee County Persons 60+ by Race/Ethnicity Year 2010



80%

of persons 60 and over in Milwaukee County are White.

This graph looks at the percent of Milwaukee County's elder population (ages 60 and over) with respect to race and ethnicity. The graph shows that the majority of Milwaukee's population is made up of those classified as White (81%). Sixteen percent of Milwaukee County's population is considered African American and 4% is considered Hispanic or Latino.

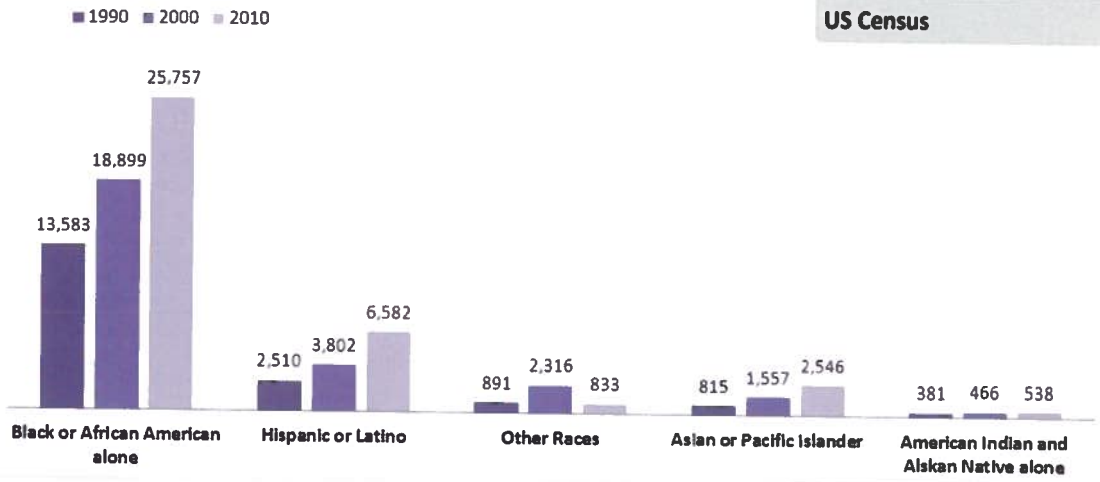
Figure 16

Comparison of Milwaukee County Minority Population Age 60+ by Race/ Ethnicity 1990, 2000, 2010

US Census

36%

Growth in the Black or African American population from 2000 to 2010.



Provided by AARP State Research 2012

This graph takes a look at the population makeup of different races and compares them for 1990, 2000, and 2010. There was an increase in population in every race category over the past three decades except "other races".

The category "other race" consisted of 891 individuals in 1990. In 2000 there were 2,316 individuals. In 2010 the population decreased to 833 individuals. The 2000 spike in population reflects a change in the US Census categories for other races and doesn't accurately depict an increase in people in this category in 2000 or a decrease in 2010.

Figure 17

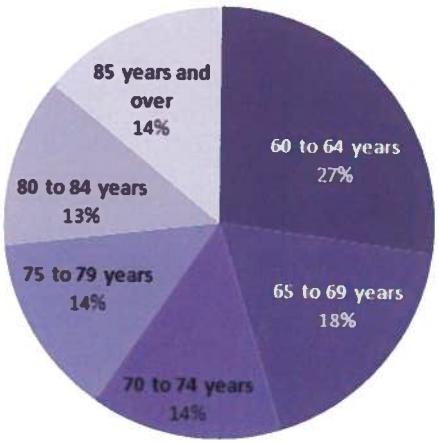
Percentage of Age and Race for Persons Age 60+Milwaukee County

US Census

60-64 years

Subgroup of seniors that make up the largest percentage of persons 60 and over in Milwaukee County.

White alone



Black or African American alone

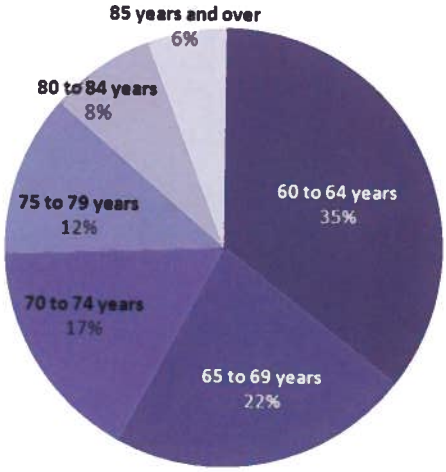
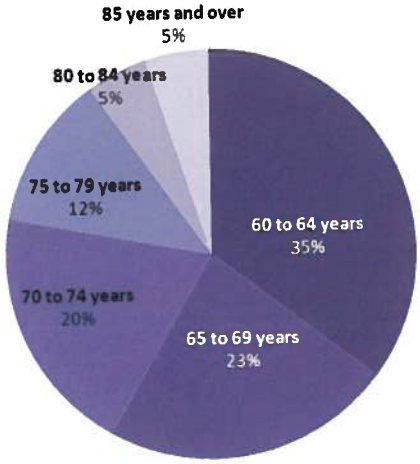


Figure 18

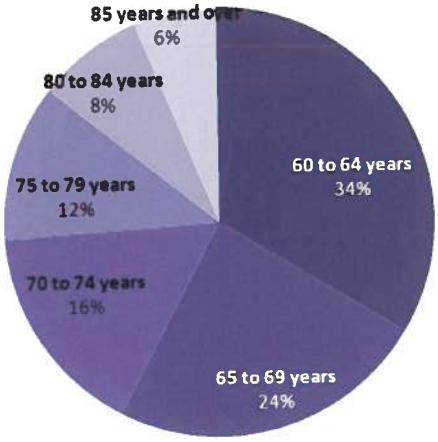
Percentage of Age and Race for Persons Age 60 or Older Milwaukee County 2010

US Census

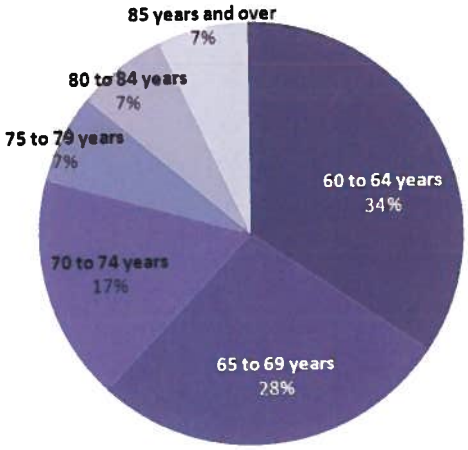
American Indian and Alaskan Native alone



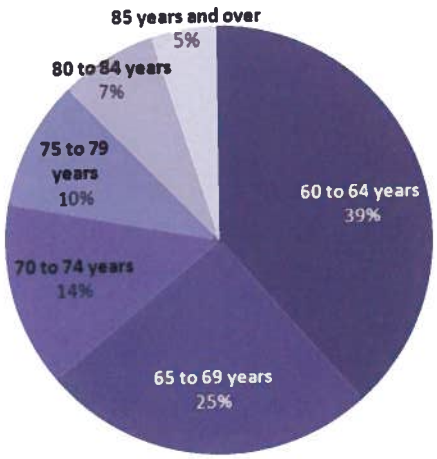
Asian alone



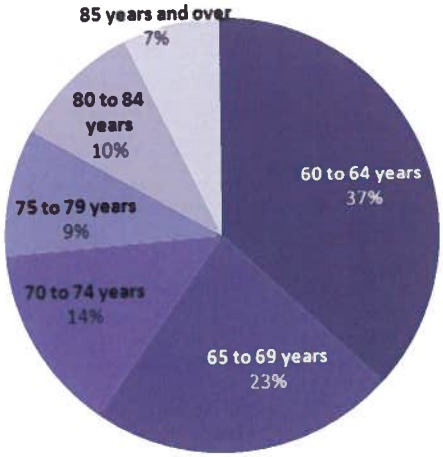
Native Hawaiian and Other Pacific Islander alone



Some Other Race alone



Two or More Races



Hispanic or Latino

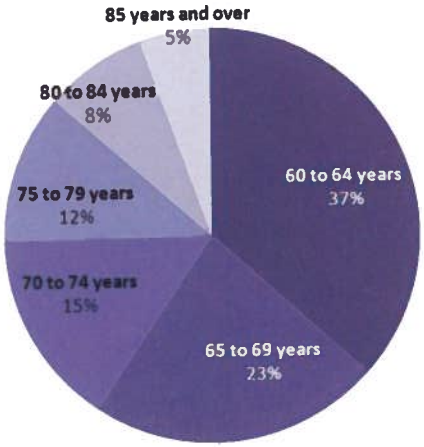


Table 1

Sex by Age and Race for Persons Age 60+
Milwaukee County

US Census

Gender/Age Category	Total Population	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some Other Race alone	Two or More Races	Hispanic or Latino
Male:	457,717	280,434	117,220	3,208	16,119	174	27,013	13,549	65,084
60 to 64 years	21,175	15,982	4,099	102	402	4	410	176	1,237
65 to 69 years	13,119	10,053	2,386	50	284	4	251	91	687
70 to 74 years	9,754	7,568	1,743	52	199	3	125	64	464
75 to 79 years	8,142	6,689	1,176	28	124	1	88	36	320
80 to 84 years	6,685	5,778	721	14	74	1	59	38	220
85 years and over	5,724	5,151	444	8	58	1	42	20	146
Persons 60+	64,599	51,221	10,569	254	1,141	14	975	425	3,074
Persons 65+	43,424	35,239	6,470	152	739	10	565	249	1,837
Persons 85+	5,724	5,151	444	8	58	1	42	20	146
Female:	490,018	294,222	136,544	3,600	16,303	189	24,416	14,744	60,955
60 to 64 years	23,248	16,977	5,102	110	453	6	386	214	1,177
65 to 69 years	16,081	11,830	3,409	88	325	4	275	150	816
70 to 74 years	12,930	9,848	2,556	66	212	2	163	83	544
75 to 79 years	12,152	9,828	1,925	45	175	1	114	64	450
80 to 84 years	11,283	9,676	1,304	15	131	1	93	63	308
85 years and over	13,263	11,957	1,068	22	99	1	60	56	213
Persons 60+	88,957	70,116	15,364	346	1,395	15	1,091	630	3,508
Persons 65+	65,709	53,139	10,262	236	942	9	705	416	2,331
Persons 85+	13,263	11,957	1,068	22	99	1	60	56	213
Total Population:	947,735	574,656	253,764	6,808	32,422	363	51,429	28,293	126,039
60 to 64 years	44,423	32,959	9,201	212	855	10	796	390	2,414
65 to 69 years	29,200	21,883	5,795	138	609	8	526	241	1,503
70 to 74 years	22,684	17,416	4,299	118	411	5	288	147	1,008
75 to 79 years	20,294	16,517	3,101	73	299	2	202	100	770
80 to 84 years	17,968	15,454	2,025	29	205	2	152	101	528
85 years and over	18,987	17,108	1,512	30	157	2	102	76	359
Persons 60+	153,556	121,337	25,933	600	2,536	29	2,066	1,055	6,582
Persons 65+	109,133	88,378	16,732	388	1,681	19	1,270	665	4,168
Persons 85+	18,987	17,108	1,512	30	157	2	102	76	359

Provided by AARP State Research 2012

The table illustrates how sex, age, and race contribute to the older adult population of Milwaukee County. The total population of those ages 60 years or older are made up of 153,556 individuals. Of those 153,556 individuals, 121,337 are White and 25,933 are Black or African American. American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders include 600 individuals and 29 individuals respectively. Of the total older adult population, 64,599 are males and 88,957 are females.

Municipality

Table 2

Comparisons Between 2000 and 2010 by Municipality in Milwaukee County: Older Adult Population in Three Age Categories

US Census

Municipality	2000 Census Persons 60+	2000 Census Persons 70+	2000 Census Persons 85+	2010 Census Persons 60+	2010 Census Persons 70+	2010 Census Persons 85+	Numerical Change 2000-2010 Persons 60+	Numerical Change 2000-2010 Persons 70+	Numerical Change 2000-2010 Persons 85+	Percent Change 2000-2010 Persons 60+	Percent Change 2000-2010 Persons 70+	Percent Change 2000-2010 Persons 85+
Bayside	1,172	451	90	1,257	665	168	85	214	78	7%	47%	87%
Brown Deer	2,891	1,069	333	2,759	1,410	255	-132	341	-78	-5%	32%	-23%
Cudahy	3,698	1,392	289	3,824	2,141	426	126	749	137	3%	54%	47%
Fox Point	1,739	727	176	1,724	927	213	-15	200	37	-1%	28%	21%
Franklin	4,032	1,151	204	7,005	3,325	590	2,973	2,174	386	74%	189%	189%
Glendale	3,933	1,904	633	3,839	2,208	613	-94	304	-20	-2%	16%	-3%
Greendale	3,787	1,311	305	3,991	2,355	468	204	1,044	163	5%	80%	53%
Greenfield	8,893	3,953	1,054	9,885	5,813	1,637	992	1,860	583	11%	47%	55%
Hales Corners	1,749	750	209	1,842	1,081	296	93	331	87	5%	44%	42%
Milwaukee City	82,961	32,108	8,381	77,539	37,833	8,044	-5,422	5,725	-337	-7%	18%	-4%
Oak Creek	3,491	1,005	215	5,539	2,628	477	2,048	1,623	262	59%	161%	122%
River Hills	348	89	18	487	200	35	139	111	17	40%	125%	94%
St. Francis	1,867	800	190	2,176	1,289	415	309	489	225	17%	61%	118%
Shorewood	2,463	1,030	286	2,526	1,179	263	63	149	-23	3%	14%	-8%
South Milwaukee	4,347	1,806	482	4,354	2,623	676	7	817	194	0%	45%	40%
Wauwatosa	10,238	5,085	1,753	10,133	6,196	2,137	-105	1,111	384	-1%	22%	22%
West Allis	12,700	5,984	1,645	11,740	6,780	2,001	-960	796	356	-8%	13%	22%
West Milwaukee	729	317	67	612	276	66	-117	-41	-1	-16%	-13%	-1%
Whitefish Bay	2,151	833	182	2,324	1,004	207	173	171	25	8%	21%	14%
Milwaukee Cnty	153,189	61,765	16,512	153,556	79,933	18,987	367	18,168	2,475	0%	29%	15%

The table shows the different age groups of older adults and their total distribution throughout different municipalities within Milwaukee County.

The table also shows the change in the older adult population since the year 2000. The total percent of persons age 60 years or older, 70 years or older, and 85 years or older all have increased in population by 0.2%, 29.4%, and 15.0% respectively. Note that areas such as Franklin have seen an increase in the older adult population by as much as 189%, whereas other areas such as West Milwaukee have seen a decrease in the older adult population by as much as 16.0%.

The gray shading in the "Percent Change 2000-2010" column highlights municipalities that experienced higher percent changes than their counterparts.

Table 3

Older Adult Population in 2010 by Age Category and Municipality: Milwaukee County

Municipality	Total Population	Persons 60 to 64	Percent 60 to 64	Persons 65 to 74	Percent 65 to 74	Persons 75 to 84	Percent 75 to 84	US Census Persons 85+	US Census Percent 85+	US Census Persons 60+	US Census Percent 60+
Bayside	4,300	359	29%	440	35%	290	23%	168	13%	1,257	29%
Brown Deer	11,999	767	28%	1,007	36%	730	26%	255	9%	2,759	23%
Cudahy	18,267	959	25%	1,407	37%	1,032	27%	426	11%	3,824	21%
Fox Point	6,701	488	28%	558	32%	465	27%	213	12%	1,724	26%
Franklin	35,451	2,270	32%	2,497	36%	1,648	24%	590	8%	7,005	20%
Glendale	12,872	931	24%	1,242	32%	1,053	27%	613	16%	3,839	30%
Greendale	14,046	873	22%	1,489	37%	1,161	29%	468	12%	3,991	28%
Greenfield	36,720	2,346	24%	3,187	32%	2,715	27%	1,637	17%	9,885	27%
Hales Corners (HC)	7,692	422	23%	593	32%	531	29%	296	16%	1,842	24%
Oak Creek	34,451	1,745	32%	2,055	37%	1,262	23%	477	9%	5,539	16%
River Hills	1,597	182	37%	175	36%	95	20%	35	7%	487	30%
St. Francis	9,365	536	25%	606	28%	619	28%	415	19%	2,176	23%
Shorewood	13,162	809	32%	868	34%	586	23%	263	10%	2,526	19%
South Milwaukee	21,156	1,048	24%	1,330	31%	1,300	30%	676	16%	4,354	21%
Wauwatosa	46,396	2,425	24%	2,789	28%	2,782	27%	2,137	21%	10,133	22%
West Allis	60,411	2,912	25%	3,641	31%	3,186	27%	2,001	17%	11,740	19%
West Milwaukee	4,206	208	34%	223	36%	115	19%	66	11%	612	15%
Whitefish Bay	14,110	832	36%	816	35%	469	20%	207	9%	2,324	16%
Milwaukee City	594,833	24,311	31%	26,961	35%	18,223	24%	8,044	10%	77,539	13%
Totals:	**947,735**	**44,423**	**29%**	**51,884**	**34%**	**38,262**	**25%**	**18,987**	**12%**	**153,556**	**16%**

The table illustrates the percentage of seniors, by age group, that reside in each municipality within Milwaukee County.

Figure 19

Percent of Older Adult Population Ages 60-64 by Municipality 2010

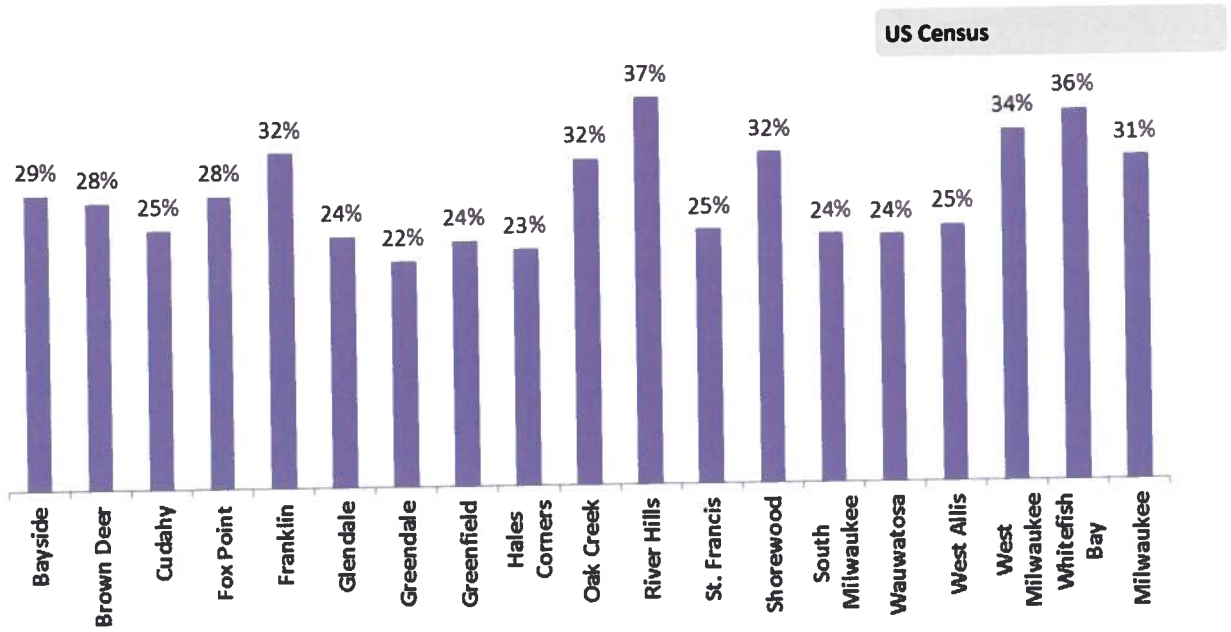


Figure 20

Percent of Older Adult Population Ages 65-74 by Municipality 2010

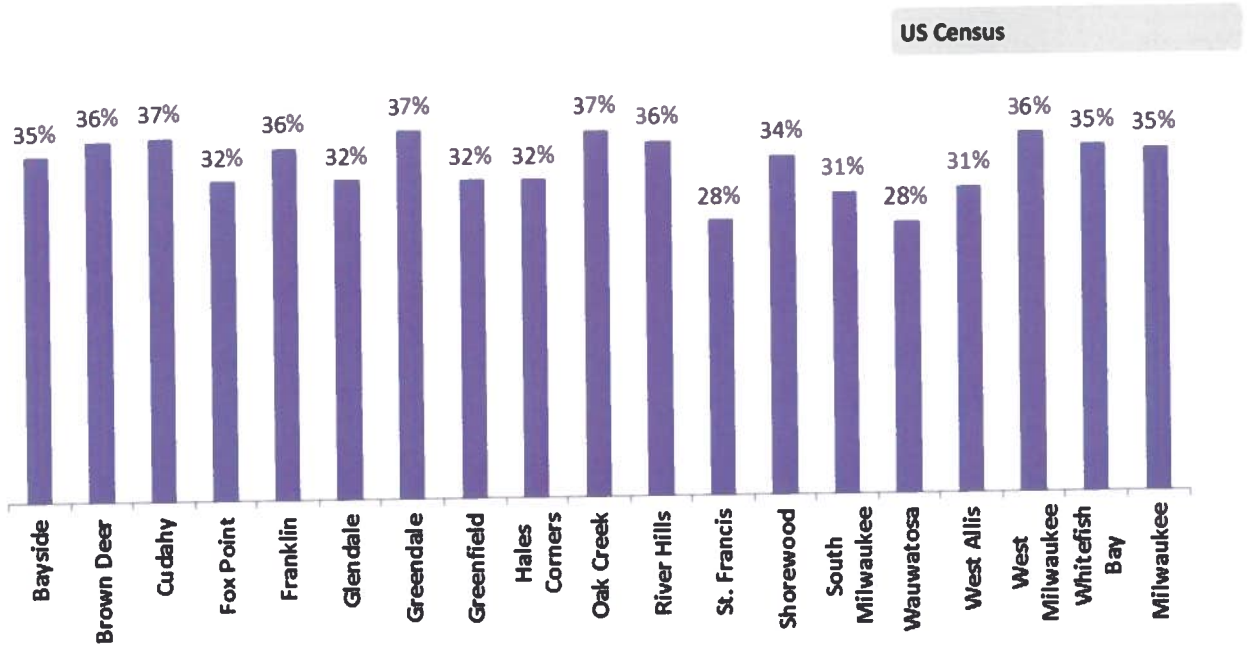


Figure 21

Percent of Older Adult Population Ages 75-84 by Municipality 2010

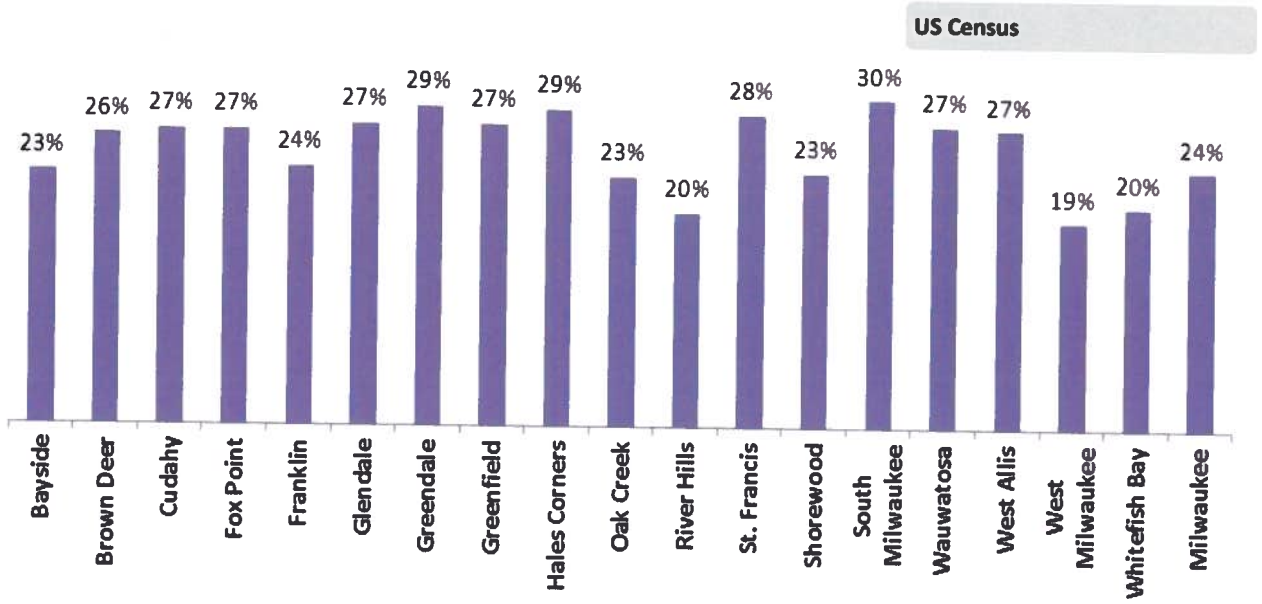
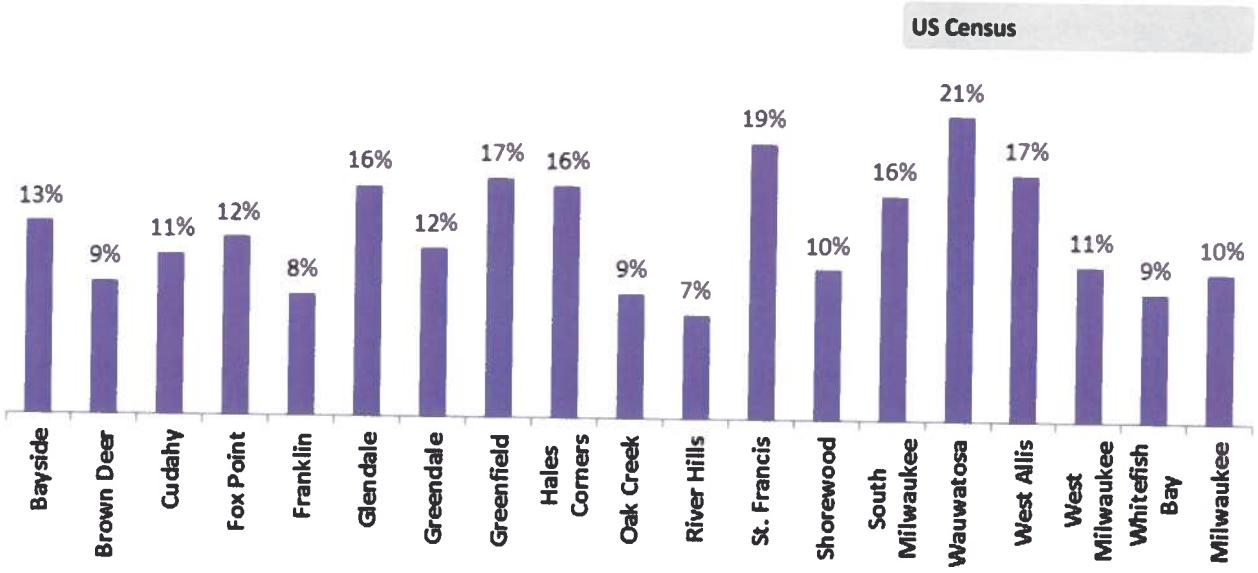


Figure 22

Percent of Older Adult Population Ages 85+ by Municipality 2010



Robert and Jean Haase

Photo: Robert A. Bell

Gender

Table 4

Number and Percent of Persons by Age and Gender Milwaukee County

16%

Of Milwaukee County's total population is 60 years old or older

US Census

Age	Total Population	Total Percent	Male Population	Male Percent	Female Population	Female Percent
0 to 4	69,364	7%	35,292	8%	34,072	7%
S to 9	64,289	7%	32,693	7%	31,596	6%
10 to 14	63,132	7%	32,288	7%	30,844	6%
15 to 19	69,912	7%	35,373	8%	34,539	7%
20 to 24	77,957	8%	38,234	8%	39,723	8%
25 to 34	146,338	15%	71,373	16%	74,965	15%
35 to 44	119,301	13%	58,831	13%	60,470	12%
45 to 54	127,190	13%	61,661	13%	65,529	13%
55 to 59	56,696	6%	27,373	6%	29,323	6%
60 to 64	44,423	5%	21,175	5%	23,248	5%
65 to 69	29,200	3%	13,119	3%	16,081	3%
70 to 74	22,684	2%	9,754	2%	12,930	3%
75 to 79	20,294	2%	8,142	2%	12,152	2%
80 to 84	17,968	2%	6,685	1%	11,283	2%
85 or more	18,987	2%	5,724	1%	13,263	3%
Totals	**947,735**	**100%**	**457,717**	**100%**	**490,018**	**100%**
Age 60+	153,556	16%	64,599	14%	88,957	18%
Age 65+	109,133	12%	43,424	9%	65,709	13%
Age 85+	18,987	2%	5,724	1%	13,263	3%

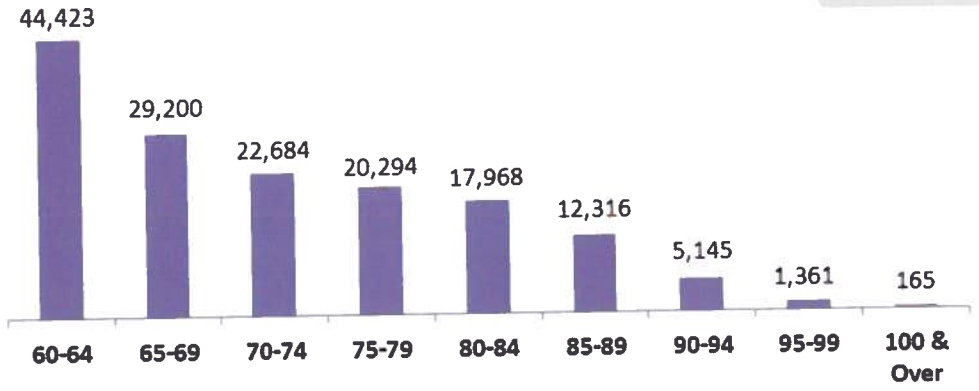
The table shows the number and percent of the ages of people living in Milwaukee County. The graph is split to compare the number and percent of males and females in different age groups and how they relate to the total population. As the table shows, persons age 60 years and over make up approximately 16% of the total population in Milwaukee County.

Females ages 60 years or older make up 18% of all females in Milwaukee County, whereas males ages 60 years or older make up 14% of all males in Milwaukee County.

Figure 23

Milwaukee County's 60+ Population by Age Category 2010

US Census



Provided by AARP State Research 2012

60-64 Years Old

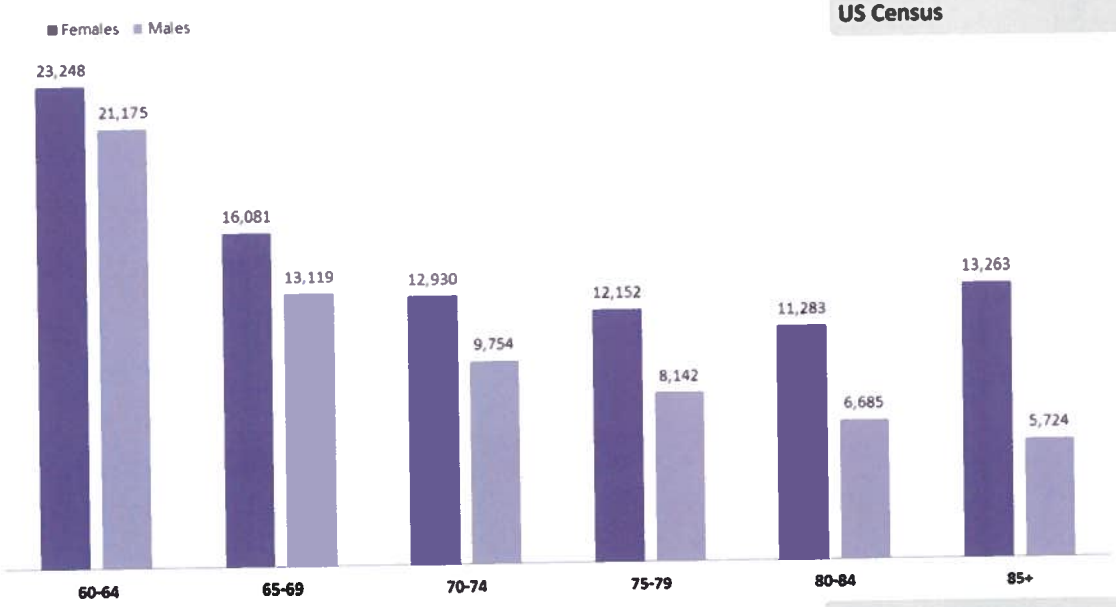
Make up the largest portion of the 60+ community

This graph shows Milwaukee County's population makeup for those ages 60 years or older. There are 44,423 individuals between the ages of 60 to 64 years. As the age groups increase by increments of five years, there is a decline in the population makeup for each age category. The graph also shows that there are 165 individuals ages 100 years or more.

Figure 24

Milwaukee County Older Population by Gender and Age 2010

US Census



Provided by AARP State Research 2012

Females

Make up the largest portion of the 60+ community

The graph shows the number of Milwaukee County individuals ages 60 and older with respect to age and gender. There tend to be more females than males in all age categories. Between age groups there is a decline in the population makeup. However, there are more females ages 85 or older (13,263) than there are females between the ages 70 to 74.

Figure 25

Milwaukee County Population Pyramid: Total Population 2000

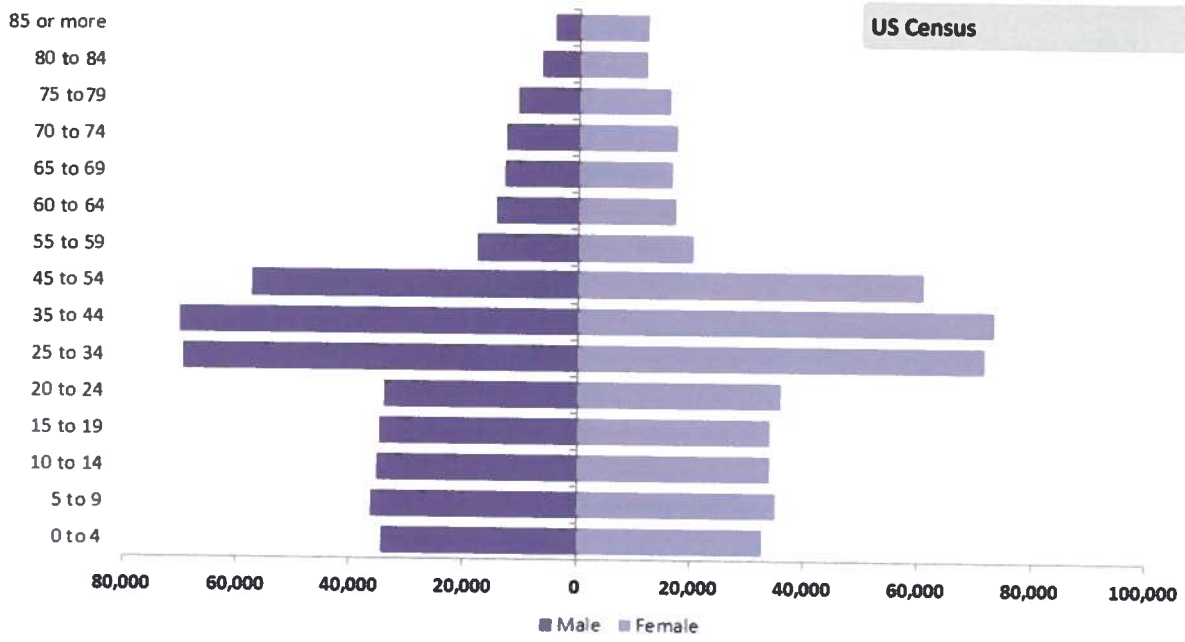


Figure 26

Milwaukee County Older Adult Persons by Gender and Age 2000

31,504

Total number of 60-64 year olds living in Milwaukee County in 2000

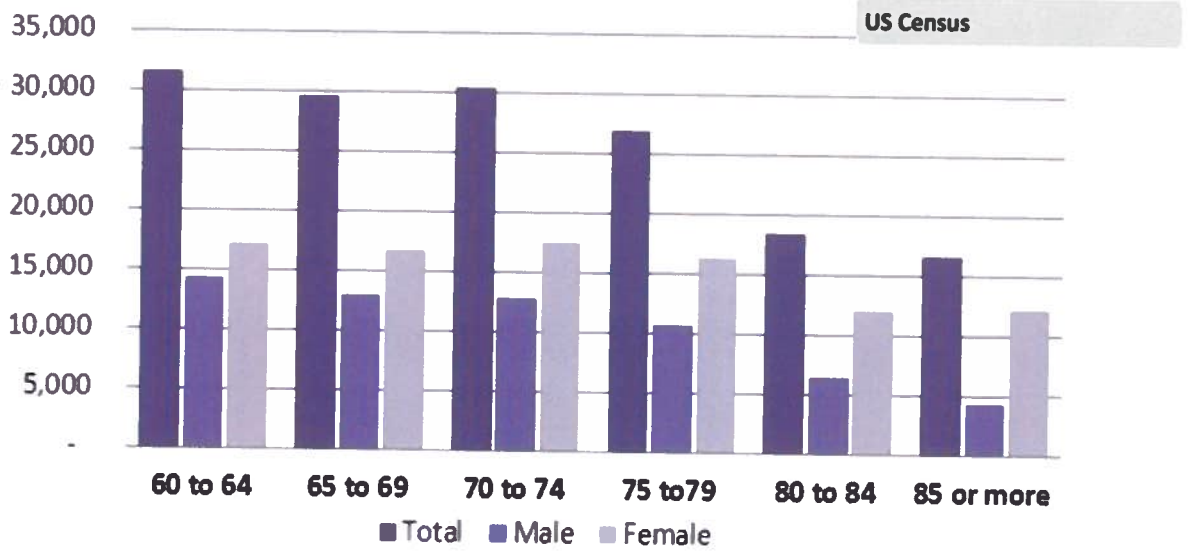
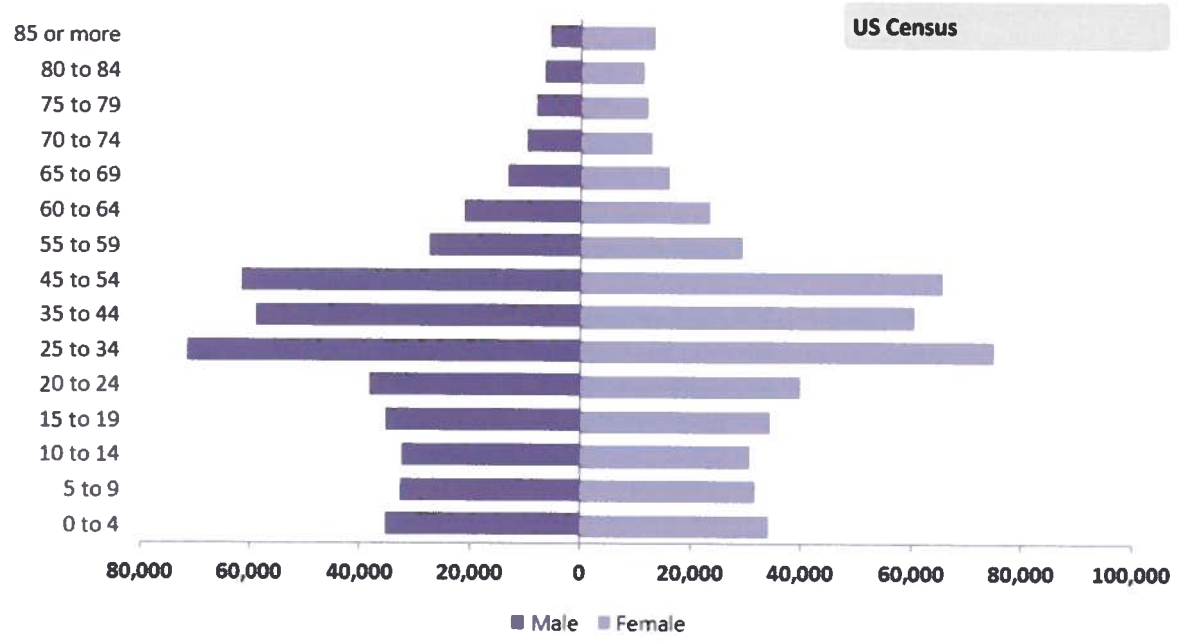


Figure 27

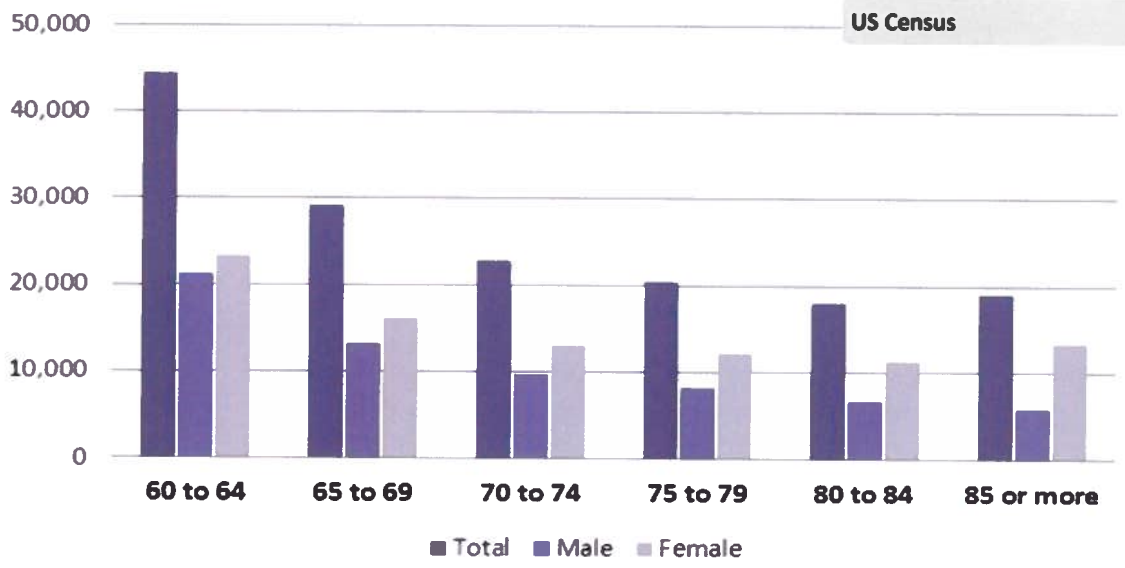
Milwaukee County Population Pyramid: Total Population 2010



This chart shows the population makeup of Milwaukee County between those ages 0 to 59 years and those ages 60 or older. Those ages 60 or older make up approximately 16% of the total population.

Figure 28

Milwaukee County Older Adult Persons by Gender and Age 2010



44,423

Total number of 60-64 year olds living in Milwaukee County in 2010

LGBT Overview

Lesbian, Gay, Bisexual, and Transgender (LGBT) adults may face challenges specific to their sexuality (lesbian, gay, or bisexual) or gender identity (transgender) as they age due to the marginalization of these identities in the United States. Some of these concerns include:

- Discrimination, fear of discrimination, or lack of competence from health care and other service providers
- Social isolation- LGBT older adults are:
  - Twice as likely to live alone than heterosexual older adults
  - More than four times as likely to be childless than heterosexual older adults
- Elder abuse, including:
  - Homophobic abuse, domestic violence and the fear of authorities, self-neglect, and internalized homophobia
- Legal barriers, such as:
  - Barriers to marriage or other legally recognized partnerships
  - Barriers to accessing the couple's assets if they are in the other partner's name

Issues of Aging for Transgender Identified Persons

Transgender older adults have a diverse array of experiences shaped by when in life they transitioned. Their ability to access health care and the competence of care providers around issues of gender and sex transition as well as family and community support contribute to their quality of life. Some concerns for this population include:

- Whether or not their marriage will be upheld. In states where same-sex marriages are illegal, a couple's marriage will only be recognized if they are a heterosexual couple after a partner's transition is complete
- Whether or not their legal documents "match" their identity
- Domestic violence and abuse in care facilities

Resources for Advocacy

FORGE Transgender Aging Network:
http://www.forge-forward.org

National Resource Center on LGBT Aging:
http://www.lgbtagingcenter.org/

United States Department of Health and Human Services:
http://www.hhs.gov/secretary/about/lgbthealth.html

Center for American Progress:
http://www.americanprogress.org/issues/2011/03/pdf/aca_lgbt.pdf

Our Maturing Movement: State-by-State LGBT Aging Policy Recommendations:
http://www.thetaskforce.org/downloads/reports/reports/our-maturing_movement.pdf

Tips for Caregivers of Transgender Clients:
http://www.lgbtagingcenter.org/resources/pdfs/ReadyToServe.pdf

The background and resources for this overview were provided by Loree Cook-Daniels, Policy and Program Director of FORGE: http://www.forge-forward.org

Ken and Allen

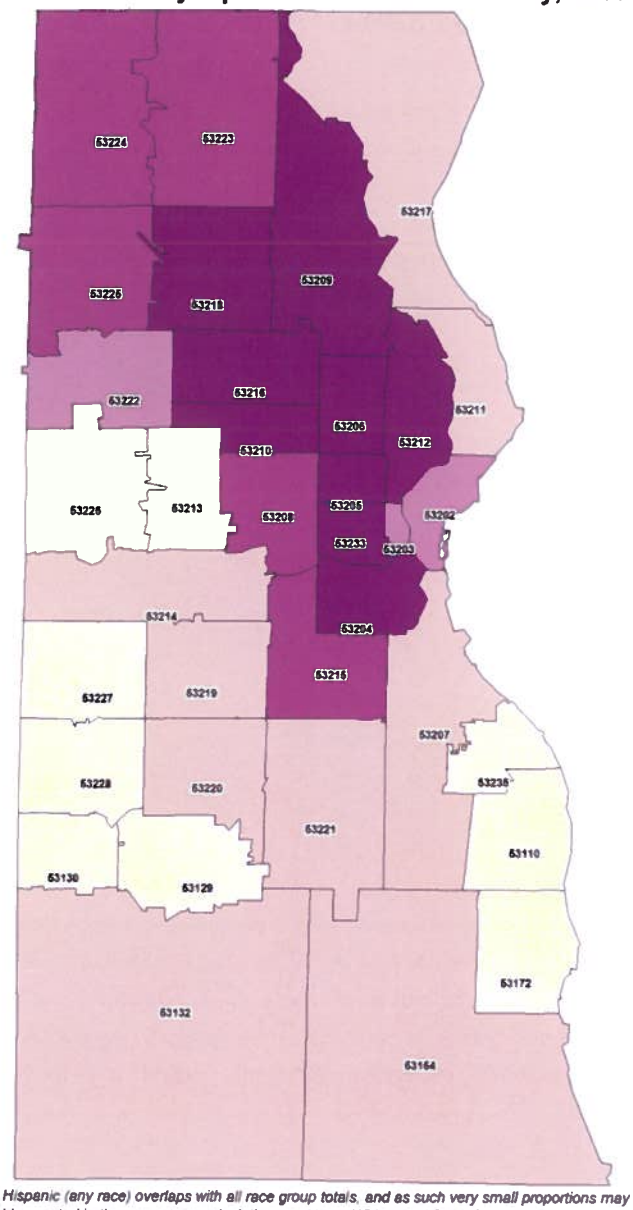
Photo courtesy of Sage Milwaukee

Diversity

Maria Burgos and David Skinner, Golden Idol 2012

Photo: Direct Supply

Total Population Age 60+ and *Percent 60+ Population Black, Hispanic, Asian, Native American, Hawaiian/Pacific Islander by Zip Code: Milwaukee County, 2010 Census



*Note: Hispanic (any race) overlaps with all race group totals, and as such very small proportions may be double counted in the percentage calculation used here. Whites and Other/Two or More are excluded as they most frequently overlap with Hispanic any race.

Percent 60+ Population Racially/Ethnically Diverse

- 50% or more
- 25% to 50%
- 10% to 25%
- 5% to 10%
- 5% or less

Provided by AARP State Research 2012

This map looks at the total older adult population and its racial/ethnic diversity by zip code. The densest areas of diversity are between zip codes 53204 and 53218, with less denser areas in surrounding zip codes. The areas between zip codes 53227 and 53129, as well as between 53235 and 53172, have the least amount of diversity.

Native

The American Indian and Alaska Native people ages 60 and over make up 9% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Table 5

Number and Percent of American Indian and Alaska Native Alone by Age and Gender Milwaukee County

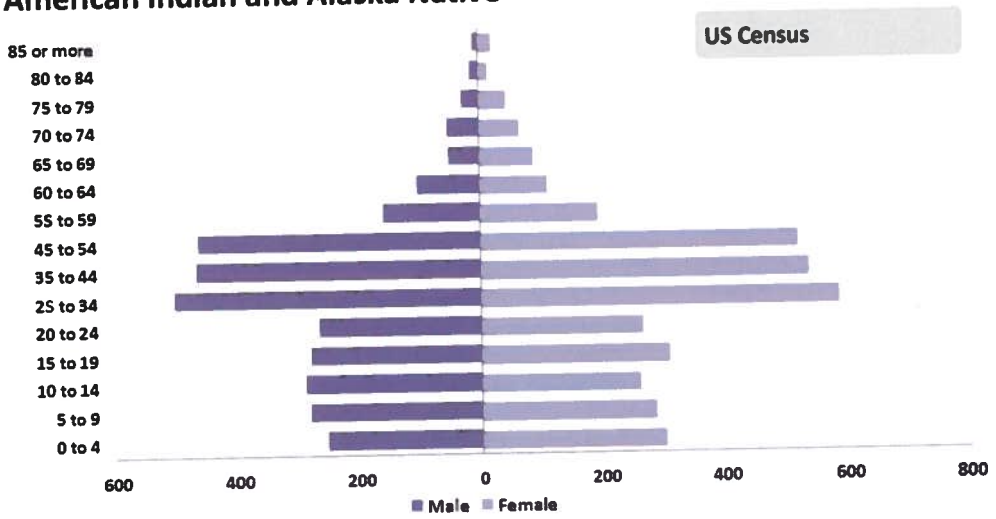
US Census

	2000 Total		2010 Total		Male		Female	
Age	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	553	8%	554	8%	253	8%	301	8%
5 to 9	650	10%	566	8%	281	9%	285	8%
10 to 14	684	10%	548	8%	288	9%	260	7%
15 to 19	669	10%	588	9%	280	9%	308	9%
20 to 24	559	8%	531	8%	266	8%	265	7%
25 to 34	1,123	16%	1,089	16%	502	16%	587	16%
35 to 44	1,141	17%	1,002	15%	465	14%	537	15%
45 to 54	736	11%	980	14%	461	14%	519	14%
55 to 59	213	3%	350	5%	158	5%	192	5%
60 to 64	175	3%	212	3%	102	3%	110	3%
65 to 69	126	2%	138	2%	50	2%	88	2%
70 to 74	77	1%	118	2%	52	2%	66	2%
75 to 79	44	0.6%	73	1%	28	1%	45	1%
80 to 84	22	0.3%	29	0%	14	0%	15	0%
85 or more	22	0.3%	30	0%	8	0%	22	1%
Totals	6,794	100.0%	6,808	100%	3,208	100%	3,600	100%
Age 60+	466	7%	600	9%	254	8%	346	10%
Age 65+	291	4%	388	6%	152	5%	236	7%
Age 85+	22	0.3%	30	0%	8	0%	22	1%

The table illustrates the number of American Indian and Alaska Native persons and their population makeup in regard to age and gender. American Indians and Alaska Natives ages 60 years or older account for 9% of the total American Indian and Alaska Native population in Milwaukee County. Of the total American Indian and Alaska Native males, those ages 60 years or older make up 8% of the population. Those ages 85 years or older account for only 0.2% of the total male population.

Figure 29

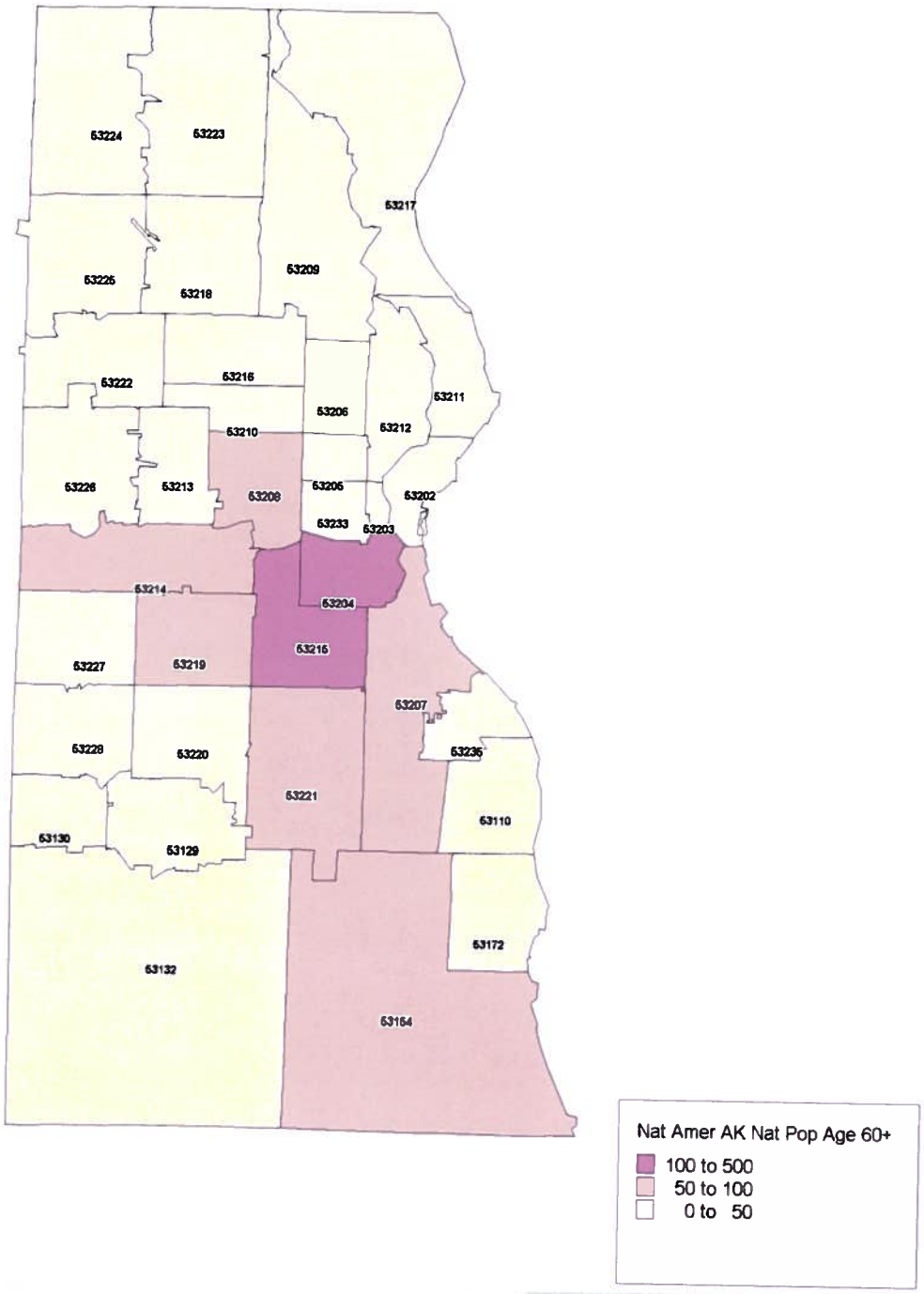
Milwaukee County 2010 Population Pyramid: American Indian and Alaska Native



Indian Council of the Elderly

Photo: Alvin G. Flowers

Native American/Alaska Native Population Age 60+ Zip Code
Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Native American and Alaska Native population, ages 60 years and older, in Milwaukee County. Native Americans and Alaska Natives tend to live more densely in zip codes 53204 and 53215, and are more dispersed throughout the zip codes bordering these two main zip codes. However, Native Americans and Alaska Natives tend to be less present in southwestern and northern Milwaukee County.

Table 6

Number and Percent of Asian Alone by Age and Gender Milwaukee County

US Census

Age	2000 Total Population	2000 Total Percent	2010 Total Population	2010 Total Percent	Male Population	Male Percent	Female Population	Female Percent
Under 5	2,426	10%	3,016	9%	1,529	9%	1,487	9%
5 to 9	2,503	10%	2,716	8%	1,368	8%	1,348	8%
10 to 14	2,454	10%	2,619	8%	1,336	8%	1,283	8%
15 to 19	2,352	10%	2,905	9%	1,442	9%	1,463	9%
20 to 24	2,293	9%	3,385	10%	1,680	10%	1,705	10%
25 to 34	4,909	20%	6,904	21%	3,418	21%	3,486	21%
35 to 44	3,009	12%	4,389	14%	2,241	14%	2,148	13%
45 to 54	2,028	8%	2,808	9%	1,433	9%	1,375	8%
55 to 59	620	2%	1,144	4%	531	3%	613	4%
60 to 64	475	2%	855	3%	402	2%	453	3%
65 to 69	367	1%	609	2%	284	2%	325	2%
70 to 74	316	1%	411	1%	199	1%	212	1%
75 to 79	205	0.8%	299	1%	124	1%	175	1%
80 to 84	114	0.5%	205	1%	74	0%	131	1%
85 or more	74	0.3%	157	0%	58	0%	99	1%
Totals	24,145	100.0%	32,422	100%	16,119	100%	16,303	100%
Age 60+	1,551	6%	2,536	8%	1,141	7%	1,395	9%
Age 65+	1,076	4%	1,681	5%	739	5%	942	6%
Age 85+	74	0.3%	157	0%	58	0%	99	1%

The table shows the population of Asian people by different age categories and gender in Milwaukee County. The older adult Asian population (ages 60 years or older) accounts for 8% of the total Asian population in Milwaukee County. Male Asians ages 60 years or older make up approximately 7% of the total male Asian population whereas female Asians ages 60 years or older account for approximately 9% of the total female Asian population.

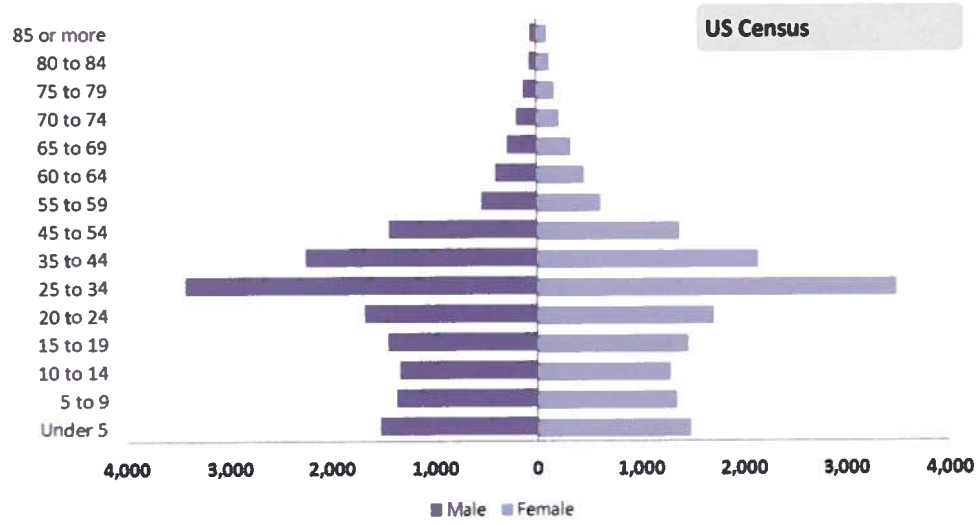
Asian

Asian people ages 60 and over only make up 8% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Figure 30

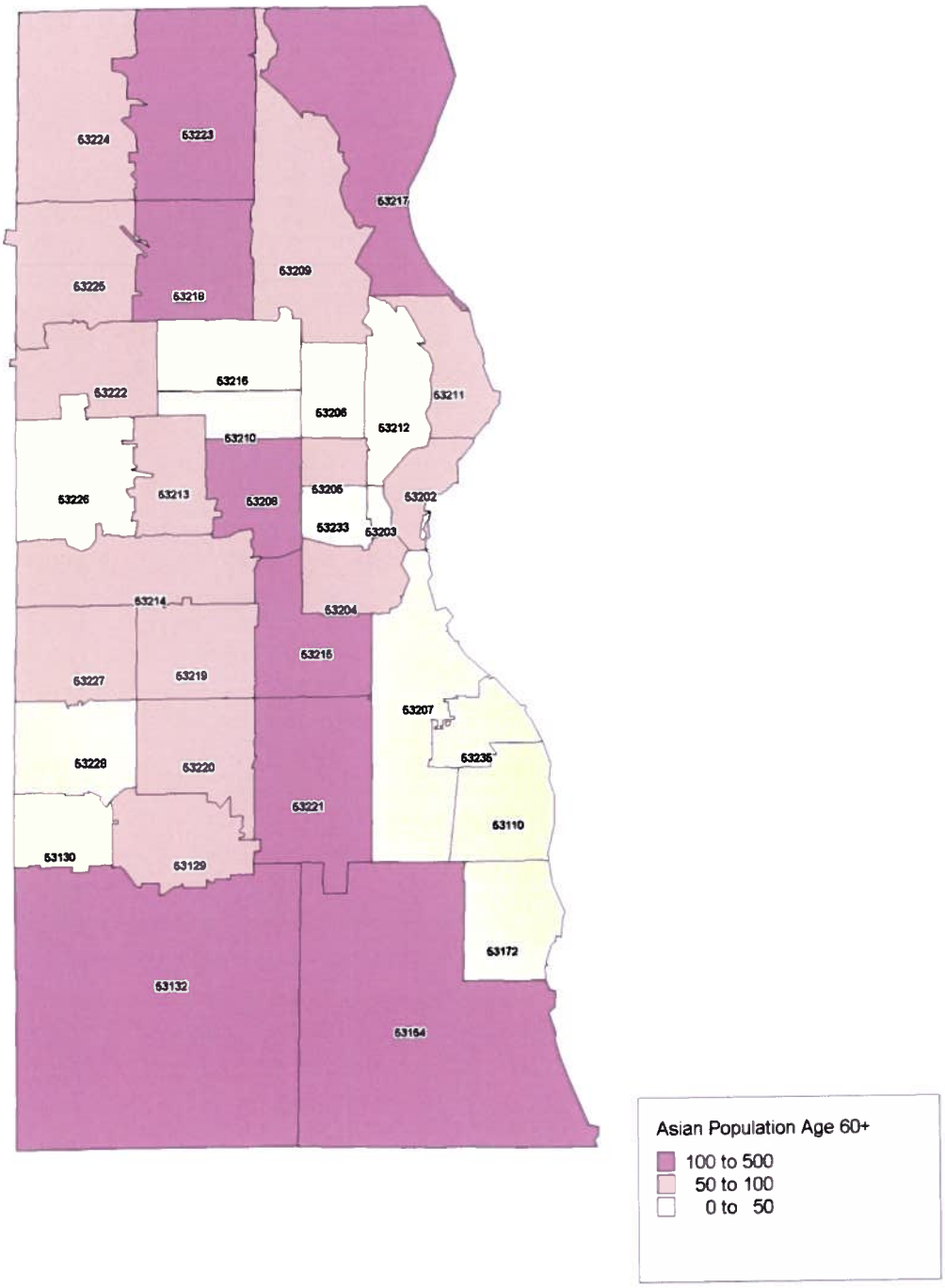
Milwaukee County 2010 Population Pyramid: Asian Alone



Milwaukee Christian Center

Photo: Diane Beckley

Asian Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Asian population, ages 60 year or older, and their population distribution by zip code within Milwaukee County. A majority of the older adult Asian population tend to live in the northern and southern parts of Milwaukee County.

African American

Black/African American people ages 60 and over make up 10% of their community.

People ages 25-34, 35 -44 and 45-54 have the highest percentage of members.

Table 7

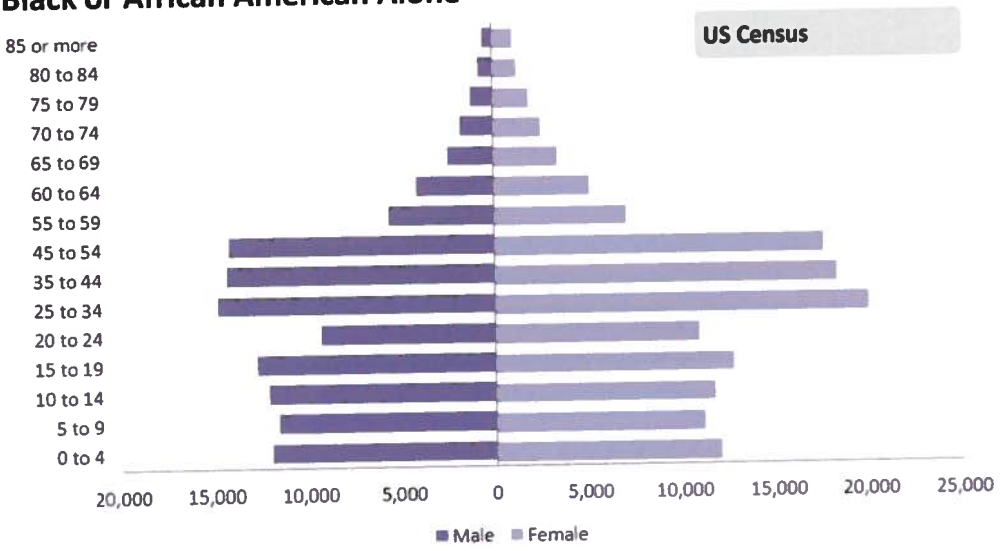
Number and Percent of Black or African American Alone by Age and Gender Milwaukee County

					US Census			
	2000 Total		2010 Total		Male		Female	
Age	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	23,345	10%	23,936	9%	11,968	10%	11,968	9%
5 to 9	27,582	12%	22,726	9%	11,614	10%	11,112	8%
10 to 14	25,811	11%	23,783	9%	12,092	10%	11,691	9%
15 to 19	21,250	9%	25,443	10%	12,757	11%	12,686	9%
20 to 24	16,676	7%	20,181	8%	9,311	8%	10,870	8%
25 to 34	33,607	14%	34,783	14%	14,816	13%	19,967	15%
35 to 44	32,912	14%	32,566	13%	14,318	12%	18,248	13%
45 to 54	23,998	10%	31,790	13%	14,199	12%	17,591	13%
55 to 59	7,077	3%	12,623	5%	5,576	5%	7,047	5%
60 to 64	5,788	2%	9,201	4%	4,099	3%	5,102	4%
65 to 69	4,725	2%	5,795	2%	2,386	2%	3,409	2%
70 to 74	3,696	2%	4,299	2%	1,743	1%	2,556	2%
75 to 79	2,375	1%	3,101	1%	1,176	1%	1,925	1%
80 to 84	1,231	0.5%	2,025	1%	721	1%	1,304	1%
85 or more	1,084	0.5%	1,512	1%	444	0%	1,068	1%
Totals	231,157	100.0%	253,764	100%	117,220	100%	136,544	100%
Age 60+	18,899	8%	25,933	10%	10,569	9%	15,364	11%
Age 65+	13,111	6%	16,732	7%	6,470	6%	10,262	8%
Age 85+	1,084	0.5%	1,512	1%	444	0%	1,068	1%

The table shows the number of Black or African Americans and their population makeup with respect to age and gender. Black or African American females ages 60 years or older and 85 years or older account for 11% and 0.8% of the total Black or African American female population of Milwaukee County respectively. Black or African Americans ages 60 years or older account for 10% of the total Black or African American population in Milwaukee County. Of the total Black or African American males, those ages 60 years or older make up 9% of the population.

Figure 31

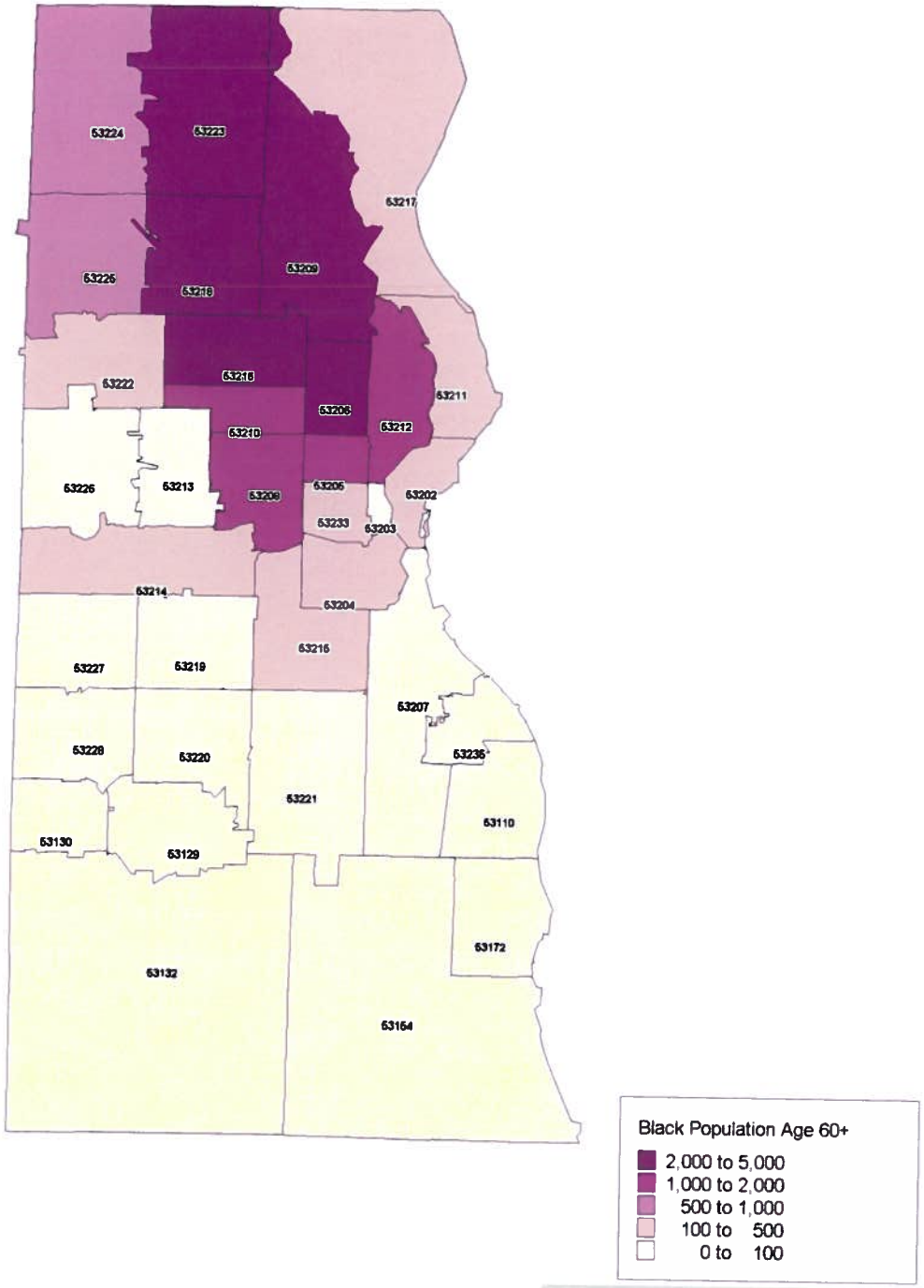
Milwaukee County 2010 Population Pyramid: Black or African American Alone



Jazzy Jewels, Washington Park Senior Center

Photo: Robert A. Bell

Black Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Black and African American population, ages 60 years or older, and their distribution by zip code within Milwaukee County. Black and African Americans tend to live in northern Milwaukee County. Very few African Americans live in the southern part of Milwaukee County (south of zip code 53215). The Black and African American population is also more dense in the central part of northern Milwaukee County.

Table 8

Number and Percent of Native Hawaiian and Other Pacific Islander Alone by Age and Gender Milwaukee County

US Census

	2000 Total		2010 Total		Male		Female	
Age	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	50	12%	24	7%	13	7%	11	6%
5 to 9	27	6%	27	7%	13	7%	14	7%
10 to 14	31	7%	32	9%	15	9%	17	9%
15 to 19	46	12%	22	6%	12	7%	10	5%
20 to 24	64	15%	53	15%	28	16%	25	13%
25 to 34	91	22%	62	17%	34	20%	28	15%
35 to 44	41	10%	63	17%	25	14%	38	20%
45 to 54	30	7%	38	10%	16	9%	22	12%
55 to 59	16	4%	13	4%	4	2%	9	5%
60 to 64	6	1%	10	3%	4	2%	6	3%
65 to 69	7	2%	8	2%	4	2%	4	2%
70 to 74	6	1%	5	1%	3	2%	2	1%
75 to 79	3	0.7%	2	1%	1	1%	1	1%
80 to 84	2	0.5%	2	1%	1	1%	1	1%
85 or more	2	0.5%	2	1%	1	1%	1	1%
Totals	**422**	**100.0%**	**363**	**100%**	**174**	**100%**	**189**	**100%**
Age 60+	26	6%	29	8%	14	8%	15	8%
Age 65+	20	5%	19	5%	10	6%	9	5%
Age 85+	2	0.5%	2	1%	1	1%	1	1%

The table demonstrates the number of Native Hawaiian and Other Pacific Islanders and their population makeup in relation to age and gender. Native Hawaiian and Other Pacific Islanders ages 60 years or older account for 8% of the total Native Hawaiian and Other Pacific Islander population in Milwaukee County. Of the total Native Hawaiian and Other Pacific Islander males, those ages 60 years or older make up 8% of the population, and those ages 85 years or older account for only 0.6% of the total male population.

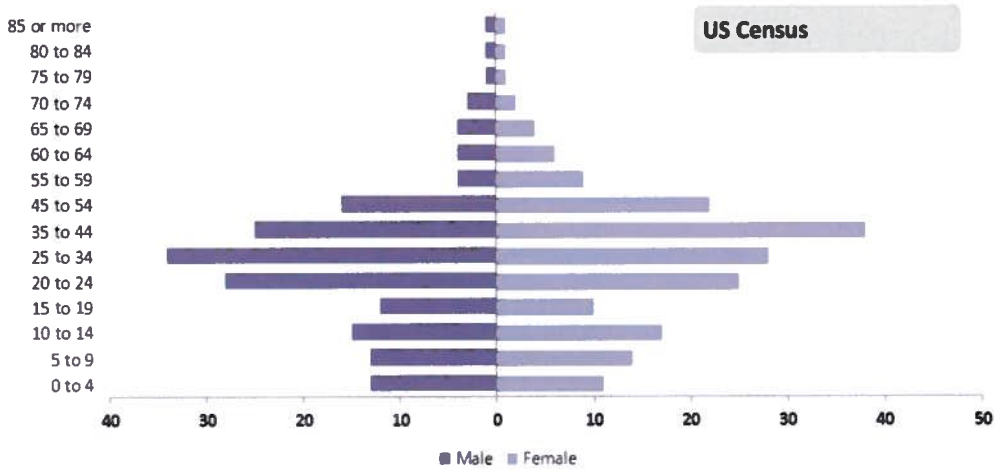
Hawaiian

Native Hawaiian and Other Pacific Islander people ages 60 and over make up 8% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Figure 32

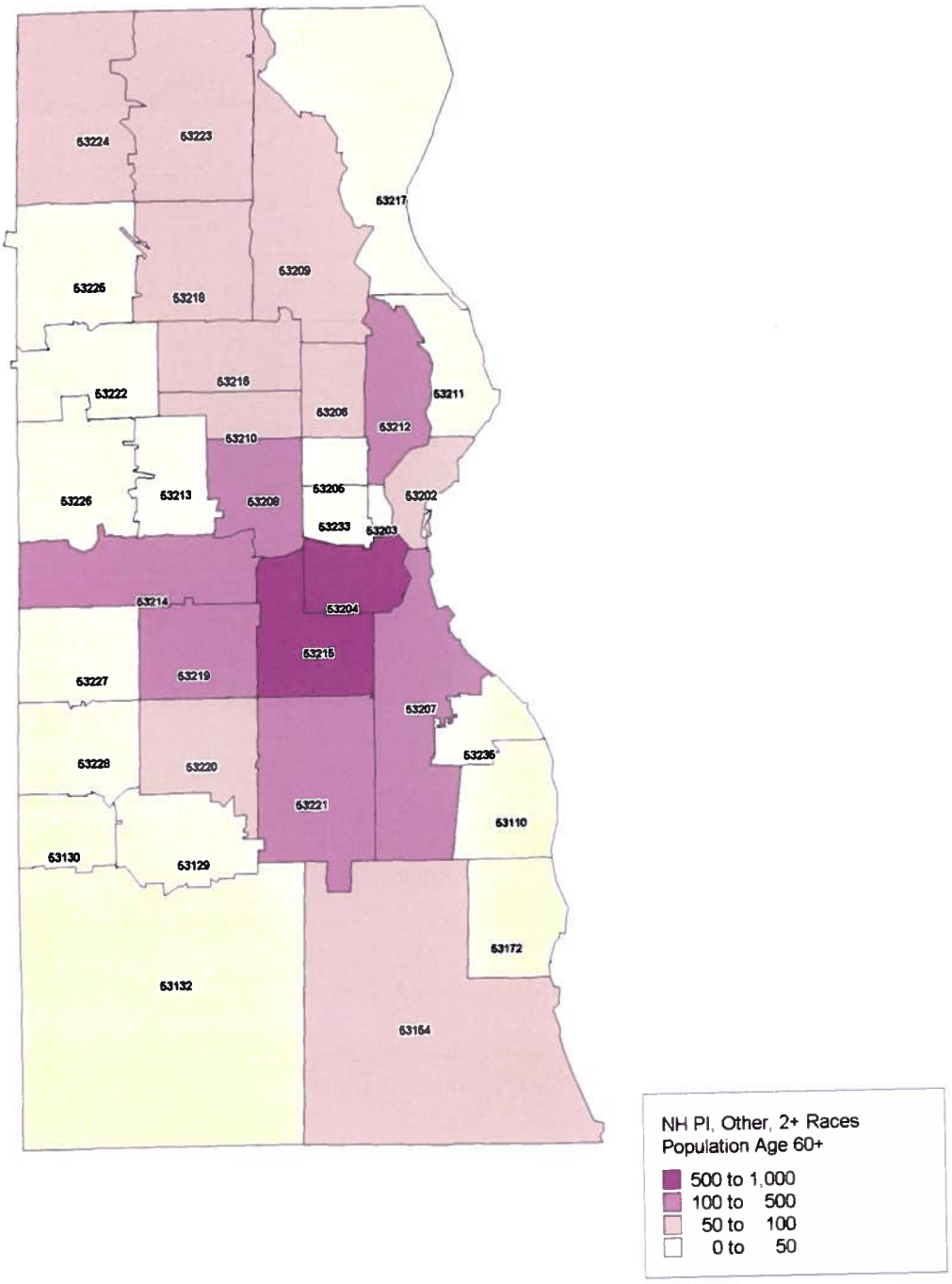
Milwaukee County 2010 Population Pyramid: Native Hawaiian and Other Pacific Islander Alone



Crisanto Cruz

Photo: Carmen Pangilinan

Hawaiian Native/Pacific Islander, Other Race, Two or more Races Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map looks at the older adult population of Hawaiian Natives, Pacific Islanders, and those classified as "some other race alone" or "two or more races". This population is most prominent in zip codes 53204 and 53215 and northwestern and southeastern Milwaukee County. They are much less prominent in southwestern and northeastern Milwaukee.

Some Other

"Some Other Race" people ages 60 and older make up 4% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Table 9

Number and Percent of Some Other Race Alone by Age and Gender Milwaukee County

US Census

Age	2000 Total Population	2000 Total Percent	2010 Total Population	2010 Total Percent	Male Population	Male Percent	Female Population	Female Percent
0 to 4	4,824	12%	5,883	11%	3,039	11%	2,844	12%
5 to 9	4,423	11%	5,512	11%	2,834	10%	2,678	11%
10 to 14	3,705	9%	4,877	9%	2,458	9%	2,419	10%
15 to 19	4,130	10%	4,582	9%	2,350	9%	2,232	9%
20 to 24	4,917	12%	4,777	9%	2,530	9%	2,247	9%
25 to 34	8,036	20%	10,387	20%	5,684	21%	4,703	19%
35 to 44	5,182	13%	7,658	15%	4,129	15%	3,529	14%
45 to 54	2,726	7%	4,440	9%	2,366	9%	2,074	8%
55 to 59	669	2%	1,247	2%	648	2%	599	2%
60 to 64	458	1%	796	2%	410	2%	386	2%
65 to 69	317	0.8%	526	1%	251	1%	275	1%
70 to 74	255	0.6%	288	1%	125	0%	163	1%
75 to 79	144	0.4%	202	0%	88	0%	114	0%
80 to 84	81	0.2%	152	0%	59	0%	93	0%
85 or more	64	0.2%	102	0%	42	0%	60	0%
Totals	**39,931**	**100.0%**	**51,429**	**100%**	**27,013**	**100%**	**24,416**	**100%**
Age 60+	1,319	3%	2,066	4%	975	4%	1,091	4%
Age 65+	861	2%	1,270	2%	565	2%	705	3%
Age 85+	64	0.2%	102	0%	42	0%	60	0%

The table shows the number of "some other race alone" and their population makeup regarding age and gender.

Those classified as "some other race alone", ages 60 years or older, account for 4% of the total "some other race alone" population in Milwaukee County. Of the total "some other race alone" American males, those ages 60 years or older make up 4% of the population, but those ages 85 years or older account for only 0.2% of the total male population.

"Some other race alone" American females ages 60 years or older and 85 years or older respectively account for 4% and 3% of the total "some other race alone" American female population of Milwaukee County.

Figure 33

Milwaukee County 2010 Population Pyramid: Some Other Race Alone

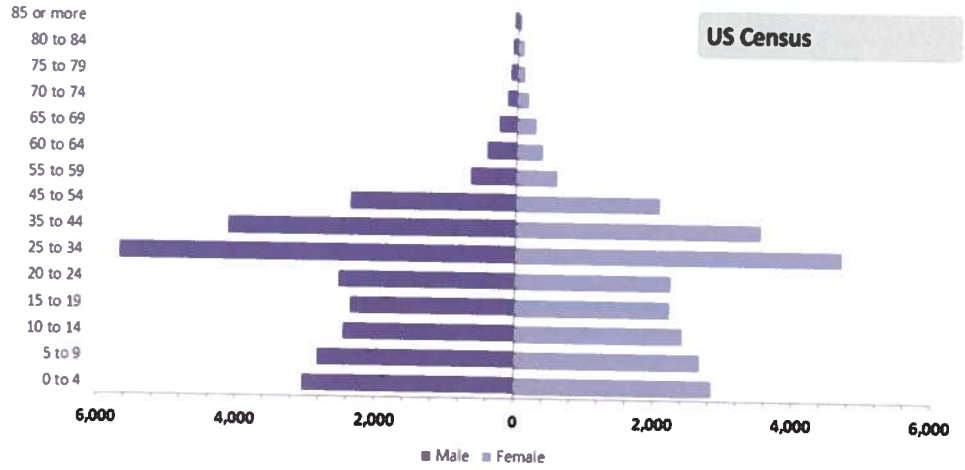


Table 10

Number and Percent of Two or More Races by Age and Gender Milwaukee County

US Census

Age	2000 Total Population	2000 Total Percent	2010 Total Population	2010 Total Percent	Male Population	Male Percent	Female Population	Female Percent
0 to 4	3,697	18%	5,497	19%	2,730	20%	2,767	19%
5 to 9	3,112	15%	4,330	15%	2,111	16%	2,219	15%
10 to 14	2,433	12%	3,521	12%	1,815	13%	1,706	12%
15 to 19	2,137	10%	2,854	10%	1,380	10%	1,474	10%
20 to 24	1,850	9%	2,376	8%	1,048	8%	1,328	9%
25 to 34	2,888	14	3,967	14%	1,826	13%	2,141	15%
35 to 44	2,008	10%	2,492	9%	1,169	9%	1,323	9%
45 to 54	1,309	6%	1,639	6%	780	6%	859	6%
55 to 59	311	1%	562	2%	265	2%	297	2%
60 to 64	264	1%	390	1%	176	1%	214	1%
65 to 69	260	1%	241	1%	91	1%	150	1%
70 to 74	187	0.9%	147	1%	64	0%	83	1%
75 to 79	126	0.6%	100	0%	36	0%	64	0%
80 to 84	89	0.4%	101	0%	38	0%	63	0%
85 or more	71	0.3%	76	0%	20	0%	56	0%
Totals	20,742	100.0%	28,293	100%	13,549	100%	14,744	100%
Age 60+	997	5%	1,055	4%	425	3%	630	4%
Age 65+	733	3%	665	2%	249	2%	416	3%
Age 85+	71	0.3%	76	0%	20	0%	56	0%

Two or More

"Two or More Race" persons ages 60 and over make up 4% of their community.

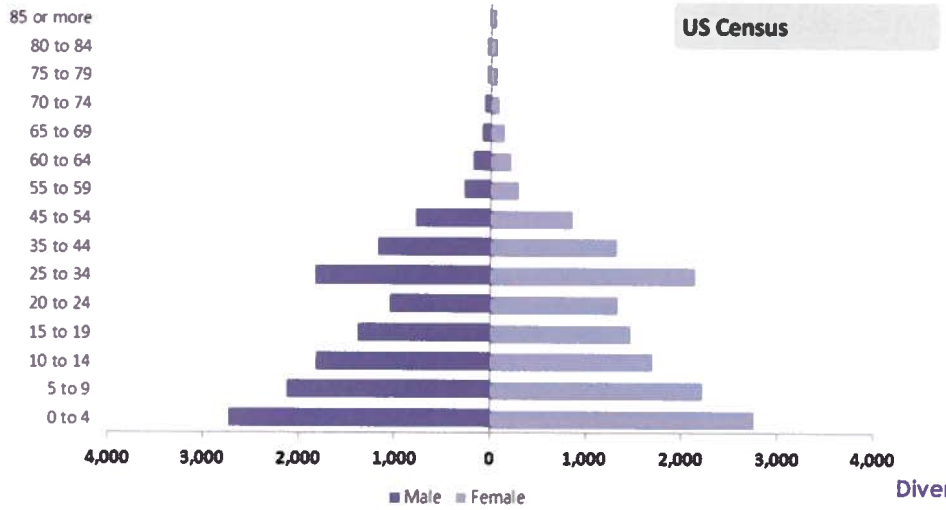
Persons ages 0-4 and 5-9 have the highest percentage of members.

The table shows the number of Milwaukee County residents who are classified as "two or more races" and their population makeup regarding age and gender.

Those classified as "two or more races," ages 60 years or older, account for 4% of the total "two or more races" population in Milwaukee County. Of the total "two or more races" American males, those ages 60 years or older make up 4% of the population, but those ages 85 years or older account for only 0.1% of the total male population. "Two or more races" American females ages 60 years or older and 85 years or older respectively account for 4% and 0.4% of the total "two or more races" American female population of Milwaukee County.

Figure 34

Milwaukee County 2010 Population Pyramid: Two or More Races



White

White people ages 60 and over make up 21% of their community.

People ages 25-34 and 45-54 have the highest percentage of members.

Table 11

Number and Percent of White Alone by Age and Gender Milwaukee County

US Census

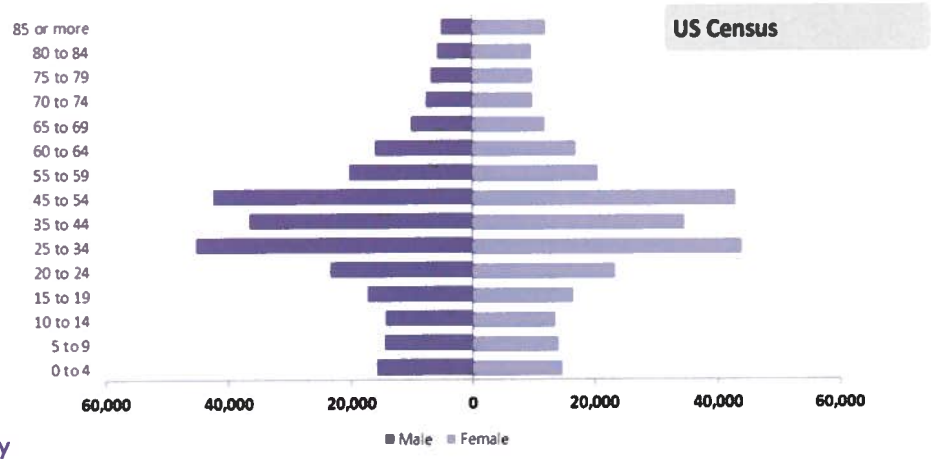
	2000 Total		2010 Total		Male		Female	
Age	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	32,264	5%	30,454	5%	15,760	6%	14,694	5%
5 to 9	32,956	5%	28,412	5%	14,472	5%	13,940	5%
10 to 14	34,075	5%	27,752	5%	14,284	5%	13,468	5%
15 to 19	38,090	6%	33,518	6%	17,152	6%	16,366	6%
20 to 24	43,514	7%	46,654	8%	23,371	8%	23,283	8%
25 to 34	90,476	15%	89,146	16%	45,093	16%	44,053	15%
35 to 44	99,124	16%	71,131	12%	36,484	13%	34,647	12%
45 to 54	87,430	14%	85,495	15%	42,406	15%	43,089	15%
55 to 59	29,131	5%	40,757	7%	20,191	7%	20,566	7%
60 to 64	24,338	4%	32,959	6%	15,982	6%	16,977	6%
65 to 69	23,839	4%	21,883	4%	10,053	4%	11,830	4%
70 to 74	25,742	4%	17,416	3%	7,568	3%	9,848	3%
75 to 79	23,980	4%	16,517	3%	6,689	2%	9,828	3%
80 to 84	16,837	3%	15,454	3%	5,778	2%	9,676	3%
85 or more	15,195	5%	17,108	3%	5,151	2%	11,957	4%
Totals	**616,973**	**100.0%**	**574,656**	**100%**	**280,434**	**100%**	**294,222**	**100%**
Age 60+	129,931	21%	121,337	21%	51,221	18%	70,116	24%
Age 65+	105,593	17%	88,378	15%	35,239	13%	53,139	18%
Age 85+	15,195	3%	17,108	3%	5,151	2%	11,957	4%

The table illustrates the number of Whites and their population makeup in regard to age and gender.

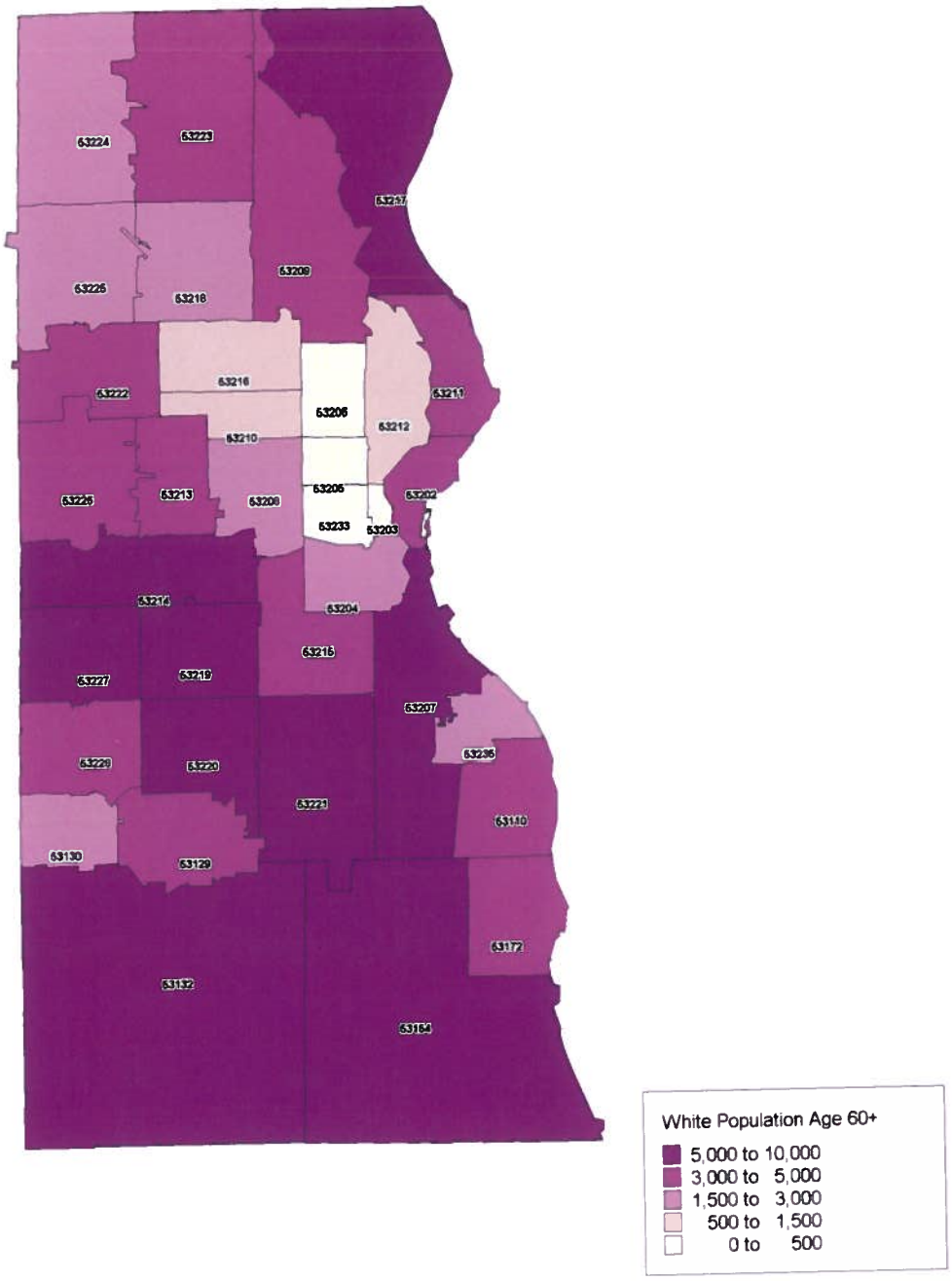
White Americans ages 60 years or older account for 21% of the total White population in Milwaukee County. Of the total White males, those ages 60 years or older make up 18% of the population and those ages 85 years or older account for only 2% of the total male population. White females ages 60 years or older and 85 years or older respectively account for 24% and 4% of the total White female population in Milwaukee County.

Figure 35

Milwaukee County 2010 Population Pyramid: White Alone



White Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

This map shows the older adult White population, ages 60 years or older, and their distribution by zip code within Milwaukee County. Older adult Whites live more heavily between zip codes 53214 and 53154, as well as in 53217. They are less likely to live between zip codes 53206 and 53203.

Latino

Latino people ages 60 and over make up 5% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Table 12

Number and Percent of Hispanic or Latino by Age and Gender Milwaukee County

US Census

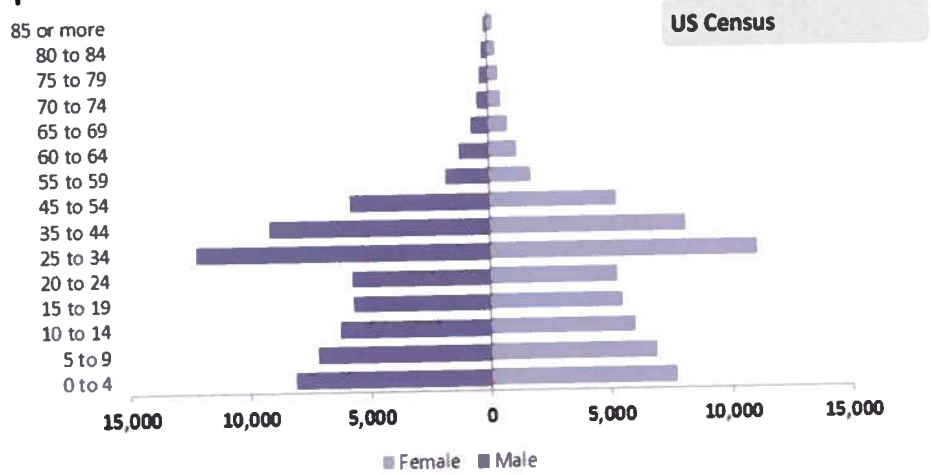
Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	10,338	12%	15,791	13%	8,103	12%	7,688	13%
5 to 9	9,386	11%	14,087	11%	7,200	11%	6,887	11%
10 to 14	7,862	9%	12,242	10%	6,256	10%	5,986	10%
15 to 19	8,353	10%	11,157	9%	5,703	9%	5,454	9%
20 to 24	9,084	11%	11,030	9%	5,762	9%	5,268	9%
25 to 34	15,482	19%	23,321	19%	12,241	19%	11,080	18%
35 to 44	10,535	13%	17,270	14%	9,159	14%	8,111	13%
45 to 54	5,989	7%	11,027	9%	5,771	9%	5,256	9%
55 to 59	1,575	2%	3,532	3%	1,815	3%	1,717	3%
60 to 64	1,213	1%	2,414	2%	1,237	2%	1,177	2%
65 to 69	968	1%	1,503	1%	687	1%	816	1%
70 to 74	752	0.9%	1,008	1%	464	1%	544	1%
75 to 79	466	0.6%	770	1%	320	0%	450	1%
80 to 84	233	0.3%	528	0%	220	0%	308	1%
85 or more	170	0.2%	359	0%	146	0%	213	0%
Totals	82,406	100.0%	126,039	100%	65,084	100%	60,955	100%
Age 60+	3,802	5%	6,582	5%	3,074	5%	3,508	6%
Age 65+	2,589	3%	4,168	3%	1,837	3%	2,331	4%
Age 85+	170	0.2%	359	0%	146	0%	213	0%

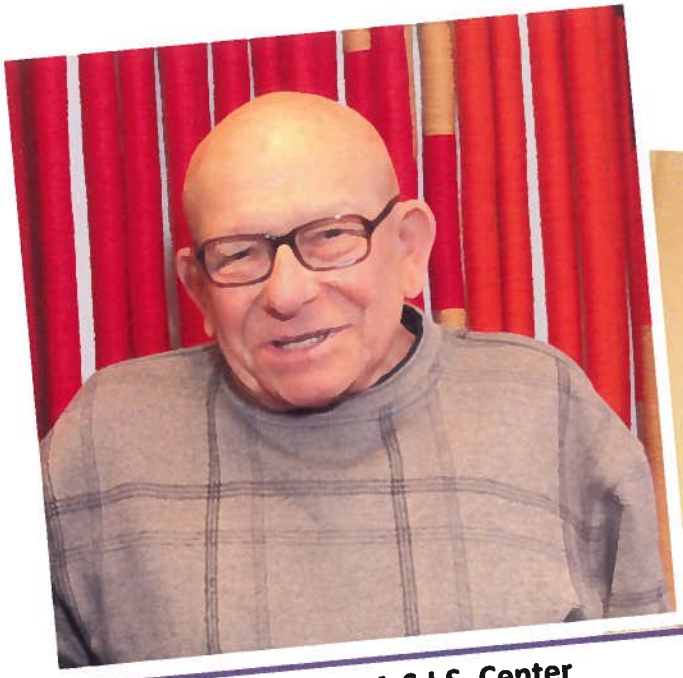
The table illustrates the number of Hispanic or Latino Americans and their population makeup in regard to age and gender.

Latino Americans ages 60 years or older account for 5% of the total Latino American population in Milwaukee County. Of the total Latino males, those ages 60 years or older make up 5% of the population and those ages 85 years or older account for less than one percent of the total male population. Latino American females ages 60 years or older and 85 years or older account for 6% and less than 1% of the total Latino American female population in Milwaukee County respectively.

Figure 36

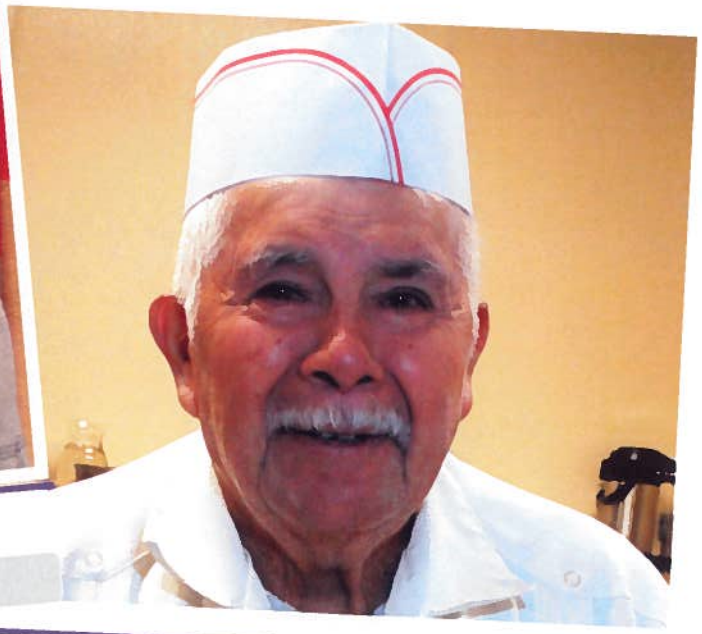
Milwaukee County 2010 Population Pyramid: Hispanic or Latino





Frank Gonzales, Jr., O.A.S.I.S. Center

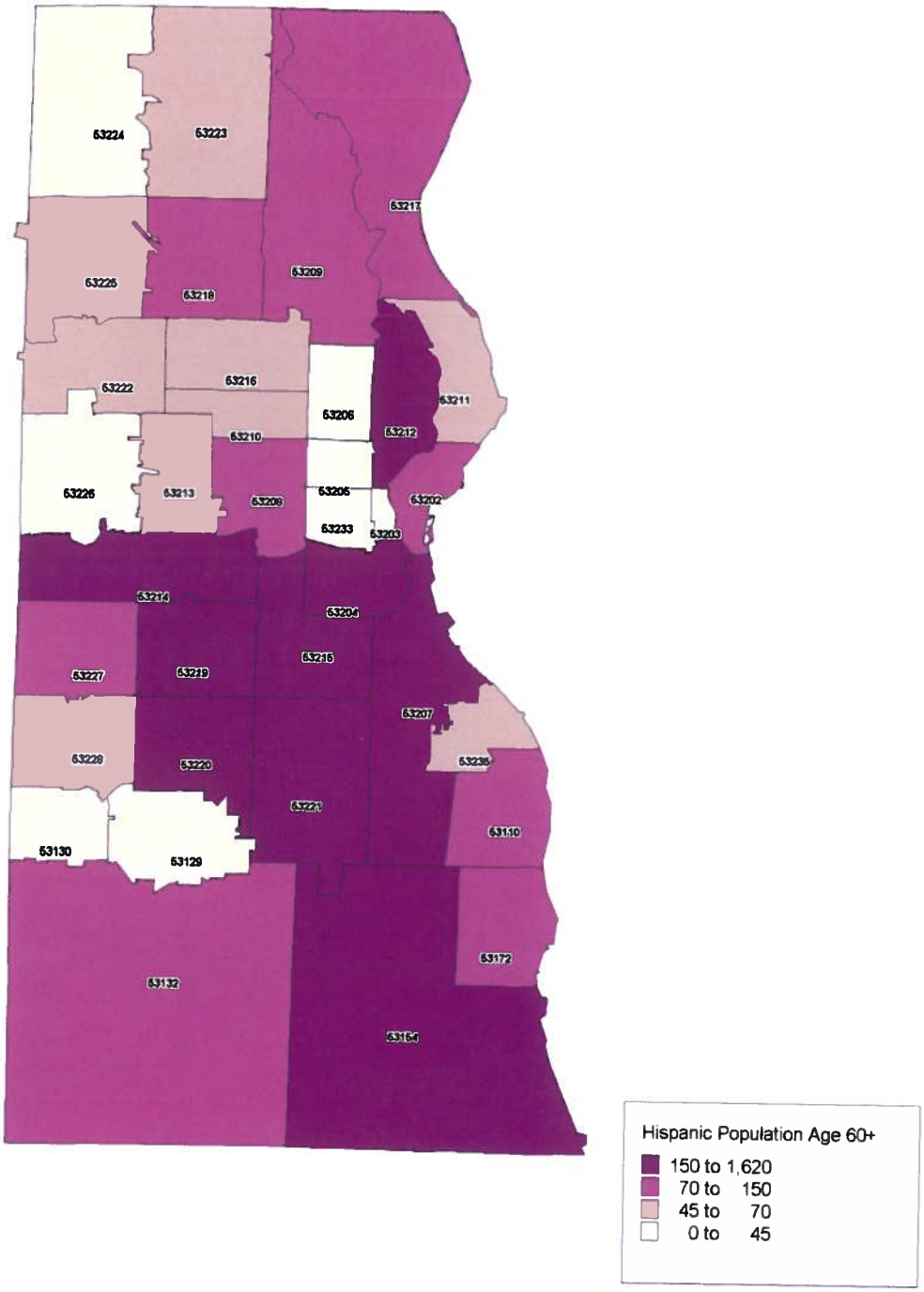
Photo: Robert A. Bell



Ralph Barron, United Community Center

Photo: Robert A. Bell

Hispanic (Any Race) Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Hispanic population, ages 60 years or older, and their population distribution by zip code within Milwaukee County. Older adult Hispanics tend to live in southern Milwaukee County much more frequently and are much less likely to reside in northern Milwaukee County. The population is most dense in zip codes 53204 and 53215.

Table 13

Number and Percent of Aging Community by Age Category

Year	Total Population	Persons 60 to 64	Percent 60 to 64	Persons 65 to 74	Percent 65 to 74	Persons 75 to 84	Percent 75 to 84	Persons 85+	Percent 85+	Persons 60+	Percent 60+
								US Census			
1950	871,047	39,671	37%	47,599	44%	16,984	16%	2,860	3%	107,114	100%
1960	1,036,041	46,095	33%	65,287	46%	24,692	18%	4,511	3%	140,585	100%
1970	1,054,063	48,057	30%	69,366	44%	34,107	21%	7,865	5%	159,395	100%
1980	964,988	45,276	27%	71,272	43%	39,197	23%	11,078	7%	166,823	100%
1990	959,275	41,828	24%	71,955	42%	43,959	25%	14,673	9%	172,415	100%
2000	940,164	31,504	21%	59,920	39%	45,253	30%	16,512	11%	153,189	100%
2010	947,735	44,423	29%	51,884	34%	38,262	25%	18,987	12%	153,556	100%

B. Percent of Total Population: Persons 60 or Older by Age Category

Year	Total Population	Persons 60 to 64	Percent 60 to 64	Persons 65 to 74	Percent 65 to 74	Persons 75 to 84	Percent 75 to 84	Persons 85+	Percent 85+	Persons 60+	Percent 60+
1950	871,047	39,671	5%	47,599	5%	16,984	2%	2,860	0%	107,114	12%
1960	1,036,041	46,095	4%	65,287	6%	24,692	2%	4,511	0%	140,585	14%
1970	1,054,063	48,057	5%	69,366	7%	34,107	3%	7,865	1%	159,395	15%
1980	964,988	45,276	5%	71,272	7%	39,197	4%	11,078	1%	166,823	17%
1990	959,275	41,828	4%	71,955	8%	43,959	5%	14,673	2%	172,415	18%
2000	940,164	31,504	3%	59,920	6%	45,253	5%	16,512	2%	153,189	16%
2010	947,735	44,423	5%	51,884	5%	38,262	4%	18,987	2%	153,556	16%

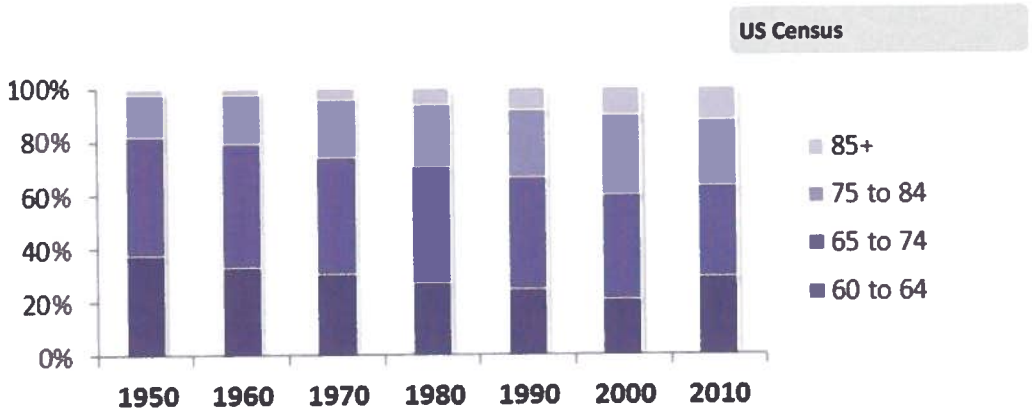
Trends

Since 1970, Milwaukee County's total population consistently declined. This trend was interrupted in 2010, when Milwaukee County experienced an increase in population.

Within the aging community, persons ages 60-64 experienced the largest percentage of growth within the last decade.

Figure 37

Percent of Persons Age 60+ by Age Category (1950-2010)



MCDA Public Hearing at Wilson Park Senior Center

Photo: Robert A. Bell

Figure 38

Percent of Persons Age 60 to 64 in Milwaukee County by Age Category (1950-2010)

US Census

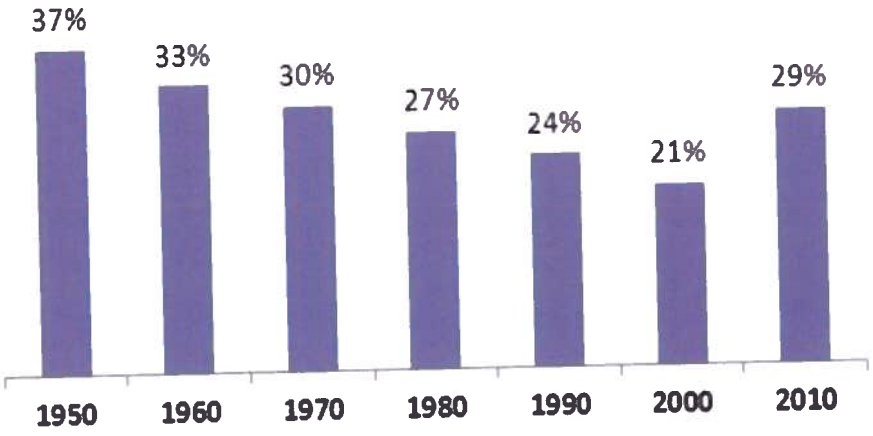


Figure 39

Percent of Persons Age 65 to 74 in Milwaukee County by Age Category (1950-2010)

US Census

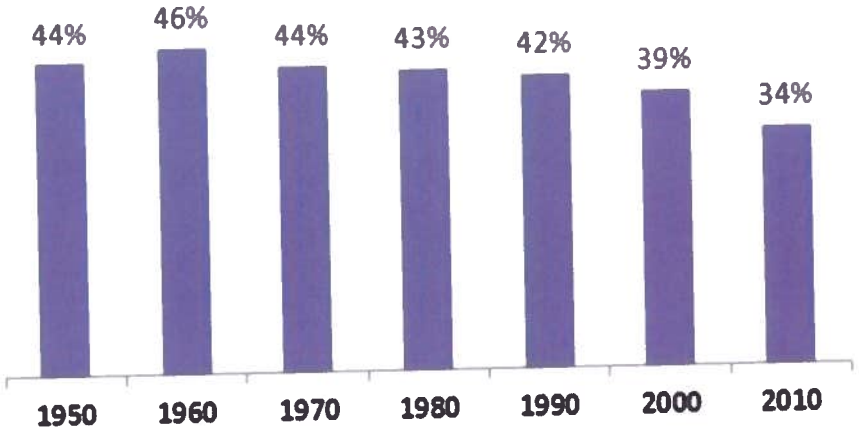


Figure 40

Percent of Persons Age 75 to 84 in Milwaukee County by Age Category (1950-2010)

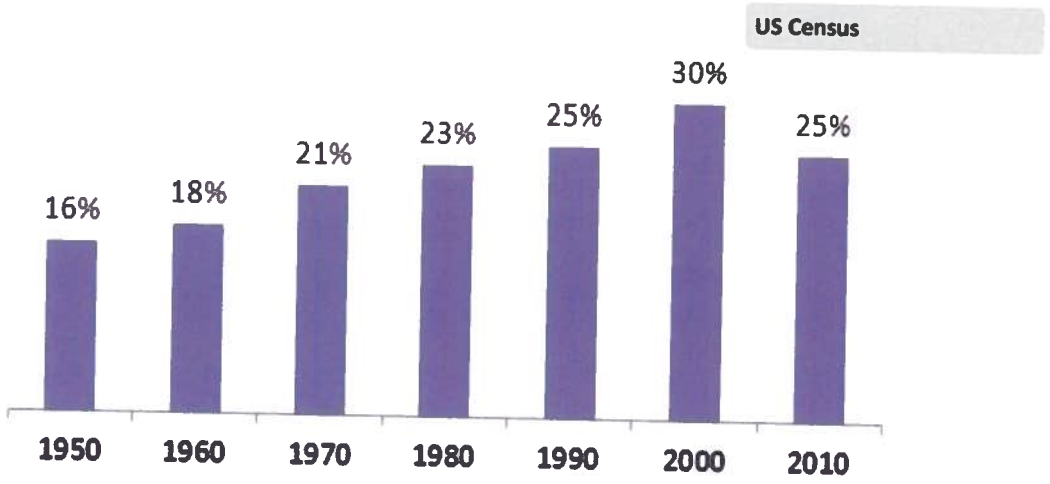


Figure 41

Percent of Persons Age 85 or Older in Milwaukee County by Age Category (1950-2010)

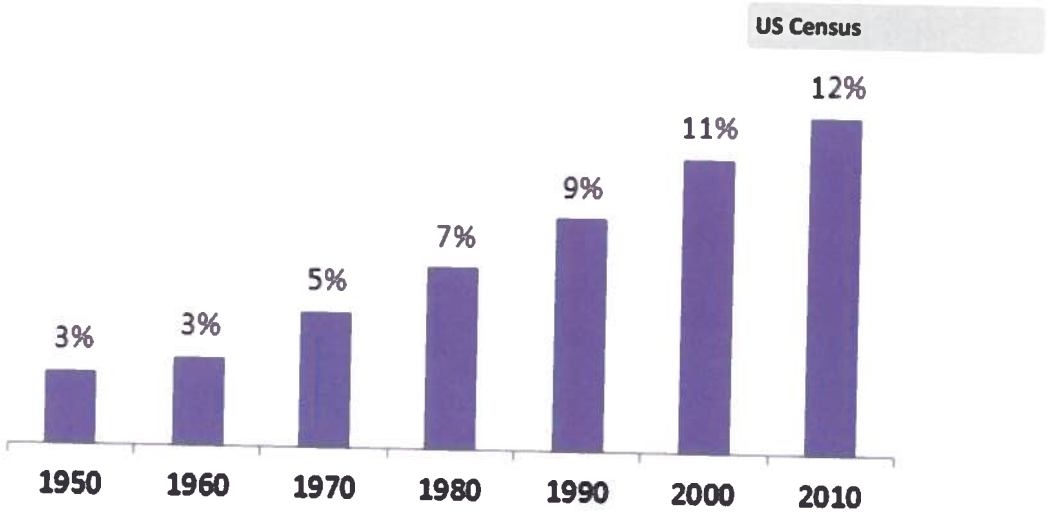


Table 14

Milwaukee County Numerical and Percent Change Among Persons by Age and Gender: 2000-2010

US Census

Age	Total Population 2010	Total Population 2000	# Change	% Change	Male Population 2010	Male Population 2000	% Change	# Change	Female Population 2010	Female Population 2000	% Change	# Change
0 to 4	69,364	67,141	2,223	3%	35,292	34,433	2%	859	34,072	32,708	4%	1,364
5 to 9	64,289	71,253	-6,964	-10%	32,693	36,211	-10%	-3,518	31,596	35,042	-10%	-3,446
10 to 14	63,132	69,193	-6,061	-9%	32,288	35,135	-8%	-2,847	30,844	34,058	-9%	-3,214
15 to 19	69,912	68,674	1,238	2%	35,373	34,699	2%	674	34,539	33,975	2%	564
20 to 24	77,957	69,873	8,084	12%	38,234	33,911	13%	4,323	39,723	35,962	10%	3,761
25 to 34	146,338	141,130	5,208	4%	71,373	69,492	3%	1,881	74,965	71,638	5%	3,327
35 to 44	119,301	143,417	-24,116	-17%	58,831	70,044	-16%	-11,213	60,470	73,373	-18%	-12,903
45 to 54	127,190	118,257	8,933	8%	61,661	57,447	7%	4,214	65,529	60,810	8%	4,719
55 to 59	56,696	38,037	18,659	49%	27,373	17,737	54%	9,636	29,323	20,300	44%	9,023
60 to 64	44,423	31,504	12,919	41%	21,175	14,373	47%	6,802	23,248	17,131	36%	6,117
65 to 79	29,200	29,641	-441	-1%	13,119	12,977	1%	142	16,081	16,664	-3%	-583
70 to 74	22,684	30,279	-7,595	-25%	9,754	12,811	-24%	-3,057	12,930	17,468	-26%	-4,538
75 to79	20,294	26,877	-6,583	-24%	8,142	10,641	-23%	-2,499	12,152	16,236	-25%	-4,084
80 to 84	17,968	18,376	-408	-2%	6,685	6,401	4%	284	11,283	11,975	-6%	-692
85 or more	18,987	16,512	2,475	15%	5,724	4,262	34%	1,462	13,263	12,250	8%	1,013
Totals:	947,735	940,164	7,571	1%	457,717	450,574	2%	7,143	490,018	489,590	0%	428

49%

The percentage increase in persons ages 55-59 from 2000 to 2010.

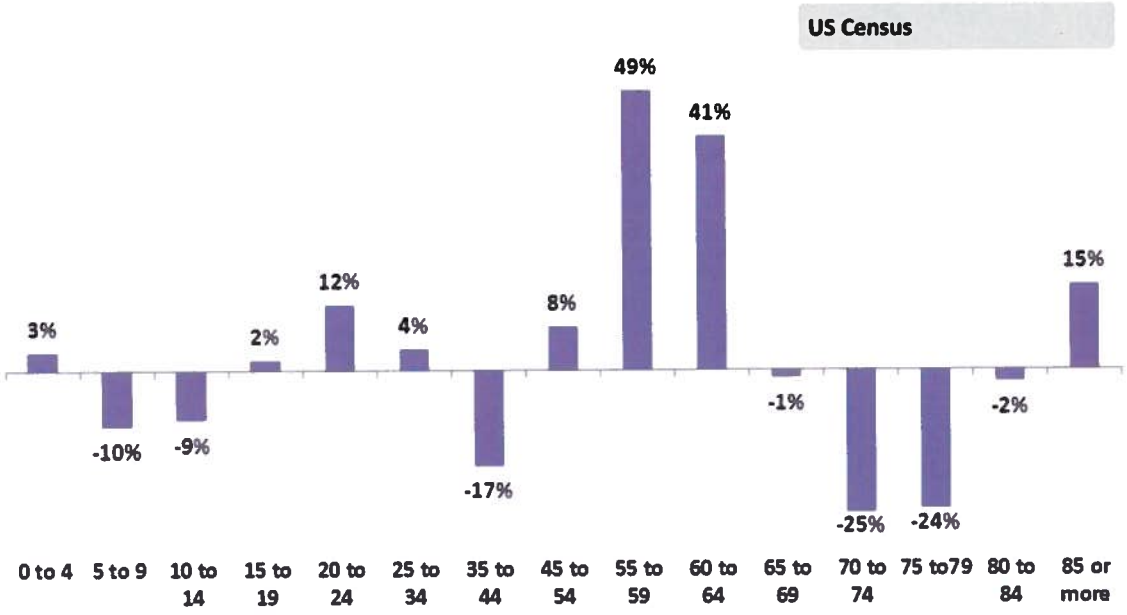
Men within this age range experienced the largest percentage increase within the past decade.

Regardless of this increase, women still outnumber men in this same age range.

The table shows the numerical and percent change by age for the total population, male population, and female population in Milwaukee County. As the table shows, the older adult population between the ages of 60 to 64 has seen a 41.0% increase in population since 2000. However, the older adult population in every age category between 65 and 84 experienced a decrease in their percentage of the overall population.

Figure 42

Milwaukee County Population Change by Age Category 2000 to 2010



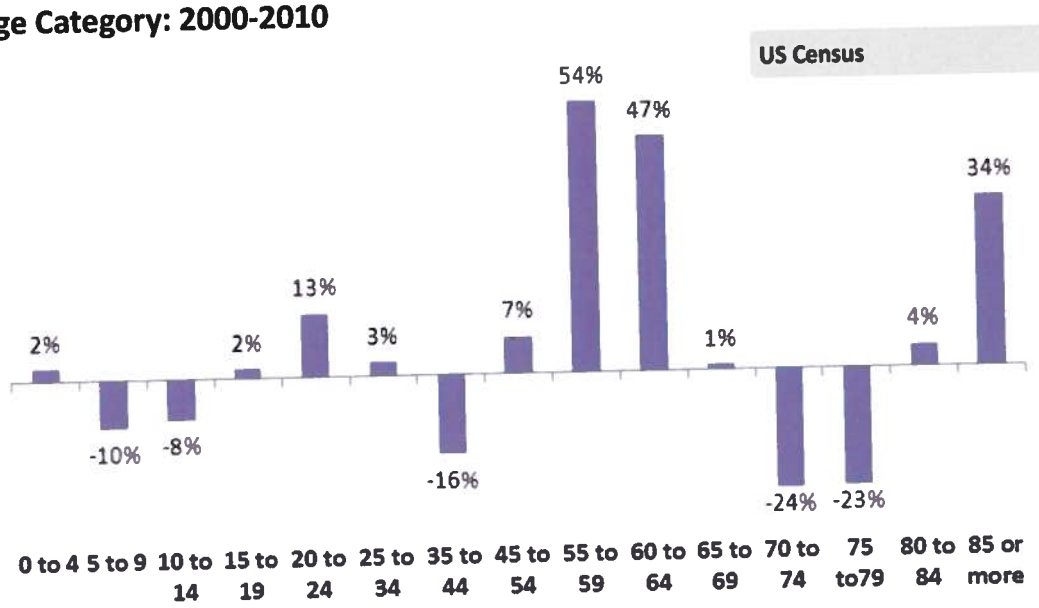
This chart shows Milwaukee County's population change by age category between 2000 and 2010.

Wildred and Willie Willis, Washington Park Senior Center

Photo: Alvin G. Flowers

Figure 43

Percent Change in Male Population by Age Category: 2000-2010

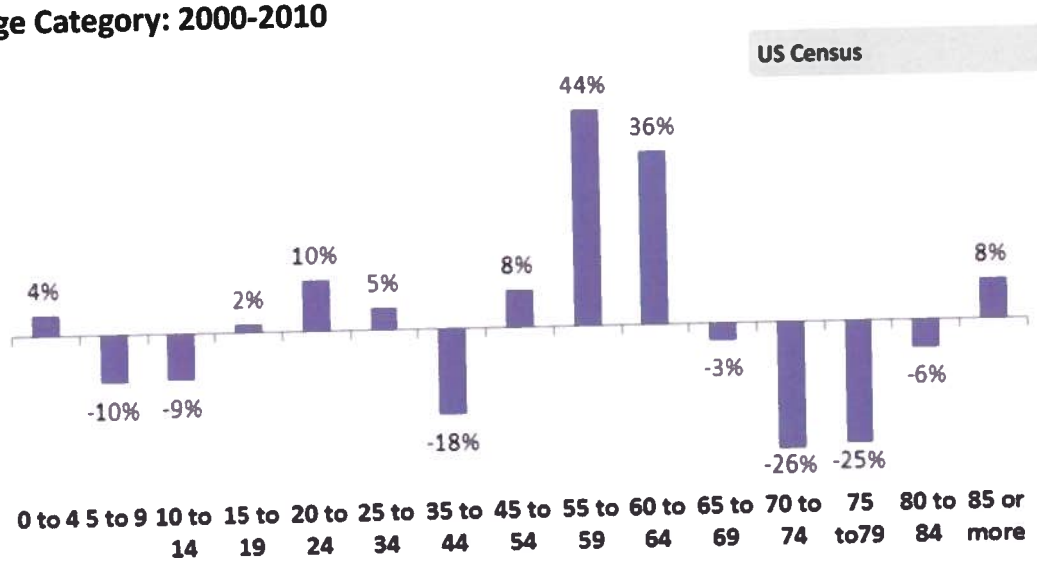


54%

Total percent increase in the male population ages 55-59 over the past decade.

Figure 44

Percent Change in Female Population by Age Category: 2000-2010



44%

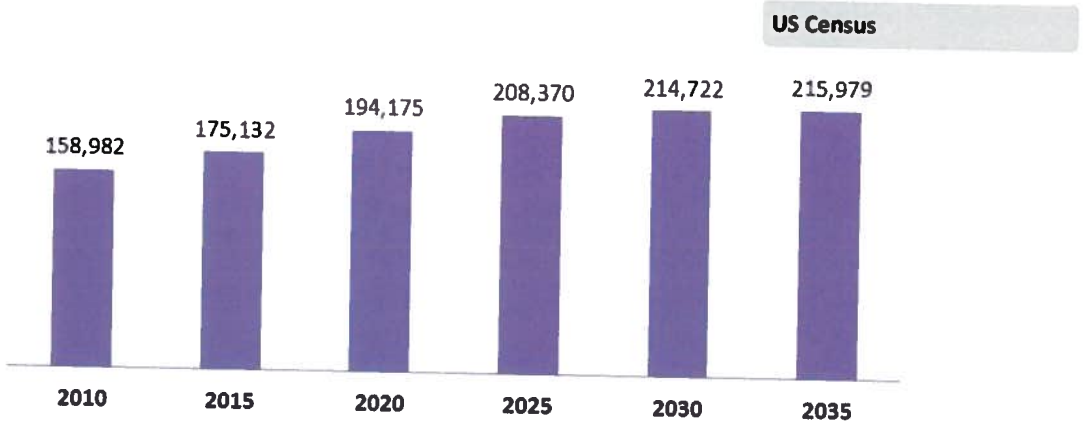
Total percent increase in the female population ages 55-59 over the past decade.

Figure 45

Milwaukee County Population Projection (2010-2035) for Ages 60+

Projection

The US Census Bureau projects tha the Milwaukee County population ages 60 and over w experience a slight increase in population over the next 25 years.



Provided by AARP State Research 2012

This graph shows the projected increase in the number of Milwaukee County seniors ages 60 and over from 2010 to 2035.

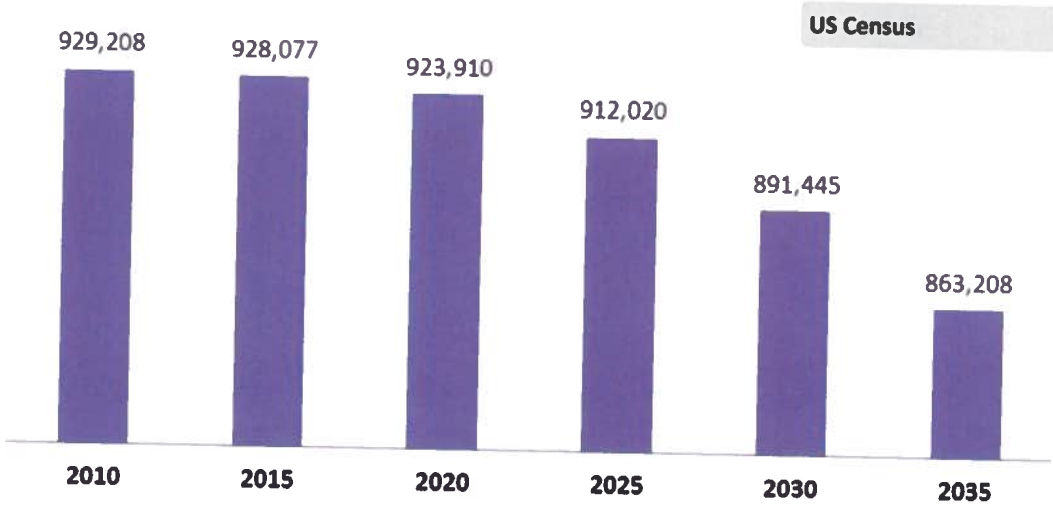
In the state of Wisconsin, the older adult population—age 65 and over—is expected to increase rapidly in every five-year interval, from 777,000 people in 2010 to 1,544,000 people in 2040, nearly doubling in 30 years.

Figure 46

Milwaukee County Total Population Projection (2010-2035)

Projection

The US Census Bureau projects that the total Milwaukee County population will decrease over the next 25 years.



Education Status

American Red Cross Booth at Emergency Preparedness Education Event
Washington Park Senior Center

Photo: Robert A. Bell

Education Overview

Education plays a significant role in providing an individual with the knowledge, skills and proficiencies needed to participate successfully in their community and the economy. Education is a key determinant of an individual's health, civic participation, political interest and overall satisfaction in life.

Research has demonstrated that the higher the educational attainment of an individual, the longer they tend to live, the more actively they participate in politics and in the community where they live, and the less likely they are to commit crimes and rely on social assistance.

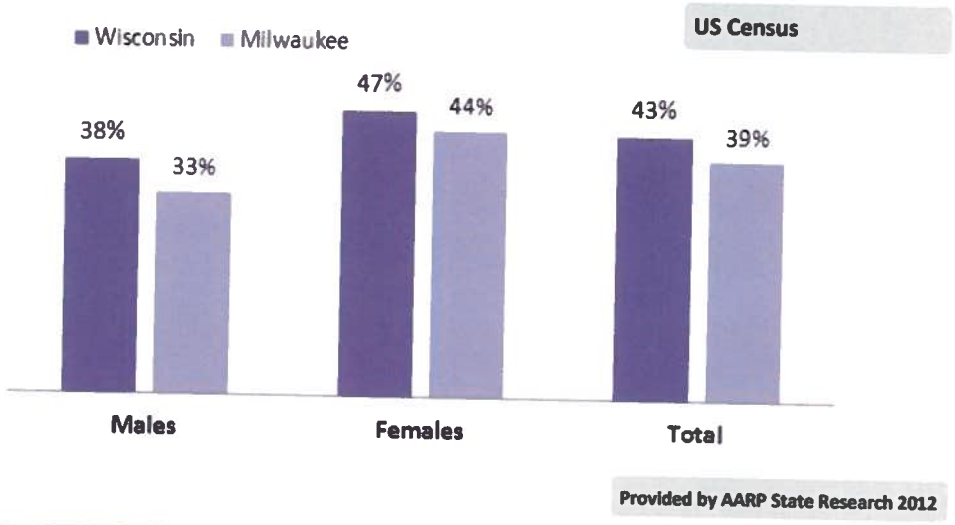
Overall, residents of Milwaukee County who are 65 and older tend to have a high school diploma or equivalent less frequently than all state residents and about as often as U.S. residents.

Education

In Milwaukee County, persons 65 and over (both men and women) complete high school or its equivalent at a lower rate compared to their Wisconsin counterparts.

Figure 47

Percent of Persons 65+, High School Graduate or Equivalent 2010: Wisconsin and Milwaukee County Levels



Gender

Milwaukee County females over 65 years old attain a high school diploma or equivalent and some college at a higher rate than men.

Men complete college and advanced degrees at a higher rate than women.

Figure 48

Educational Attainment by Gender: Persons Age 65+ Milwaukee County

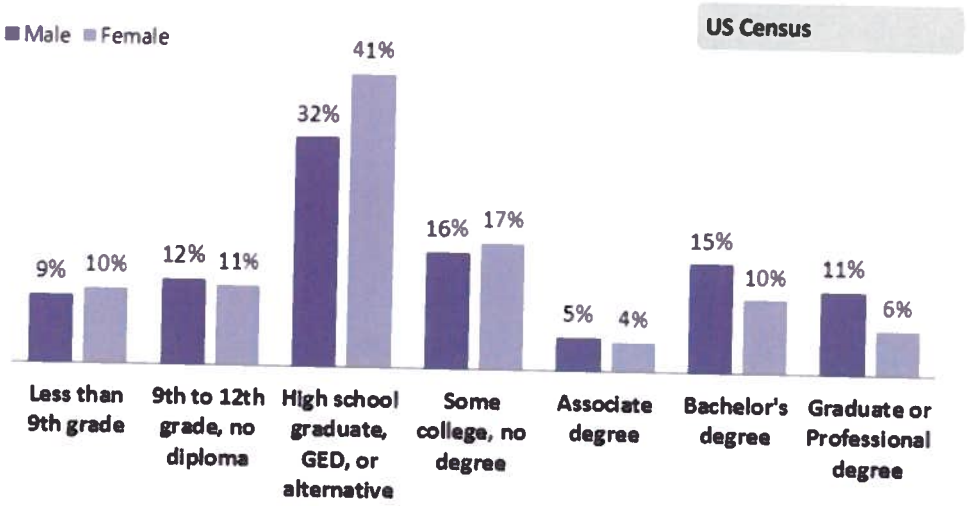


Table 15

Educational Attainment by Gender

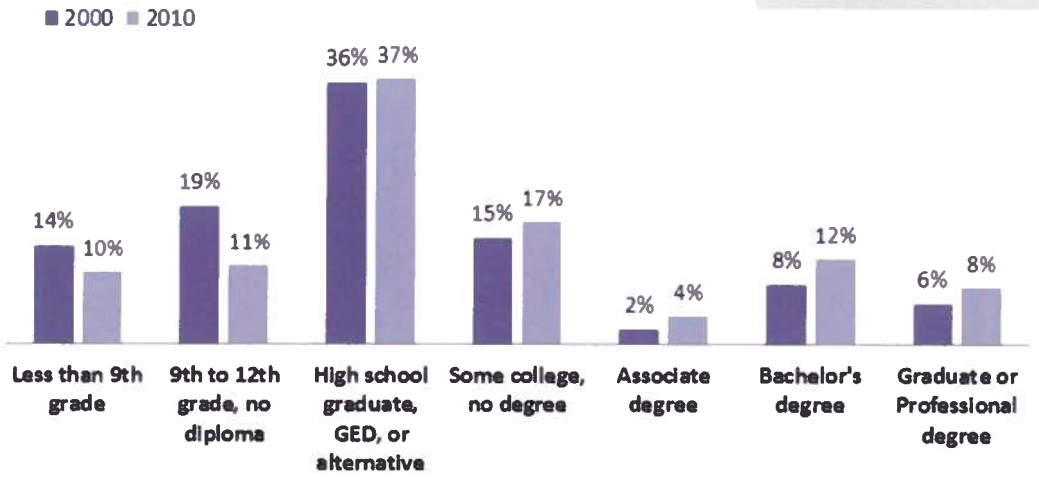
	Milwaukee County 2000	US Census Wisconsin 2010	US Census Milwaukee County 2010
Males: 65 years and over:	47,120	324,488	43,297
65+ Males: High school graduate (includes equiv)	14,698	124,736	14272
% 65+ Males: High school only	31.2%	38.4%	33.0%
Females: 65 years and over:	74,293	430,380	66,235
65+ Females: High school graduate (includes equiv)	29,465	202,138	28,888
% 65+ Females: High school only	39.7%	47.0%	43.6%
Persons: 65 years and over:	121,413	754,868	109,532
65+ Persons: High school graduate (includes equiv)	44,163	326,874	43,160
% 65+ Persons: High school only	36.4%	43.3%	39.4%

Provided by AARP State Research 2012

Figure 49

Educational Attainment of Persons Age 65+ in Milwaukee County 2000 –2010

US Census



Trends

Fewer Milwaukee County persons 65 years and over completed middle and high school in 2010 as compared to 2000.

In 2010, Milwaukee County persons 65 and over had a higher rate in every other category of attainment as compared to 2000.

Economic Status

Senior Stockbox Distribution

Kelly Senior Center

Photo: Robert A. Bell

Income

One's economic status is a key determinant to quality of life across the lifecourse. Income and economic wealth can improve access to critical life needs such as housing, food and health care as well as provide improved access to quality education. Later in life, one's economic status can provide a buffer or expose one to unexpected financial challenges such as long-term care or specialty housing.

Household income is the average amount of income a household earns or gains each year. This indicator provides a measure for comparison. There is a clear drop in household income from near retirement (45-64 years old) to retirement-aged households (65 years and older). The overall average household income is more than double for near-retirement households than retirement aged households. The decrease in household income is even more dramatic among race and ethnicity.

Poverty status is another measure used to understand a community's economic status and well being. The poverty rate, defined by the federal government, is the percentage of people who live in poverty. The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Milwaukee County residents ages 65 and older and who indicate they are either Black/African American or of "two or more races" experience poverty at a greater rate than their White counterparts. Due to deep segregation in Milwaukee, the percentage of individuals 65 years and older who live in poverty tend to reside in central Milwaukee zip codes.

Table 16

Age of Householder 45-64 by Household Income in 2010 by Race/Ethnicity

American Community Survey

Household Income	White alone	Black or African American alone	American Indian and Alaska Native Alone	Asian alone	Some Other Race alone	Two or More Races	Hispanic or Latino	Total
Householder 45 to 64 years	135,137	32,145	808	2,383	3,167	1,146	8,701	**167,282**
Less than $10,000	10,220	5,385	58	201	219	164	566	**16,813**
$10,000 to $ 14,999	6,746	3,102	122	87	131	113	502	**10,803**
$15,000 to $19,999	6,758	2,613	130	107	233	34	716	**10,591**
$20,000 to $24,999	6,509	2,477	75	100	182	145	496	**9,984**
$25,000 to $29,999	5,904	1,959	0	112	162	45	392	**8,574**
$30,000 to $34,999	6,966	1,889	15	53	179	56	562	**9,720**
$35,000 to $39,999	6,432	1,763	59	187	292	40	672	**9,445**
$40,000 to $44,999	7,242	1,990	34	136	176	23	515	**10,116**
$45,000 to $49,999	6,384	1,648	14	22	269	60	509	**8,906**
$50,000 to $59,999	12,204	2,571	128	170	433	50	990	**16,546**
$60,000 to $74,999	14,247	2,118	41	197	326	69	936	**17,934**
$75,000 to $99,999	18,099	2,385	99	329	307	182	926	**22,327**
$100,000 to $124,999	11,230	1,017	10	248	73	101	357	**13,036**
$125,000 to $149,000	6,590	553	23	115	36	21	183	**7,521**
$150,000 to $199,999	5,220	399	0	115	36	40	207	**6,017**
$200000 or more	4,386	276	0	204	113	3	172	**5,154**

Income

The table shows the household income status of the population between the ages of 45 to 64 with regard to race and ethnicity.

Overall average household income is more than double for near-retirement households than retirement-aged households.

Table 17

Age of Householder 65+ by Household Income in 2010 by Race/Ethnicity

American Community Sur-

Household Income	White alone	Black or African American alone	American Indian and Alaska Native Alone	Asian alone	Some Other Race alone	Two or More Races	Hispanic or Latino	Total
Householder 65 years or older	60,159	11,110	229	417	373	294	1,860	72,582
Less than $10,000	4,268	1,749	36	95	87	42	401	6,277
$10,000 to $ 14,999	6,692	2,008	32	39	50	30	269	8,851
$15,000 to $19,999	6,323	1,402	22	13	33	7	146	7,800
$20,000 to $24,999	5,787	1,046	36	13	63	53	165	6,998
$25,000 to $29,999	5,477	880	17	26	0	50	146	6,450
$30,000 to $34,999	4,158	652	24	0	41	20	98	4,895
$35,000 to $39,999	3,823	613	0	26	19	36	80	4,517
$40,000 to $44,999	3,087	345	0	10	41	0	88	3,483
$45,000 to $49,999	2,529	317	0	20	7	7	94	2,880
$50,000 to $59,999	4,445	453	5	43	10	11	105	4,967
$60,000 to $74,999	5,045	683	19	64	9	6	144	5,826
$75,000 to $99,999	3,824	427	32	10	0	11	58	4,304
$100,000 to $124,999	2,007	245	0	18	13	21	37	2,304
$125,000 to $149,000	1,059	114	6	25	0	0	10	1,204
$150,000 to $199,999	671	73	0	7	0	0	0	751
$200000 or more	964	103	0	8	0	0	19	1,075

Income

This chart shows householder income for persons 65 and over and the distribution or percentage of persons by race or ethnicity.

Black or African Americans and Hispanic or Latinos each have larger percentages of their communities with household incomes of $15,000 or less.

Figure 50

Household Income in 2010 for Households of Persons 65+ by Largest Race/Ethnicity Milwaukee County

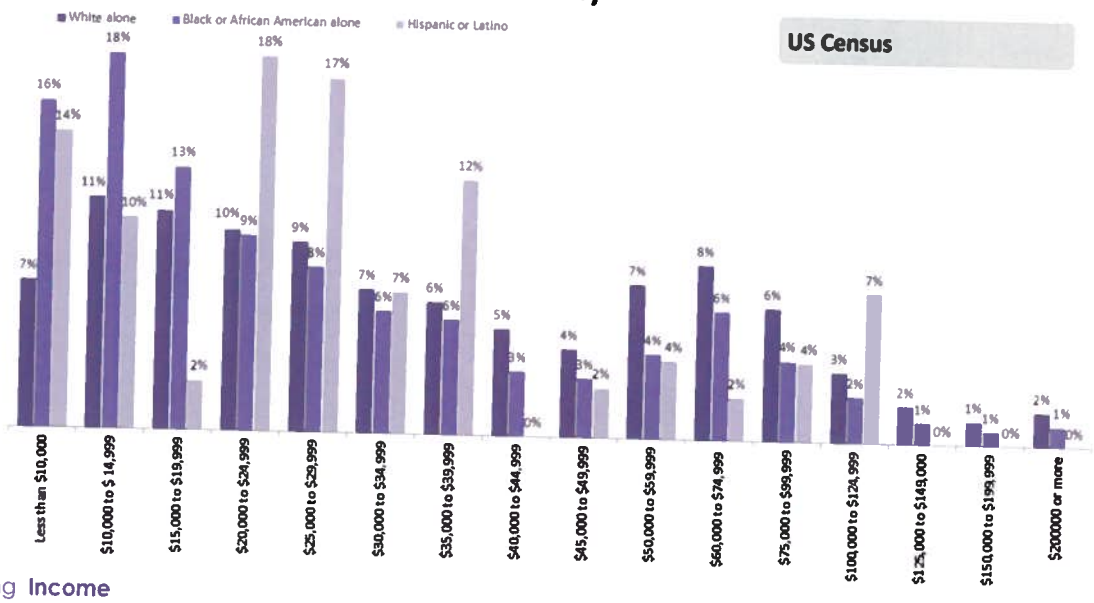


Table 18

Elder Economic Security Standard Index for City of Milwaukee, 2008 Expenses for Selected Household Types

Elder Economic Security Init.

Expenses/Monthly and Yearly Totals	Elder Person (age 65+)		Elder Couple (one or both age 65+)	
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/o Mortgage	Renter, One Bedroom
Housing (including utilities, taxes and insurance)	$509	$636	$509	$636
Food	$226	$226	$416	$416
Transportation	$168	$168	$269	$269
Health Care (Good Health)	$402	$402	$805	$805
Miscellaneous	$261	$261	$400	$400
Index—Total Expenses Per Month	**$1,567**	**$1,694**	**$2,399**	**$2,526**
Index-- Total Expenses Per Year	**$18,803**	**$20,329**	**$28,786**	**$30,312**

Comparative Income Benchmarks	Elder Person (age 65+)		Elder Couple (one or both age 65+)	
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/o Mortgage	Renter, One Bedroom
Federal Poverty Guideline (2008 DHHS)	$10,400	$10,400	$14,000	$14,000
Average Social Security Benefit in the City of Milwaukee, 2008	$13,424	$13,424	$21,908	$21,908
Index as a Percent of Federal Poverty Guidelines	55%	51%	49%	46%
Average Social Security Benefit as a Percent of Index	71%	66%	76%	72%

Expenses

This table describes basic household expenses for an individual or couple 65 and over.

Based on these assumptions, it appears that City of Milwaukee seniors 65 and over who have incomes at the federal poverty level or live solely on Social Security cannot afford their monthly or yearly expenses.

City of Milwaukee seniors with incomes at the federal poverty level, or even those living on an average Social Security benefit in 2008, could not afford living expenses without public or private supports for housing and health care. While Social Security was never intended to be the sole source of income for elders, in reality it is the only income source for over 20% of Wisconsin seniors.

The Bureau of Labor Statistics' Consumer Expenditure Survey (CE) measures how American consumers allocate their household budgets among major expenditure items. The bulk of people's spending is on housing, transportation and food. Not surprisingly, spending on health care increases with age.

Table 19

Average Annual Proportion of Consumer Budgets Spent on Select Major Expenses

Provided by AARP State Research 2012

	Total U.S. Consumers ($48,108)*	Total U.S. Consumers Age 55-64 ($50,900)*	Total U.S. Consumers Age 65+ ($36,802)*	Total Midwest Consumers ($45,278)*
Housing	**34%**	34%	35%	33%
Transportation	**16%**	16%	14%	16%
Food	**13%**	12%	12%	13%
Personal Insurance/Pension	**11%**	13%	5%	12%
Utilities	**8%**	8%	9%	8%
Healthcare	**7%**	8%	13%	7%
Entertainment	**5%**	6%	5%	6%
Apparel, Services	**4%**	3%	3%	3%
Cash Contributions	**3%**	4%	6%	4%
Savings	**3%**	---	---	---
Education	**2%**	2%	<1%	3%

*Average Annual Expenditure Amount

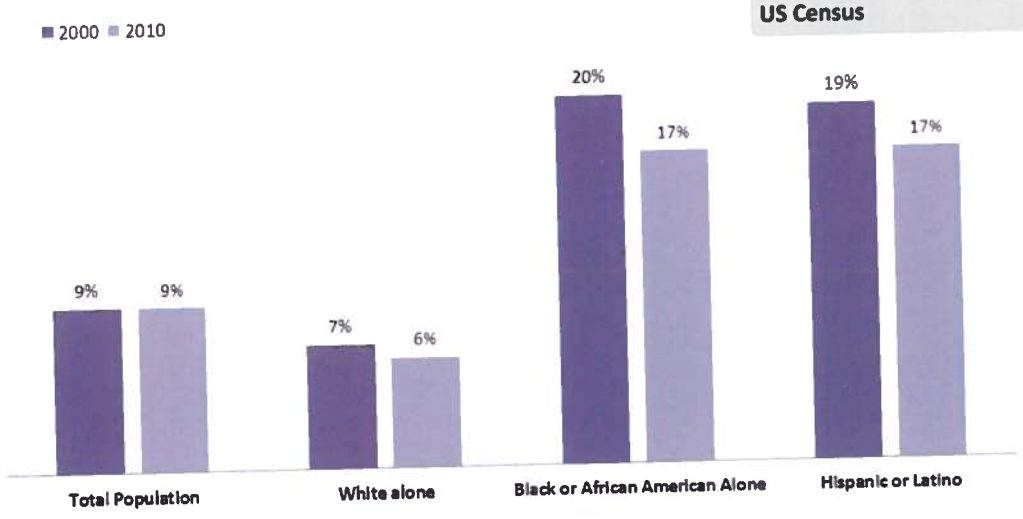
Wilson Park Senior Center Gift Shop

Photo: Robert A. Bell

Figure 51

Percentage of Population 65+ Living in Poverty Milwaukee County 2000, 2010

US Census



The graph shows the percentage of seniors, ages 65 years or older, living in poverty in 2000 and 2010 in Milwaukee County. Nine percent of the total senior population lives in poverty. White seniors had the lowest poverty rate (6%) in 2010. Seventeen percent of senior Black or African Americans and Hispanic or Latinos live in poverty.

Table 20

Poverty Status by Age and Race/Ethnicity Milwaukee County 2010

American Community Survey

Race/Ethnicity	Persons Age 65+	Percent Age 65+	Persons Age 75+	Percent Age 75+
White alone:	5,377	6%	3,310	5%
Black or African American alone:	2,867	17%	1,219	18%
American Indian or Alaska Native alone:	N/A	N/A	N/A	N/A
Asian alone:	317	20%	94	15%
Native Hawaiian and Other Pacific Islander alone	N/A	N/A	N/A	N/A
Some other race alone	166	14%	N/A	N/A
Two or more races	N/A	N/A	N/A	N/A
Hispanic or Latino	712	17%	270	17%
Total:	**9,439**	**9%**	**4,893**	**9%**

The table shows the poverty status of individuals in different age categories pertaining to race and ethnicity. The number is total individuals in poverty within the age and race category. The percentage reflects poverty within the age and race category of the total population of that age and race category.

Poverty

In Milwaukee County the poverty rate for seniors 65 and over has remained steady at 9% since 2000.

Each of the top largest racial/ethnic groups in Milwaukee County have experienced a slight reduction in the number of people living in poverty between 2000 and 2010.

Financial Security

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today conducted the United States Aging Survey to better understand what this growth means for programs, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in the City of Milwaukee have mixed feelings about their finances, and for some, the long-term prospects are unclear.

- Although the majority of older Milwaukeeans sampled (67 percent) report that it is very or somewhat easy to pay their monthly living expenses now, 23 percent are not confident that their income will be sufficient to pay their bills over the next five to 10 years.
- When it comes to retirement savings, 18 percent of local seniors are either not confident in, or do not have, a financial plan for their retirement years.
- Still, if an accident or unexpected medical issue were to occur, 83 percent of seniors in Milwaukee believe they would be able to pay the associated expenses. That's significantly higher than the national average of 71 percent, and the highest of all markets sampled.
- Compared to national figures, Milwaukeeans voiced high levels of confidence in their ability to afford their Medicare premiums, deductibles and copays in future years (69 percent locally, versus 61 percent nationally).
  - ◊ Still, close to one-third (29 percent) of respondents reported that they are not confident that they know about all of the government benefits that are available to help meet their needs.
- Almost one in five seniors (20 percent) in Milwaukee are employed either full or part time.
  - ◊ Fifty-nine percent of these individuals reported that they are working for economic reasons, compared with 69 percent nationally. Productivity (75 percent) and the desire to stay involved with other people (66 percent) are the leading reasons they are in the workforce.
  - ◊ About a third of respondents (32 percent) believe that their community offers enough job opportunities for older residents.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.
To access national population and full Milwaukee survey findings, visit www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.

Independence

Lynn Harvancik at Golden Idol

Photo: Robert A. Bell

Independence

Independence can be defined as the aspects of one's life that allows people to negotiate daily living without assistance. For the purpose of this report, the indicators that help describe independence include housing status, living status, marital status, licensed drivers and caregiving.

Living Alone

White persons ages 60 and over tend to live alone at a higher rate than any other race.

Table 21

Number and Percent of Persons Age 60+ and Age 75+ Living Alone by Race and Hispanic Origin, Milwaukee County 2010

				US Census		
Race/Ethnicity	Persons 60+	1-person Households 60+	Percent Living Alone 60+	Persons 75+	1-person Households 75+	Percent Living Alone 75+
Total	**153,556**	**50,824**	**33%**	**57,249**	**23,636**	**41%**
White alone	121,337	41,370	34%	49,079	20,945	43%
Black or African American alone	25,933	8,245	32%	6,638	2,310	35%
American Indian and Alaska Native alone	600	167	28%	132	40	30%
Asian alone	2,536	331	13%	661	148	22%
Native Hawaiian and Other Pacific Islander alone	29	9	31%	6	2	33%
Some other race alone	2,066	359	17%	456	89	20%
Two or more races	1,055	343	33%	277	102	37%
Hispanic or Latino	6,582	1,324	20%	1,657	410	25%

The table shows different races in two different age categories which represent the older adult population of Milwaukee County. The table's goal is to show how those ages 60 years or older and 75 years or older live, whether by themselves or with others (either renting or owning a household), and to what extent race plays a role in their living style.

As the table shows, the older adults who are classified as White tend to live alone at a higher rate than any other race (for those ages 60 years or older and 75 years and older respectively). Black or African Americans are next with 33% and 41% for those ages 60 years or older and 75 years and older respectively. Asians tend to have a lower quantity of members who live alone in 1-person households at age 60 or older (13%).

2012 Golden Idol Finals

Photo: Robert A. Bell

Figure 52

Percent of Persons Age 60+ Living Alone by Total Population and Race/Ethnicity

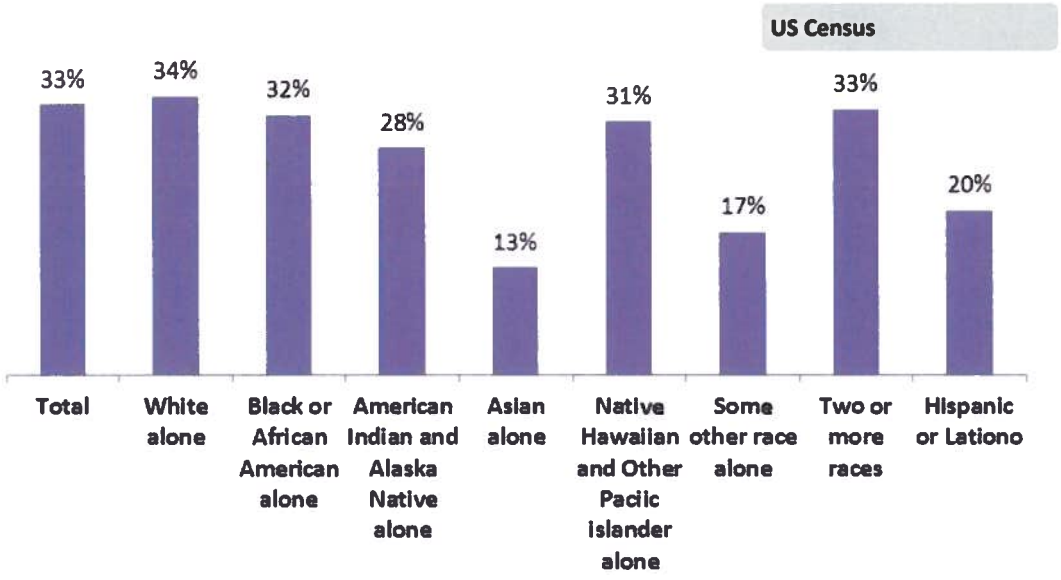


Figure 53

Percent of Persons Age 75+ Living Alone by Total Population and Race/Ethnicity

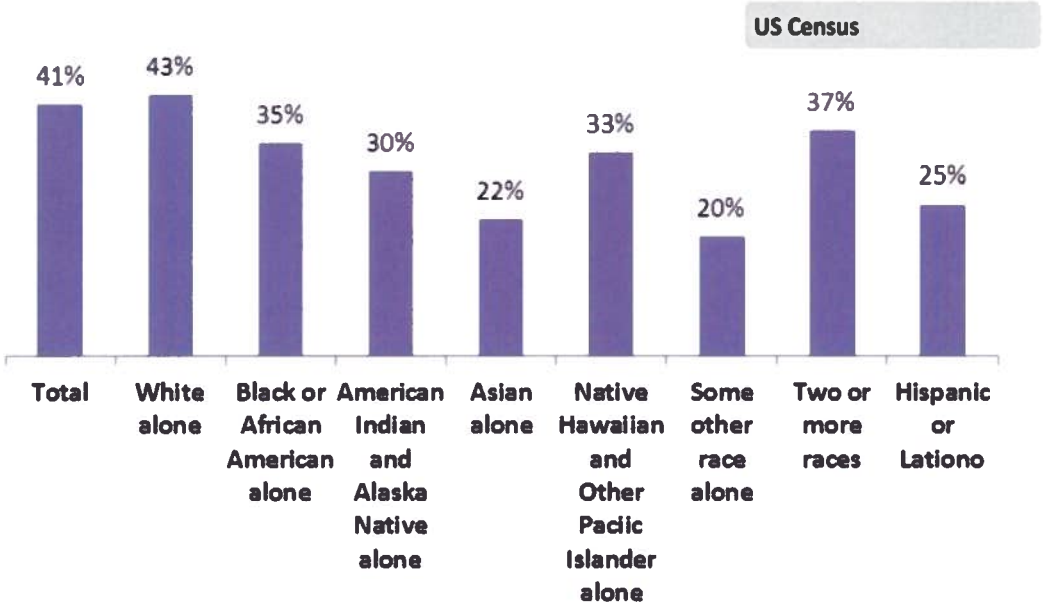
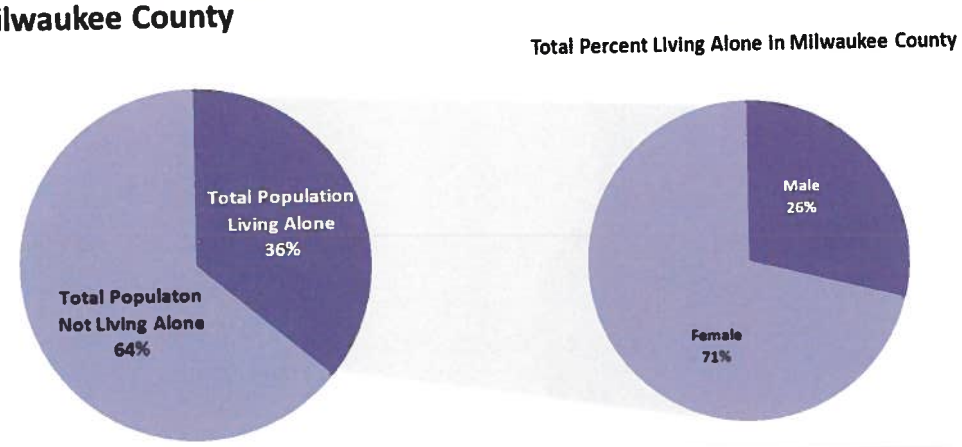


Figure 54

Living Alone: Milwaukee County 2010

US Census

Total Population Living Alone in Milwaukee County



This graph shows the total population of Milwaukee County residents who live alone. Thirty-six percent of the total population lives alone, of which 26% are male. Seventy-one percent of the total percentage of individuals who live alone are female - a much higher rate than males.

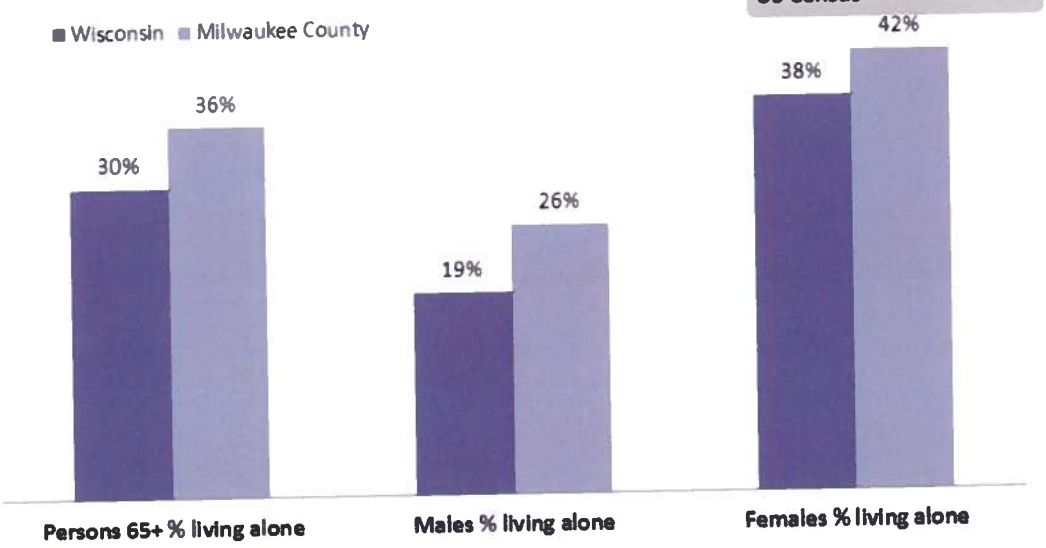
Living Alone

Of the total population of Milwaukee County residents living alone, women live alone at the highest rate (71%).

Figure 55

Percent of Persons 65+ Living Alone by Gender

US Census



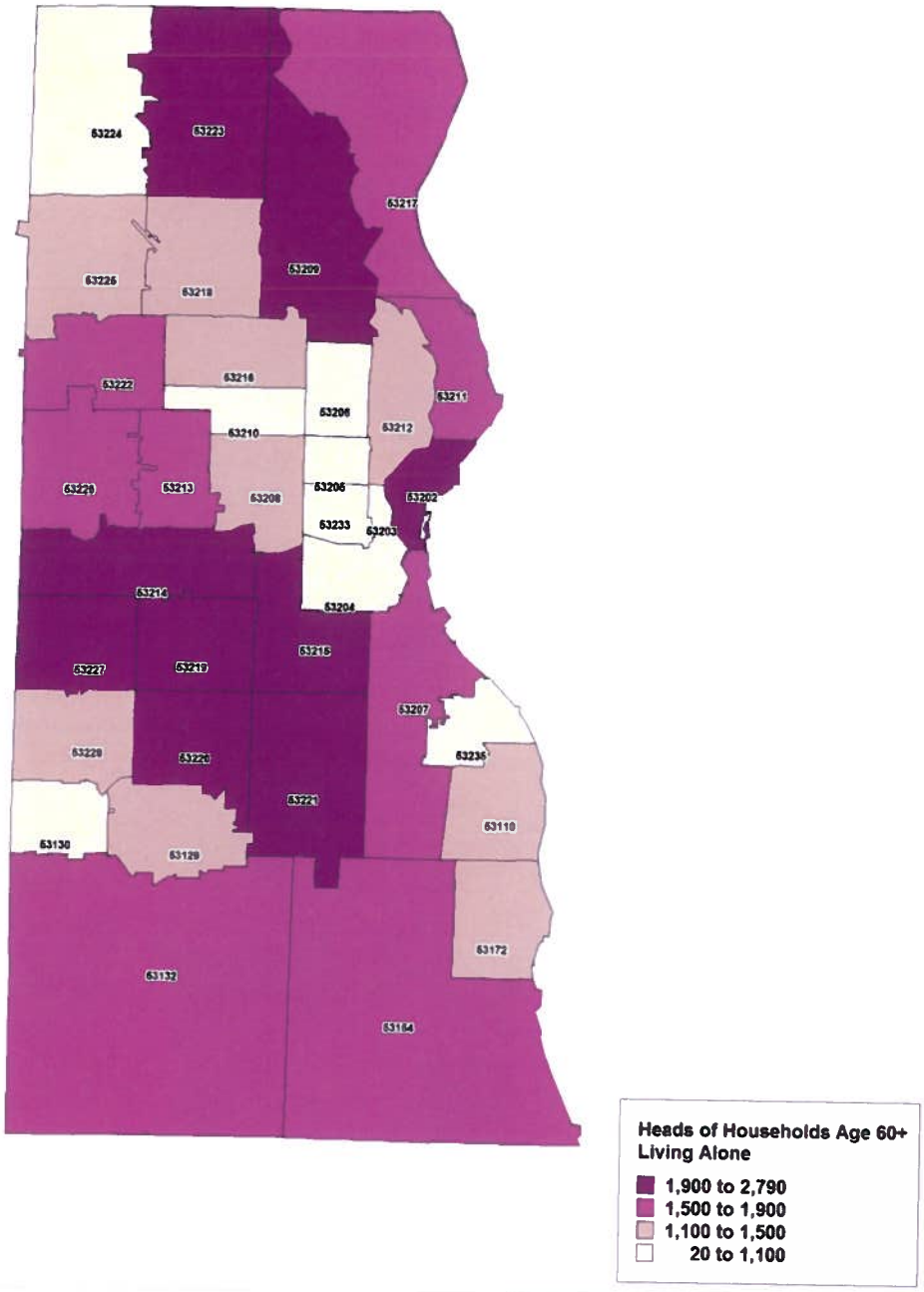
Provided by AARP State Research 2012

Living Alone

Of Milwaukee County persons 65+, females tend to live alone more than their male counterparts and at a higher rate than the tate average.

The graph shows the percent of people, ages 65 or older, living alone with regard to gender in Wisconsin and Milwaukee County. In Wisconsin, approximately 30% of its total older adult population lives alone, whereas in Milwaukee County 36% of its older adult population lives alone. Females tend to live alone more than males. Thirty-eight percent of females ages 65 years and older live alone in Wisconsin and 42% live alone in Milwaukee County. For males ages 65 years and older, 19% live alone in Wisconsin and 30% live alone in Milwaukee County.

Heads of Households Age 60+ Living Alone
Milwaukee County



Provided by AARP State Research 2012

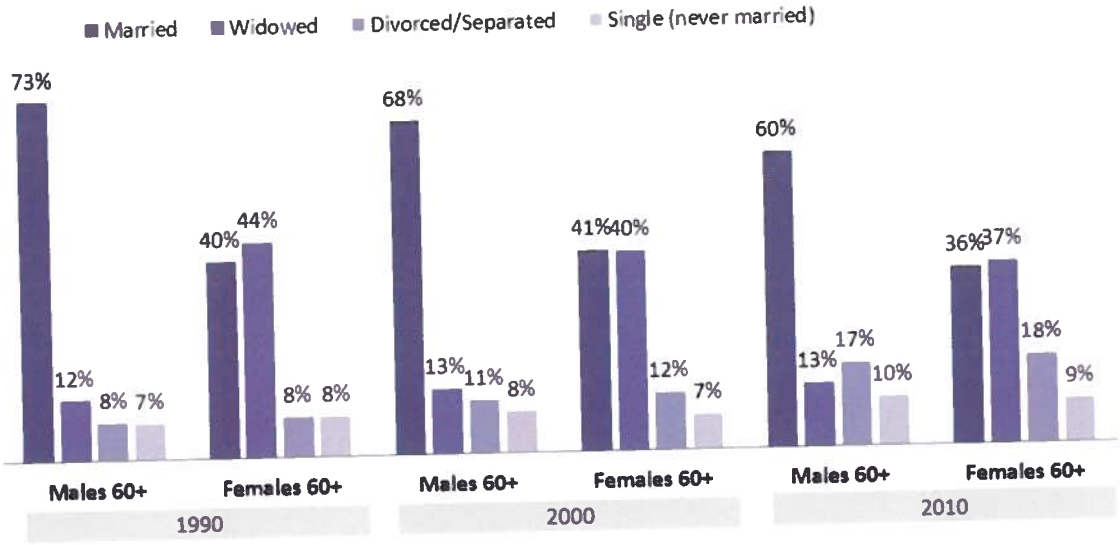
The map shows the older adult population ages 60 years and older living alone in Milwaukee County.

The map suggests that most of the older adult population who live alone tend to live between the western part of Milwaukee County and central Milwaukee County (between zip codes 53214 and 53221) as well as northern Milwaukee (zip codes 53223 and 53209).

Figure 56

Comparison of Older Adults Marital Status 1990, 2000, 2010
Milwaukee County

American Community Survey



This graph compares the marital status of Milwaukee County males and females ages 60 and over between 1990 and 2010. Over this period, the percentage of men ages 60 and over who got married decreased from 73% in 1990 to 60% in 2010. The total widowed, divorced, or single male population has remained relatively constant over the last twenty years.

Females had relatively constant rates of being married, widowed, divorced, or single between 1990 and 2010.

Table 22

Marital Status by Sex and Age Among Older Persons
Milwaukee County 2010

US Census

	Numbers					Percentages				
Male	Married	Widowed	Divorced or Separated	Single (Never Married)	Total	Married	Widowed	Divorced or Separated	Single (Never Married)	Total
60 to 64 years	11,851	830	4,452	3,303	20,436	58%	4%	22%	16%	100%
65 to 74 years	14,871	1,293	4,686	1,885	22,735	65%	6%	21%	8%	100%
75 to 84 years	8,990	3,594	1,156	811	14,551	62%	25%	8%	6%	100%
85 years and over	2,222	2,772	176	173	5,343	42%	52%	3%	3%	100%
60 years and over	37,934	8,489	10,470	6,172	63,065	60%	13%	17%	10%	100%
Female										
60 to 64 years	9,742	2,777	5,770	3,152	21,441	45%	13%	27%	15%	100%
65 to 74 years	12,273	7,687	6,419	2,333	28,712	43%	27%	22%	8%	100%
75 to 84 years	8,562	13,340	2,462	1,507	25,871	33%	52%	10%	6%	100%
85 years and over	859	8,180	513	685	10,237	8%	80%	5%	7%	100%
60 years and over	31,436	31,984	15,164	7,677	86,261	36%	37%	18%	9%	100%

Figure 57

Marital Status of Persons Age 60+: Number
Milwaukee County

U.S. Census

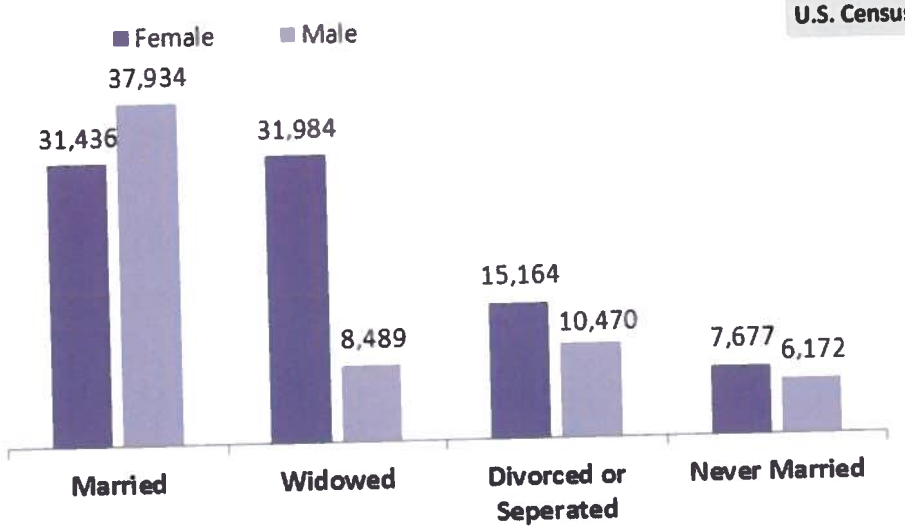
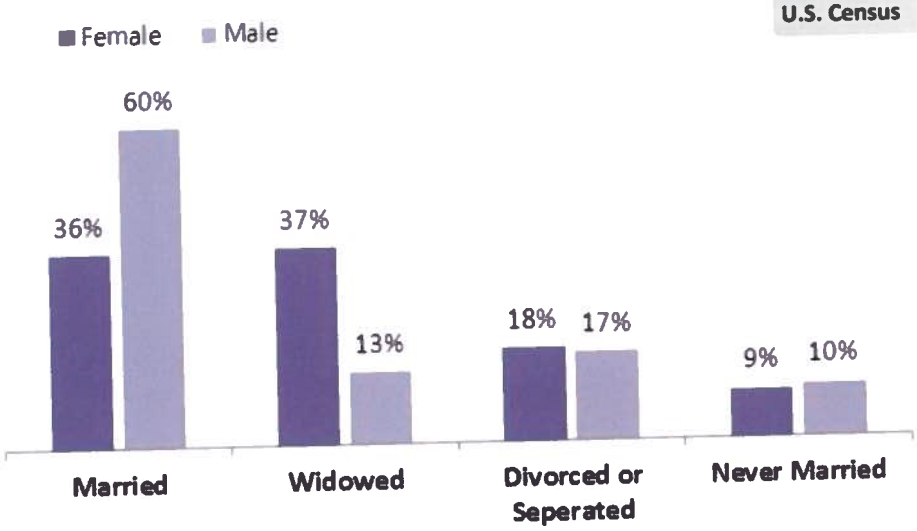


Figure 58

Marital Status of Persons Age 60+: Percent
Milwaukee County

U.S. Census



60%

Of males 60 and older in Milwaukee County are married compared to only 36% of females.

This chart shows the relationship status of the older adult population between different age categories and gender in Milwaukee County. Sixty percent of males ages 60 years and older are married, 13% are widowed, 17% are divorced or separated, and 10% were never married and are single. On the other hand, 36% of females ages 60 years and older are married, 37% are widowed, 17% are divorced or separated, and 9% were never married and are single.

Figure 59

Women 60+ by Age Category and Marital Status Milwaukee County

80%

Of females ages 85 and over in Milwaukee County are widowed.

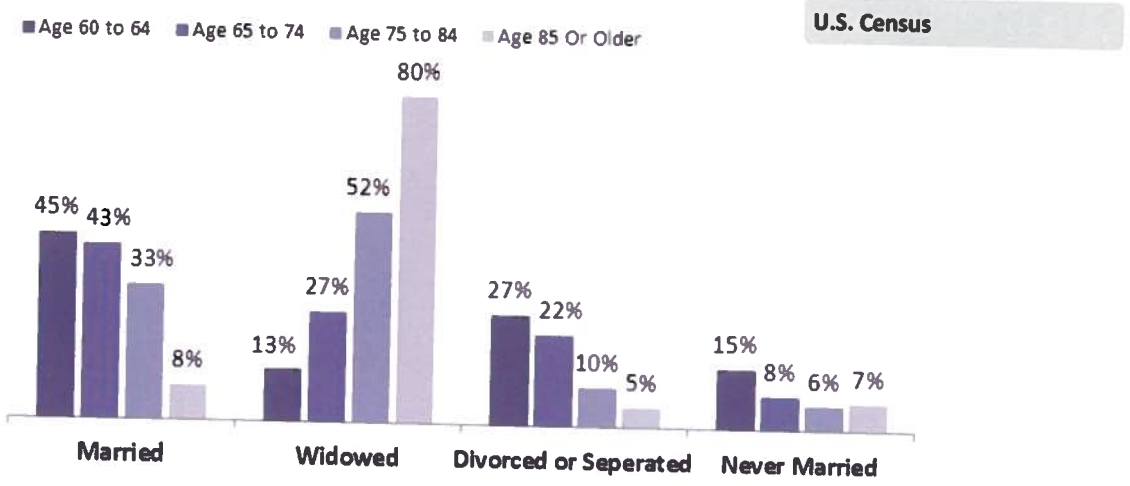
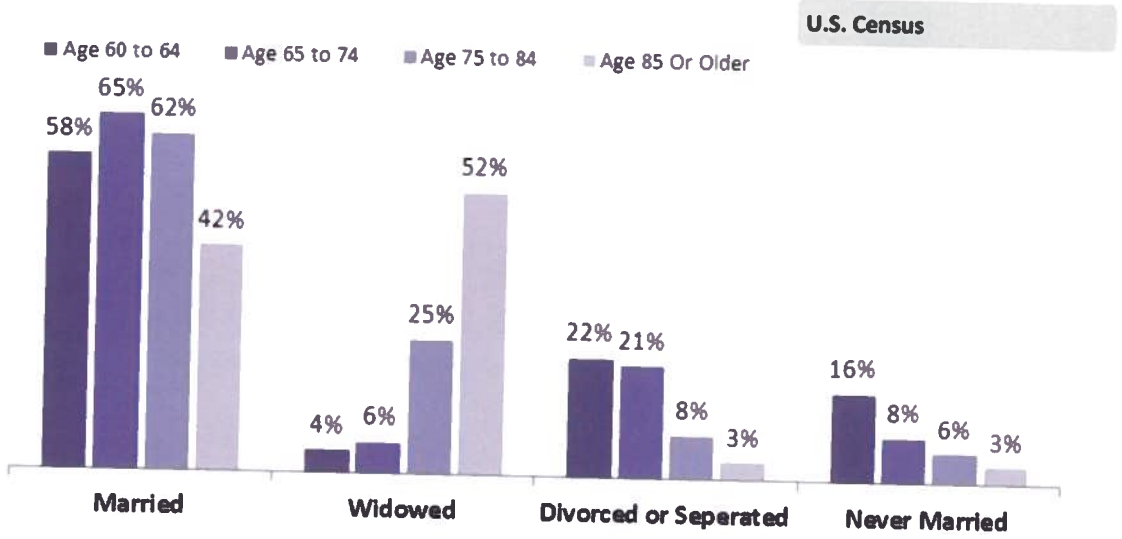


Figure 60

Men 60+ by Age Category and Marital Status Milwaukee County



Driver's License

Over 88 million drivers in the United States are age 50 or older. In Wisconsin, over 4 million drivers are ages 50 and older, and there are slightly more women drivers than men in the state – 903,967 vs. 878,938. The number of licensed drivers decreases with age in Wisconsin.

AARP survey data show that most Americans (87%) age 50 and older drive a car to get to where they want to go.

Most Wisconsinites ages 50 and over (72%) drive their car at least five days a week, and one-third (32%) drive 100 miles or more in a typical week.

Figure 61

Licensed Drivers in Wisconsin by Age (Total= 4,133,377)

Provided by AARP State Research 2012

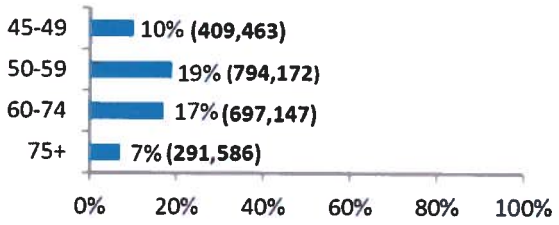


Figure 62

Miles Driven in Typical Week (weighted n=894 U.S. Drivers Age 50+)

Provided by AARP State Research 2012

Less than 25 miles	17%
At least 25 but less than 50 miles	24%
At least 50 but less than 75 miles	14%
At least 75 but less than 100 miles	11%
100 miles or more	32%

Aging in Place

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today cinducted the United States Aging Survey to better understand what this growth means for programs, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in Milwaukee are striving to age in place despite physical and economic difficulties in some cases.

- Eighty-three percent of local seniors intend to continue living in their current home over the next five to 10 years – lower than the national average of 90 percent.
- Leading reasons for wanting to stay include liking where they currently live (88 percent) and having family and friends nearby (66 percent).
- Finances also play a large role in this decision: 30 percent of Milwaukee seniors planning to age in place say their home would not sell in the current market, and 18 percent believe they cannot afford the cost of moving their belongings.
- The vast majority of local individuals (84 percent) report high levels of confidence that they will be able to stay in their homes without having to make any significant home modifications.
- Twelve percent of respondents in Milwaukee believe the housing options available to them are unaffordable.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.
To access national population and full Milwaukee survey findings, visit www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.

Caregiving

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today created the United States Aging Survey to better understand what this growth means for programs, services and resources.

City of Milwaukee seniors are not only receiving long-term care – they are providing it, too:

- Forty-three percent of Milwaukee seniors report having someone they consider to be a caregiver in their lives—lower than the national average of 50 percent.
- Approximately one in four local seniors (24 percent) serves as a caregiver for someone else.
- Eighty-three percent of older Milwaukeeans with caregivers say they are being cared for by a family member. Nearly half of those caregivers (48 percent) live at home with a senior.
- More than a third of seniors (36 percent) living independently believe it is likely that they will need one of their children or grandchildren to care for them in the future.
- Forty-three percent of respondents who serve as a caregiver for someone else report that they would benefit from additional support services, such as respite care.
  - While 65 percent of these caregivers are aware that there is a service in their community that they could call to request assistance with everyday needs, only 14 percent say they have used that service.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.
To access national population and full Milwaukee survey findings, visit www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.

Health Status

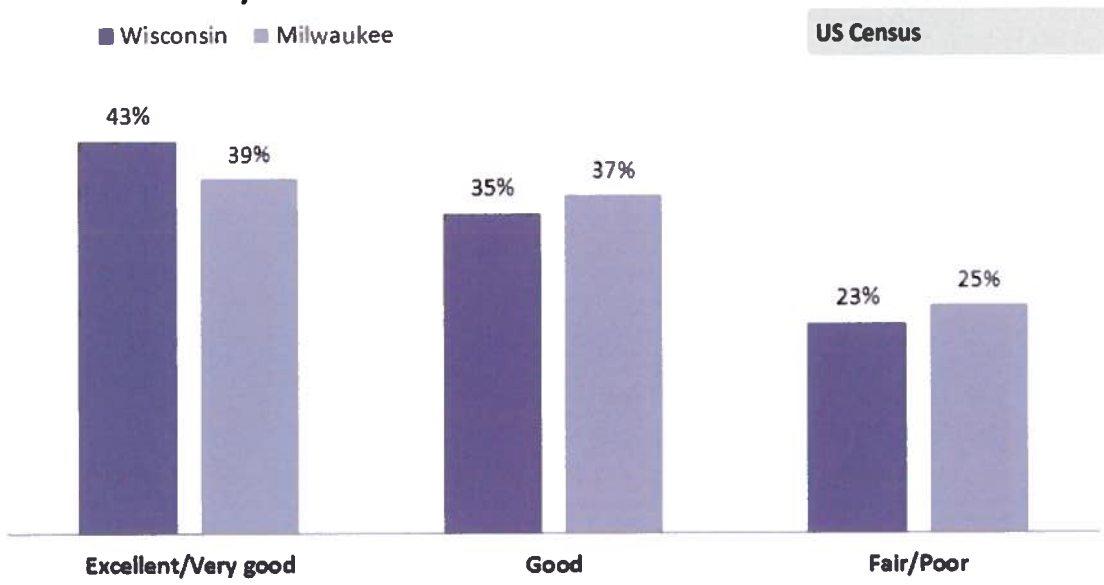
Trekkers

Washington Park Senior Center

Photo: Scott Doering

Figure 63

Self Reported General Health Status of Persons 65+ in Milwaukee County 2010

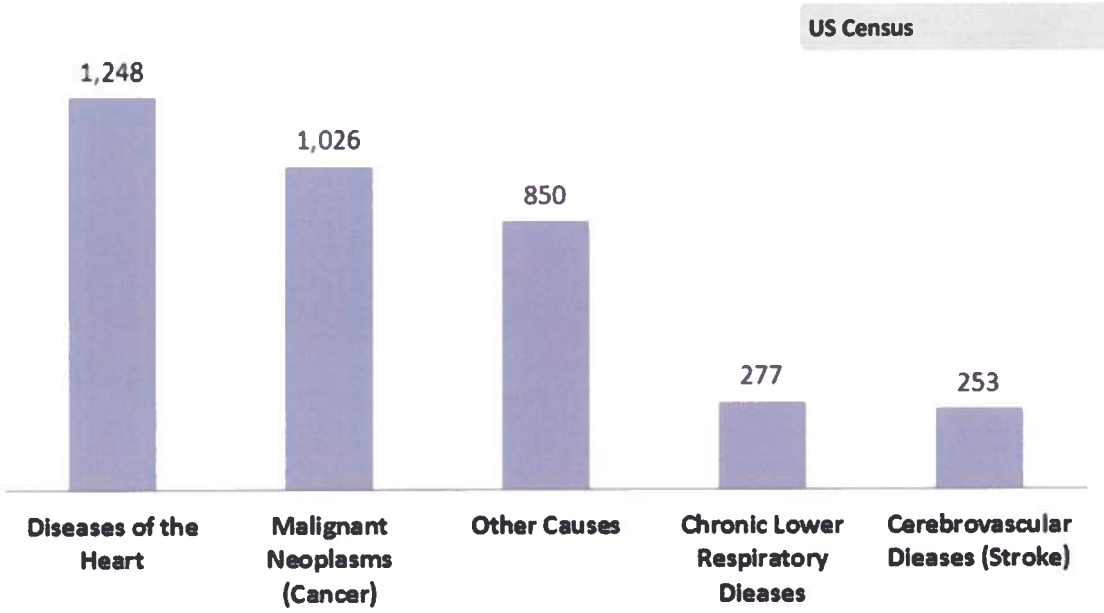


General Health

More than 75% of Milwaukee County residents 65 and over report feeling good or very good, just slightly less than the state as a whole.

Figure 64

Causes of Death of People Ages 65+ by Death Rate (Deaths per 100,000) Milwaukee County



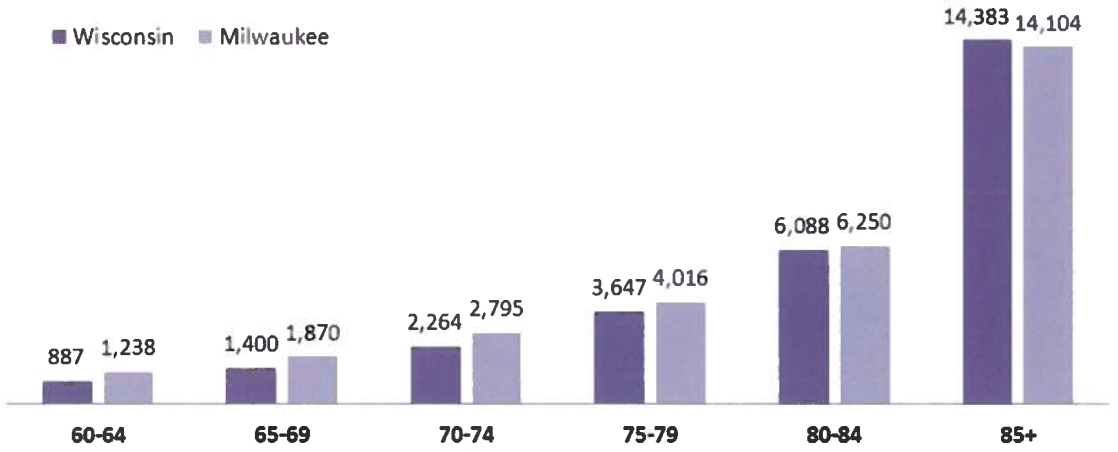
Death

Heart disease is the leading cause of death for Milwaukee County residents over the age of 65.

Figure 65

2010 Death Rate (Deaths per 100,000 population) for Age of Death

US Census



Death Rate

Milwaukee County experiences a slightly higher death rate across all age categories except for the 85 years and over group.

Insurance Coverage

In 2011, both the proportion and number of people without health coverage significantly decreased. Those without coverage decreased from 50 million in 2010 to 48.6 million in 2011. Conversely, the percentage and number of people with health coverage increased. In 2010, 83.7 percent of Americans had health coverage and in 2011 the proportion rose to 84.3 – or 256.6 million in 2010 to 260.2 million in 2011

Most insured Wisconsinites are covered by an employer-based health insurance plan. Still, many adults not yet eligible for Medicare face higher insurance premiums and have difficulty accessing affordable health care coverage. In 2010, an estimated 97,000 50-64 year olds in Wisconsin were uninsured.

In Milwaukee County, an estimated 20,000 50-64 year olds had no health coverage.

Insurance

In Milwaukee County, an estimated 9% of 50-64 year olds (20,000 people) had no health insurance coverage in 2010.

Table 23

Types of Health Coverage Among Wisconsinites 50 Years and Over

Types of Health Coverage Among 50+ Wisconsinites

Provided by AARP State Research 2012

	State			Milwaukee		
	50-64	65+	Total	50-64	65+	Total
Employer/Union	73%	34%	57%	66%	35%	54%
Purchased directly	11%	47%	26%	8%	38%	20%
Medicare	6%	99%	43%	9%	98%	44%
Medicaid/public	9%	14%	11%	15%	20%	17%
TRICARE/Military	1%	3%	2%	1%	3%	2%
VA health care	4%	9%	5%	3%	5%	4%
Indian Health Service	3%	1%	1%	<1%	<1 %	<1%
No Coverage	9%	<1%	5 %	12%	<1%	8%

Long-term Care

Many people in our community need assistance with activities of daily living and caring for their health due to physical or developmental disability or because of the increasing challenges that come with aging. This assistance is referred to as long-term care and includes many different services including personal care, housekeeping or nursing services.

Long-term care can be any health or support service that is required because of a chronic illness or disability that prevents someone from carrying out day-to-day activities.

Most long-term care is actually provided by family members and many people pay privately for the care they receive. However there are many Wisconsin residents who need assistance and who cannot afford to pay for their care on their own.

In 2010, more than 44,000 of Wisconsin's frail elders and adults with physical, developmental or intellectual disabilities received long-term care services from one of the state's long-term care programs.

These programs include Family Care and IRIS. IRIS (Include, Respect, I Self-direct) is a program in which consumers self-direct their care plan and the services they receive within an individual budget allocation. The Family Care programs (Family Care, Family Care-Partnership, and Family Care-PACE) are all managed care programs in which consumers are enrolled and which work with the managed care organizations to implement consumers' care plans and services.

In 2000, there were about 2,500 seniors in Milwaukee County on a waiting list, desperately in need of long-term care. The State of Wisconsin launched the Family Care Program as a pilot program in five Wisconsin counties, including Milwaukee. By 2002, the wait list for seniors was eliminated in Milwaukee County.

Over the past ten years, Milwaukee County has successfully served more than 15,000 Family Care members.

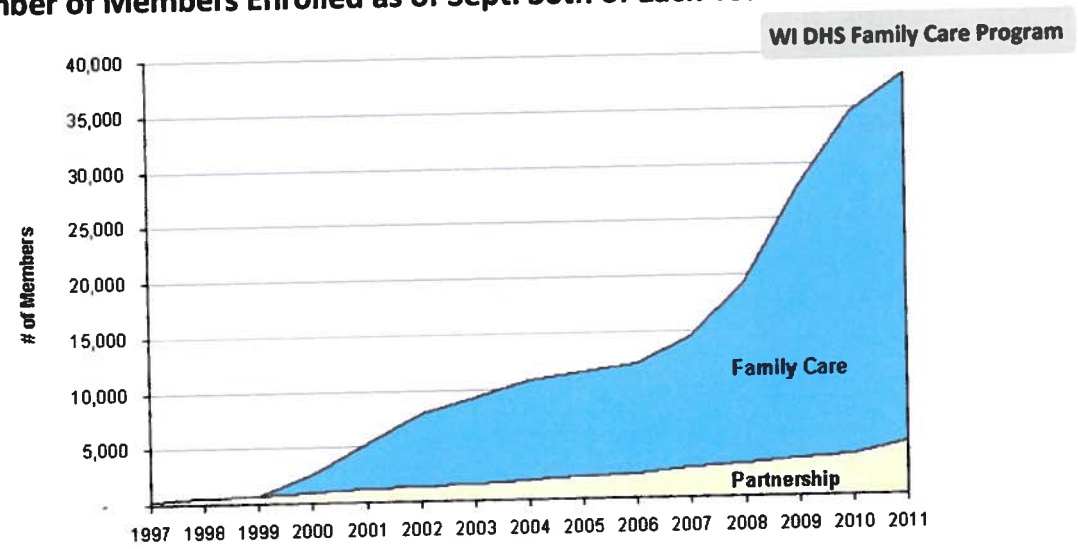
15,000

Milwaukee County residents who have received Family Care benefits over the last decade.

This history and summary was created from Milwaukee County Department of Family Care's website and the 2010 *Annual Report-Long-term Care in Motion: Wisconsin's Long-term Care Programs*, Wisconsin Department of Health Services, Division of Long Term Care.

Figure 66

Wisconsin Family Care and Partnership Program
Number of Members Enrolled as of Sept. 30th of Each Year



Long-term Care

Figure 67

Enrollment of Frail Older Adult Population in Long-term Care programs Number and Percentage of Participants in Family Care Program, 2010

WI DHS Family Care Program

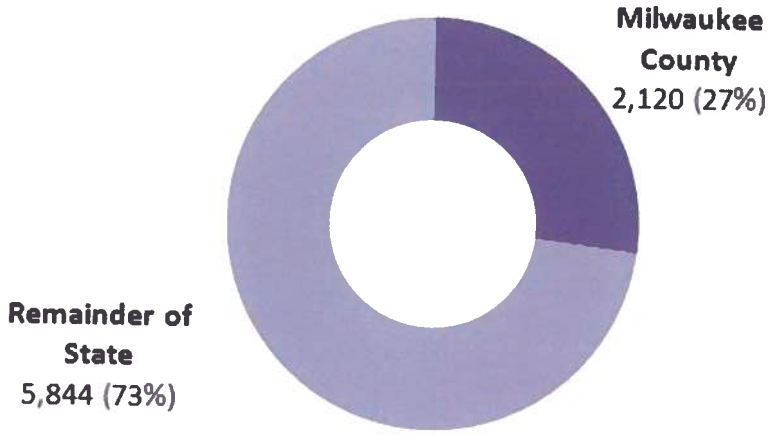
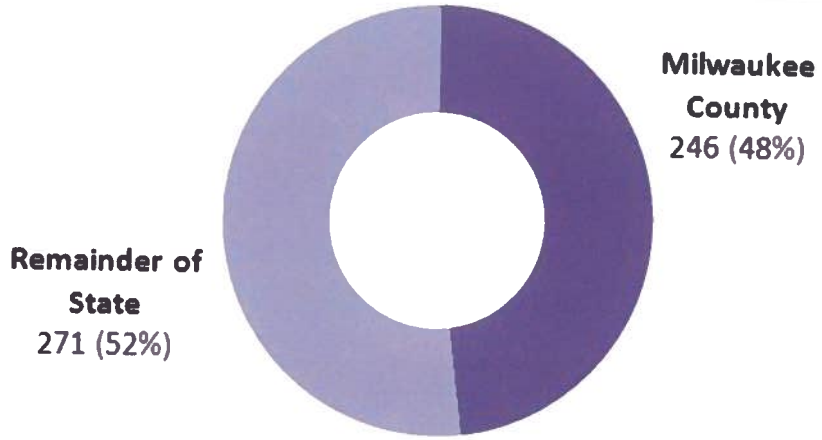


Figure 68

Enrollment of Frail Older Adult Population in Long-term Care programs Number and Percentage of Participants in IRIS Program, 2010

WI DHS Family Care Program



Long-term Care

Wisconsin has an estimated 121,962 residents ages 85 and over. By 2030 this group is projected to grow by 59 percent. This ranks Wisconsin 32nd in the projected growth rate of the 85 years and over population. Older persons are at a greater risk for developing chronic illnesses that can require long-term care.

In 2010, Wisconsin's nursing homes had an occupancy rate of 84 percent. The cost of this care is expensive. The median monthly costs for a private pay home health aide, a semi-private room, and a private room in a nursing home are higher in the Milwaukee area than the median costs for the state overall.

Table 24

Average Monthly Cost for Select Types of Long-term Care

Provided by AARP State Research 2012 & WI DHS

	Average Costs / Month	
	State	Milwaukee
Private Pay Home Health Aide	$, 4,004.00	$4,385.00
Semi-private Room, Nursing home	$6,965.00	$8,195.00
Private Room, Nursing home	$7,756.00	$8,940.00
Family Care Program*	$2,472.93	$2,342.92
IRIS Program*	$2,401.31	$2,944.60

Between 7 and 9 million Americans currently have some sort of long-term insurance protection in place, e.g. a traditional policy, coverage through an employer, a life policy with long-term care coverage, or an annuity with long-term care coverage. Sixty percent of individual long-term care insurance purchasers in the U.S. are between the ages of 50 and 64. Nearly 140,000 Wisconsinites have some type of long-term care coverage.

In contrast to the private types of long-term care, average monthly costs for state-sponsored long-term care programs are substantially less expensive.

*Over 90% of individuals enrolled in Family Care and IRIS programs reside in a home setting versus a residential or institutional setting such as a nursing home.

Health and Wellness

80%

of local seniors expect their quality of life to stay the same or get better over the next five to 10 years – five percentage points higher than the national average.

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today conducted the United States Aging Survey to better understand what this growth means for program, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in Milwaukee are optimistic about their future and say they are healthier than ever.

- Eighty percent of local seniors expect their quality of life to stay the same or get better over the next five to 10 years – five percentage points higher than the national average.
- More than two-thirds of Milwaukee's seniors (67 percent) report that the past year of their life was normal or better than normal, slightly higher than the 65 percent at the national level.
- Similar to the national numbers, a large majority of older Milwaukeeans give themselves high marks when it comes to maintaining their physical and mental health: 93 percent report that they manage their stress levels well, and 87 percent say that they are confident that they will be able to do what is needed to maintain their health over the next five to 10 years.
- If they were in need of medical care, 96 percent of respondents say that they would be able to see a primary care physician in their community, while 59 percent believe they would be able to see a geriatric care physician.
  - ◊ More than nine in 10 local seniors (95 percent) report that they communicate well with their doctors regarding their health questions and concerns.
  - ◊ Eighty-four percent of older Americans in Milwaukee remain confident in their ability to manage health conditions on their own, reducing their need to see a doctor – greater than the national average (80 percent).

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.
To access national population and full Milwaukee survey findings, visit www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.

Alzheimer's Disease

Alzheimer's disease is an age-related brain disorder that gradually destroys a person's ability to remember, think, learn, and carry out even the simplest of tasks. Alzheimer's is a type of dementia, a broad term for diseases and conditions that damage brain cells and, over time, impair brain function. Alzheimer's is associated with the breakdown of connections between brain cells, or neurons, and their eventual death. Typically diagnosed in people age 60 and older, in rare cases the disease can occur in people in their 30s and 40s.

Baby Boomers and the Risk for Alzheimer's

Today, an estimated 2.4 million to 5.1 million people in the United States may have Alzheimer's disease. While estimates of the number of people with the disorder vary, few would dispute the urgent need to find ways to prevent, delay, and treat this age-related disease—especially in light of America's aging population. The U.S. Census Bureau estimates that the 65-and-older population will double to about 72 million during the next 20 years. In fact, in January 2011, America reached a significant milepost when the oldest "baby boomers" turned 65. This trend toward an aging population is accompanied by a sobering reality: studies have shown that the number of people with Alzheimer's doubles for every five-year interval past age 65. And the ranks of the very elderly- those 85 years and older and at the highest risk for Alzheimer's- are expected to triple by 2050.

To fully appreciate the impact of Alzheimer's disease in America, one must understand its enormous personal and societal costs. Family, friends, and caregivers of people with Alzheimer's experience emotional, physical, and financial stress as they watch a loved one become increasingly forgetful, frustrated, confused, and lost as the disease progresses. Families struggle to care for loved ones at home but often face difficult decisions about daily, short-term, and long-term care. Frequently, people with Alzheimer's disease rely on assisted living facilities, then nursing homes, for care and support.

Unless more effective interventions are developed, the number of people living with the disease could escalate significantly, along with the need to support them and their caregivers. That is why researchers and clinicians are devoting their time and talent to developing the interventions needed to help people with Alzheimer's, those at risk for the disease and the many caregivers on the frontlines of support.

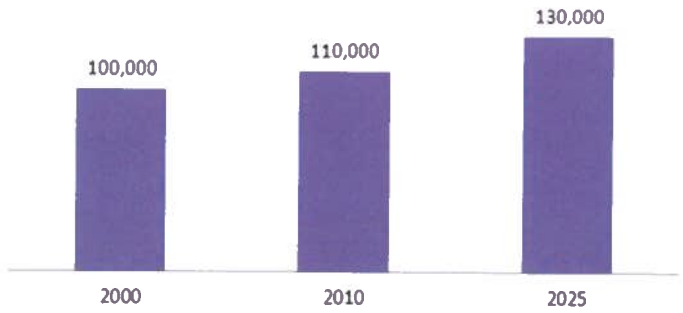
Excerpt taken from the 2010 Alzheimer's Disease Progress Report produced by National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, *December 2011*
NIH Publication No. 11-7829

2012 Estimates

The Alzheimer's Association estimates 5.4 million Americans have Alzheimer's Disease.

Figure 69

Projected Number of Wisconsin Residents With Alzheimer's Disease



Alzheimer's Association

30%

Projected percent increase in Wisconsin residents living with Alzheimer's Disease over the next 15 years.

Sources

Figures

Figure 1: Milwaukee County Population Projection (200-2035) for Ages 65+
Wisconsin Population 2030, Report on Projected State, County and Municipal Populations and Households for the Period 2000-2030. March 2004 Division of Intergovernmental Relations, Wisconsin Department of Administration

Figure 2: Milwaukee County Population Projection (200-2035) Ages 60+
State of Wisconsin, Department of Administration: Wisconsin Population and Household Projections 2000-2035; US Census Bureau, 2010 Census

Figure 3: Milwaukee County Population Change by Age Category 2000 to 2010
US Census Bureau, 2010 SF2 100% Data

Figure 4: Percent Change of Older Adult Population Ages 60+, Milwaukee County 2000-2010
US Census Bureau, 2010 SF2 100% Data

Figure 5: Comparison of Milwaukee County Minority Population Age 60+ by Race/ Ethnicity 1990, 2000, 2010
US Census Bureau, 2010 SF1 100% Data

Figure 6: Educational Attainment of Persons Age 65+ in Milwaukee County 2000, 2010
Census of Population and Housing (2000, 2010)

Figure 7: Level of Household Income for Householders 65+, Milwaukee County 2000, 2010
US Census Bureau, 2000, 2010

Figure 8: Household Income in 2010 for Households of Persons 65+ by Largest Race/ Ethnicity, Milwaukee County
Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

Figure 9: Percentage of Population 65+ Living in Poverty, Milwaukee County 2000, 2010
US Census Bureau, 2000, 2010

Figure 10: Percent of Persons 65+ Living Alone by Gender, State and Milwaukee 2010
US Census Bureau, 2010 SF1 100% Data

Figure 11: Comparison of Older Adults Marital Status 1990, 2000, and 2010
US Census Bureau, American Community Survey

Figure 12: Self Reported General Health Status of Persons 65+ in Milwaukee County 2010
Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010

Figure 13: 2010 Death Rate (Deaths per 100,000 population for Age of Death)
Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

Figure 14: Percent of Milwaukee County Persons by Race/Ethnicity Year 2010
Population 60+ in the United States, 2006-2010 American Community Survey

Figure 15: Percent of Milwaukee County Persons 60+ by Race/Ethnicity Year 2010
Population 60+ in the United States, 2006-2010 American Community Survey

Figure 16: Comparison of Milwaukee County Minority Population Age 60+ by Race/ Ethnicity 1990, 2000, 2010
US Census Bureau, 2010 SF1

Figure 17: Percentage of Age and Race for Persons Age 60+, Milwaukee County
US Census Bureau, 2010 SF2 100% Data

Figure 18: Percentage of Age and Race for Persons Age 60+, Milwaukee County 2010
US Census Bureau, 2010 SF2 100% Data

Figure 19: Percent of Older Adult Population Ages 60-64 by Municipality, 2010
US Census Bureau, 2010 SF2 100% Data

Figure 20: Percent of Older Adult Population Ages 65-74 by Municipality, 2010
US Census Bureau, 2010 SF2 100% Data

Figure 21: Percent of Older Adult Population Ages 75-85 by Municipality, 2010
US Census Bureau, 2010 SF2 100% Data

Figure 22: Percent of Older Adult Population Ages 85+ by Municipality, 2010
US Census Bureau, 2010 SF2 100% Data

Figure 23: Milwaukee County's 60+ Population by Age Category, 2010
US Census Bureau, 2010 SF1

Figure 24: Milwaukee County Older Population by Gender and Age, 2010
US Census Bureau, Profile of General Population and Housing Characteristics: 2010

Figure 25: Milwaukee County Population Pyramid: Total Population 2000
US Census Bureau, 2000 SF1 100% Data

Figure 26: Milwaukee County Old Persons by Gender and Age
US Census Bureau, 2000 SF1 100% Data

Figure 27: Milwaukee County Population Pyramid: Total Population 2010
US Census Bureau, 2010 SF1 100% Data

Figure 28: Milwaukee County Old Persons by Gender and Age
US Census Bureau, 2010 SF1 100% Data

Figure 29: Milwaukee County 2010 Population Pyramid: American Indian and Alaska Native
US Census Bureau, 2010 SF1 100% Data

Figure 30: Milwaukee County 2010 Population Pyramid: Asian Alone
US Census Bureau, 2010 SF1 100% Data

Figure 31: Milwaukee County 2010 Population Pyramid: Black or African American Alone
US Census Bureau, 2010 SF1 100% Data

Figure 32: Milwaukee County 2010 Population Pyramid: Native Hawaiian and Other Pacific Islander Alone
US Census Bureau, 2010 SF1 100% Data

Figure 33: Milwaukee County 2010 Population Pyramid: Some Other Race Alone
US Census Bureau, 2010 SF1 100% Data

Figure 34: Milwaukee County 2010 Population Pyramid: Two or More Races
US Census Bureau, 2010 SF1 100% Data

Figure 35: Milwaukee County 2010 Population Pyramid: White Alone
US Census Bureau, 2010 SF1 100% Data

Figure 36: Milwaukee County 2010 Population Pyramid: Hispanic or Latino
US Census Bureau, 2010 SF1 100% Data

Figure 37: Percent of Persons Age 60+ by Age Category (1950-2010)
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Figure 38: Percent of Persons Age 60 to 64 in Milwaukee County by Age Category (1950-2010)
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Figure 39: Percent of Persons Age 65 to 74 in Milwaukee County by Age Category (1950-2010)
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Figure 40: Percent of Persons Age 75 to 84 in Milwaukee County by Age Category (1950-2010)
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Figure 41: Percent of Persons Age 85 or Older in Milwaukee County by Age Category (1950 -2010)
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Figure 42: Milwaukee County Population Change by Age Category 2000 to 2010
US Census Bureau, 2010 SF2 100% Data

Figure 43: Percent Change in Male Population by Age Category: 2000-2010
US Census Bureau, 2010 SF2 100% Data

Figure 44: Percent Change in Female Population by Age Category: 2000-2010
US Census Bureau, 2010 SF2 100% Data

Figure 45: Milwaukee County Population Projection (2010-2035) for Ages 60+
State of Wisconsin, Department of Administration: Wisconsin Population and Household Projections 2000-2035; US Census Bureau, 2010 Census

Figure 46: Milwaukee County Total Population Projection (2010-2035)
State of Wisconsin, Department of Administration: Wisconsin Population and Household Projections 2000-2035; US Census Bureau, 2010 Census

Figure 47: Percent of Persons 65+, High School Graduate or Equivalent 2010: Wisconsin and Milwaukee County Levels
US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

Sources

Figure 48: Educational Attainment by Gender: Persons Age 65+, Milwaukee County
US Census Bureau, American Community Survey, 2010

Figure 49: Educational Attainment of Persons Age 65+ in Milwaukee County 2000-2010
US Census Bureau, American Community Survey, 2010

Figure 50: Household Income in 2010 for Households of Persons 65+ by Largest Race/ Ethnicity, Milwaukee County
Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

Figure 51: Percent of Population 65+ Living in Poverty, Milwaukee County 2000, 2009
US Census Bureau, American Community Survey, 2009

Figure 52: Percent of Persons Age 60+ Living Alone by Total Population and Race/Ethnicity
US Census Bureau, 2010 SF2

Figure 53: Percent of Persons Age 75+ Living Alone by Total Population and Race/Ethnicity
US Census Bureau, 2010 SF2

Figure 54: Total Population Living Alone in Milwaukee County
US Census Bureau, 2010 SF1

Figure 55: Percent of Persons 65+ Living Alone by Gender
US Census Bureau, 2010 SF1

Figure 56: Comparison of Older Adults Marital Status 1990, 2000, 2010, Milwaukee County
US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

Figure 57: Marital Status of Persons Age 60+: Number Milwaukee County
US Census Bureau, American Community Survey, 1-year Estimates

Figure 58: Marital Status of Persons Age 60+: Percent Milwaukee County
US Census Bureau, American Community Survey, 1-year Estimates

Figure 59: Women 60+ by Age Category and Marital Status, Milwaukee County
US Census Bureau, American Community Survey, 1-year Estimates

Figure 60: Men 60+ by Age Category and Marital Status, Milwaukee County
US Census Bureau, American Community Survey, 1-year Estimates

Figure 61: Licensed Drivers in Wisconsin by Age
Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Figure 62: Miles Driven by Typical Week
Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Figure 63: Self Reported General Health Status of Persons 65+ in Milwaukee County, 2010
Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010

Figure 64: Causes of Death of People Ages 65+ by Death Rate, Milwaukee County
Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

Figure 65: 2010 Death Rate (Deaths per 100,000 population) for Age of Death
Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

Figure 66: Wisconsin Family Care and Partnership Program, Number of Members Enrolled as of Sept. 30th of Each Year
Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Figure 67: Enrollment of Frail Older Adult Population in Long-term Care Programs, Number and Percentage of Participants in Family Care Program, 2010
Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Figure 68: Enrollment of Frail Older Adult Population in Long-term Care Programs, Number and Percentage of Participants in IRIS Program, 2010
Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Figure 69: Projected Number of Wisconsin Residents with Alzheimer's Disease
2012 Alzheimer's Disease Facts and Figures, Alzheimer's Association

Tables

Table 1: Sex by Age and Race for Persons Age 60+, Milwaukee County
US Census Bureau, 2010 SF2 100% Data

Table 2: Comparison Between 2000 and 2010 by Municipality in Milwaukee County: Older Adult Population in Three Age Categories
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (2000)

Table 3: Older Adult Population in 2010 by Age Category and Municipality: Milwaukee County
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing

Table 4: Number and Percent of Persons by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 5: Number and Percent of American Indian and Alaska Native Alone y Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 6: Number and Percent of Asian Alone by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 7: Number and Percent of Black or African American Alone by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 8: Number and Percent of Native Hawaiian and Other Pacific Islander Alone by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 9: Number and Percent of Some Other Race Alone by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 10: Number and Percent of Two or More Races by Age and Gender
US Census Bureau, 2010 SF1 100% Data

Table 11: Number and Percent of White Alone by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 12: Number and Percent of Hispanic or Latino by Age and Gender, Milwaukee County
US Census Bureau, 2010 SF1 100% Data

Table 13: Number and Percent of Aging Community by Age Category
US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

Table 14: Milwaukee County Numerical and Percent Change Among Persons by Age and Gender: 2000-2010
US Census Bureau, 2010 SF1 100% Data

Table 15: Educational Attainment by Gender
US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

Table 16: Age of Householder 45-64 by Household Income in 2010 by Race/Ethnicity
Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

Table 17: Age of Householder 65+ by Household Income in 2010 by Race/Ethnicity
Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

Table 18: Elder Economic Security Standard Index for City of Milwaukee, 2008, Expenses for Selected Household Types
Elder Economic Security Initiative™ Program: The Elder Economic Security Standard™ Index for Wisconsin, Wisconsin Women's Network

Table 19: Average Proportion of Consumer Budget Spent on Select Major Expenses
Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Sources

Table 20: Poverty Status by Age and Race/Ethnicity, Milwaukee County 2010
US Census Bureau, American Community Survey, 2010
Table 21: Number and Percent of Persons Age 60+ and Age 75+ Living Alone by Race and Hispanic Origin, Milwaukee County 2010
US Census Bureau, 2010
Table 22: Marital Status by Sex and Age Among Older Persons, Milwaukee County
US Census Bureau, American Community Survey, 1-year Estimates
Table 23: Types of Health Coverage Among Wisconsinites 50 Years and Over
Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP
Table 24: Average Monthly Cost for Select Types of Long-term Care
Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP
Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data
Maps

All maps were created by AARP State Research with data from the 2010 US Census.

Photos

Photos were take by the Milwaukee County Department on Aging staff unless otherwise indicated on the photo.

Thomas Driscoll, Golden Idol 2012

Photo: Direct Supply

Milwaukee County Executive
Chris Abele

Milwaukee County Board of Supervisors
Marina Dimitrijevic
Chairwoman

Deanna Alexander

Mark Borkowski

David Bowen

Gerry P. Broderick

David Cullen

Jason Haas

Nikiya Q. Harris

Willie Johnson Jr.

Patricia Jursik

Theodore Lopscomb, Sr.

Michael Mayo, Sr.

Peggy Romo West

Joe Sanfelippo

James "Luigi" Schmitt

Russell W. Stamper II

Steve F. Taylor

John F. Weishan, Jr.

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

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Attachment D

Summary of 2012 "Dessert and Discussion" and "Cookies and Conversation" participant comments

2012 Area Plan Listening Sessions – Summary of Participant Comments

NOTES:

- Each individual participant got 3 dots/votes that they could place in any category (and they could put all 3 dots/votes in one category if they wanted to)
- Sub-category narrative reflects the actual wording on the easel sheets that people read before casting their votes
- Major service/issue categories (i.e., property maintenance, transportation, etc) are ordered in terms of highest amount of votes to lowest

Property Maintenance (TOTAL VOTES: 81)

- Handicapped ramps – change city regulations and improve access (3)
- Property maintenance/home repairs (74)
- Keeping senior centers in good repair (4)

Exercise/Nutrition/Social Interaction (TOTAL VOTES: 76)

- Nutrition – get proper information (8)
- More access to fitness centers (2)
- Social and physical interaction for ourselves and others (7)
- Exercise and social opportunities (4)
- Dietary needs – healthy, affordable meal planning using local growers (6)
- Exercise Programs – (14)
- Societal perception of elderly/respect/intergenerational acceptance (7)
- Easy access to social network to share information and get day-to-day support (8)
- Intergenerational communication – teach teens (4)
- Social interaction – plays, activities (3)
- More affordable social outlets (3)
- Expand recreational opportunities and visitation services (2)
- More senior center hours in summer and weekends (2)
- Overlap of hours at senior centers (especially during hot weather) (6)

Health Care (TOTAL VOTES: 76)

- Address mental health issues (5)
- Better prescription drug coverage (5)
- Coordination of health care services and resources (14)
- Affordable health care – advanced directives (13)
- Help to select supplemental health insurance (10)
- Lower medical costs (4)
- Affordable dentists (11)
- Information on health care changes and availability (10)
- Personal grooming (4)

Communication about programs and services (TOTAL VOTES: 75)

- Accurate information on services and programs available (36)
- Public relations for MCDA – check phone numbers, have staff follow up with customers (5)
- More professional style and tone for MCDA staff; more humanity (6)
- Improve Telephone Reassurance Program (2)
- Improve knowledge of existing programs and resources (6)
- More personal connection to services and programs (1)
- Communication to seniors about programs and services (10)
- Public awareness of programs and services (9)

Financial Help/Money Management/Budgeting (TOTAL VOTES: 69)

- Financial assistance with health and dental (5)
- Change income guidelines for programs and services (1)
- Finances – discounts for seniors (12)
- More money needed (2)
- Senior insurance problems – help seniors fill out forms (8)
- Finances – concerns about eligibility for programs and services (16)
- Financial services (7)
- Assist with understanding bills and notices (1)
- Financial needs – VA benefits and county programs (3)
- Final arrangements – what options are available (5)
- Estate planning (9)

Transportation (TOTAL VOTES: 67)

- Transportation services (12)
- Transportation – reduce costs (27)
- Ride times on transit vans are too long (7)
- Affordable transportation (21)

Miscellaneous (TOTAL VOTES: 15)

- Safety – in and out of home (6)
- Safety – neighbor harassments (3)
- More information about scams (6)

Attachment E

Summary of Milwaukee County Department on Aging online and paper surveys
(780 surveys in total)

Milwaukee County Department on Aging - Area Plan Survey

SurveyMonkey

1. In what year were you born? (enter 4-digit birth year; for example, 1976)

	Response Count
	779
answered question	779
skipped question	0

2. What is your gender?

	Response Percent	Response Count
Female	71.4%	556
Male	28.6%	223
answered question		779
skipped question		0

3. Where do you live?

	Response Percent	Response Count
City/Town:	100.0%	779
ZIP:	100.0%	779
answered question		779
skipped question		0

4. Have you used one or more of these services in the last three years? Check all that apply:

	Response Percent	Response Count
Called the Aging Resource Center for information and assistance	25.6%	131
Senior / community centers	**60.3%**	**308**
Senior fitness center	28.4%	145
Senior dining / meal sites	51.9%	265
Home delivered meals	4.1%	21
Specialized senior transportation for age 60+ (do you have an MCDA transportation card?)	10.6%	54
Milwaukee County para-transit (all ages - Transit Plus)	11.0%	56
Adult day care	2.5%	13
Telephone reassurance	4.5%	23
Neighborhood services (i.e. lawn care, house cleaning, general chores)	8.6%	44
Respite care (care for loved one in your absence)	1.8%	9
Elder abuse intervention/reporting	3.7%	19
Long term care options counseling (a social worker visited you to talk about assistance)	5.9%	30
answered question		**511**
skipped question		**268**

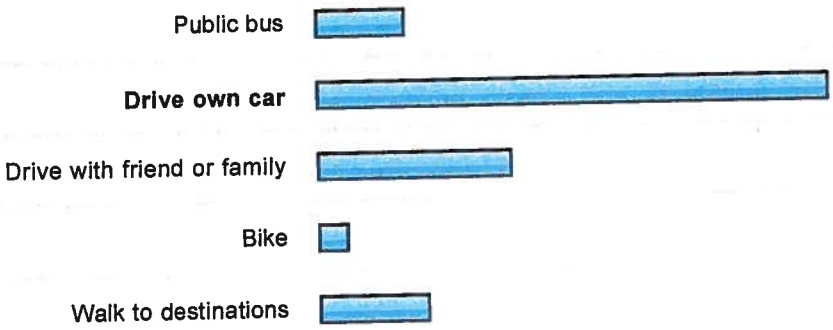
5. How satisfied are you with your home and lifestyle?

	Response Percent	Response Count
Extremely satisfied	30.6%	228
Very satisfied	**41.5%**	**309**
Moderately satisfied	22.0%	164
Slightly satisfied	3.4%	25
Not at all satisfied	2.6%	19
answered question		**745**
skipped question		**34**

6. Check all that apply:

	Response Percent	Response Count
I will probably move within the next three years	19.4%	136
I need home repairs /maintenance that I cannot afford	18.0%	126
I will or do need assistance to stay in my home	13.3%	93
I find it difficult to keep my yard and home in good repair	19.7%	138
I feel that I am prepared in case of an emergency that would require me to leave my home	29.5%	207
I feel safe in my home and neighborhood	**80.9%**	**567**
I do not feel safe in my home and neighborhood	8.3%	58
	answered question	**701**
	skipped question	**78**

7. How do you get around for errands, medical appointments, shopping and social events? Check all that apply:



	Response Percent	Response Count
Public bus	13.5%	99
Drive own car	**79.9%**	**588**
Drive with friend or family	29.9%	220
Bike	4.2%	31
Walk to destinations	16.4%	121
Other (please specify)		51
answered question		**736**
skipped question		**43**

8. Check all that apply:

	Response Percent	Response Count
I go to a fitness center that charges a membership fee	17.1%	125
I attend or have attended a support group to learn how to cope with a physical/health issue	9.6%	70
I am able to shop for and prepare healthy food	**83.3%**	**610**
I have trouble with personal hygiene and caring for myself	3.3%	24
I need help with medication management	3.6%	26
I see my doctor regularly	82.8%	606
I have one or more chronic conditions	48.0%	351
answered question		**732**
skipped question		**47**

9. Would you like to learn new skills or attend educational activities/presentations?

	Response Percent	Response Count
Yes	**46.6%**	**341**
No	25.7%	188
Undecided	27.6%	202
answered question		**731**
skipped question		**48**

10. If you said yes to the previous question, what is the skill or activity category that is of interest to you? Check all that apply:

	Response Percent	Response Count
Academic	48.8%	197
Recreation	**52.0%**	**210**
Hobby	51.7%	209
Professional Development	18.8%	76
Job training	12.1%	49
Support groups for persons with health problems	24.0%	97
Classes on fall prevention	17.3%	70
Classes on pain relief	30.2%	122
Other (please specify)		43
answered question		**404**
skipped question		**375**

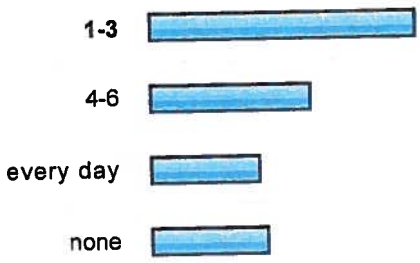
11. How do you feel about your physical health? I feel I am:

	Response Percent	Response Count
Extremely healthy	6.9%	51
Very healthy	31.3%	232
Moderately healthy	**49.5%**	**367**
Slightly healthy	10.0%	74
Not at all healthy	2.3%	17
answered question		**741**
skipped question		**38**

12. Have you fallen one or more times in the past 6 months?

	Response Percent	Response Count
Yes	16.6%	122
No	**83.4%**	**611**
answered question		**733**
skipped question		**46**

13. In a typical week, how many times do you exercise?



	Response Percent	Response Count
1-3	**41.3%**	**302**
4-6	24.5%	179
every day	16.4%	120
none	17.9%	131
answered question		**732**
skipped question		**47**

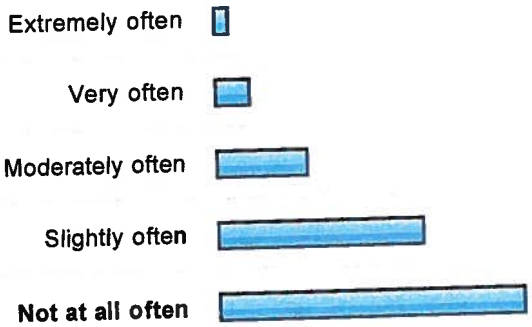
14. In a typical week, how often do you feel stressed?

	Response Percent	Response Count
Extremely often	3.0%	22
Very often	11.7%	86
Moderately often	24.5%	180
Slightly often	**34.4%**	**253**
Not at all often	26.5%	195
answered question		**736**
skipped question		**43**

15. If you told us you exercise, Please tell us what you do you do for exercise?

	Response Percent	Response Count
Work out on exercise equipment	26.1%	151
Walk	**83.8%**	**485**
Walk on treadmill	23.1%	134
Run	2.1%	12
Hike	3.1%	18
Swim	8.6%	50
Dance	8.6%	50
Aerobics	10.5%	61
Pilates	1.2%	7
Play a team sport	2.2%	13
Other (please specify)		161
answered question		**579**
skipped question		**200**

16. In a typical week, how often do you feel sad or depressed?



	Response Percent	Response Count
Extremely often	1.8%	13
Very often	4.8%	35
Moderately often	13.9%	101
Slightly often	32.0%	233
Not at all often	**47.5%**	**346**
answered question		**728**
skipped question		**51**

17. Check all that apply:

	Response Percent	Response Count
I am lonely	8.1%	59
I talk with friends or family more than once a week	**81.8%**	**595**
I do not talk with friends or family enough	7.8%	57
I need to get out more	18.4%	134
I would like to make new friends	23.0%	167
I am sad	4.8%	35
I am happy with my life	59.0%	429
I am depressed	7.6%	55
I need spiritual guidance	2.3%	17
I would like to learn more about emotional/spiritual and/or mental health	13.1%	95
Other (please specify)		24
answered question		**727**
skipped question		**52**

18. I have a cell phone.

	Response Percent	Response Count
Yes	**79.9%**	**583**
No	20.1%	147
answered question		**730**
skipped question		**49**

19. If you answered yes to question 18 check all that apply: I use my cell phone for:

	Response Percent	Response Count
Emergencies only	29.9%	165
Only when I am away from home	**64.2%**	**354**
As my only phone (replaces my home phone)	23.2%	128
answered question		**551**
skipped question		**228**

20. Do you use a computer?

	Response Percent	Response Count
Yes	**66.3%**	**483**
No	33.7%	245
answered question		**728**
skipped question		**51**

21. If you answered yes to question 20, check all that apply:

	Response Percent	Response Count
Yes I have one in my home	**90.8%**	**443**
Yes I use one in a place that is not my home	20.3%	99
	Where?	88
answered question		**488**
skipped question		**291**

22. If you answered yes to question 20, check all that apply:

	Response Percent	Response Count
I use an Ipad or other tablet-style device	47.7%	94
I use a kindle – nook or other book reader	32.5%	64
I use a smart phone or Blackberry	**50.3%**	**99**
Other (please specify)		51
answered question		**197**
skipped question		**582**

23. If you answered no to question 20 check all that apply:

	Response Percent	Response Count
No I have no interest in learning how to use a computer	**43.3%**	**94**
No but I would use one if I had one in my home	37.3%	81
No but I am not sure about how to learn	21.7%	47
No but I would use one at a place that is not my home if I knew how	12.4%	27
Where?		11
answered question		**217**
skipped question		**562**

24. How satisfied are you with your financial situation?

	Response Percent	Response Count
Extremely satisfied	6.8%	49
Very satisfied	28.6%	206
Moderately satisfied	**38.3%**	**276**
Slightly satisfied	16.8%	121
Not at all satisfied	9.6%	69
answered question		**721**
skipped question		**58**

25. Check all that apply:

	Response Percent	Response Count
I find it difficult to pay for the medications I need	11.4%	75
I find it difficult to budget for food	8.3%	55
Sometimes I have to choose between purchasing medications and paying for other needs	7.0%	46
I do not have enough money to pay my household bills (utilities, rent/mortgage)	11.7%	77
I have applied for energy assistance	11.7%	77
I have used food assistance programs or funding (food share, WIC, food pantry)	17.7%	117
I have enough money to pay for the things I need	**72.6%**	**479**
	answered question	**660**
	skipped question	**119**

26. Are you worried or concerned about your finances?

	Response Percent	Response Count
Yes	43.1%	306
No	56.9%	404
	answered question	**710**
	skipped question	**69**

27. I work full or part time.

	Response Percent	Response Count
Yes	23.4%	165
No	76.6%	539
answered question		704
skipped question		75

28. Check all that apply:

	Response Percent	Response Count
I would like to work full or part time	32.9%	145
I would not work full or part time if I did not have to	68.9%	304
answered question		441
skipped question		338

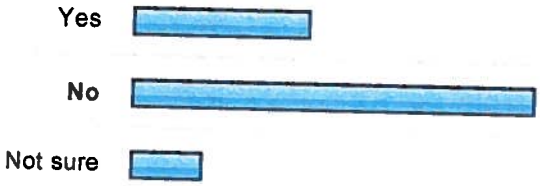
29. Check all that apply:

	Response Percent	Response Count
I would talk to an expert about financial problems	78.8%	152
I need financial help	32.6%	63
answered question		193
skipped question		586

30. Are you a family or informal caregiver for someone aged 60+?

	Response Percent	Response Count
Yes	15.9%	114
No	84.1%	602
Other (please specify)		13
answered question		716
skipped question		63

31. If you answered yes to question 30, does the person you care for have a memory related condition like Alzheimer's or Dementia?

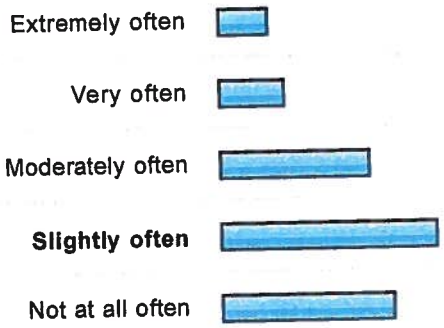


	Response Percent	Response Count
Yes	27.0%	34
No	62.7%	79
Not sure	10.3%	13
answered question		126
skipped question		653

32. If you answered yes to question 30, has the person for whom you care fallen one or more times in the past 6 months?

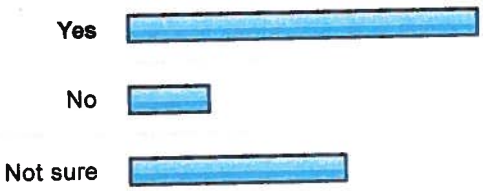
	Response Percent	Response Count
Yes	41.9%	49
No	58.1%	68
answered question		117
skipped question		662

33. If you answered yes to question 30, in a typical week, how often do you feel stressed by your role as caregiver?



	Response Percent	Response Count
Extremely often	7.1%	8
Very often	9.7%	11
Moderately often	23.0%	26
Slightly often	**33.6%**	**38**
Not at all often	26.5%	30
answered question		**113**
skipped question		**666**

34. Do you feel that you have the resources you need to feel supported in the community?



	Response Percent	Response Count
Yes	**54.4%**	**370**
No	12.2%	83
Not sure	33.4%	227
answered question		**680**
skipped question		**99**

35. Name the top three resources you feel are most important to living a healthy and independent life.

	Response Percent	Response Count
1.	99.8%	586
2.	93.4%	548
3.	84.8%	498
answered question		587
skipped question		192

36. Is there anything else you would like us to know?

	Response Count
	129
answered question	129
skipped question	650

Attachment F

Minutes from the November 13, 2012 Advisory Council meeting

Minutes from the November 16, 2012 Commission on Aging meeting

Milwaukee County Commission on Aging
Advisory Council

November 13, 2012

The Advisory Council of the Milwaukee County Commission on Aging held its quarterly meeting on November 13, 2012 at the Marcia Coggs Human Services building, 1220 W. Vliet St., Conference Room 104, Milwaukee, WI 53205.

Advisory Council Members Present

Kerry Malak, Co-Chair
Rocille McConnell, Co-Chair
Barbara Bechtel
Lisa Bittman
Gina Green-Harris
David L. Hoffman
Gwen T. Jackson, Commissioner Emeritus
Denice (Deedee) Mader
Joan M. Schneider

Advisory Council Members Excused

Teresa Barlow
James Kimble
Sandra Richins, Commissioner
Bill Serpe
Arnoldo Sevilla, Commissioner
Betty Struck
Judy Troestler
Gerald Verduyn
Virginia Verduyn
Jean Davidson
Dawn Schmidt
Delois Taylor
Llewellyn Walker

Guests Present

Kellie Miller – BOALTC/Volunteer Ombudsman Program
Hillary Schenk – BOALTC
Kim Verstegen - BOALTC

MCDA Staff Present

Jonette Arms
Diane Beckley
Mary Brown
Jon Janowski
Jill Knight
Randy Kohl
Zulma Myszewski

INFORMATIONAL ITEMS

I. Call to Order

Rocille McConnell called the meeting to order at 1:32 pm.

II. Review and Approval of August 9, 2012 Minutes

MOTION: Approve the August 9, 2012 Meeting Minutes.
ACTION: Motion carried unanimously. (Jackson moved, Bittman seconded.)

III. Presentation by Kellie Miller, Hillary Schenk, and Kim Verstegen, Wisconsin Board on Aging and Long-Term Care – "Board on Aging and Long-Term Care Volunteer Ombudsman Program"

Ms. Miller introduced her staff and began her presentation with a brief video about the Volunteer Ombudsman Program in the state of Wisconsin. This program has now been available for about 20 years. She stated that there are about 5,000 to 6,000 consumers served per ombudsman. She stressed that they are in dire need of volunteers to reach out to a broader range of consumers, not just the 26 counties it currently serves. In Milwaukee County there are about 50% of residences that do not have a volunteer ombudsman serving them.

Key duties of an ombudsman are: building trust by empowering residents on key issues of importance to them, observing the residence, interacting with residents, and addressing issues of concern with permission. She further explained that if there is a concern regarding a resident, the resident needs to state their permission for the volunteer to address that situation with the staff – confidentiality is stressed. Volunteers undergo a mandatory 6-7 hour training session, as well as a background check. She stated that the only requirements of volunteers are that they commit to six months of volunteering and visit their assigned residence anytime between 8 AM and 8 PM once a week for about 2-3 hours. At the end of the presentation, Ms. Miller handed out a brochure about the program and Ms. Schenk, the local volunteer coordinator, passed out her business card to everyone in attendance.

IV. Review and Approval of Milwaukee County Department on Aging 2013-2015 Area Plan

Jonette Arms made reference to the area plan goals received by everyone at the meeting. Advisory Council members received the complete area plan, including the goals. She emphasized the cooperation from all staff members in the compilation of the area plan, as well as the public input from all Department on Aging events. Gwen Jackson asked about including intergenerational involvement in the area plan. Ms. Arms stated that Goal Statement #1 under Social Engagement includes a plan for an intergenerational symposium and recommendations for future collaboration by the end of the area plan term.

Another suggestion for carrying out the goals was the use of workgroups. Ms. Arms mentioned that a Communications Workgroup will be created to focus on marketing aging services, the current Underserved Populations Workgroup will work on transportation issues, and a Home Chores Workgroup will also be formed. The Home Chores workgroup will include Rebuilding Together of Greater Milwaukee and several other partner agencies. There will be an Alzheimer's subcommittee. Jill Knight stated that she pulled together a committee to help develop the 2013-2015 area plan goals. The groups will continute to work together to implement the approved goals. The committee does include the Alzheimer's Association and Wisconsin Alzheimer's Institute, among other groups with a vested interest in this specific area. Ms. Arms added that the Care Transitions project consists of a current partnership with Aurora and will eventually also include other health systems.

MOTION: Approve the Milwaukee County Department on Aging 2013-2015 Area Plan.
ACTION: Motion carried unanimously (Hoffman moved, Jackson seconded).

V. County and State Updates

Jon Janowski mentioned that the Commission on Aging's Advocacy Committee has started to focus on the state budget, and to that end the Committee is drafting a letter to Governor Walker that outlines the Commission's budget priorities.

Ms. Arms added that the county budget process is almost over and the Department on Aging budget looks good for 2013.

VI. Other Business

The Advisory Committee and Commissioners were reminded about the invitation to the Face of Aging Demographic Report event on December 7, 2012.

Ms. Malak asked for a moment of silence in honor of Meg Lemmen who recently passed away and will be dearly missed in the community.

VII. Adjournment

The meeting was adjourned at 2:40 PM.

Respectfully submitted,

Zulma Myszewski

Zulma Myszewski
MCDA Secretarial Assistant

MILWAUKEE COUNTY DEPARTMENT ON AGING
COMMISSION ON AGING
NOVEMBER 16, 2012 | MEETING MINUTES

I. CALL TO ORDER & ROLL CALL

Chairperson Viola "Vi" Hawkins called the meeting to order at 9:11am; MCDA – Marcia Coggs Building, 1220 West Vliet Street – Room 104, Milwaukee, WI 53205.

Commissioners Present
Viola "Vi" Hawkins – Chair
Frank Gonzales Jr. – Vice Chair
Mattie Payne – Secretary
Brenda Doxtator
Casper Green
Bob Haase
Eileen Hayes
Alvin Hill Jr.
Gwen Jackson – *Commissioner Emeritus*
Sr. Edna Lonergan
Sandra Richins
Arnoldo Sevilla
Judith Strauss
Supervisor Steve F. Taylor
Shirley Warren

Commissioner(s) Excused
Lynnea Katz-Petted
Gary Mikolajczyk

Visitors Present
Gina Green-Harris, WAI
David Hoffman, Wellness Council
Cindy Ofstead, WI Office on Aging
Bria Grant, Senator Lena Taylor's Office
Barbara Bechtel, Advocacy
Todd Warren, Genesis
Linda Steinke, Interfaith
David Pifer, SeniorLaw
Joan Schneider, CDBP
Nancy Gonzales, Senior Statesman

Milwaukee County Staff Present
Stephanie Sue Stein, Aging
Jonette Arms, Aging
Jill Knight, Aging
Jon Janowski, Aging
Zulma Myszewski, Aging
Randy Kohl, Aging
Diane Beckley, Aging
Greg Reiman, Aging
Beth M Zatarski, Aging
Gary Portenier, Aging
Mary P Brown, Aging
Teresa Smith, Aging
Steve Peterson, Aging
Valerie Woods, Family Care

II. REFLECTION

Commissioner Mattie Payne, Secretary of the Commission on Aging, shared some thoughts and reflections on the topic of caregivers. November is National Caregivers Month and it's a time to reflect on the compassion and dedication that caregivers embody every day. Commissioner Payne encouraged everyone to offer our appreciation and admiration for their difficult work, and extend our own efforts of support to them and their loved ones. Commissioner Payne explained the numerous resources available for caregivers. She is the Senior Companion Program Manager for the Social Development Commission (SDC) in Milwaukee. For more information about the program, requirements, benefits, etc.: http://www.cr-sdc.org/Programs/SeniorCompanions.htm or 414-906-2779.

III. APPROVAL OF THE OCTOBER 26, 2012 COA MEETING MINUTES

MOTION: Approve the OCTOBER 26, 2012 COA meeting minutes.
ACTION: Motion carried unanimously. (Sevilla moved, Haase seconded)

IV. DIRECTOR'S REPORT

Stephanie Stein thanked Commissioner Mattie Payne for her reflection and important information about caregivers. Ms. Stein then provided information and updates to the meeting attendees:

- Introduction of the Department on Aging's Program Coordinator (Community Programs), Randy Kohl.
- Reminder: Invitations were sent for our December 7th (11AM-1PM) celebration of the release of the Third Edition (2012) of "The Face of Aging In Milwaukee County" at the Italian Conference Center (631 East Chicago Street in Milwaukee). The Center for Urban Population Health and AARP Research & Strategic Analysis will present an invaluable demographic analysis and include you and other elected officials, community leaders, and aging advocates and service providers in an interactive, guided discussion about information highlighted in the publication. Reservations *must* be made by Thursday, November 29 to 414-289-5950 or agingevents@milwaukeecounty.com.
- People with intellectual and physical disabilities in Milwaukee County, who are eligible for long-term support services, now can receive help right away via the Disabilities Services Division (DSD) of the Milwaukee County Department of Health & Human Services. Ms. Stein and Geri Lyday (Disabilities Administrator) are very pleased and say the end of the waiting list is a huge step forward. Individuals can find out whether they are eligible for services by calling 414-289-6660.

V. Milwaukee County Budget Update – *Chairwoman Dimitrijevic*

Chairwoman Marina Dimitrijevic provided some highlights about the 2013 Milwaukee County Budget:

- The County Board adopted, on a 13-5 vote, a 2013 Milwaukee County budget that improves public safety, moves toward greater intergovernmental cooperation, and strikes a more balanced approach to fiscal choices.
- The Board prioritized investment in public safety, including moving ahead on 911 responses transferring to the Milwaukee Police Department; strengthening support for Emergency Medical Services; and creating two new investigator positions in the Office of the District Attorney.
- The Board favored the Sheriff's plan and promise to commit to proactive patrols in the County Parks.
- Details about the budget can be found on the Milwaukee County website.

VI. COMMITTEE/COUNCIL REPORTS

A. ADVOCACY COMMITTEE (NOVEMBER 5, 2012)

See Advocacy Committee meeting minutes (mailed/distributed) for a comprehensive explanation of topic/issue discussions.

MOTION: Approve the NOVEMBER 5, 2012 Advocacy Committee meeting minutes *along with* action items.
ACTION: Motion carried unanimously. (Haase moved, Richins seconded)

B. SERVICE DELIVERY COMMITTEE (OCTOBER 9, 16, 23)

See Service Delivery Committee meeting minutes (mailed/distributed) for a comprehensive explanation of discussed contracts.

Judy Strauss, Service Delivery Committee Chairperson, gave an overview/explanation of the contract review process and contract recommendations. Ms. Strauss thanked the MCDA staff for all of their hard work.

MOTION: Approve the contract recommendations as outlined in the OCTOBER 9, 2012 Service Delivery Committee meeting minutes.
ACTION: Motion carried unanimously. (Warren moved, Gonzales seconded)

MOTION: Approve the contract recommendations as outlined in the OCTOBER 16, 2012 Service Delivery Committee meeting minutes.
ACTION: Motion carried unanimously. (Haase moved, Gonzales seconded)

MOTION: Approve the contract recommendations as outlined in the OCTOBER 23, 2012 Service Delivery Committee meeting minutes.
ACTION: Motion carried unanimously. (Jackson moved, Richins seconded)

C. ADVISORY COUNCIL (NOVEMBER 13, 2012)

See Advisory Council meeting minutes (distributed) for a comprehensive explanation of discussed topics/issues. The Advisory Council unanimously approved the MCDA Area Plan.

MOTION: Approve the NOVEMBER 13, 2012 Advisory Council meeting minutes/report.
ACTION: Motion carried unanimously. (Sevilla moved, Warren seconded)

D. RESOURCE CENTER OVERSIGHT COMMITTEE (NOVEMBER 14, 2011)

Due to meeting time constraints, Shirley Warren, RCOC Chairperson, mentioned that at their November 14th meeting, they discussed the numbers/topics of calls coming into the Resource Center as well as disaster preparedness and Senior Ambassadors. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 14, 2012 RCOC report.
ACTION: Motion carried unanimously. (Green moved, Gonzales seconded)

E. INTERGENERATIONAL COUNCIL (NOVEMBER 15, 2012)

Sr. Edna Lonergan, Intergenerational Council Chair, provided a few highlights from the meeting including an update on the Fall 2013 Symposium. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 15, 2012 Intergenerational report.
ACTION: Motion carried unanimously. (Green moved, Warren seconded)

F. WELLNESS COUNCIL (NOVEMBER 15, 2012)

David Hoffman, Intergenerational Council Chair, provided a few highlights from the meeting including: welcoming new staff member Randy Kohl, a presentation on hoarding, and an overview of the Area Plan Goals. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 15, 2012 Intergenerational report.
ACTION: Motion carried unanimously. (Jackson moved, Hayes seconded)

G. NUTRITION COUNCIL (OCTOBER 16, 2012)

See Nutrition Council meeting minutes (mailed/distributed) for a comprehensive explanation of discussed topics/issues.

MOTION: Approve the OCTOBER 16, 2012 Nutrition Council meeting minutes/report.
ACTION: Motion carried unanimously. (Richins moved, Warren seconded)

VII. AREA PLAN 2013-2015 – *Jonette N. Arms*

MOTION: Approve the AREA PLAN and GOALS as presented.
ACTION: Motion carried unanimously. (Hill moved, Payne seconded)

VIII. COUNTY SUPERVISOR'S REPORT – *Supervisor Steve F. Taylor*

Supervisor Taylor provided some information/updates:

- Supervisor Taylor has been attending various meal site locations and will be scheduling future visits; will be visiting each and every site. He will send emails to the Commissioners regarding his visits in case anyone wants to join him.
- Supervisor Taylor distributed Milwaukee County Maps to the Commissioners.
- Supervisor Taylor will continue to have his newsletter as another source of highlights/information.

IX. STATE UPDATES – *Cindy Ofstead*

Cindy Ofstead has taken over Gail Schwersenska's position as Director of the State's Office on Aging; Gail retired earlier in the year. Ms. Ofstead reported on several items of interest:

- Donna McDowell will be retiring and there will be a party in January.
- Work continues on the legislative council study, grant proposals, work plans, etc.
- Challenges include filling/funding Elder Abuse Specialist and Nutrition Program Specialist.

X. CHAIRPERSON'S REPORT – *Vi Hawkins*

Vi Hawkins thanked and had great compliments for Stephanie Sue Stein and her team of staff members. Ms. Hawkins also thanked Committee/Council Chairs for their reports and hard work. She reminded everyone that there are no Commission on Aging Meetings in December and to enjoy the holidays!

XI. OTHER BUSINESS – COMMISSIONERS

none

XII. OTHER BUSINESS – PUBLIC

Reminder – Please take and complete the 2013 Milwaukee County Senior Citizen Hall of Fame nomination forms!

XIII. ADJOURNMENT

The meeting adjourned at 11:02AM. **The next Commission on Aging meeting will be held in JANUARY 2013. Meg will send out a 2013 schedule of meetings in December.**

Respectfully submitted,

Meg Rauschenberger, MCDA Executive Assistant

Compliance with Federal and State Laws and Regulations

On behalf of the area agency on aging, we certify

Milwaukee County Department on Aging
(Give the full name of the area agency on aging)

has reviewed the appendix to the area plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015. We assure that the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015.

Signature and Title of the Chair of the Commission on Aging Date

Signature and Title of the Chair of the Commission on Aging Advisory Council Date

Signature and Title of the Chair of the Commission on Aging Advisory Council Date

Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

   - The applicant must possess legal authority to apply for the grant.
   - A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
   - This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

   - The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
   - The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
   - The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
   - The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.

3. Preference for Older People with Greatest Social and Economic Need

   The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

   The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentially of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.

- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.

- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.

- Each participant from whom personal information is obtained shall be made aware of his or her rights to:

  (a) Have full access to any information about one's self, which is being kept on file;
  (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,

(c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

  (a) By court order; or,
  (b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.

- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

  (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
  (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location, which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated area agency on aging.

This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure. and apply for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures, which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646), which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at http://www.osc.gov/]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73.

Sec. 306(A), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

18. Federal Regulations-

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

"Aging unit" means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

(1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
(2) A unit, within a county department under s. 46.215, 46.22
(3) or 46.23, with the primary purpose of administering programs of
(4) services for older individuals of the county.
(5) A private corporation that is organized under ch. 181 and
(6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the area agency on aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services

and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community, which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services,
including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non–English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long–term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long–term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s.
46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.

18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission On Aging.

(a) Appointment.
1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single–county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy–making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.
A commission on aging, appointed under par. (a) shall be one of the following:
1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.
2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.
3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.
Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one–third of the members shall expire each year, and no member may serve more than 2 consecutive 3–year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two–thirds vote of each county board of supervisors or tribal

governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.
A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit. Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full–time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.
(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.
(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: November 26, 2012

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Disabilities Services Division purchase of service contracts for the Disability Resource Center, Children's Programs and Adults with Disabilities**

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from non-governmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2013 purchase of service (POS) contracts for the Disabilities Services Division (DSD).

Background and Rationale

Each year, DSD submits requests to the County Board to purchase community-based services from non-governmental vendors. The contract amounts shown on Attachment 1 reflect 2013 proposed DSD contracts. Approval of the recommended contract allocations will allow DSD to provide a broad range of rehabilitation, treatment and support services to adults and children with disabilities in Milwaukee County during 2013.

DSD reviews all new proposals that are submitted to the department by utilizing a five to seven-member panel, as outlined in the procedures contained in the DHHS technical assistance Request for Proposal document. This process is used in every service area where a competitive proposal is submitted. DHHS Contract Administration/Quality Assurance staff assists DSD by facilitating panel reviews when necessary.

Effective November 1, 2012, DSD **has successfully eliminated the long-standing waiting list for services.** This very notable change in the service delivery system for persons under age 60 with disabilities in Milwaukee County has made a fundamental difference for those who need long-term support services. At the time of this report, individuals who contact DSD through the disability Resource Center no longer need to wait for services and are able to receive an

entitlement benefit for the first time in over 35 years. While this change in the availability of services is an enormous milestone for those eligible for long-term support, there continues to be certain individuals with disabilities who are not eligible for publicly-funded long term care services that require support and services.

DSD is therefore recommending continued funding for certain POS contracts in CY 2013 to support individuals who are not eligible for Family Care due to their financial or functional status. The remaining POS funding in DSD contracted programs will be used to purchase services that are identified as having a high priority in assisting persons with disabilities to achieve their maximum independence. Services will also be utilized to augment the long-term support system with services that are not typically funded through the managed care organizations.

It should be noted that in addition to supports being provided to individuals who do not meet the eligibility criteria for Family Care, DSD intends to provide crisis intervention/prevention and emergency support services to individuals relocating from the Behavioral Health Division's (BHD) Hilltop units, who may be experiencing difficulties with adjusting to community living. An integral part of the overall plan to downsize the Hilltop program includes several program initiatives designed to help prevent the need for BHD emergency or inpatient services and provide a community-based alternative. This alternative is more cost-effective and focused on helping to maintain community living options for individuals who need more supports than are available in their chosen living arrangements.

The following is a detailed description of the allocations being recommended for the adult and children's POS contracts in 2013. DSD has made it a high priority to maintain the integrity of the existing service delivery system to ensure that a safety net for those who need community-based supports can continue to live independently and not be forced to utilize institutional based services including nursing homes.

The following information highlights the 2013 POS contract recommendations and program changes for DSD by disability and program areas.

Children's Programs

Birth-To-Three/Early Intervention

Milwaukee County DSD will receive $2.7 million in State Birth-To-Three funding for 2013, which is the same as 2012. Contracted agencies that provide these critical services, continue to report increased cost while available State revenues have remained unchanged. The Division will continue to work with State and Federal agencies that fund Birth-To-Three to examine ways of increasing revenue for this critical program. The County has recognized this need in 2013 and allocated additional funding to help with their fiscal challenges.

Birth-To-Three services continue to be invaluable to families who have a child with a developmental delay. These programs are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities. Wisconsin has a long-standing history and commitment to quality services for young children and their families. Provider agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and Milwaukee County.

The Division has been working and moving toward performance based contracting focused on Federal indicators, review of unit rates and provision of services in the natural environment. The Division has worked collaboratively with contract agencies and has performed a review of program and fiscal data during 2012. Many Birth To Three agencies are projected to exceed their 2012 contract in number of children served and units of service delivered, however, there continue to be significant differences in unit rates and the volume and type of services reported by providers.

Individual provider data analysis by DSD has determined that the methodology for reporting service data needs to be revised so that data comparisons can be made to more accurately measure service volumes and other critical information. DSD intends to modify the reporting requirements beginning January 2013 to allow for more detailed service information that can be utilized to compare agency performance and service volume. Based upon the current methodology of reporting, it is not easy to measure the same outcomes across agencies.

Due to the need for consistent financial performance data to be obtained from the agencies during the first several months of 2013, DSD is recommending six-month contracts with the Birth To Three agencies at the 2012 level. This will allow DSD time to gather meaningful information that can be used to allocate the additional funding for 2013 and the remaining 2012 allocation. DSD will return in six months to request authorization for contract allocation for the last six months of 2013.

An RFP was issued for Birth To Three for 2013 contracts and all existing agencies submitted applications. While there were variations among the review panel scoring of agency applications, the review panel scores did not support any changes to the provider network for 2013. It should be noted that DSD was able to identify additional local funding resources due to restructuring of other POS contracted services in the Division. DSD has budgeted an additional $150,000 in the 2013 budget to support the Birth To Three program.

The following providers are recommended for new contracts in 2013:

- Center for Communication Hearing and Deafness
- Curative Care Network
- Easter Seals
- Lutheran Social Services
- Milwaukee Center for Independence

- Next Door Foundation
- Penfield Children's Center
- St Francis Children's Center
- Vision Forward Association, Inc.

Adult Programs

As indicated above, effective November 1, 2012, DSD is providing immediate enrollment for eligible individuals with disabilities under age 60 who are seeking long-term support services. In prior years, all individuals eligible for publicly-funded long term care were transferred to Family Care from POS contract funded services. The dollars recommended for allocation to the following agencies are only for individuals who are not financially and functionally eligible for Family Care or for services that the Care Management Organizations typically do not fund. Many of these agencies are long standing providers who have worked to provide high quality services to consumers. Contracts are either in a two or three year funding cycle as specified below. DSD is therefore recommending continued contracts for many services to ensure that support is available to individuals with disabilities in this community. DSD is also recommending several new contracts that will enhance the services and support to persons with disabilities.

New referrals for POS contracted services remained partially on hold during 2012 while DSD completed moving to entitlement for Family Care. Several agencies did not receive referrals at the same level during 2012 as a result of this policy to hold on new referrals. This allowed the Division to examine the need for the existing POS contracts and to ensure that we were maximizing the Family Care benefit for those who were eligible.

Work Services

Two agencies are recommended for contracts in 2013 with allocations that reflect the anticipated number of consumers who will not be eligible for Family Care. Work Services was included in the 2013 RFP and no new agencies applied. New contracts are therefore recommended for the existing agencies as follows:

- Goodwill Industries
- Milwaukee Center for Independence

It should be noted that while these agencies have experienced under spending of allocated funds due to a decrease in referrals, DSD is recommending a contract at the 2012 level to help support individuals who may be leaving the Hilltop program and would be able to begin utilizing services from the community agency to assist in the transition to community living.

Employment Options and Day Services

Three agencies are recommended for 2013 contracts with allocations that reflect the anticipated number of consumers who will require services. Employment Options was included in the 2013 RFP and no new agencies applied. DSD is combining this allocation to allow for funding of Day Services. New contracts are therefore recommended for the existing agencies, which include funding for both Employment Options and Day Services as follows:

- Milwaukee Center for Independence
- Goodwill Industries, Inc.
- United Cerebral Palsy

It should also be noted in this service area that while these agencies have under spending of allocated funds in 2012, DSD is recommending a contract at the 2012 level to support individuals who may be leaving Hilltop and would be able to begin utilizing services to assist in the transition to community living. Many of the individuals leaving Hilltop may participate in Employment or Day Services as part of several transition activities available to them.

Community Support Living Services

This program area addresses services that complement families as they maintain adult members with disabilities in their homes and communities with emphasis on quality of life through recreational activities, personal safety and support to caregivers from respite services. Also in this area, it is anticipated that continued services for individuals ineligible for Family Care will be needed. This service area is in the third year of a three-year RFP approval cycle.

Recreation

Easter Seals has provided recreation services for DSD and is recommended for a new contract in 2013 at the 2012 funding level. This agency provides recreational services to hundreds of children and adults with disabilities at the Wil-O-Way sites in conjunction with the Milwaukee County Office of Persons with Disabilities and at integrated community events and outings. This program area offers important services for families who depend on it as respite and consumers who enjoy the opportunity for fun and relaxation with their friends.

This service is currently paid for on a limited basis by the Family Care program but continues to be an important service that supports a higher quality of life and provides some respite for families. DSD acknowledges that while services in this area are a covered benefit in the Family Care program, it has been the experience of individuals and their families that these important services are not being included under the Family Care program. DSD is therefore, recommending continued funding to ensure that individuals do not loose this important service.

Respite

United Cerebral Palsy and St. Ann's Intergenerational Center are recommended for new contracts in 2013 at the same funding level as 2012. Respite continues to be a highly demanded service. Respite services support both adults and families with children who have disabilities. St. Ann's Intergenerational Center operates a respite service that allows families the opportunity to take one to three day vacations by having available a secure respite home option. While the referrals for this service were not at anticipated levels resulting in some under spending during 2012, DSD has made procedural changes in the Disability Resource Center to ensure that referrals are identified and provided for individuals and families in need during 2013.

Targeted Case Management

Targeted Case Management has been a service that provided help to individuals who were formerly on the DSD waiting list for long-term care services. With the elimination of the waiting list for services, this program area in not recommended for further funding. All individuals being served by this program have been provided services through the Family Care program.

Assertive Case Management (Intervention)

The Milwaukee Center for Independence is recommended for a contract in 2013 at a higher funding level than 2012. Assertive case management/intervention services provides short and long-term intervention for adults who are experiencing behavioral/mental health challenges in the community. Professional assistance with health care or social programming is available to reduce the risk for an acute admission to the BHD or loss of community living residence due to instability. This service currently assists individuals on a monthly basis and is closely linked to community programs, therapies or counseling services. This service will be an option available to individuals requiring support transitioning from Hilltop. It has proven to be a very successful and effective model to support persons with intellectual disabilities and mental health issues.

Person-Centered Planning Services

Curative Care Network is no longer recommended for a contract in this program area. This service will be absorbed by the Disability Resource Center for 2013 as the Division continues to refine and expand its resource center responsibilities and functions.

Advocacy

Five existing agencies are recommended for 2013 contracts at the same funding level as 2012 for the provision of advocacy service. The agencies include:

- The Epilepsy Foundation of Southeast Wisconsin
- Life Navigators, Inc. (Formerly ARC Milwaukee)
- Easter Seals
- Alianza Latina Aplicando Soluciones

- Hmong/American Friendship Association, Inc.

These agencies will work in conjunction with the DSD Disability Resource Center to identify individuals eligible for Family Care including those individuals from the Spanish and Hmong speaking communities and refer them to the DRC for assistance including Family Care enrollment when requested. This continued function will help support the DRC's outreach and marketing efforts to the community.

Supported Living Options

Five agencies are recommended for contracts in 2013 for supported living option services. These agencies currently provide vital daily living skills training and community living assistance to individuals with disabilities. These services provide a critical support to certain individuals with significant disabilities who live independently in the community. The agencies recommended for 2013 contracts are as follows:

- Center for Communication, Hearing & Deafness, Inc.
- Dungarvin-Wisconsin
- Milwaukee Center for Independence (Supported Parenting)
- Phoenix Care Systems (Bell Therapy)
- United Cerebral Palsy

Disability Resource Center (DRC)

The DRC provides Information and Assistance, Options/Enrollment Counseling to individuals with disabilities including Disability Benefits Specialist services. The DRC also acts as the front door to all publicly funded Long Term Care program options, i.e., Family Care, in Milwaukee County for individuals under age 60.

Wait List Initiative

Due to the elimination of the waiting list, this program area is not recommended for a contract in 2013.

Crisis Respite Home

Crisis respite services provide individuals urgent levels of service that exceed the capacity of existing supports available in their current environment. Crisis is defined as a situation requiring the removal of an individual from the current living environment. Examples may include the death of the primary caregiver or the development of physically aggressive behaviors resulting in the individual becoming a danger to self or others. The Crisis Respite Service provides DSD the resources needed to temporarily place an individual in crisis in an environment that is safe, therapeutically appropriate and cost-effective (relative to institutional

placement costs) while DSD staff work to defuse the crisis and arrange for a permanent placement in the least restrictive setting suitable to the individual's long-term needs.

As reported to the County Board Health and Human Needs Committee earlier in 2012, DSD completed an RFP in the area of Crisis Respite Home services in order to accomplish several program objectives. The first program enhancement was that the location to be utilized for the Crisis Respite Home services needed to be fully accessible. The other area included an expansion of capacity from four to eight beds to support the Hilltop downsizing initiative and the Mental Health Redesign Initiative. There is $250,000 in continued funding for this expansion in the 2013 Budget as part of the Mental Health Redesign.

With approval of the County Board, NRS Services LLC began providing Crisis Respite Home services as of November 1, 2012. This agency has developed two, four-bed homes that provide an accessible location. To continue this important service, DSD is recommending a three-year contract cycle beginning in CY 2013 for NRS Services LLC.

Resource Center Technical and Program Support

With the DRC reaching entitlement, the focus for program development has now turned to include enhancements to certain program requirements that have not been the emphasis of the DRC while efforts were being made to eliminate the waiting list. Additionally, the State of Wisconsin has a number of Medicaid sustainability program components designed to reduce overall expenditures in the current biennial budget. DSD is therefore recommending continued support for professional services to be provided by Life Navigators (formerly ARC Milwaukee) to help implement the State's Medicaid sustainability cost saving initiatives and to help develop needed DRC enhancements including outreach, youth transition planning and support as well as enrollment system support. Additional support will also be utilized to initiate the State's cost reduction initiatives.

DSD continues to work with BHD on the Hilltop Downsizing initiative and will continue to require assistance to provide support for relocation efforts and provider network development.

Given Life Navigator's experience and past history of providing quality services and assisting with these functions, DSD is recommending a 2013 contract with Life Navigators to provide these critical consulting services at the same funding level as 2012.

Disabilities Services Division New Initiatives

Milwaukee Area Time Exchange

The Milwaukee Area Time Exchange was founded in August 2009 to serve communities in and surrounding Milwaukee County. The agency is a not-for-profit under the fiscal agency of the 501(c)3 non-profit Dane County Time Bank and is affiliated with Timebanks USA.

This program provides the opportunity for individuals to exchange services provided by its members including individuals with disabilities. Services may include transportation, help around the home, walking the dog, etc. Members meet monthly for introduction and orientation meetings, followed by a potluck and member meeting. In addition, there are periodic community building events and work projects.

TimeBanks – The Five Core Values

1. TimeBanking turns strangers into friends.
2. Every human being has something to contribute.
3. Reciprocity – Helping works better as a two-way street.
4. Social Networks – We need each other.
5. Respect – Every human being matters.

DSD is recommending a new contract in the amount of $20,000 to the Milwaukee Time Exchange for 2013 to enhance the program's services for individuals with disabilities and to provide an additional resource to individuals who contact the DRC in need of support.

Best Buddies International - Wisconsin Program

Best Buddies Wisconsin (BBWI) enhances the lives of people with intellectual and developmental disabilities (IDD) by fostering social inclusion by facilitating friendships between those with disabilities and their typical peers. The programs enhance the quality of life for everyone by integrating people with IDD into the community, thereby meeting a currently unmet human need.

Established in 2005, BBWI is a state affiliate of Best Buddies International, a 501(c)3 nonprofit organization founded in 1989 by Anthony Kennedy Shriver and dedicated to establishing a global volunteer movement that creates opportunities for one-to-one friendships, integrated employment and leadership development for people with IDD. Best Buddies has programs in all 50 states as well as 50 countries and supports more than 1,500 chapters worldwide.

BBWI currently supports the following statewide programs in Wisconsin:

- **Best Buddies Middle Schools** and **Best Buddies High Schools** operate by matching a student with IDD with a typical peer in the same school for a mutually rewarding, one-to-one friendship.
- **Best Buddies Colleges** matches adults with IDD in a one-to-one friendship with a college student without IDD.
- **Best Buddies Ambassadors** is a self-advocacy program which empowers students and adults with IDD to find and share their own voice through public speaking.
- Our **Corporate Citizens** chapter, currently in partnership with ManpowerGroup, matches employees at local companies with people with IDD from Milwaukee County
- **e-Buddies®** is an e-mail friendship program that allows people with IDD to practice writing and develop valuable computer skills.

BBWI will launch **Best Buddies Citizens** as their new program in 2013. This project will pair adults with IDD with typical adult peer volunteers in Milwaukee County for mutually enriching, one-to-one friendships. Citizen pairs include a buddy, a person with IDD who volunteers to be a friend; a citizen buddy, a person without a disability who volunteers to be a friend; and a sponsor, someone who knows the buddy and supports the friendship. BBWI matches individuals in one-to-one friendships based on common interest and geographic proximity to ensure that members of each match have relative ease of access to one another.

In the first year, it is anticipated that the program will pair 25 adults with IDD in one-to-one friendships in the community, and achieving 50% of a two year goal to develop 25, one-to-one matches in the corporate citizens program, for a total of 75 program participants in year one.

DSD is recommending a new contract for 2013, without an RFP process, in the amount of $30,000 to Best Buddies International to help establish this innovative program and enhance the services being offered to individuals who contact DSD and are in need of support.

DSD System Redesign Analysis Project

Over the past several years, the DSD has been working on the project to expand Family Care in Milwaukee County to individuals with disabilities under age 60. The goal of this initiative was to move thousands of individuals whose services were funded by Medicaid Long-Term Support Waivers to the new Family Care funding model and to eliminate the lengthy waiting lists for services by providing an entitlement benefit for eligible individuals to receive long-term support services immediately without waiting. This shift in the service delivery system signifies the most significant change to long-term support services in Milwaukee County and represents a significant paradigm shift from a program funded primarily as a client-specific funding model to a program funded by a risk-based capitation model utilizing managed care principles to control costs.

In an effort to determine the impact on the changes to the system of services and supports for individuals with disabilities, DSD is recommending a system-wide analysis. The need for such a project is predicated on several factors, including the following:

- Milwaukee County recently completed a revolutionary transformation in its system of long-term care for adults with developmental disabilities from a series of independent services funded with Medicaid waiver monies to a comprehensive entitlement program (Family Care) that delivers a coordinated array of managed long-term care services using a capitated rate-based funding stream provided by the State of Wisconsin. While that transformation has eliminated a longstanding waiting list for services, little analysis has been done to date regarding service levels and access and the service system infrastructure needed to support adults with developmental disabilities. There has also been no analysis on the impact on individuals with developmental disabilities who do not meet Family Care's eligibility requirements.

- BHD has proposed a downsizing initiative for its long-term care facility for persons with developmental disabilities that may strain existing community resources and that likely will create the need for greater community-based capacity in the areas of both crisis and long-term care.

- Community-based providers of services for individuals with developmental disabilities have struggled for years to provide appropriate levels of service in the face of stagnant funding from federal, state and Milwaukee County funding sources.

- Proper coordination of physical and mental health care, vocational, supported living, respite and recreational services, and life-long planning for adults with developmental disabilities between local hospitals, the County, County-funded community-based service providers and family caregivers has been a longstanding challenge for all parties, as has access to such services.

DSD is therefore recommending a new contract from December 1, 2012 though December 31, 2013 with the Public Policy Forum to act as project manager and fiscal agent for this initiative. Given the experience of the County using the Public Policy Forum for previous projects including the BHD Mental Health Redesign, the Forum is highly recommended to provide the best possible outcome and deliver a meaningful product that can be used as a five-year blueprint to help guide the service delivery system in Milwaukee County.

Interim Disability Assistance Program (IDAP)

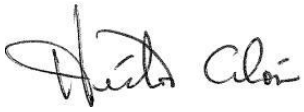
DSD assumed responsibility for the IDAP program during 2012 after the State of Wisconsin Department of Health Services discontinued its support for this function. DSD is recommending a new contract with Community Advocates to continue to assist Supplemental Security Income/Social Security Disability (SSI/SSD) applicants who are applying for or currently receiving IDAP, which provides financial assistance to disabled persons while their SSI application is pending. This contract is being recommended for the same funding in 2013 as in 2012.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2013 purchase of service contracts with community-based provider agencies per the narrative above and in the amounts specified in Attachment 1 and the accompanying resolution.

Fiscal Effect

Funding of $4,194,259 for these POS contracts includes Federal, State and local property tax levy appropriations as approved in the 2013 DHHS Budgets. In addition, $224,500 in 2012 cost is being funded by prior year revenue as a result of reconciling final costs from the adult waiver programs. Therefore, there is no additional tax levy impact associated with this request. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

Attachments

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

2013 DHHS-Disabilities Services Division
Contract Allocation Recommendations
by Provider
(Attachment 1)

#	Agency	Disability Area	Service	2012 Allocation	2013 Proposed	Incr.(Decr.)
1	**Alianza Latina Apilcando Soluciones**	Developmental Disabilities	Advocacy	**$30,000**	**$30,000**	$0
2	**Best Buddies Wisconsin**	Developmental Disabilities			**$30,000**	$30,000
3	**Center for Communication, Hearing & Deafness, Inc.**	Developmental Disabilities	Early Intervention-Birth to 3	$81,588	$40,794	($40,794)
		Developmental Disabilities	Supportive Living Options	$8,342	$8,342	$0
			Total Agency	**$89,930**	**$49,136**	($40,794)
4	**Community Advocates**	Other	Interim Diability Assistance Program	**$45,000**	**$45,000**	$0
5	**Curative Care Network**	Developmental Disabilities	Early Intervention-Birth to 3	$1,229,846	$614,923	($614,923)
		Developmental Disabilities	Community Support Living Services (PCP)	$51,581	$0	($51,581)
			Total Agency	**$1,281,427**	**$614,923**	($666,504)
6	**Dungarvin Wisconsin, Inc.**	Developmental Disabilities	Supportive Living Options	**$50,000**	**$50,000**	$0
7	**Easter Seals**	Developmental Disabilities	Early Intervention-Birth to 3	$545,401	$272,701	($272,701)
		Developmental Disabilities	Community Support Living Services (Rec)	$85,250	$85,250	$0
		Developmental Disabilities	Advocacy	$10,000	$10,000	$0
			Total Agency	**$640,651**	**$367,951**	($272,701)
8	**Epilepsy Foundation of Southeast WI**	Developmental Disabilities	Advocacy	**$20,000**	**$20,000**	$0
9	**Goodwill Industries of Southeastern WI**	Developmental Disabilities	Work Services	$175,000	$175,000	$0
		Developmental Disabilities	Employment Options	$23,000	$23,000	$0
			Total Agency	**$198,000**	**$198,000**	$0
10	**Hmong American Friendship Association, Inc.**	Developmental Disabilities	Advocacy	**$25,000**	**$25,000**	$0
11	**Life Navigators (Formerly ARC Milwaukee)**	Developmental Disabilities	Advocacy	$136,043	$136,043	$0
		Developmental Disabilities	Community Living Support	$200,000	$200,000	$0
		Developmental Disabilities	Community Support Living Services (TCM)	$17,000	$0	($17,000)
			Total Agency	**$353,043**	**$336,043**	($17,000)
12	**Lutheran Social Services**	Developmental Disabilities	Early Intervention-Birth to 3	**$246,531**	**$123,266**	($123,266)
13	**Milwaukee Center for Independence**	Developmental Disabilities	Work Services	$27,000	$27,000	$0
		Developmental Disabilities	Early Intervention-Birth to 3	$388,970	$194,485	($194,485)
		Developmental Disabilities	Employment Options and Day Services	$30,000	$30,000	$0
		Developmental Disabilities	Community Support Living Services (ACI)	$26,338	$46,338	$20,000
		Developmental Disabilities	Supportive Living Options (Supported Parenting)	$76,000	$76,000	$0
			Total Agency	**$548,308**	**$373,823**	($174,485)
14	**Milwaukee Time Exchange**	Developmental Disabilities			**$20,000**	$20,000
15	**NRS Services LLC**	Developmental Disabilities	Community and Crisis Residential	**$83,333**	**$500,000**	$416,667
16	**Next Door Foundation**	Developmental Disabilities	Early Intervention-Birth to 3	**$157,779**	**$78,890**	($78,890)

2013 DHHS-Disabilities Services Division
Contract Allocation Recommendations
by Provider
(Attachment 1)

#	Agency	Disability Area	Service	2012 Allocation	2013 Proposed	Incr.(Decr.)
17	**Penfield Children's Center**	Developmental Disabilities	Early Intervention-Birth to 3	**$1,175,597**	**$587,799**	($587,799)
18	**Phoenix Care Systems, Inc. (Bell Therapy)**	Developmental Disabilities	Supportive Living Options	$10,000	$10,000	$0
		Developmental Disabilities	Community and Crisis Residential	$250,000	$0	($250,000)
			Total Agency	**$260,000**	**$10,000**	($250,000)
19	**Public Policy Forum**	Developmental Disabilities			**$224,500**	$224,500
20	**St. Ann's Center for Intergenerational Care**	Resource Center	Wait List Initiative	$45,000	$0	($45,000)
		Developmental Disabilities	Community Living Support Services (Respite Care)	$32,489	$32,489	$0
			Total Agency	**$77,489**	**$32,489**	($45,000)
21	**St. Francis Children's Center**	Developmental Disabilities	Early Intervention-Birth to 3	**$459,169**	**$229,585**	($229,585)
22	**United Cerebral Palsy of Southeastern WI**	Developmental Disabilities	Employment Options and Day Services	$14,235	$14,235	$0
		Developmental Disabilities	Community Support Living Services (Respite Care)	$311,095	$311,095	$0
		Developmental Disabilities	Supportive Living Options	$75,667	$75,667	$0
			Total Agency	**$400,997**	**$400,997**	$0
23	**Vision Forward Association, Inc.**	Developmental Disabilities	Early Intervention-Birth to 3	**$82,719**	**$41,360**	($41,360)
24	**WI Facets**	Developmental Disabilities	Advocacy	**$30,000**	**$30,000**	$0
			TOTALS:	**$6,254,973**	**$4,418,759**	**($1,836,214)**

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Disabilities Services Division purchase of service contracts for the Disability Resource Center, Children's Programs and Adults with Disabilities, 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 2013 purchase of service contracts with community agencies for the Disabilities Services Division (DSD); and

WHEREAS, approval of the recommended contract allocations will allow DSD to provide a broad range of rehabilitation/treatment and support services to children and adults with disabilities in Milwaukee County in 2013; and

WHEREAS, the 2013 Budget for the DHHS - DSD includes sufficient funding for the recommended allocations; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into DSD purchase of service contracts for the period of January 1 through December 31, 2013, or as otherwise indicated below, with the agencies and in the amounts listed below:

	AGENCY	2013 PROPOSED CONTRACT
1	Alianza Latina Aplicando Soluciones	$30,000
2	Best Buddies Wisconsin	$30,000
3	Center for Communication, Hearing & Deafness, Inc.	$49,136
4	Community Advocates	$45,000
5	Curative Care Network	$614,923
6	Dungarvin, Inc.	$50,000
7	Easter Seals	$367,951
8	Epilepsy Foundation of Southeastern Wisconsin	$20,000
9	Goodwill Industries of Southeastern Wisconsin	$198,000
10	Hmong American Friendship Association	$25,000
11	Life Navigators (Formerly ARC – Milwaukee)	$336,043
12	Lutheran Social Services	$123,266
13	Milwaukee Center for Independence	$373,823
14	Milwaukee Time Exchange	$20,000
15	NRS Services LLC	$500,000
16	Next Door Foundation	$78,890
17	Penfield Children's Center	$587,799

18	Phoenix Care Systems, Inc. (Bell Therapy)	$10,000
19	Public Policy Forum (December 1, 2012- December 31, 2013)	$224,500
20	St. Ann's Center for Intergenerational Care	$32,489
21	St. Francis CAAC	$229,585
22	United Cerebral Palsy	$400,997
23	Vision Forward Association, Inc.	$41,360
23	WI Facets	$30,000
	Total	**$4,418,762.00**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Disabilities Services Division purchase of service contracts for the Disability Resource Center, Children's Programs and Adults with Disabilities

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [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 Department is requesting authorization to execute purchase of service contracts with a variety of community vendors for services to persons with disabilities and others with special needs within the DHHS-Disabilities Services Division (DSD).

B. Approval of this request will result in an expenditure of $224,500 for calendar year 2012 and $4,194,259 for calendar year 2013 for a total approval amount of $4,418,759.

C. The $224,500 in 2012 cost is being funded by prior year revenue as a result of reconciling final costs from the adult waiver programs. The 2013 Budget reflects a total appropriation of $6,620,141 in purchase of service appropriation authority (orgs 8361, 8381 and 8383 and account 8164; orgs 8341 & 8342 and accounts 8123 & 8161 and BHD's budget for Crisis Respite) which is sufficient to cover the proposed 2013 expenditure of $4,194,259. The majority of the remaining $2,425,882 will be used to fund the last six months of Birth-to-Three contracts.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, 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.

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: November 26, 2012

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

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

SUBJECT: Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to operate the Disability Resource Center under the Family Care Program for the period January 1, 2013 through December 31, 2013 and to accept $2,074,753 in revenue

Issue

Milwaukee County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the DHHS Disabilities Services Division (DSD) to serve as the Disability Resource Center (DRC) of Milwaukee County under the Family Care program for the period January 1, 2013 through December 31, 2013, and to accept $2,074,753 in revenue.

Background and Rationale

The major purpose of Family Care is to provide publicly-funded, long-term care services to eligible persons with disabilities and older persons in order to provide them with a community-based living option, rather than expensive publicly-funded nursing homes or other institutional settings.

One essential component of Family Care enables counties to serve as a DRC for individuals with disabilities ages 18 through 59. In June 2009, the Milwaukee County Board of Supervisors authorized DHHS to participate as the DRC of Milwaukee County beginning in August 2009.

The Resource Center is responsible for providing information and assistance and benefits counseling that includes access to Medicaid, Medicare, private insurance and other benefits including Food Share. It also provides access to emergency response services, adult protective services, transitional services for youth, long-term care options counseling, and access to the Family Care benefit or other publicly funded, long-term care options (i.e. partnership PACE and IRIS-Self Directed Supports service models).

Since first transitioning to Family Care in October 2009, DSD maintained a waitlist of in excess of 3,000 individuals. As of November 1, 2012, however, the program achieved entitlement effectively eliminating the waitlist. As a result, the primary focus of the DRC contract will now be to address referrals for publicly-funded long term care on a real time basis. This will permit individuals under age 60 with disabilities to access services immediately versus being placed on a waiting list. Other areas of focus for the DRC will include outreach and marketing, prevention initiatives, as well as addressing the State of Wisconsin's Medicaid Sustainability measures. While the implementation details of these new Medicaid Sustainability measures have not yet been determined, it is anticipated that the DRC will need to provide support to several new activities previously not included in the program requirements. These issues will be part of the 2013 contract with DHS.

The base award of $2,074,753 in general purpose revenue is allocated to Milwaukee County to operate the DRC for the period January 1, 2013 through December 31, 2013. This allocation is the same as calendar year 2012. It should also be noted that DSD has continued to perform very well in earning Medicaid Administrative revenue through the DRC activity reporting. This revenue has been critical to help fund the DRC activities and will continue to be an essential component of the DRC budget.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into a contract with DHS to operate the Disability Resource Center in the amount of $2,074,753 for the period January 1, 2013 through December 31, 2013 and to accept any addenda to this contract.

Fiscal Effect

The 2013 Budget includes the $2,074,753 in revenue for the Disability Resource Center. A fiscal note form is attached.

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

File No.
(Journal,)

(ITEM) Report from the Director, Department of Health and Human Services (DHHS) requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to operate the Disability Resource Center under the Family Care Program for the period January 1, 2013 through December 31, 2013 and to accept $2,074,753 in revenue:

A RESOLUTION

WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a comprehensive initiative to redesign Wisconsin's Long-Term Support services for the elderly and persons with disabilities; and

WHEREAS, the result of that initiative is the Family Care Program; and

WHEREAS, a major purpose of Family Care is to divert persons requiring long-term care from expensive publicly-funded nursing homes to more appropriate community-based forms of care; and

WHEREAS, one component of Family Care enables counties to serve as a Disability Resource Center (DRC); and

WHEREAS, the DRC of Milwaukee County is responsible for providing the following services: information and assistance, benefits counseling, access to Supplemental Security Income (SSI), Supplemental Security Income Exceptional Expense (SSI-E), Medicaid, and Food Share, emergency response, adult protective services, transitional services, prevention and early intervention services, long-term care options counseling, and access to the Family Care benefit; and

WHEREAS, the Milwaukee County Board of Supervisors authorized DHHS Disabilities Services Division (DSD) to participate as the DRC of Milwaukee County in June 2009; and

WHEREAS, the DHHS DSD is seeking authorization to continue to serve as the DRC of Milwaukee County for the period January 1 through December 31, 2013; and

WHEREAS, the State of Wisconsin has allocated $2,074,753 to pay for the services to be provided by the DRC of Milwaukee County during 2013; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into a contract with the Wisconsin Department of Health Services to operate the DRC for the period January 1, 2013 through December 31, 2013, and to accept $2,074,753 and any addendum thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to execute a contract with the Wisconsin Department of Health Services to operate the Disability Resource Center under the Family Care Program for the period January 1, 2013 through December 31, 2013 and to accept $2,074,753 in revenue

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director, Department of Health and HUman Services (DHHS) is requesting approval to enter into a 2013 contract with the State to operate a Disability Resource Center (DRC) under the State's Family Care program.

B. Approval to enter into the contract will enable the DHHS Disabilities Services Division to draw down revenue included in its 2013 Budget to fund the costs of operating the DRC. The State's general purpose revenue (GPR) of $2,074,753 provided under the contract will be matched by Federal Medicaid revenue of $1,915,162 for a total of $3,989,915 in State and Federal match. In addition, the 2013 Budget for the DRC includes tax levy of $837,579, which is also matched by 48 percent Federal revenue of $773,148.

C. There is no budgetary impact to 2012 or 2013 by approving the State DRC contract.

D. The fiscal note assumes the DRC will be able to earn 48 percent Federal match dollars based on 100 percent time reporting activity of staff in the DRC. If time reporting results do not support a 48 percent match rate, actual revenue reimbursement will be less than budgeted.

Department/Prepared By Clare O'Brien, 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.

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: November 26, 2012

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to increase 2012 Disabilities Services Division purchase of service contracts for Birth to Three agencies**

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from non-governmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase 2012 purchase of service (POS) contracts for the Birth To Three provider agencies within the Disabilities Services Division (DSD).

Background and Rationale

The Birth To Thee program is an entitlement in Milwaukee County and provides critical early intervention services to children age zero to three years who demonstrate developmental delays. Services provided are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities. Services delivered by this program are provided by nine contracted community-based agencies that have expertise in working in this area and have been the providers of Birth To Three services in this community for some time.

During 2012, DSD worked with Birth To Three agencies to allocate funding of the POS dollars to coincide with changes being experienced by the provider network. Among the changes were higher numbers of new referrals and referrals of children with more complex needs. These increases in referrals created considerable financial hardship for provider agencies since the funding for this program has been level or slightly down over the past several years. The increased work load associated with the referral volume caused one agency in 2011 to notify DSD that they were unable to continue accepting referrals at the volume they were experiencing. This created a dilemma since this program is an entitlement for families and services are required to be provided without waiting. Several agencies also experienced challenges complying with Federal Performance Indicators that require timely services and

specific time frames to start services, in addition to more State requirements for increased information systems data entry.

In response to this situation, DSD recommended allocation of funding in 2012 to meet the increased needs of the program. The allocation was done to better reflect the work volume associated with those agencies that were exceeding their anticipated referral volume. Also, a small increase in local funding was added to help offset significant financial deficits by several agencies and decreases in allocations were made to two agencies because of lower referral volume or cost ineffectiveness. DSD also committed to working with agencies during 2012 to develop improved fiscal reporting mechanisms that would allow for more accurate comparison of agencies fiscal and work volume performance. (Please see the 2013 POS contract report submitted to the County Board for consideration in the December cycle for more information regarding plans for 2013 contract allocation methodology).

As mentioned above, Birth To Three agencies have not had any substantial funding increases in many years and have indicated each new contract year that their costs have risen steadily. This has resulted in agencies turning to other sources of funding and being required to make difficult decisions about how to continue to participate as Birth To Three providers in the face of these financial dilemmas. Indeed, nearly all Birth To Three agencies are projected to significantly over earn their 2012 POS contracts by providing units of service and/or experiencing costs well above the dollar amount contracted. The following table shows the amount of over earning by each agency. Despite some very large deficits being reported, theses agencies have continued to provide services which DSD greatly appreciates.

Agency	2012 Contract	2012 Maximum Earning	Surplus/(Deficit)
CCHD	$81,588	$550,255	($468,667)
Curative	$1,229,846	$1,286,025	($56,179)
Easter Seals	$545,401	$547,340	($1,939)
LSS	$246,531	$224,168	$22,363
MCFI	$388,970	$397,355	($8,385)
Next Door	$157,779	$241,271	($83,492)
Penfield	$1,175,597	$1,491,223	($315,626)
St. Francis	$459,169	$589,460	($130,291)
Vision Forward	$82,719	$159,299	($76,580)

During 2012, DSD experienced under earning in several adult contracted program areas due to continued restrictions on new referrals and the continued transition to Family Care. These restrictions were put in place to ensure that prior year cost reduction initiatives were complied with and to focus on completion of enrollment of individuals on the waiting list into Family

Care. Consequently, the Division has experienced projected under spending of approximately $190,000.

With the significant over earning of Birth To Three agencies projected to continue during 2012, and the urgently needed funding in the Birth To Three provider network, DSD is recommending allocation of the under spending to help offset the financial burden of the Birth To Three agencies. These funds are already allocated in the 2012 DSD operating budget using primarily Basic Community Aids (BCA).

Recommendations for 2012 contract increase allocations are based on the projected deficit of direct costs each agency has reported during 2012 and the deficit reported to DSD is used as the basis for additional funding.

The following contract increases are being recommended:

Agency	2012 Contract	2012 Recommended Increase	New 2012 Contract Amount
CCHD	$81,588	$78,032	$159,620
Curative	$1,229,846	$9,354	$1,239,200
Easter Seals	$545,401	$323	$545,724
LSS	$246,531	$0	$246,531
MCFI	$388,970	$1,396	$390,366
Next Door	$157,779	$13,901	$171,680
Penfield	$1,175,597	$52,551	$1,228,148
St. Francis	$459,169	$21,693	$480,862
Vision Forward	$82,719	$12,750	$95,469
Total	**$4,367,600**	**$190,000**	**$4,557,600**

The above increases will help to offset considerable over spending by Birth To Three agencies and provide a one-time opportunity to help those agencies to deal with the lack of adequate funding to serve the children in this program. It should be noted that agencies continue to maintain compliance with Federal Indicators, have kept pace with the high number of new referrals and continue to perform well on quality measures including the annual parental survey. While this is a one-time only reallocation, it will provide some relief and acknowledge their strong partnership with Milwaukee County and commitment to the Birth To Three program.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to provide a 2012 one-time purchase-of-service contract increase with Birth To Three provider agencies per the narrative above and in the amounts specified in the above table and detailed on the attached resolution.

Fiscal Effect

Funding for these POS contract increases is included in the 2012 DSD adopted budget. There is no additional tax levy impact associated with this request. A fiscal note form is attached.

Héctor Colón, Director
Department of Health and Human Services

Attachments

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

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to increase 2012 Disabilities Services Division purchase of service contracts for Birth To Three agencies by 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 increase 2012 purchase of service contracts with Birth To Three agencies in the Disabilities Services Division (DSD); and

WHEREAS, during 2012, DSD experienced under earning in several adult contracted program areas due to continued restrictions on new referrals because of Family Care expansion resulting in under spending of certain 2012 POS adult contracted programs in the amount of approximately $190,000; and

WHEREAS, DSD is recommending allocation of the under spending to Birth To Three agencies to help offset the financial hardships of the those agencies who have continued to over earn POS contracts during 2012 and have continued to be required to identify other internal funding to maintain the program; and

WHEREAS, the Birth To Three agencies continue to provide high quality and critically important early intervention services to children age zero to three; and

WHEREAS, Birth To Three agencies are keeping pace with a high number of referrals while maintaining compliance with required Federal Indicators, and

WHEREAS, the 2012 Budget for the DHHS DSD includes sufficient funding for the recommended allocations; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to increase 2012 DSD purchase of service contracts for the period of January 1 through December 31, 2012, in the amounts indicated below:

Agency	2012 Contract	2012 Recommended Increase	New 2012 Contract Amount
CCHD	$81,588	$78,032	$159,620
Curative	$1,229,846	$9,354	$1,239,200
Easter Seals	$545,401	$323	$545,724
LSS	$246,531	$0	$246,531
MCFI	$388,970	$1,396	$390,366
Next Door	$157,779	$13,901	$171,680
Penfield	$1,175,597	$52,551	$1,228,148
St. Francis	$459,169	$21,693	$480,862
Vision Forward	$82,719	$12,750	$95,469
Total	**$4,367,600**	**$190,000**	**$4,557,600**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to increase 2012 Disabilities Services Division purchase of service contracts for Birth-to-Three agencies

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [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 the Department of Health and Human Services (DHHS) requests authorization to increase 2012 Disabilities Services Division purchase of service contracts for Birth to Three agencies.

B. The total allocated for 2012 Birth to Three contracts is $4,367,600. This request would increase funding to Birth to Three agencies by $190,000 and increase the total allocation to $4,557,600 for 2012.

C. The $190,000 increase in the contracts will be funded by underspending in certain purchase of service contracts (org 8381/8164) in the adult programs in DSD. As of October 2012, the contracts are projected to be underspent by $191,555. As a result, there is no additional fiscal impact arising from approval of this request.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, 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
Inter-office Memorandum

DATE: November 26, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by James Mathy, Administrator, Housing Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into 2013 Purchase of Service Contracts for the Housing 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 2013 purchase of service (POS) contracts with community agencies for the Housing Division. Approval of the recommended contract allocations will allow the Housing Division to provide a broad range of emergency shelter, counseling, and supportive housing services.

Discussion

Total Adjusted 2012 Contract Allocation:	$1,645,904
Proposed 2013 Contract Allocation:	$1,958,213

Overall, the Housing POS contracts are increased by $312,309 in 2013. This is primarily related to an increase of $90,000 to fund an additional 55 permanent supportive housing units that were opened in 2012 and an increase of $297,309 due to the transfer of two Shelter Plus Care housing support services contracts into the Housing Division from the Behavioral Health Division. These increases are off-set by a decrease of $75,000 due to the elimination of a contract with Community Advocates for the Transitional Housing Program (THP). Community Advocates is relocating their Autumn West program to its new location that will not include THP. Housing hopes to merge THP in 2013 with a Mental Health Redesign initiative calling for the creation of a new housing model.

There were two services that went through a competitive bid (RFP) process for 2013. They were the Peer Support Program - Supported Apartments and Permanent Supportive Housing Development Support Services - United House. For 2013, the Housing Division will RFP Coordinated Community Housing, Battered Women's Counseling and Emergency Shelter Care.

The information that follows describes, by program area, the various services to be purchased, the amount of the agency's 2012 contract and the 2013 recommended contract amount:

Domestic Abuse Counseling

Two contracts are recommended to continue providing counseling services for women who are victims of domestic violence:

- Community Advocates

  2012 Award: $15,353
  2013 Recommended: $15,353

The Battered Women's Counseling Program's overall goal and objective is to enhance safety and self-determination for the service recipients. To reach that goal, women receive screening, assessment and individual and/or group therapy to assist in the process of recovering from abuse and trauma. This program was formerly operated as part of the Milwaukee Women's Center, which is now managed by Community Advocates.

- Sojourner Family Peace Center

  2012 Award: $15,000
  2013 Recommended: $15,000

Through their Ending Violence through Education (EVE) program, the Peace Center (formally known as Task Force on Family Violence) provides gender specific education and support to women with a history of sexual and/or physical abuse. EVE also houses the Peace Center's prevention programming. Course offerings include: 1) support groups for survivors; 2) intervention classes for same-sex abusers; 3) parenting classes for non-offending parents and 4) family-strengthening and prevention classes offered in partnership with the Wisconsin Humane Society. County funding supports these efforts.

Coordinated Community Housing

- Community Advocates

  2012 Award: $45,000
  2013 Recommended: $45,000

Community Advocates assists persons and families in obtaining and maintaining safe and affordable housing through a continuum of services. These services include assisting people in maintaining their current housing, finding shelter space or relocating into permanent housing from a shelter or substandard housing. Services are grouped into three main categories: prevention, intervention/relocation and advocacy/coordination.

Emergency Shelter Care

Seven contracts for emergency shelter care and related services are recommended for continuation. County funding has traditionally been provided to support the agency's general emergency shelter operations. Together these contracts assist agencies in providing emergency shelter to over 300 persons every night. They are as follows:

- The Cathedral Center

  2012 Award: $175,000
  2013 Recommended: $175,000

The Cathedral Center offers shelter to 65 women and families, as well as comprehensive medical services to assist residents in reaching the goal of independence.

- Community Advocates

  2012 Award: $17,982
  2013 Recommended: $17,982

Community Advocates meets the basic needs of 24 women and their children for food, shelter and clothing, models and teaches violence-free behaviors and options for managing conflict, encourages healthy bodies and minds and prepares women and children for their return to the community.

- Community Advocates – Family Support Center

  2012 Award: $52,994
  2013 Recommended: $52,994

The Community Advocates Family Support Center Emergency Shelter Program serves 450 homeless individuals and families annually. The Center also serves as an emergency shelter for families who have become homeless for reasons such as a domestic violence crisis, evictions or over-crowding. Community Advocates took over the Family Support Center from the Social Development Commission in 2011.

- Sojourner Family Peace Center

  2012 Award: $52,017
  2013 Recommended: $52,017

Funding is used to support operations of the Sojourner Truth House (STH). The mission is to provide shelter, safety, support, education and advocacy to break the cycle of violence. The Peace Center operates a 37-bed shelter with services for battered women and their children, along with a 24-hour Domestic Violence Hotline.

- Salvation Army

  2012 Award: $54,406
  2013 Recommended: $54,406

The Salvation Army operates a 24-hour emergency shelter for 120 single adults and families with children. All residents receive housing, meals, healthcare and case management services in an effort to end their homelessness and prevent future homelessness. Residents and case management work together to resolve conflicts, secure income, and secure appropriate permanent housing in the community.

- Hope House

  2012 Award: $20,482
  2013 Recommended: $20,482

Hope House is an emergency and transitional housing facility providing a safe, temporary refuge for 11 people needing a place to sleep. Hope House has evolved into a complete provider of services for

homeless and low-income individuals. In addition to residential services, Hope House provides community outreach to individuals needing healthcare, food distribution, financial assistance and educational opportunities for adults and children.

- Guest House

2012 Award: $46,000
2013 Recommended: $46,000

The Guest House provides shelter for 70-80 adult men per evening. It is the largest publicly funded emergency shelter in Milwaukee. Guest House also focuses on education, training, case management and treatment aspects associated with eradicating homelessness.

Resident Manager – Autumn West

- Community Advocates

2012 Award: $72,500
2013 Recommended: $72,500

This funding supports full-time resident manager services to assist staff and residents of the Autumn West Safe Haven Program. The resident manager provides safety, on-site supervision, assistance with activities of daily living, recovery support planning and implementation and group and individual interventions to all residents of the program.

Peer Support Program-Supported Apartments

- Our Space

2012 Award: $ 97,154
2013 Recommended: $ 97,154

This funding is used to fund peer specialists at the Supported Apartment Program that assists consumers in living independently, offering them the individual supports to promote independence and move them forward in their personal journey of recovery. There are currently 38 individuals in the Supported Apartment Program. These funds provide a peer support presence and involvement with the residents of the apartments.

Milwaukee Continuum of Care Operations

- City of Milwaukee

2012 Award: $50,000
2013 Recommended: $50,000

Since 1994, HUD has required each community to come together to submit a single comprehensive Continuum of Care (CoC) application rather than allowing applications from individual providers in a community. HUD's intent in creating this structured application process was to stimulate community-wide

planning and coordination of programs for individuals and families who are homeless. Milwaukee County pledges to continue its support of the Milwaukee Continuum of Care (MCoC) along with the City of Milwaukee. In 2013, the City of Milwaukee will become the lead agency of the MCoC. It was previously operated by Community Advocates.

Supported Apartment Program

- Transitional Living Services (TLS)

  2012 Award: $264,345
  2013 Recommended: $264,345

TLS operates supported apartments at three different locations in the County. Main Street Apartments provides housing for 16 individuals, Oklahoma Apartments has a capacity of 12 individuals and Fardale Apartments serve 38 individuals. These apartments provide the needed support for consumers to live semi-independently. Individuals residing in supported apartments typically have impairment in several areas of daily functioning. The supported apartments are considered transitional so the consumer and their treatment team will identify criteria that align with discharge goals that are contained in their service plan.

Permanent Supportive Housing Development Support Services

- Transitional Living Services (TLS) – United House

  2012 Award: $110,000
  2013 Recommended: $110,000

Transitional Living Services is being recommended for funding for the 24-unit supportive housing development known as United House, located at 2500 W. Center St. Cardinal Capital is the developer of United House and manages the property. These funds will allow TLS to provide on-site supportive services including peer specialists. This service was provided by Our Space in 2012, but TLS is being recommended for this contract as they were the highest scoring agency in this year's RFP process.

- Transitional Living Services (TLS) –Highland Commons

  2012 Award: $70,000
  2013 Recommended: $140,000

Transitional Living Services provides on-site support services at Highland Commons, a 50 unit permanent supportive housing development in West Allis for consumers receiving services through the Behavioral Health Division. This is the County's first supportive housing development to be located outside the City of Milwaukee. The increase in funding is due to the 2012 contract only being for a partial year.

- Our Space, Inc.

  2012 Award: $ 286,529
  2013 Recommended: $ 176,529

Our Space provides on-site supportive services at Empowerment Village-National and Empowerment Village- Lincoln. These two permanent supportive housing developments consist of 65 units for consumers receiving services through the Behavioral Health Division. This contract includes funds for their successful peer specialist model. The decrease in funds is related to Our Space not being selected through the RFP process for United House.

- Stay In Balance

2012 Award:	$ 90,000
2013 Recommended:	$ 90,000

Stay In Balance operates Farwell Studios, an 18 unit permanent supportive housing development. Funds will provide on-site services at that location, including peer specialists. Stay In Balance is a consumer run non-profit organization.

- United Methodist Children's Services (UMCS)

2012 Award:	N/A
2013 Recommended:	$20,000

United Methodist Children's Services has provided on-site services at Washington Park Apartments. This was the first permanent supportive housing development in Milwaukee County to focus on families where the head of household has a mental illness. In 2012, UMCS opened Grandview Apartments. This supportive housing development provides five additional units for Behavioral Health Division consumers to bring UMCS's unit total to 15. Funds are being recommended to fund part time staff to supplement existing staff. All existing staffing costs are funded privately from UMCS.

- Guest House, Inc.

2012 Award:	$ 49,000
2013 Recommended:	$ 49,000

Guest House, Inc. provides on-site management and support services at Prairie Apartments, a joint supportive housing development with Heartland Housing, which opened in 2009. Heartland Housing's ability to receive tax credit financing from the Wisconsin Housing and Economic Development Authority (WHEDA) and additional financing from other sources for this development was predicated on its partnership with Guest House.

- Mercy Housing Lakefront

2012 Award:	$ 97,142
2013 Recommended:	$ 97,142

Through a partnership with Hope House of Milwaukee, Mercy Housing Lakefront, the developer and manager of the Johnston Center Residences supportive housing development, provides on-site supportive services for their residents. Johnston Center provides 89 units of supportive housing for those who are homeless or at risk of being homeless.

Shelter Plus Care Supportive Services

- Community Advocates

  2012 Award: $ 166,396
  2013 Recommended: $ 166,396

  Guest House, Inc.

  2012 Award: $ 130,913
  2013 Recommended: $ 130,913

Community Advocates and Guest House provide case management services for individuals enrolled in Milwaukee County's Shelter Plus Care program. Milwaukee County receives rental assistance from the U.S. Department of Housing and Urban Development (HUD). It is a HUD requirement that Milwaukee County ensures that consumers receive permanent case management in Shelter Plus Care. These contracts are being transferred to the Housing Division from the Behavioral Health Division.

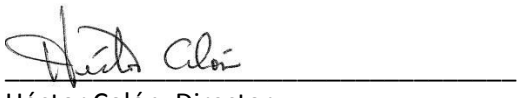
Recommendation

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to enter into purchase of service contracts with agencies as described above and enumerated in the resolution accompanying this Board report.

Fiscal Effect

The 2013 Budget includes $1,958,213 in funding to support the 2013 POS contracts for the Housing Division. 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
Pat Jursik – County Board of Supervisors
Martin Weddle, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Housing Division purchase of service contracts with community agencies for a variety of Housing Division programs, by recommending adoption of the following:

A RESOLUTION

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

WHEREAS, per Section 46.09, the Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2013 purchase of service contracts with community agencies for the Housing Division; and

WHEREAS, the contract recommendations are within the limits of the 2013 Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director, Department of Health and Human Services, or his designee, to enter into 2013 Housing Division Purchase of Service contracts, effective January 1, 2013 to December 31, 2013, with the agencies and in the amounts listed below:

PROVIDER	SERVICE/ PROGRAM	AMOUNT
City of Milwaukee	Milwaukee Continuum of Care	50,000
Community Advocates	Coordinated Community Housing	45,000
Community Advocates	Domestic Abuse Counseling	15,353
Community Advocates	Emergency Shelter	17,982
Community Advocates	Resident Manager	72,500
Community Advocates	Shelter Plus Care Supportive Services	166,396
Guest House	Emergency Shelter	46,000
Guest House	Housing Development Support Services (Prairie Apartments)	49,000
Guest House	Shelter Plus Care Supportive Services	130,913
Hope House	Emergency Shelter	20,482
Mercy Housing	Housing Development Support Services	97,142
Our Space, Inc.	Housing Development Support Services (Lincoln and National)	176,529
Our Space, Inc.	Peer Support – Supported Apartments.	97,154

44	Salvation Army	Emergency Shelter	54,406
45	Social Development Comm.	Emergency Shelter	52,994
46	Sojourner Family Peace Center	Domestic Abuse Counseling	15,000
47	Sojourner Family Peace Center	Emergency Shelter	52,017
48	Stay In Balance	Housing Development Support Services	90,000
49		(Farwell Studios)	
50	The Cathedral Center	Emergency Shelter	175,000
51	Transitional Living Services	Housing Development Support Services	110,000
52		(United House)	
53	Transitional Living Services	Housing Development Support Services	140,000
54		(Highland Commons)	
55	Transitional Living Services	Supported Apartments.	264,345
56	United Methodist Children's Svcs	Housing Development Support Services	20,000
57		(Grandview Apartments)	
58			
59	**TOTAL for 2013**		**$ 1,958,213**
60			

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2013 Purchase of Service Contracts for programs within the Housing Division.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2013 Housing Division Purchase of Service contracts with community vendors.

Approval of this request will allow the Director of DHHS to execute purchase of service contracts to continue provision of contracted Domestic Abuse Counseling, Emergency Shelter Care, Shelter Plus Care, Supported Apartments and Peer Support-Supported Apartments, Permanent Supportive Housing Development, Coordinated Community Housing and Resident Manager services in addition to support for the Milwaukee Continuum of Care in the Housing Division for the period January 1, 2013 through December 31, 2013.

B. Total 2013 expenditures included in this request are $1,958,213.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Housing Division's 2013 Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
Delinquency and Court Services Division (DHHS)
INTER-OFFICE COMMUNICATION

DATE: November 26, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by B. Thomas Wanta, Administrator/ Chief Intake Officer – DCSD

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Purchase of Service Contracts for programs within the Delinquency and Court Services Division**

Issue

In accordance with section 46.09 of the County Ordinances the Director of the Department of Health and Human Services (DHHS) is requesting approval to enter into various 2013 purchase of service contracts for the Delinquency and Court Services Division (DCSD).

Background

Since 1970, DHHS has supported a social service delivery system comprised of both directly provided and purchased services using a combination of State, grant and local tax funds. Partnerships with community providers have allowed DHHS to cooperate and collaborate with various community agencies and resources. These partnerships further the opportunities for community participation, leverage resources and utilize community expertise regarding the DCSD community response to delinquency.

In addition to Section 46.09 of the County Ordinances, DCSD conforms to the DHHS request for proposal (RFP) process to ensure objectivity and fairness in the awarding of purchase of service contracts. DCSD relies on these objective reviews by community panels and DHHS contract administration/quality assurance to guide award recommendations. In addition to the DHHS panel scoring process, DCSD may consider other salient factors in order to best meet the needs of the juvenile court and youth served including the financial stability of applicants to ensure the continuity of services, the minimization of service disruption, provider alignment with emerging strategies or changing system demands, opportunities for further resource leveraging and information sharing and maximization of resources.

Using authority granted by the County Board, DCSD has contracts that allow for second and third-year contracts without a Request for Proposals based on an agency's performance during the previous year.

Discussion

The contracts allowing for second and third-year contracts are presented first followed by those for which the Department solicited requests for proposals.

The Department is requesting approval to purchase services with the providers listed below for the identified service and contract amounts for the time period of January 1 – December 31, 2013. All providers were previously awarded the service areas contracts in either 2011 or 2012 as part of a three-year contract cycle process.

Service	Provider	2013 Proposed Allocation
Day Treatment Program*	Lad Lake	$244,534
Day Treatment Program*	St. Charles Youth and Family Services	$489,066
Day Treatment Program*	Wisconsin Community Services	$489,066
First Time Juvenile Offender Program Tracking* (Fee-for-Service)	Milwaukee Christian Center	$215,000
First Time Juvenile Offender Program Tracking* (Fee-for-Service)	Social Development Center	$215,000
Group Care*	St. Charles Youth and Family Services	$302,032
Group Care*	Nehemiah Project	$302,032
Group Care*	Southeastern Youth and Family Services	$302,032
Level 2 In-Home Monitoring Services**	Southwest Key Programs	$664,690
Level 2 In-Home Monitoring Services**	St. Charles Youth and Family Services	$480,746
Shelter Care – Girls**	New Horizon Center	$680,776
Shelter Care – Boys**	St. Charles Youth and Family Services	$1,557,707
Targeted Monitoring Program**	Running Rebels Community Organization	$1,525,944

* Providers in their second year of a three-year cycle
** Providers in their third year of a three-year cycle

For 2013, the Department issued requests for proposals (RFPs) for the following programs and is requesting approval to purchase the identified services:

Reentry Coordination Services

Reentry Coordination Services involves case planning and support of Milwaukee County youth who have been committed to the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Reentry coordination services are provided to youth and families during youths' placement in secure institutions and following release to the community to facilitate reintegration and safely maintain youth in the community.

This service was included in the 2013 RFP and applicants submitting eligible proposals included St. Charles Youth and Family Services and La Causa. A panel including community members and a member of DHHS contract administration staff reviewed and scored the proposals.

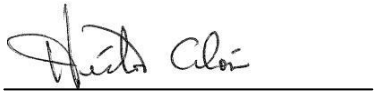
Based on the scores from the panel, DCSD is recommending that a purchase of service contract be awarded to St. Charles Youth and Family Services in the amount of $120,000 for 55 slots. This amount is the average of the contract amounts from the prior two years.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of Health and Human Services, or his designee, to execute purchase of service contracts for 2013 for a variety of services and programs for the time period of January 1 through December 31, 2013 with the providers listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for youth being served by the Delinquency and Court Services Division.

Fiscal Impact

Sufficient funds have been allocated in the 2013 Budget to cover the proposed purchase of service contracts. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive Staff
Kelly Bablitch, County Board Chief of Staff
Patrick Farley, Administrator - DAS
Craig Kammholz, Fiscal and Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Delinquency and Court Services Division purchase of service contracts and fee for service agreements with community agencies for a variety of Delinquency and Court Services programs, by recommending adoption of the following:

A RESOLUTION

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

WHEREAS, per Section 46.09, the Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2013 purchase of service contracts with community agencies for the Delinquency and Court Services Division (DCSD); and

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

WHEREAS, the contract recommendations are within the limits of the 2013 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into 2013 Delinquency and Court Services Division Purchase of Service contracts and or Service Agreements, effective January 1, 2013 to December 31, 2013, with the agencies and in the amounts listed below:

PROVIDER	**SERVICE/ PROGRAM**	**AMOUNT**
Lad Lake	Day Treatment Program	244,534
St. Charles Youth and Family Services	Day Treatment Program	489,066
Wisconsin Community Services	Day Treatment Program	489,066
Milwaukee Christian Center	First Time Juvenile Offender Program Tracking (Fee- for-Service)	215,000

Social Development Center	First Time Juvenile Offender Program Tracking (Fee- for-Service)	215,000
St. Charles Youth and Family Services	Group Care	302,032
Nehemiah Project	Group Care	302,032
Southeastern Youth and Family Services	Group Care	302,032
Southwest Key Programs	Level 2 In-Home Monitoring Services	664,690
St. Charles Youth and Family Services	Level 2 In-Home Monitoring Services	480,746
New Horizon Center	Shelter Care – Girls	680,776
St. Charles Youth and Family Services	Shelter Care – Boys	1,557,707
Running Rebels Community Organization	Targeted Monitoring Program	1,525,944
TOTAL for 2013		**$7,468,625**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Purchase of Service Contracts for programs within the Delinquency and Court Services Division

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2013 Delinquency and Court Services Division (DCSD) Purchase of Service contracts with community vendors.

Approval of this request will allow the Director of DHHS to execute purchase of service contracts and fee for service contracts to continue provision of contracted Day Treatment, First Time Juvenile Offender Tracking, Group Care, Level 2 In-Home Monitoring, Shelter Care and Targeted Monitoring services in the DCSD for the period January 1, 2013 through December 31, 2013.

B. Total 2013 expenditures included in this request are $7,468,625.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of DCSD's 2013 Adopted Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
Delinquency and Court Services Division (DHHS)
INTER-OFFICE COMMUNICATION

DATE: November 26, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by B. Thomas Wanta, Administrator/ Chief Intake Officer – DCSD

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Professional Services Contracts for programs and services within the Delinquency and Court Services Division**

Issue

In accordance with section 56.30 of the Milwaukee County Ordinances, the Director, Department of Health and Human Services (DHHS), is requesting approval to enter into various professional service contracts for the Delinquency and Court Services Division (DCSD) for 2013.

Background

Since 1970, DHHS has supported a social service delivery system comprised of both directly provided and purchased services. Partnerships with community vendors have allowed DHHS to cooperate and collaborate with various community partners and resources. These partnerships further the opportunities for community participation regarding delinquency response.

In addition to Section 56.30 of the County Ordinances, the Department conforms to the DHHS request for proposal (RFP) process to ensure objectivity and fairness in the awarding of professional service contracts. Using authority granted by the County Board, DCSD has contracts that allow for second and third-year contracts without an RFP based on an agency's performance during the previous year.

Discussion

Detention Physician and Medical Services

A request for proposal was issued in 2011 for this service for a three-year renewable contract beginning in 2012. The Medical College of Wisconsin (MCW) was selected and is responsible for medically screening all adolescents housed in the secure detention center facility. Physicals are also given to youth that remain in detention for more than 24 hours, along with any necessary follow-up care. This contract provides 29 hours of coverage per week (Monday through Friday), consisting of 24 hours of coverage by a nurse practitioner, and five hours of coverage by a physician. MCW has exceeded the DBE goal in the past and anticipates the same

for 2013.

DCSD recommends that the professional service contract with the Medical College of Wisconsin be extended for one year in the amount of $147,352 for the period of 1/1/2013 – 12/31/2013. This amount is $4,292 higher than the 2012 contract amount.

Detention Psychiatric Nursing Services

A request for proposal was issued in 2011 for this service for a three-year renewable contract beginning in 2012. Alternatives in Psychological Consultation (APC) was selected and is responsible for the provision of 80 hours of coverage per week, 7 days per week, consisting of psychiatric nursing services, mental health screenings and follow-up services as necessary. APC has previously provided these services utilizing a certified subcontractor to meet the DBE program goals. In January 2011, APC received notice from the only listed DBE provider that they no longer desired to continue as a DBE subcontractor under this contract. APC provided documented correspondence with the CBDP office regarding good faith efforts to include a DBE provider both in 2011 and prospectively in 2012. As of this report, APC is able to provide DBE participation in the amount of 1% of the contract for other in-direct support services and will continue to work with the CBDP office to include further DBE participation in the future.

DCSD recommends that the professional service contract with Alternatives in Psychological Consultation (APC) be extended for one year in the amount of $159,096 for the period of 1/1/2013 – 12/31/2013. This amount is the same as in 2012.

Youth Sports Authority

The 2013 Budget includes an allocation of $100,000 to support the Youth Sports Authority (YSA) program. Fiscal agent and administrative services are currently provided by Jewish Family Services. The current contract limits the allowable fiscal agent and administrative costs to $8,000.

As reported in the October 2012 board report detailing the 2012 Fall award allocations recommended by the YSA Board, the fiscal agent and administrative services have been provided by a number of agencies over the years as a result of either voluntary stoppage or agency merger. Given the reasonable allowable fiscal agent and administrative costs contained in the current and proposed contract, past funding uncertainty, and to ensure continuity and timeliness of Spring activities, the Department is recommending a waiver of Section 56.30 of the County Ordinances that would normally require the solicitation for RFPs. The Department is in the process of requesting a waiver of the DBE goal as has been granted in previous years.

DCSD recommends that the professional service contract with Jewish Family Services be extended for one year in the amount of $100,000 for the period of 1/1/2013 – 12/31/2013. The fiscal agent and administrative cost limit would be pro-rated to an amount not to exceed $8,000. This is the same amount as in 2012.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director of Health and Human Services, or his designee, to execute professional service contracts for 2013 for a variety of services and programs for the time period of January 1 through December 31, 2013 with the providers listed and in the amounts specified in the attached resolution.

Fiscal Impact

Sufficient funds have been allocated in the 2013 Budget to cover the proposed professional service contracts. A fiscal note form is attached.

Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive Staff
Kelly Bablitch, County Board Chief of Staff
Patrick Farley, Administrator - DAS
Craig Kammholz, Fiscal and Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator - DAS
Antoinette Thomas-Bailey, Fiscal & Management Analyst - DAS
Jennifer Collins, Analyst, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2013 professional service contracts with community vendors for the Delinquency and Court Services 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) has requested authorization to enter into 2013 professional service contracts for the Delinquency and Court Services Division (DCSD); and

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

WHEREAS, the DCSD is responsible for providing for the care and safety of youth placed in the County Detention facility; and

WHEREAS, in accordance with Milwaukee County's Request for Proposals process, the providers, Medical College of Wisconsin and Alternatives in Psychological Consultation, are being recommended to provide their respective services during 2013; and

WHEREAS, given the reasonable allowable fiscal agent and administrative costs contained in the current and proposed Youth Sports Authority contract, past funding uncertainty, and to ensure continuity and timeliness of Spring activities, DCSD is recommending a waiver of Section 56.30 of the County Ordinances that would normally require the solicitation for RFPs; and

WHEREAS, the County Board has identified Jewish Family Services to be the administrator of such program; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into professional service contracts for the period January 1 through December 31, 2013 in the amounts and with the providers listed below:

PROVIDER	SERVICE/ PROGRAM	AMOUNT
Medical College of Wisconsin	Medical and Nursing	147,352
Alternatives in Psychological	Mental Health	159,096

Consultation		
Jewish Family Services	Youth Sports Authority	100,000
TOTAL 2013 Professional Service Contracts for DCSD:		**$406,448**

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2013 professional service contracts with community vendors for the Delinquency and Court Services 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) has requested authorization to enter into 2013 professional service contracts for the Delinquency and Court Services Division (DCSD); and

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

WHEREAS, the DCSD is responsible for providing for the care and safety of youth placed in the County Detention facility; and

WHEREAS, in accordance with Milwaukee County's Request for Proposals process, the providers, Medical College of Wisconsin and Alternatives in Psychological Consultation, are being recommended to provide their respective services during 2013; and

WHEREAS, given the reasonable allowable fiscal agent and administrative costs contained in the current and proposed Youth Sports Authority contract, past funding uncertainty, and to ensure continuity and timeliness of Spring activities, DCSD is recommending a waiver of Section 56.30 of the County Ordinances that would normally require the solicitation for RFPs; and

WHEREAS, the County Board has identified Jewish Family Services to be the administrator of such program; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into professional service contracts for the period January 1 through December 31, 2013 in the amounts and with the providers listed below:

PROVIDER	SERVICE/ PROGRAM	AMOUNT
Medical College of Wisconsin	Medical and Nursing	147,352
Alternatives in Psychological	Mental Health	159,096

Consultation		
Jewish Family Services	Youth Sports Authority	100,000
TOTAL 2013 Professional Service Contracts for DCSD:		**$406,448**

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Professional Services Contracts for programs and services within the Delinquency and Court Services Division

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2013 Delinquency and Court Services Division (DCSD) professional service contracts.

Approval of this request will allow the Director, DHHS, to execute professional service contracts for Detention Center Medical and Mental Health Services to ensure necessary care and safety, as well as a professional service contract to provide support for the Youth Sports Authority. All contracts cover the period January 1, 2013 through December 31, 2013.

B. Total 2013 expenditures included in this request are $406,448.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of DCSD's 2013 Adopted Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
INTER-OFFICE COMMUNICATION

DATE: November 26, 2012

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: B. Thomas Wanta, Administrator, Delinquency and Court Services Division

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, Providing an Annual Report Regarding Leveraged Funds from Community and Private Sources Related to the Youth Sports Authority**

Issue
In the 2012 Budget for the Department of Health and Human Services (DHHS), the Delinquency and Court Services Division (DCSD) was directed to "track the amount of funds that are leveraged by (the Youth Sports Authority) programs as a result of the contribution from Milwaukee County and to provide an annual report to the Committees of Health and Human Needs and Finance & Audit."

Background
In November 1999, the Milwaukee County Board of Supervisors adopted a provision as part of the 2000 County Budget that provided $200,000 for establishment of the Milwaukee County Youth Sports Authority. The Sports Authority was to be governed by a seven-member Board that would review requests for funding of youth sports programs from community organizations and the Milwaukee Foundation was determined to be the fiscal agent. The program, originally housed in the County Health Programs Division (CHP) and transferred to DCSD in 2004, was aimed at promoting activities for at-risk youth that would encourage healthier lifestyles and positive interpersonal behavior. The purpose of the Sports Authority grant program is to promote healthy lifestyles for youth through the participation in youth sports. The Sports Authority seeks to invest in projects that have the ability to sustain youth sports programs. These programs should be able to recruit volunteers, secure new funding sources, and obtain in-kind support. In addition, these projects should also include educational information in the areas of health, nutrition, the risks of alcohol, tobacco and other drug abuse. The 2012 allocation of $100,000 includes an administrative fiscal agent reimbursement not to exceed $8,000. Jewish Family Services is the fiscal agent to make awards in 2012 using the approved Youth Sports Authority funds.

Funding Leverage

The Sports Authority awards grant to groups and organizations that provide sports programs for underserved youth in Milwaukee County. Sports Authority funding may be used for the development of sports activities for youth, including expenses associated with clinics and training for coaches, stipends for youth coaches, CPR and First-Aid training for volunteers, equipment, health checkups, leadership and self-discipline activities, referees, nutritious food, and registration fees. Funds may support a wide variety of sports for youth ages 6-18 who live in Milwaukee County, including baseball, basketball, football, golf, soccer, softball, swimming, gymnastics, tennis, track, volleyball, wrestling, boxing, adaptive and other sports.

Starting in the 2011 grant cycle, all grantees are required to provide 25% of the recommended grant amount in in-kind or other outside "match" funding. This "match" funding can be monetary, services or a combination of both. Therefore, on an annual basis with an investment of $100,000 from Milwaukee County, approximately $25,000 in outside funds or in-kind services are leveraged.

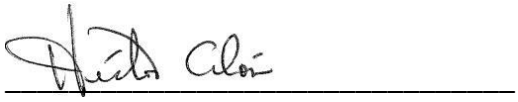
Fiscal Effect

There is no tax levy effect.

Recommendation

This is an informational report. No action requested

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablich, Chief of Staff, 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, County Board Analyst

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: November 26, 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 a 2013 Purchase of Service Contract for community services with IMPACT, Inc. for 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 a 2013 Purchase of Service Contract with IMPACT, Inc. for the Management Services Division (MSD).

Background

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community vendors have helped DHHS make use of available community resources and expertise in carrying out its mission.

For 2013, MSD proposes a Purchase of Service contracts with IMPACT, Inc. for Community Information Line (2-1-1) services. The recommended vendor has been performing the relevant service for Milwaukee County, first with the Economic Support Division for multiple years and for the past three years for the Management Services Division, and has met or exceeded contract specifications.

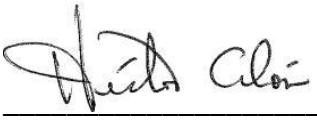
IMPACT 2-1-1 (IMPACT) is a centralized access point for people in need during times of personal crisis or community disaster This contract provides 24-hour contact and referral information by providing access to a comprehensive database containing over 5,500 community programs for residents seeking social services in Milwaukee County. In 2011, IMPACT had over 154,000 contacts, providing assistance to Milwaukee County families seeking information on various health and human service needs. DHHS is recommending a $480,000 contract with IMPACT, which is the same as 2012.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of Health and Human Services, or his designee, to execute a purchase of service contract with IMPACT, Inc. for the 2-1-1 Community Information Line for the time period of January 1 through December 31, 2013 in the amount of $480,000, including funding from MSD DHHS and the Behavioral Health Division (BHD).

Fiscal Impact

The total recommended contract amount of $480,000 reflects $338,162 in tax levy, $41,838 in Wisconsin Home Energy Assistance Program (WHEAP) funding from MSD and $100,000 from BHD AODA funds. Funding is included in the 2013 Budget therefore approval of the above recommendation will have no additional tax levy impact in 2013. 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
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into a 2013 Purchase of Service Contract for community services with IMPACT, Inc. for 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) is requesting authorization to enter into a 2013 Purchase of Service Contract for community services with IMPACT, Inc. for the Management Services Division (MSD); and

WHEREAS, the recommended contract will fund the Community Information Line 211 Program, which provides critical services within the community; and

WHEREAS, the contract recommendation is within limits of relevant 2013 State/County contracts and the 2013 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Director, DHHS, or his designee, is hereby authorized to enter into a contract for the period of January 1, 2013 through December 31, 2013 with IMPACT, Inc. in the amount of $480,000.*

*$380,000 from MSD + $100,000 from the Behavioral Health Division

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2013 Purchase of Service Contract for community services with IMPACT, Inc. for the Management Services Division

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A.) Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2013 Purchase of Service Contract with IMPACT, Inc. for the Community Information Line 211 Program in the Management Services Division (MSD).

B.) Approval of the requested purchase of service contract would result in an expenditure of $480,000 with 211-IMPACT.

C.) Sufficient funds in the amount of $480,000 are included in the 2013 Adopted Budget for the 211 IMPACT contract. This funding reflects tax levy of $338,162, $41,838 in Wisconsin Home Energy Assistance Program (WHEAP) revenue and $100,000 in BHD AODA revenue.

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

[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, Fiscal and Management Analyst

Authorized Signature _____

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: November 26, 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 a 2013 Professional Services Contract with Quick Financial Solutions LLC, in the amount of $159,880

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 Professional Services Contract with Quick Financial Solutions, LLC, in the amount of $159,880 for 2013 for specialized accounting and fiscal management services.

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 review annual independent audits of all agencies that receive State funding in the amount of $25,000 or greater, or Federal funding in the amount of $500,000 or greater. The County would face a significant loss of Federal and State revenue if it failed to adequately monitor State and federally funded programs. In addition, DHHS is required to conduct other forms of sub-recipient monitoring that may include desk reviews, on-site reviews and audits of provider agencies. DHHS' 2013 Budget includes $89,880 for accounting services to provide audit review and monitoring services of provider agencies and the Department's fee-for-service network providers.

In addition, DHHS' 2013 Budget includes $70,000 for 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 DHHS needed to secure a professional consulting firm with experience and expertise in governmental and non-profit accounting and auditing, including familiarity with Medicaid Waiver programs and Medicaid cost reporting.

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 to be provided 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. The professional services contract is necessary to support the current manual prior authorization system with the state's TPA, 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.

In 2012, the DHHS Management Services Division initiated a Request for Proposals (RFP) for accounting services to provide audit review and monitoring services of provider agencies and to enhance Children's Long Term Support Medicaid Waiver fiscal management. The RFP contained provisions for a one-year contract, with two one-year options to renew the contract in subsequent years if agreed to by both parties. Subsequent rate increases would be limited to the rate of inflation in the prior calendar year, if funding were continued in future years. The applicant recommended for the contract was Quick Financial Solutions, LLC, a Certified Disadvantaged Business Enterprise (DBE).

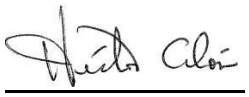
Recommendation

It is recommended that the Director of the Department of Health and Human Services, or his designee, be authorized to enter into a professional services contract with Quick Financial Solutions, LLC, in the amount of $159,880 for the period January 1, 2013 through December 31, 2013. Approval of this contract recommendation will allow the Department to maintain its required review of provider agency audits and monitoring activities, enhance Children's Long Term Support Medicaid Waiver fiscal management and maximize DSD's ability to draw down State and Federal revenue.

Fiscal Effect

There is no budgetary impact associated with this request, as funding for this contract is included in the 2013 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 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

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into a 2013 professional services contract with Quick Financial Solutions LLC, in the amount of 159,880, 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 enter into a 2013 professional services contract with Quick Financial Solutions LLC, in the amount of $159,880; 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 was necessary for DHHS to secure the experience and expertise of a professional consulting firm with current experience in governmental and non-profit accounting and auditing, including familiarity with Medicaid Waiver programs and Medicaid cost reporting; 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 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, there is no budgetary impact associated with this request, as funding for this contract is included in the 2013 Budget; and

WHEREAS, Quick Financial Solutions, LLC is a Certified Disadvantaged Business Enterprise (DBE); now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into a 2013 professional services contract with Quick Financial Solutions LLC, in the amount of $159,880, for the period January 1, 2013 through December 31, 2013.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: From the Director, Department of Health and Human Services, requesting authorization to enter into a 2013 professional services contract with Quick Financial Solutions LLC, in the amount of $159,880 in the Management Services Division.

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2013 professional services contract with Quick Financial Solutions LLC (QFS), in the amount of $159,880 in the Management Services Division (mSD).

Approval of this request will allow the Director of DHHS to execute a 2013 professional services contract with Quick Financial Solutions LLC to continue provision of contracted Children's Long Term Support (CLTS) Medicaid Waiver fiscal management, the required review of provider agency audits and other fiscal monitoring activities. These efforts serve to enhance and maximize DSD's ability to draw down State and Federal revenue

B. Total 2013 expenditures included in this request are $159,880.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the DHHS 2013 Budget.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & 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
INTER-OFFICE COMMUNICATION

DATE: November 26, 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 Administration

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to retrospectively amend the amounts of the Federal Fiscal Year 2012 Wisconsin Home Energy Assistance Program subcontracts with the Social Development Commission and Community Advocates.**

Issue

The Director of the Department of Health and Human Services (DHHS) is requesting authorization to retrospectively amend the amounts of the Federal Fiscal Year (FFY) 2012 purchase of service contracts with the Social Development Commission (SDC) and Community Advocates. SDC was unable to expend their entire contract award and Community Advocates had documented expenses in excess of their contract award for FFY2012.

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

Background

In September 2011, DHHS recommended and the Milwaukee County Board of Supervisors approved a FFY2012 contract between the Wisconsin Department of Administration and Milwaukee County DHHS to cover the operation of the Wisconsin Home Energy Assistance Program (WHEAP), which assists individuals and families who are experiencing energy burdens throughout Milwaukee County. The approval included the acceptance of any amendments from the State during the course of the contract duration.

Also approved in September 2011 were purchase of service contracts between DHHS and SDC and Community Advocates to continue the provision of services to Milwaukee County residents under the WHEAP program. The contract between the State Division of Energy Services and Milwaukee County DHHS was initially $2,394,459 (excluding the funding for client benefits) and with amendments increased to $2,759,218. The full $364,759 in amendments were distributed proportionately to SDC and Community Advocates. Also distributed proportionately, was a decrease in the Milwaukee County operational allocation of the contract in the amount of $39,315. The SDC contract award, including amendments, was $1,902,639. The Community Advocates contract award, including amendments, was $525,273. SDC operates three Energy sites and deploys County energy staff along with its regular staff. Community Advocates operates one main Energy site and provides outreach services at various

locations throughout the County, focusing on housing sites for low-income and elderly populations and public library branches.

Discussion

The FFY2012 contract with the State for the operation of WHEAP and the DHHS contracts with SDC and Community Advocates for the provision of WHEAP services ended on September 30, 2012. Three different funding streams comprise the total contract amount from the State: Operations/Administration, Crisis Services Administration, and Outreach. After all invoicing for the year had been submitted to DHHS, it was found that SDC had been unable to spend down their contract amount in the Outreach area, while Community Advocates had documented expenses in excess of their contract amount in all three areas.

DHHS is requesting permission to transfer $6,749 in unspent funding from the SDC contract to the Community Advocates contract to offset some of their otherwise unfunded costs. DHHS is also transferring $34,720 in unspent funding initially included in the DHHS budget to the Community Advocates contract to further offset unfunded costs. Because funding streams are not interchangeable, not all of the Community Advocates' costs will be covered; however, amending their contract to the maximum extent possible in each funding area will help to reduce their currently unfunded expense.

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 retrospectively reduce the SDC contract from $1,902,639 to $1,895,890, resulting in a reduction of $6,749; and to amend the Community Advocates Contract by increasing it in the amount of $41,469 for a revised FFY2012 total contract amount of $566,742.

Fiscal Impact

There will be no tax levy impact as the funding for the WHEAP program comes from the State. 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
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

File No.
(Journal,)

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to retrospectively amend the amounts of the Federal Fiscal Year (FFY) 2012 Wisconsin Home Energy Assistance Program (WHEAP) subcontracts with the Social Development Commission (SDC) and Community Advocates, 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 retrospectively amend the amounts of the FFY2012 Wisconsin Home Energy Assistance Program (WHEAP) subcontracts with the Social Development Commission (SDC) and Community Advocates; and

WHEREAS, SDC was unable to expend their entire FFY2012 contract award; and

WHEREAS, DHHS was unable to expend its entire budgeted FFY2012 WHEAP allocation; and

WHEREAS, Community Advocates had documented expenses in excess of their contract award for the same period; and

WHEREAS, each of the recommended contracts that pertains to Energy Assistance is funded with Wisconsin Home Energy Assistance Program (WHEAP) revenue and the contract adjustment will have no tax levy impact; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes and directs the Director, DHHS, or his designee, to retrospectively amend and reduce the FFY2012 WHEAP subcontract with SDC from $1,902,639 to $1,895,890, and to amend and increase the Community Advocates contract, which was in the amount of $525,273, by $41,469 for a revised FFY2012 WHEAP total contract in the amount of $566,742.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to retrospectively amend the amounts of the FFY2012 Wisconsin Home Energy Assistance Program (WHEAP) subcontracts with the Social Development Commission (SDC) and Community Advocates

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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	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.) 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 retrospectively amend the amounts of the FFY2012 Wisconsin Home Energy Assistance Program (WHEAP) subcontracts with the Social Development Commission (SDC) and Community Advocates. The contracts, which run on the federal fiscal year cycle, ended on September 30, 2012.

B.)The total revenue included in the amended WHEAP FFY2012 contract is $2,759,218. This revenue funded Milwaukee County staff and administration costs as well as the SDC and Community Advocates contracts. Milwaukee County underspent its amount for administration by $34,720 and SDC underspent its amended contract of $1,902,639 by $6,749. In contrast, Community Advocates overspent its amended contract of $525,273 by $42,177.

The department is seeking to increase the Community Advocates contract by $41,469 by transferring $34,720 from Milwaukee County's allocation and reducing SDC's contract by $6,749.

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

D. This fiscal note contains no assumptions.

[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, Fiscal and Management Analyst

Authorized Signature _____

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 26, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

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

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2013 contract with the State of Wisconsin for Social Services and Community Programs**

Issue

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for "Social Services and Community Programs." The contracts, also referred to as Community Aids, provide State and Federal funding for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by State and/or Federal law.

County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2013 contracts with DHS and DCF for the provision of social services and community programs mandated by state law. The county cannot receive 2013 revenues from the State until this contract is signed.

Background

The single largest revenue source for DHHS are State and Federal funds that are forwarded to the Department under the Social Services and Community Programs state contract, commonly referred to as "Community Aids."

While DHHS and the Department on Aging have a number of revenue sources in common (e.g. Community Aids), separate contracts are executed with the State for each department. This report only covers the contract with the Department of Health and Human Services (DHHS). Revenues allocated to DHHS under this contract fund programs in the Behavioral Health, Disabilities Services, and Delinquency and Court Services Divisions.

In 2013, Milwaukee County also will have separate contracts with the State Department of Administration for administration of the Wisconsin Home Energy Assistance Program and the Department of Corrections for Youth Aids. In addition, there will be separate contracts with State DHS and DCF for the lease of the Marcia P. Coggs Center and shared services provided by the County for the State operated Income Maintenance and Child Care programs.

At this time, DHHS has not received the actual 2013 "Community Aids" contract from the State. However, DHHS has received an advisory notification of 2013 allocations, and this has been utilized to

identify the fiscal effect of the expected contract (allocations are posted at http://www.dhs.wisconsin.gov/sca/ and http://dcf.wisconsin.gov/contractsgrants.

State Allocations and Fiscal Effect (*See Attachment 1*)

Community Aids – Basic County Allocation (BCA)

The Basic County Allocation (BCA) is a type of block grant provided to counties that is not earmarked to serve a specific target population. Counties are able to determine how much funding to provide to each of the populations eligible to be served with these funds: persons with mental illness, developmental disabilities, physical disabilities, substance abuse problems and delinquent children.

The 2013 Budget includes $32,190,877 of BCA for BHD, DSD and DCSD. This amount has been adjusted to reflect the $8.3 million intercepted by the State for the Family Care program as well as a reduction of $2.7 million for the State-operated Income Maintenance Program. The State's Advisory Notification of the 2013 BCA funding level is $32,361,946,[1] which is $171,069 higher than the County budget.

Changes to Earmarked Revenue Sources

Children's Long Term Support Programs (CLTS)

As shown in Attachment 1, the State allocation for the Children's Long-Term Support (CLTS) program, administered in the Disabilities Services Division, is $11,161,010. This reflects $8,087,747 for Autism services and $3,073,263 in non-Autism services.

The 2013 State contract for CLTS is $909,063 higher than the 2012 contract. The State increased its allocation to the CLTS Autism service component of the program. Although Milwaukee County receives a specific allocation for autism services and processes the payments, these services are administered by the State.

For the past few years, the State has utilized a third party administrator (TPA) to pay for service costs associated with the CLTS program. Although the State contract identities specific allocations by service type to Milwaukee County totaling $11.1 million, only revenues related to case management and administration, anticipated to be $560,854, are posted to the county's financial system and are included in the 2013 Budget.

Birth to Three Program

As shown in Attachment 1, the State allocation for the Birth to Three program, administered in the Disabilities Services Division, is $2,685,321. Although the allocation for Birth to 3 is about $15,000 less than the 2013 Budget, the department anticipates receiving the full allocation based on the 2012 actual revenue amount and has discussed this issue with the State.

[1] This amount does not include the $38.8 million in County BCA funding that is transferred each year to the State Bureau of Child Welfare per State legislation that was adopted when the State assumed responsibility for the Child Welfare function in Milwaukee County. It also reflects the reduction for the $8.3 million Family Care intercept and $2.7 million for the IM Program.

Behavioral Health Division

As shown in Attachment 1, the 2013 Budget anticipates basically the same amount of revenue as contained in the State's preliminary allocation. Compared to the 2013 Budget, an additional $30,000 is included in the preliminary allocation which will result in increased direct client services.

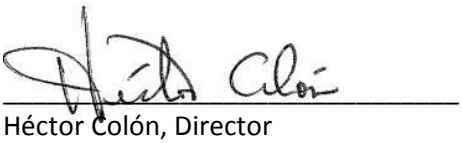
The 2013 State allocation for the IV Drug grant is $500,000 higher than the 2012 allocation. This is due to a change in methodology which required BHD to apply for the grant in 2012, BHD was awarded the grant and in 2013 BHD is the designated recipient of this grant.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, to execute the 2013 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2013 Social Services and Community Programs contracts provide total revenue of approximately $63.8 million.

Fiscal Impact

DHHS staff has compared revenues in the State's Advisory Notification to revenues that were anticipated in the 2013 Budget. Based on the notification, the contract is expected to include net revenue of $63,816,790 (Community Aids of $32,361,946, earmarked revenues of $20,854,688, and the TPA Adjustment of $10,600,156) after adjusting for a Family Care intercept amount of $8,305,873 and Income Maintenance intercept amount of $2,700,000. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

Attachment

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

File No.
(Journal,)

(ITEM) Report from the Director, Department of Health and Human Services, requesting authorization to enter into the 2013 contract with the State of Wisconsin for Social Services and Community Programs by recommending adoption of the following:

A RESOLUTION

WHEREAS, Sections 46.031 and 49.325 of the Wisconsin Statutes require that Milwaukee County enter into contracts with the State Departments of Health Services and Children and Families for social services and community programs (otherwise referred to as "Community Aids"); and

WHEREAS, while formal contracts have not yet been submitted by the State, the State has provided an advisory notification of funding for 2013 for social services and community programs; and

WHEREAS, DHHS staff have compared revenues in the State's Advisory Notification to revenues that were anticipated in the 2013 Budget, and based on the notification, the contract is expected to include $63,816,790 (Community Aids of $32,361,946, earmarked revenues of $20,854,688, and the TPA Adjustment of $10,600,156) after adjusting for a Family Care intercept amount of $8,305,873 and Income Maintenance intercept amount of $2,700,000; and

WHEREAS, the total anticipated revenue is basically consistent with the revenue contained in the 2013 Budget for Basic County Aids (BCA) and earmarked revenues for the Department of Health and Human Services (DHHS) and Behavioral Health Division (BHD); and

WHEREAS, it is in the County's best interest to execute contracts in a timely manner to improve cash flow and maximize interest earnings; and

WHEREAS, the County will not receive any State Community Aids revenue until the County Board has authorized the DHHS Director to execute the contract; and

WHEREAS, in light of the above, the Director of DHHS is requesting authorization from the County Board to execute the contracts for social services and community programs so that the contract can be executed in a timely manner once it is received from the State of Wisconsin; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into contracts with the Wisconsin Departments of Health Services and Children and Families covering Social Services and Community Programs for the period January 1 through December 31, 2013, and any addendum thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

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 Social Services and Community Programs

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☒ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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		171,069
	Net Cost		-171,069
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Authorization is requested to sign the 2013 Social Services and Community Programs contracts with the State Departments of Health Services and Children and Families. Approval will allow Milwaukee County to receive State revenue for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by State and/or Federal law.

B. The state's Social Services and Community Programs contracts include various separate revenues used to fund the Department of Health and Human Services (DHHS) (including the Behavioral Health Division). Approval to sign the 2013 contracts will allow Milwaukee County to receive funds.

C. DHHS staff has compared revenues in the State Advisory notification to revenues that were anticipated in the 2013 Budget. The majority of anticipated revenues are basically consistent with budgeted revenues .

The state funding notice reflects a net revenue increase of $185,766 compared to the 2013 Budget (see Attachment 1). This is the result of the State notice reflecting:

1) An additional $171,069 in net Basic County Aids (BCA) revenue. The State contract reflects $32,361,946 in BCA compared to $32,190,877 in the 2013 Budget. This additional revenue would provide for a tax levy surplus. The overall BCA amount has been adjusted to reflect the $8,305,873 BCA intercept for Family Care as well as a $2.7 million reduction for the operation of the State Income Maintenance Program.

2) A $15,351 reduction in Birth to 3 funding. The department anticipates receiving the full allocation and has discussed this issue with the State.

[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.

3) A $30,048 increase in revenue for various BHD programming. These funds will be applied to additional client services.

The only tax levy impact anticipated in the items above is the surplus in BCA revenue.

D. There were no assumptions made. The fiscal information was taken from the State's initial 2013 contract advisory notification.

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

Authorized Signature

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Attachment 1 11/12/2012

CY2013 State Social Services/Community Programs Preliminary Revenue Notification Compared to the 2013 Recommended Budget

2012 CARS #	Basic County Allocation	2012 Final State Notice	2013 Budget Revenues DCSD	DSD	BHD	2013 DHHS/BHD Budget Total	2013 Preliminary State Notice	State vs. DHHS/BHD Budget
561	DHS Basic County Allocation (BCA)	$30,446,872				$0	$30,436,862	
681	DHS State BCA Match	$3,341,686				$0	$3,340,590	
561	DCF Basic County Allocation (BCA)	$6,373,837				$0	$6,378,696	
681	DCF State BCA Match	$516,530				$0	$511,671	
	Subtotal DHS Community Aids	**$40,678,925**	**$6,195,223**	**$3,979,068**	**$22,016,586**	**$32,190,877**	**$40,667,819**	**$8,476,942**
	Adjustments to State Contract							
	Family Care Contribution	($8,305,873)					($8,305,873)	($8,305,873)
	Net BCA Revenue	**$32,373,052**	**$6,195,223**	**$3,979,068**	**$22,016,586**	**$32,190,877**	**$32,361,946**	**$171,069**
	Earmarked Revenues							
	DHHS Earmarked Revenues							
579	AODA Juvenile Justice	$453,554	$453,554			$453,554	$453,554	$0
312	Adult Protective Services	$426,335		$426,335		$426,335	$426,335	$0
577	Family Support-DD Children	$852,668		$852,668		$852,668	$852,668	$0
550	Birth - 3 Prog (incl former Ch 1)	$2,685,321		$2,700,671		$2,700,672	$2,685,321	($15,351)
801-847	CLTS Autism & Non-Autism Total	$10,251,947	$0	$560,854	$0	$560,854	$11,161,010 [1]	$10,600,156
	CLTS Autism & Non-Autism TPA Adjustment						($10,600,156)	($10,600,156)
	Subtotal DHHS Earmarked Revenues	$14,669,825	$453,554	$4,540,528	$0	$4,994,083	$4,978,732	($15,351)
	BHD Earmarked Revenues							
367	Community Options Program (COP)	$1,525,673		$47,000	$1,478,673	$1,525,673	$1,525,673	$0
504	CSP Wait List	$88,217			$84,519	$84,519	$88,217	$3,698
517	Certified Mental Health Program	$352,264			$337,499	$337,499	$358,859	$21,360
535	Subst Abuse Trtmt TANF	$4,394,595			$4,394,595	$4,394,595	$4,394,595	$0
559	IMD Regular Relocation	$5,891,677			$5,891,687	$5,891,687	$5,891,677	($10)
569	Mental Health Block Grant	$685,914	$45,000		$635,914	$680,914	$685,914	$5,000
570	AODA Block Grant	$2,431,021			$2,431,021	$2,431,021	$2,431,021	$0
586	IV Drug				$500,000	$500,000	$500,000	$0
	Subtotal BHD Earmarked Revenues	$15,369,361	$45,000	$47,000	$15,753,908	$15,845,908	$15,875,956	$30,048
	Total Earmarked Revenues	**$30,039,186**	**$498,554**	**$4,587,528**	**$15,753,908**	**$20,839,991**	**$20,854,688**	**$14,697**
	Total State Contract Including CLTS TPA Adjustment					**$10,600,156**	**$10,600,156**	
	GRAND TOTAL Revenue	**$62,412,238**	**$6,693,777**	**$8,566,596**	**$37,770,494**	**$63,631,024**	**$63,816,790**	**$185,766**
						Net Tax Levy Impact		**$171,069**

[1]The State utilizes a third party administrator (TPA) to pay for service costs associated with the CLTS program. Although the State contract identifies specific allocations by service type, only revenues ($560,054) related to case management and administration are posted to the county's financial system and are included in the 2013 DHHS Budget.

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 26, 2012

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services requesting authorization to enter into 2013 Income Maintenance and Child Care contracts and a Marcia P. Coggs Center lease agreement with the State of Wisconsin**

Issue

The Director of the Department of Health and Human Services (DHHS) is requesting approval to enter into separate contracts with the State Department of Health Services (DHS) and the Department of Children and Families (DCF) for certain shared services provided by DHHS to the State-operated Income Maintenance (IM) and Child Care Programs. The 2013 lease agreement with DHS for the Marcia P. Coggs Center is included as an attachment to the DHS contract.

Background

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

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

Given the conversion of former county staff to State employment, the 2013 contract, similar to the 2012 contract, only reimburses the county for staff costs related to IT services, employee pension benefits, records center services and mail services. These services are provided to assist the State in its administration of the IM and Child Care Programs under Wisconsin Statutes 49.78 and 49.826 (3) (c). The 2013 lease is included in the DHS contract as an attachment.

In addition, the State intercepts $2.7 million of the department's Basic County Allocation (BCA) provided to DHHS as required in Wisconsin Statutes 49.78 (1m) (d). This change is reflected in the 2013 Budget and also in the Social Services contract report, which is also before the Board this cycle.

State/County Lease Agreement

The proposed lease reflects 84,327 square feet of space in the Coggs Center and a term of one year (January 1 through December 31, 2013). The 2013 square footage is approximately the same as 2012. The 2013 lease reflects the addition of about 1,900 square feet of space previously occupied by the Hunger Task Force and about 800 square feet of basement storage space. The Hunger Task Force plans to vacate the Coggs Center at the end of 2012.

In addition, the State lease no longer includes 2,600 square feet of space for the Friedens Food Pantry. The food pantry is located in the basement of the Coggs Center and the State had been paying for this space under previous leases. However, during the lease negotiations, the State notified DHHS that it would no longer pay for space occupied by the food pantry. DHHS plans to execute a separate lease with Friedens as it did prior to the State's takeover.

The lease with the State anticipates a monthly payment of $140,902 for building operations or $1,690,825 annually. This compares to $135,200 per month or $1,622,394 annually in 2012. This reflects an increase of $68,431 compared to 2012, related to increases in security and utility costs.

DHS IM and DCF Child Care Contract Changes

Records Center: Since 2010, DHHS had been providing file storage and related staff support to both DCF and DHS at a leased facility located at 3700 West Michigan Avenue. Both DCF and DHS plan to move their files out of this facility in 2013 and have spent the past year destroying old records and relocating files. As a result, the facility and staff support will no longer be needed by the State after March 31, 2013.

The discontinuation of Records Center service to the State was not anticipated in the 2013 Budget. The department plans to completely vacate the space by June 30, 2013 and relocate its own files to the Coggs Center to minimize the State revenue loss. The overall fiscal impact is expected to be a net tax levy deficit of about $75,000.

IT Services: Since 2010, Milwaukee County Information Technology Services Division (IMSD) provided Information Technology (IT) services to DCF and DHS at the Coggs Center. IMSD worked collaboratively throughout the past few years to adjust IT service levels based upon feedback from the State. For 2013, IMSD has once again worked collaboratively with the State to devise a mutually agreeable IT support model, which is included in the overall contracts with each agency and is calculated based on the number of devices deployed by the State. IMSD anticipates charging $3,799 per month to DCF and $85,114 per month to DHS for a combined total monthly charge of $88,913. Please see the separate fiscal note prepared by IMSD related to these IT services.

General Assistance Burials & Interim Disability Assistance Program (IDAP): Since the 2010 takeover, the State allocated staff resources to the IDAP and the GA Burials programs and the County paid for the associated staffing costs. With the transfer of County employees to State

employment at the beginning of 2012, these programs were no longer supported by the State. The 2012 contract provided for short-term staff support for the first quarter of 2012 in order to create a smooth transition. The Disabilities Services Division (DSD) has now assumed responsibility for both of these programs and the 2013 contract eliminates the language and associated costs to reflect this change.

DCF Child Care Contract Changes

The DCF proposed contract is a separate contract and there are no major changes for 2013, other than the discontinuation of Records Center services described above.

Ongoing Pension Reimbursement Arrangement

In accordance with Wisconsin Statutes 49.825(4)(c)2 and (5)(c)2, the County must maintain former Income Maintenance (now Milwaukee Enrollment Services-MILES) employees who are not currently vested in the Milwaukee County Employee Retirement System (ERS) until they are vested (at five years of service) and the State will reimburse the county the employer contribution. There are currently 40 MILES employees who are not yet vested.

Former county Child Care employees that are now State Milwaukee Early Care Administration (MECA) employees can opt in writing to remain in the county's ERS within 10 days of their appointment to State positions, and the State will reimburse the county the employer contribution per Wisconsin Statutes 49.826 (4)(c). There are six State MECA employees that continue to remain in the ERS.

The State reimburses the County for its administrative costs associated with maintaining these employees in the ERS.

Fiscal Effect

The County is reimbursed based on monthly invoices submitted to the State for shared services and space rental. Overall the contracts and lease result in an anticipated deficit of $102,245 in 2013. DHHS will work diligently to reduce costs elsewhere and maximize revenue where possible to cover this shortfall in 2013. This will be included in all 2013 quarterly reports from the department. Please note that there are two fiscal notes attached to this report: one for revenues associated with DHHS and other for IT services provided by IMSD.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services to enter into the 2013 contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for the Income Maintenance and Child Care Programs. This action will allow the County to begin receiving monthly reimbursement for costs related to shared services and the Coggs Center lease.

Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
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

File No.
(Journal,)

(ITEM) Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin by recommending adoption of the following:

A RESOLUTION

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

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

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

WHEREAS, section 49.78 of the Wisconsin Statutes requires the County to contribute $2.7 million of its Basic County Aids (BCA) allocation for 2013; and

WHEREAS, included as an attachment to the State DHS contract is a one-year lease (January 1 to December 31, 2013) for the use of 84,327 square feet of space at the Marcia P. Coggs Human Services Center; and

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

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

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into 2013 contracts with the State of Wisconsin covering Income Maintenance and Child Day Care Administration for the period of January 1 through December 31, 2013, and any addenda thereto.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2013 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin .

FISCAL EFFECT:

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☒ Decrease Operating Expenditures

☐ Increase Operating Revenues

☒ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ 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		137,743
	Revenue		-239,988
	Net Cost		-102,245
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Authorization is requested to enter into the 2013 contracts with the State Department of Health Services (DHS) for the Income Maintenance program and with the State Department of Children and Families (DCF) for the Child Day Care program. Approval will allow Milwaukee County to receive State reimbursement revenue for certain shared services functions such as Records Center Services, Employee Benefits Support, IT services and Mail Services. In addition, this approval includes the Coggs Center lease (January 1 to December 31, 2013) with DHS.

B. The revenue anticipated in the State lease is $1,690,825 which is 4 percent, or $68,431 higher, than the 2012 lease. The square footage rate was increased due to increases in utilities and security.

Outside lease revenue included in the 2013 Budget is $1,720,394. After accounting for an additional $2,400 anticipated from the Friedens Food Pantry, the total outside lease revenue for 2013 is $1,693,225 which reflects a reduction of $27,169 compared to the 2013 Adopted Budget.

In addition, the county is statutorily required to contribute $2.7 million of its Basic County Allocation (BCA) toward the Income Maintenance program in Milwaukee County. This contribution is included in the 2013 Budget.

A total of $332,424 in Shared Services revenue is included in the 2013 Budget. Due to the State's decision to relocate its files out of the department's facility at 37th and Michigan by the 1st quarter of 2013, a deficit of about $75,000 is anticipated.

C. Overall, a $102,245 net tax levy deficit is anticipated, which is the result of the following:

[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.

1) $137,743 expenditure surplus - This is due to a reduction in costs associated with the Records Center. The budget anticipated a full year of cost for the operation of the 37th and Michigan Records Center. However, the State will be vacating the space in the 1st quarter and DHHS will continue to utilize the space thru the 2nd quarter.

2) $239,988 revenue deficit - DHHS anticipates a shortfall of $27,169 in outside lease revenue and $212,819 in Records Center revenue compared to the 2013 Budget.

3) The expenditure surplus and revenue deficit result in an anticipated net tax levy deficit of $102,245.

DHHS will work diligently to reduce costs elsewhere and maximize revenue where possible to cover this shortfall in 2013. This will be included in all 2013 quarterly reports from the department.

D. The fiscal note assumes that the State will occupy the full 84,327 square feet of space for the entire year. However, the lease allows DHS to vacate contiguous office space in excess of 5,000 square feet with at least 90 days written notice. If this should occur, this will negatively impact the 2013 anticipated lease revenue.

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

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

Authorized Signature

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/12/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Fiscal Note from the Chief Information Officer, Information Management Services Division for IT Services related to the 2013 Income Maintenance and Child Care contracts and Marcia P. Coggs Center lease agreement with the State of Wisconsin

FISCAL EFFECT:

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

☐ Increase Operating Expenditures
(If checked, check one of two boxes below)

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

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

DESCRIPTION OF FISCAL EFFECT

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

A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.

B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. [1] If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.

C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.

D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

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

A. Authorization is requested by the Department of Health and Human Services (DHHS) to execute the 2013 contracts for Income Maintenance and Child Care and Marcia P. Coggs Center lease agreement with the State of Wisconsin. IT services provided to the State Divisions by the Information Management Services Division (IMSD) is included within DHHS's overall contract with the State. IMSD is preparing a separate fiscal note due to the fact that the revenue and corresponding expense are part of IMSD's budget.

B. 2013 Revenue and expenditures from the State of Wisconsin are included in IMSD's 2013 requested budget. The total charge to the state is $1,066,953 for 12 months of IT services.

C. Due to the fact that through the 2013 budget process, IMSD proposed the full $1,066,953 in revenue and corresponding expense with the state IT services there is no budgetary impact to this request.

D. The fiscal note assumes that the County Board of Supervisors will provide DHHS the authority to execute the 2013 contracts for Income Maintenance and Child Care and Marcia P. Coggs Center lease agreement with the State of Wisconsin

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

MilES Dashboard - October 2012

Section 1: Case Processing & Timeliness

	Total Processed	Processed Timely	Percentage Processed Timely
Applications	13,716	13,161	96%
Renewals	13,808	13,549	98%
SMRFs	5,810	5,586	96%

Section 2: Walk-in Customer Service Statistics

	# Customers Served	Average Wait Time (Minutes)
Total Clients	9,447	6.91
English Speaking Clients	8,995	6.8
Spanish Speaking Clients	418	8.92

Section 3: Ongoing & Southside Caseload Statistics

Percentage of Scheduled Face-to-Face Interviews Completed	Percentage of Scheduled Phone Reviews Completed
25.28%	40.62%

Section 4: Call Center Statistics

Total Calls Answered	Average Speed of Answer (Minutes)	Average Talk Time (Minutes)	% of Calls Answered
56,226	7.12	8.15	86%

Section 5: Fair Hearings

# of Hearings Held	# of Dispositions Upheld	# of Dispositions Overturned	# of Cases Resolved Prior to Hearing
105	216	10	42

Section 6: Churning & Verification

# of Cases Churned:	% of Cases Churning in Last Month	Total Verification (Cases) Submitted	Verification Timeliness Processing
232	1.69%	23,026	Within 6 Days

Section 1: Case Processing & Timeliness

	Applications Processed in Month	Applications Processed Timely	Applications Processed Timely (%)	Reviews Processed in Month	Reviews Processed Timely	Reviews Processed Timely (%)	SMRFs Processed in Month	SMRFs Processed Timely	SMRFs Processed Timely (%)
Oct-11	8,455	8,123	96.07%	10,651	10,492	98.51%	3,389	3,286	96.96%
Nov-11	9,570	9,167	95.79%	11,237	11,079	98.59%	3,253	3,113	95.70%
Dec-11	9,438	9,061	96.01%	11,067	10,895	98.45%	3,800	3,638	95.74%
Jan-12	10,764	10,268	95.39%	12,361	12,113	97.99%	4,257	4,066	95.50%
Feb-12	10,155	9,662	95.15%	14,131	13,905	98.40%	4,475	4,264	95.28%
Mar-12	11,522	11,129	96.59%	15,761	15,545	98.63%	5,553	5,393	97.12%
Apr-12	11,902	11,527	96.85%	14,569	14,366	98.61%	3,898	3,749	96.18%
May-12	11,865	11,509	97.00%	14,769	14,579	98.71%	4,983	4,828	96.89%
Jun-12	11,070	10,666	96.35%	12,691	12,516	98.62%	4,791	4,641	96.87%
Jul-12	12,545	12,084	96.33%	13,733	13,483	98.18%	3,937	3,781	96.04%
Aug-12	12,124	11,693	96.45%	14,319	14,107	98.52%	5,369	5,248	97.75%
Sep-12	11,629	11,200	96.31%	11,892	11,673	98.16%	4,583	4,426	96.57%
Oct-12	13,716	13,161	95.95%	13,808	13,549	98.12%	5,810	5,586	96.14%

Source: "DHS Management Timeliness" report - compiled monthly by DHS

Term:	Definition:
Applications/Reviews/SMRFs Processed in Month:	Total number of documents (applications, reviews or SMRFs) processed by MilES within designated month.
Applications/Reviews/SMRFs Processed Timely:	Total number of documents (applications, reviews or SMRFs) processed timely, according to Federal/State timely processing requirements.
Percent Processed Timely:	Percentage of documents processed timely, compared to the total number of documents received.
Benchmark:	90% or more processed timely

Section 2: Walk In Customer Service - Room 102 & 102A

	# Customers Served			Average Wait Time (Minutes)		
	Total Clients	English-Speaking Clients	Spanish-Speaking Clients	Total Clients	English-Speaking Clients	Spanish-Speaking Clients
Oct-11	5,155	4,811	344	18.03	17.97	18.82
Nov-11	5,546	5,172	374	14.05	13.94	15.65
Dec-11	5,053	4,713	340	16.83	16.74	18.15
Jan-12	5,169	4,829	340	12.19	12.11	13.37
Feb-12	8,247	7,791	456	7.97	7.89	9.4
Mar-12	8,988	8,525	463	8.26	8.17	9.83
Apr-12	8,946	8,565	381	7.07	7	8.67
May-12	8,850	8,497	353	7.7	7.65	8.76
Jun-12	8,075	7,718	357	10.15	10.04	12.55
Jul-12	8,592	8,206	386	10.26	10.17	12.25
Aug-12	8,966	8,603	363	8.95	8.85	11.44
Sep-12	Monthly Stats unavailable due to Qmatic Upgrade					
Oct-12	9,447	8,995	418	6.91	6.8	8.92

Source: "QMATIC Category Summary" report compiled by MilES
Qmatic Data has been updated from January 2012 to present to include all clients served, rather than a sampling.

Term:	Definition:
# Customers Served:	Total number of clients that received a Qmatic number and were provided services by MilES staff in Room 102.
Average Wait Time (Minutes):	Average number of minutes between when a client received a Qmatic ticket and received service by MilES staff
Benchmark:	Average Wait Time: 20 Minutes or less

Section 3: Ongoing & UMOS Caseload Statistics

	Ongoing Section		Southside Operations		TOTALS	
	Percentage of Face-to-Face Interviews Completed	Percent of Scheduled Phone Reviews Completed	Percentage of Face-to-Face Interviews Completed	Percent of Scheduled Phone Reviews Completed	Percentage of Face-to-Face Scheduled Interviews Completed	Percent of Scheduled Phone Reviews Completed
Oct-11	40.42%	NA	NA	NA	NA	NA
Nov-11	44.17%	NA	NA	NA	NA	NA
Dec-11	43.90%	NA	NA	NA	NA	NA
Jan-12	44.98%	NA	NA	NA	NA	NA
Feb-12	30.26%	NA	NA	NA	NA	NA
Mar-12	31.89%	NA	34.47%	32.50%	31.78%	NA
Apr-12	27.72%	69.16%	32.12%	28.82%	27.58%	58.14%
May-12	29.72%	44.65%	30.72%	27.55%	29.86%	41.86%
Jun-12	25.95%	42.58%	33.18%	35.72%	27.70%	40.52%
Jul-12	30.39%	44.14%	31.73%	34.53%	30.73%	40.95%
Aug-12	29.65%	45.79%	30.99%	28.92%	29.95%	40.42%
Sep-12	26.62%	45.31%	29.31%	30.26%	27.24%	41.07%
Oct-12	24.91%	41.88%	26.52%	36.77%	25.28%	40.62%

Source: Ongoing Caseload Daily Tally report compiled by Ongoing & UMOS Section Chiefs

Term:	Definition:
Percentage of Face-to-Face Interviews Completed	Percentage of clients who attended their scheduled face-to-face review/interview.
Percentage of Phone Reviews Completed	Percentage of clients who completed their scheduled phone review.

Section 4: Call Center Statistics

	Total Calls Answered	Average Speed of Answer (Minutes)	Average Talk Time (Minutes)	% of Calls Answered	Longest Waiting Time (Minutes)
Oct-11	46,528	13.79	5.63	74%	89.97
Nov-11	44,144	11.51	6.37	76%	75.60
Dec-11	46,148	14.38	6.56	72%	65.63
Jan-12	39,087	14.43	8.82	67%	57.20
Feb-12	41,588	8.86	8.27	78%	39.52
Mar-12	45,451	7.77	8.19	79%	42.77
Apr-12	46,951	7.82	7.93	80%	39.28
May-12	46,126	8.24	7.89	79%	30.33
Jun-12	46,115	9.81	7.93	76%	39.00
Jul-12	47,979	11.24	7.84	73%	46.28
Aug-12	53,505	8.32	7.67	78%	35.70
Sep-12	49,136	9.77	7.95	76%	36.68
Oct-12	56,226	7.12	8.15	86%	29.93

Source: "Call Center - MilES - Stabilization" monthly report compiled by VEDS staff

Term:	Definition:	
Total Calls Answered:	Total number of calls that MCCC receives in which dialogue with client begins.	
Average Speed of Answer (minutes):	Average number of minutes a client is on hold prior to speaking with MCCC staff.	
Average Talk Time (minutes):	Average number of minutes a client is engaged in conversation with MCCC staff.	
Percent of Calls Answered:	Percent of clients that remain on phone lines and receive assistance from MCCC staff.	
Benchmarks:	Average Speed of Answer:	15 minutes or less
	Average Talk Time:	8 minutes
	Percent of Calls Answered:	70% or more answered

Section 5: Fair Hearing Statistics (FoodShare, Medical, Child Care & CTS Appeals)

	Total # of Requests	# of Hearings Held	# of Dispositions Upheld			# of Dispositions Overturned	# of Cases Resolved Prior to Hearing	Decisions not yet Received
			Abandoned	Dismissed	Withdrawn			
Oct-11	132	33	0	0	16	0	21	117
Nov-11	143	38	0	3	20	0	10	120
Dec-11	147	30	44	15	35	4	9	121
Jan-12	161	74	53	26	79	9	11	134
Feb-12	166	61	35	17	47	3	3	94
Mar-12	151	47	78	13	41	14	12	121
Apr-12	117	37	58	16	41	5	21	99
May-12	128	51	10	2	14	2	35	98
Jun-12	146	41	24	1	12	1	6	113
Jul-12	132	45	16	12	22	9	0	98
Aug-12	283	51	10	5	47	0	NA	NA
Sep-12	126	56	60	37	47	8	72	NA
Oct-12	239	105	77	49	90	10	42	NA

Source: Data compiled by Fair Hearing Unit Staff

Note: Fair Hearing Outcomes (upheld & overturned) reflect outcomes received by MilES in the current month - the hearings may have been held in a prior month.

Term:	Definition:
Dispositions Abandoned:	Client did not attend Fair Hearing, automatically ruled in favor of MilES.
Dispositions Dismissed:	Client did not meet eligibility requirements, case ruled in favor of MilES.
Dispositions Withdrawn:	Client withdrew fair hearing request prior to ruling.
Dispositions Overturned:	Fair hearing ruled in favor of the client.
Hearings Resolved:	Client initially requested hearing but was provided with adequate solutions prior to fair hearing date.

Section 6: Churning & Verification

Churning		
	Total Cases Churning	% of Cases Churning:
Jan-12	271	2.52%
Feb-12	226	2.23%
Mar-12	229	1.99%
Apr-12	N/A	N/A
May-12	250	2.11%
Jun-12	215	1.94%
Jul-12	227	1.92%
Aug-12	223	1.84%
Sep-12	160	1.38%
Oct-12	232	1.69%

Note: Approximately 3/4 of all cases churning are childless adult cases

Verification		
	Total Verification Submitted (Cases)	Verification Timeliness Processing
Jan-12	13,626	NA
Feb-12	14,720	Within 8 Days
Mar-12	15,464	Within 6 Days
Apr-12	16,198	Within 6 Days
May-12	11,366	Within 5 Days
Jun-12	19,268	Within 5 Days
Jul-12	19,909	Within 7 Days
Aug-12	21,547	Within 5 Days
Sep-12	19,687	Within 7 Days
Oct-12	23,026	Within 6 Days

Source: "DHS Management Timeliness" report - compiled monthly by DHS & Daily Verification Log - compiled by VEDS
Note: Data collection began January 2012.

Term:	Definition:
Churning:	Number of cases closed in the last 60 days and reopened this month.
Total Verification Submitted:	Number of cases that submitted verification and was scanned this month.
Current Date of Verification:	Current date of verification being processed by the Call/Change Center.