

COUNTY OF MILWAUKEE

Inter-Office Communication

Date: June 4, 2012

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2011 through December 31, 2011

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) Income Statement of the MCO for the period ending January 1, 2011 through December 31, 2011. In addition, it shows the variance of those results to the 2011 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 twelve months of the year.

The MCO is showing a preliminary actual Net Income of \$9,676,436 for the twelve months ending December 31, 2011. Comparing this to the adjusted budgeted Net Income of \$3,505,189 creates a positive Net Income Variance of \$6,171,247. The preliminary results for calendar year 2011 show actual revenues exceeding those in the adjusted budget and expenditures lower than in the adjusted budget, the variance in expenditures is smaller than the variance in revenues for the period.

Average MCO member enrollment for the month of December 31, 2011 was 7,709 members, a net decrease of 93 members from the 2011 average third quarter enrollment of 7,802 members.

If you have questions concerning the attached income statement, please contact Maria Ledger, MCO Director, at 287-7610

Attachment: 2011 Income Statement

cc: County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Craig Kammholz, Fiscal and Budget Administrator, 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

**Milwaukee County Department of Family Care - Managed Care Organization Income Statement
For the period of January 1 through December 31, 2011**

	<u>1/1/11 - 12/31/11 Actual</u>	<u>1/1/11 -12/31/11 Budget</u>
<u>Revenues</u>		
Capitation Revenues	\$253,366,685 (1)	\$251,631,065
Member Obligation Revenues	\$29,605,014	\$28,805,949
Other Revenues	\$348,317	\$226,136
Total Revenues	\$283,320,015	\$280,663,150
<u>Expenses</u>		
Member Service Expenses	\$259,928,183	\$259,775,591
Administrative Expenses:		
---Labor & Fringes	\$6,822,978	\$8,239,514
---Vendor Contracts	\$4,134,540	\$4,717,105
---Cross Charges/internal transfers	\$1,211,896	\$1,227,492
---Other expenses (supplies, mileage, etc.)	\$1,545,982	\$3,198,259
Total Expenses	\$273,643,579	\$277,157,961
Net Surplus/(Deficit)	\$9,676,436	\$3,505,189

December 2011 MCO Enrollment:

Nursing Home (Comprehensive):	
59 and Under	1,471
60 and Over	6,175
Non-Nursing Home (Intermediate):	
59 and Under	18
60 and Over	46
Total Members Served - 12/31/2011	7,709

Note (1): The above results includes additional 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 a member's long-term functional screen. The Department of Family Care has received additional revenue in the amount \$4,061,450 for increases in the acuity of the member population during calendar year 2011. All payments have been received for this additional revenue. The Wisconsin Department of Health Services has made a policy decision to not provide the additional funding for acuity during the 1st quarter of 2012 as the enrollment cap was not lifted until the second quarter. An adjustment for acuity will be available beginning in the second quarter of 2012 and will be based on all members not just new expansion members. In this situation it is possible the adjustment could reflect a revenue decrease if the acuity of the Department of Family Care's member population improves.

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

Inter-Office Communication

Date: June 4, 2012

To: Supervisor Willie Johnson Jr, Chair, Finance and Audit Committee
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee

From: Maria Ledger, Director, Department of Family Care 

Subject: Milwaukee County Department of Family Care Income Statement for the period January 1, 2012 through March 31, 2012

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) Income Statement of the MCO for the period ending January 1, 2012 through March 31, 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 three months of the year.

The MCO is showing a preliminary actual Net Loss of (\$344,020) for the three months ending March 31, 2012. Comparing this to the adjusted budgeted Net Loss of (\$21,405) creates a negative Net Loss Variance of (\$322,615). The preliminary results for first quarter 2012 show actual revenues and expenditures exceeding those in the adjusted budget and the variance in expenditures is larger than the variance in revenues for the period.

Average MCO member enrollment for the month of March 31, 2012 was 7,678 members, a net decrease of 41 members from the 2011 average fourth quarter enrollment of 7,719 members.

If you have questions concerning the attached income statement, please contact Maria Ledger, MCO Director, at 287-7610.

Attachment: 2012 First Quarter Income Statement

cc:

County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
Craig Kammholz, Fiscal and Budget Administrator, DAS
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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 March 31, 2012

<u>Revenues</u>	1/1/2012 - 3/31/2012 Preliminary Actual	1/1/2012 - 3/31/2012 Budget
Capitation Revenues	\$60,218,814 (1)	\$55,635,783
Member Obligation Revenues	\$7,601,948	\$6,762,105
Other Revenues	\$73,873	\$77,665
Total Revenues	<u>\$67,894,636</u>	<u>\$62,475,553</u>
<u>Expenses</u>		
Member Service Expenses	\$65,154,208	\$58,560,449
Administrative Expenses:		
---Labor & Fringes	\$1,452,859	\$1,877,856
---Vendor Contracts	\$1,009,528	\$1,056,457
---Cross Charges/internal transfers	\$348,963	\$331,727
---Other expenses (supplies, mileage, etc.)	\$273,097	\$622,436
--- Est. contribution to reserve		\$48,033
Total Expenses	<u>\$68,238,656</u>	<u>\$62,496,957</u>
 Net Surplus/(Deficit)	 <u><u>(\$344,020)</u></u>	 <u><u>(\$21,405)</u></u>

March 2012 MCO Enrollment:

<u>Nursing Home (Comprehensive):</u>	
59 and Under	1,546
60 and Over	6,056
<u>Non-Nursing Home (Intermediate):</u>	
59 and Under	29
60 and Over	47
Total Members Served - 3/31/2012	<u><u>7,678</u></u>

Note (1): The Wisconsin Department of Health Services has made a policy decision to not provide additional funding for acuity during the 1st quarter of 2012 as the enrollment cap was not lifted until the second enrollment quarter. An adjustment for acuity will be available beginning in the second quarter of 2012 and will be based on all members not just new expansion members. In this situation it is possible the adjustment could reflect a revenue decrease if the acuity of the Department of Family Care's member population improves.

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.

MEMORANDUM

Date: June 4th 2012

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

From: Maria Ledger, Director, Department of Family Care

Subject: Report on the Milwaukee County Department of Family Care 2012
Capitation Rate

The Family Care program integrates home and community-based services, institutional care services (i.e., nursing homes), Medicaid personal care, home health, and other services that were previously funded separately. The Milwaukee County Department of Family Care (MCDFC) currently serves more than 7,711 members.

Capitation Rate Overview

A Capitation Rate is a payment made to a Managed Care Organization (MCO) each month for each enrolled Family Care Member that month. It is established by an outside independent actuarial firm and covers all services in the Family Care benefit package and administration costs of the MCO.

Each MCO's rate is blended for all target group members (i.e., Developmentally Disabled, Physically Disabled and Frail Elderly) and the payment is the same for every Member. The payment represents a projected average cost across all MCO Family Care Members and is calculated as the minimum amount for all Members, plus add-on amounts for those Members with clinical characteristics related to add-ons.

The capitation rate may not be used as an upper limit on the cost of services each person receives. Costs may exceed revenue in a given year.

The State uses historical cost data from each MCO for each target group and a statistical model correlates information from two data sources. The statistical model identifies:

- A minimum amount each MCO will get for every Member
- Certain functional characteristics strongly related to costs above the minimum, and
- The level of additional cost associated with each functional characteristic – 'add-ons'
- All current data from the Long Term Care Functional Screen is considered when identifying 'add-ons'

After several months of significant data analysis, the State Department of Health Services (DHS) provides each MCO with one blended Per Member Per Month (PMPM) rate. Capitation rate ranges of all the MCO's throughout Wisconsin during the past four years have been as follows:

CY 2012: \$2,748 - \$3,469

CY 2011: \$2,668 - \$3,766

CY 2010: \$2,627 - \$3,542

CY 2009: \$2,400 - \$3,489

Final 2012 Capitation Rate for MCDFC

In September 2011 the preliminary capitation rate for the Milwaukee County Department of Family Care for 2012 was established at \$2,733.15. At the time this represented a 4.4% decrease from the 2011 capitation rate of \$2,858.20.¹

Upon notification of this rate, the Department of Family Care worked to address this significant reduction from the Department of Health Services (DHS). Through thorough analysis and research, the Department identified additional information unique to its operations and forwarded this information to DHS for their review as a justification for additional refinement to the 2012 capitation rate.

The Department Director and the Chief Financial Officer scheduled a follow up meeting with DHS and advocated on behalf of this program and the members it serves. Due to the Department's efforts in this regard, DHS authorized MCDFC's 2012 capitation rate to increase an additional \$14.81 PMPM for a final capitation rate of \$2,747.96.

This 2012 final capitation rate represents an increase of approximately \$1.35 million dollars in additional revenue to the MCDFC over the preliminary capitation rate. However this final rate still represents a 3.9% decrease from the MCO's 2011 capitation rate or an approximate reduction in 2012 revenue of \$10.2 million.

The MCO continues to work towards mitigating this loss in revenue while still maintaining high quality services. Our plan is to optimize this approach while striving to become more cost effective in the delivery and distribution of services to our members; thus, our overall approach is as follows:

Care Management

The MCO care management network has consolidated to 19 contract agencies and one internal county team.

The MCO initially discussed a 10% rate adjustment to the contracted CMUs, however opted instead to only implement a 5% adjustment.

¹ The 2011 capitation consists of the base rate plus an acuity adjustment add-on.

Average caseload size changed from 38.5 members per care manager to 42.4 members per care manager. This ratio is squarely in line with average caseloads statewide as reported in the Legislative Audit Bureau Report.²

It should be noted that the MCDFC Care Management Teams are providing slightly more care management to members in 2012 than they were in 2011.

Transportation

MCDFC negotiated an exclusive contract with First Transit for Goodwill (day service) rides with a maximum potential savings of 35%. The size of the savings is dependent on volume. The Department also renegotiated contracts with existing transportation providers who provide nonmedical rides.

In recognition of the higher cost and demand for reformulated fuel in the summer months, the Department also provided a temporary rate increase to transportation providers.

Residential Services

The MCO piloted a new model to enable greater member choice and flexibility in day activities for group home residents. In this model, members who reside in a group home are not required to go out to a Day Center for their active treatment and recreation needs. Rather, the residential provider provides some or all of these services in-house. Six members are participating in this pilot and through monitoring it is reported that members and guardians are both satisfied with this new arrangement.

The scope of services for residential providers was revised to include transportation. Pursuing this option brought to light a number of MCDFC group home residents who were traveling farther than necessary to attend day centers.

A small number of MCO enrollees (79) changed day programs to closer facilities. This number represents 11% of the members who reside in substitute residential settings AND attend day programming and only 1% of the total population served.

Transitioning Members into more appropriate cost effective settings

The MCDFC Placement Team evaluated all nursing home members and their care plans to determine if a more independent and cost effective residential setting is appropriate and available. Five hundred seventy (570) members relocated from nursing homes to the community in 2011. Two hundred sixty-eight (268) members have been relocated from nursing homes to the community YTD 2012. The MCDFC placement team is currently focusing efforts and dedicating staff to the downsizing initiative at BHD Hilltop

² Data was not considered for Lakeland Care District as survey was completed in advance of new LCD members enrolling through expansion. All other MCOs combined represent an average of 42.3 members per care manager.

Other

The Department automated service authorizations resulting in an approximate savings of \$40,000 per year.

The Department has also focused on insuring that services that are not included in the Family Care benefit package such as Guardianships, Companions, and Interpreter Services, are only authorized at a level necessary to meet members' outcomes in the most cost effective manner possible.

Summary

In summary, the preliminary 2012 capitation rate decrease resulted in a projected shortfall of \$7,511,570 to the 2012 budget based upon enrollment at that point in time. Based on the final capitation rate for 2012 and operational changes that were implemented by MCDFC, the estimated shortfall at this point in time is \$1.4 million dollars.

In addition to the changes noted above, the Wisconsin legislature eliminated the enrollment cap on April 3, 2012. This change is expected to increase enrollment into the Department of Family Care. As such, the Department of Family Care has re-forecasted enrollment and submitted a budget transfer to the Finance and Audit committee for approval at the June cycle that will modify the current 2012 MCDFC budget. The budget transfer addresses the change in enrollment, new capitation rate and necessary expenditure increases resulting from the new enrollment.

While the MCO strives for efficiencies, we are also concerned with the quality of services and the health and safety of members.

One of the ways the MCO monitors the quality of services provided is through the member satisfaction survey. Throughout 2011, 7583 members were surveyed about their satisfaction with the MCDFC Family Care program. Of the members surveyed, 2296 members (30%) responded and provided the following information about the quality of the program:

- 91% of members surveyed are happy with the quality of the services they receive
- 93% of members surveyed would recommend the MCDFC MCO to a friend
- 95% of members surveyed receive help from their CM and RN when they need it
- 95% of members surveyed report their CM and RN listen to their concerns

In addition, in April the MCO received its final report of findings from the annual external quality review conducted by MetaStar in February 2012. The audit consisted of extensive document reviews (e.g. policies, procedures, guidelines, and reports); on-site interviews with care managers and MCO administrators; and a file review of 116 member records. Overall the external quality auditors' findings were positive, showing

improvement from last spring's review. Additionally, for the fourth year in a row, there were no member health and safety concerns identified.

If you have any questions, please call me at 287-7610.

Maria Ledger, Director
Milwaukee County Department of Family Care

cc: Chris Abele, County Executive
Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Amber Moreen, Chief of Staff, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Patrick Farley, Director, DAS
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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
Linda Murphy, Chief Operating Officer, MCDFC
Eva Williams, Chief Clinical Officer, MCDFC

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: May 22, 2012

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting authorization to increase by \$125,000 from \$125,000 to \$250,000 and extend the term from January 1, 2012 through June 30, 2012 to January 1, 2012 through December 31, 2012 the 2012 purchase of services contract with Phoenix Care Systems, Inc. for the provision of Crisis Respite Home services in the Disabilities Services Division**

Policy Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase by \$125,000 from \$125,000 to \$250,000 and extend the term from January 1, 2012 through June 30, 2012 to January 1, 2012 through December 31, 2012 the 2012 purchase of services contract with Phoenix Care Systems, Inc. for the provision of Crisis Respite Home services in the Disability Services Division (DSD).

Background and Rationale

In December 2011, the County Board authorized a 2012 purchase of service contract for six months to Phoenix Care Systems, Inc. to provide Crisis Respite Home services. Only a six-month agreement was recommended because the current location providing Crisis Respite Home services is not fully accessible and since it serves individuals with developmental and physical disabilities the provider of crisis beds needs to offer a fully accessible facility. Past efforts to acquire an alternate location to meet this requirement have not been successful.

In its December report to the Committee on Health and Human Needs, DSD reported that a Request for Proposals (RFP) was issued in 2011 to seek proposals for Crisis Respite Home services. In this RFP, DSD indicated that the successful bidder would be required to provide a fully accessible home. While the RFP resulted in only two proposals being received, one of the proposals failed to demonstrate that the agency could successfully acquire a facility in time to begin a 2012 contract. This option was going to be a newly built home. Therefore, the contract

was awarded to the existing provider with the provision that an alternative location that is fully accessible be located by June 2012. If this were not completed, DSD would seek an alternate provider.

As of the writing of this report, the existing provider, Phoenix Care Systems, Inc. has not successfully located a fully accessible location. The provider has made efforts to locate a property for this purpose, but has not been able to locate a suitable alternative. The department has also offered this provider a low interest loan from the home program in the DHHS Housing Division to make accessible accommodations on a previous home. The provider did not want to pursue the loan. It is the position of DSD that the provider was given sufficient time and notice to acquire a fully accessible facility. The Division has discussed this for over two years with the provider and no concrete option has been located. It is therefore being recommended that an RFP be released to seek alternatives.

Therefore, DSD has issued a new RFP to seek proposals for a fully accessible location and a highly qualified provider that will provide Crisis Respite Home services. DSD is requesting authorization to extend the agreement with Phoenix Care Systems, Inc. for six months while an alternative is identified. While it is anticipated that a new vendor will be available to begin providing services prior to the end of the year, DSD will terminate the contract with the existing provider when the successful bidder is identified. The contract agreement allows for a 30-day out clause by either party. DSD wants to assure a smooth transition and not be placed in a position without a resource. Consequently, we are recommending a contract for the balance of the year.

Current Service Needs

DSD continues to utilize the Crisis Respite Home as a less restrictive service alternative for individuals with intellectual disabilities or with co-occurring mental health and intellectual disabilities who live in the community and need short-term crisis intervention at a location other than their community residence. Without these crisis beds, these individuals are and would likely be admitted to units at the Behavioral Health Division (BHD). Referrals come from community residential providers, DSD's Adult Protective Services Unit, families and BHD's Psychiatric Crisis Services (PCS). Many individuals who utilize this service are known to the long-term care system or have been served by BHD or both. However, some individuals who utilize services have not been served by the existing service delivery system and may have come to the attention of the system due to the sudden loss of a caregiver or due to the incapacity of the family to provide support.

Due to the complex needs individuals often exhibit when residing at the Crisis Respite Home, careful planning must go into developing and implementing the steps necessary to successfully return the person to their permanent living arrangements or to a new community-based living arrangement. It is therefore imperative that the contracted provider demonstrates sophisticated clinical abilities and has highly trained and experience staff. Typically, individuals have funding for their long term support needs through one of the Family Care options

available and can utilize that resource to help identify living alternatives as they transition from the Crisis Respite Home.

Additional Capacity/BHD Hilltop Downsizing

As reported to the Health and Human Needs Committee in May 2012, DSD continues to work in conjunction with BHD on a downsizing initiative for its Hilltop facility for individuals with co-occurring mental illness and intellectual disabilities. It is anticipated that up to 24 individuals who are currently residing at the Hilltop facility will be moving to community-based living arrangement by the middle of CY 2013.

While planning for the downsizing of the Hilltop facility, individuals currently residing and being served at Hilltop have been assessed as to what community-based supports will be required as they transition to a new living arrangement. Many of these individuals experience periodic increases in support needs and some may need occasional Crisis Respite Home services. This is believed to be a better alternative than admitting an individual to Psychiatric Crisis Service when he or she needs to have a temporary alternative living arrangement to diffuse a crisis situation due to behavioral challenges or other circumstances. This alternative is also a more cost-effective and a clinically appropriate option since individuals will have access to special services from staff who have experience working with individuals with co-occurring mental illness and intellectual disabilities.

To help support this initiative, the Crisis Respite Home RFP is seeking expansion of the existing capacity from four to eight beds. It is anticipated that the additional capacity will be utilized to support those individuals who will transition from the Behavioral Health Division (BHD) Hilltop downsizing initiative if there is a behavioral crisis. This an integral part of the downsizing initiative and will also be a beneficial service to all individuals with intellectual disabilities who experience short-term crisis situations and are in need of brief crisis respite services.

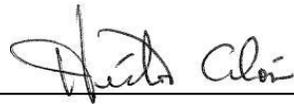
The additional funding for this initiative will be available from the Mental Health Community investment funding. The expansion will provide needed capacity for Crisis Respite resources for individuals with a developmental disability and mental health issues.

Recommendations

It is recommended that the County Board authorize the Director, DHHS or his designee to increase by \$125,000 from \$125,000 to \$250,000 and extend the term from January 1, 2012 through June 30, 2012 to January 1, 2012 through December 31, 2012 the 2012 purchase of services contract with Phoenix Care Systems, Inc. for the provision of Crisis Respite Home services.

Fiscal Effect

Funding for this contract is already budgeted in the 2012 DSD budget. There is no additional tax levy required (see attached fiscal note).



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, 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
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Analyst, County Board Staff

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to increase by \$125,000 from \$125,000 to \$250,000 and extend the term from January 1, 2012 through June 30, 2012 to January 1, 2012 through December 31, 2012 the 2012 purchase of services contract with Phoenix Care Systems, Inc. for the provision of Crisis Respite Home services in the Disabilities Services Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the 2012 Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) adopted budget includes funding for the provision of Crisis Respite Home Services; and

WHEREAS, the DSD currently administers a Crisis Respite Home in Milwaukee County to adults with intellectual and/or mental health disabilities currently operated by Phoenix Care Systems, Inc.; and

WHEREAS, DSD continues to require the services provided by the Crisis Respite Home to provide an appropriate and cost-effective alternative to the Behavioral Health Division Psychiatric Crisis Services for individuals who experience co-occurring mental illness and intellectual disabilities; and

WHEREAS, the 2012 DSD request for proposals required that the successful bidder proved a fully accessible location for the Crisis Respite Home; and

WHEREAS, in December 2011, the Milwaukee County Board of Supervisors authorized DSD to enter into a contract with Phoenix Care Systems, Inc. for a period of six months in order to permit time for the agency to seek a fully accessible alternative to the current inaccessible location; and

WHEREAS, Phoenix Care Systems, Inc. has not located an alternative site that is fully accessible by June 1, 2012 as requested; and

WHEREAS, DSD has issued a Request for Proposals to seek an alternative vendor to provide Crisis Respite Home services and it is anticipated that a new vendor will be able to provide services beginning in January 2013; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes the Director, DHHS, or his designee, to increase by \$125,000 from \$125,000 to \$250,000 and extend the term from January 1, 2012 through June 30, 2012 to January 1, 2012 through December 31, 2012 the 2012 purchase of services contract

46 with Phoenix Care Systems, Inc. for the provision of Crisis Respite Home services in the
47 Disabilities Services Division

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/29/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to increase a purchase of services contract with Phoenix Care Systems, Inc. by \$125,000 to \$250,000 and extend the term to December 31, 2012 for the provision of Crisis Respite Home Services in the Disabilities Services Division

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	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 extend a contract with Phoenix Care Systems, Inc. for crisis respite services.

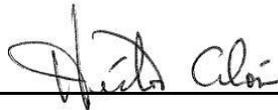
B. The initial term of the 2012 contract with Phoenix was January to June 30, 2012. The department is seeking to extend the term until December 31, 2012 and increase the existing contract amount of \$125,000 by \$125,000.

C. The necessary funding is included in DSD's 2012 Adopted Budget within the purchase of service contract line. As a result, there is no fiscal impact to this request.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, DAS

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: June 4, 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 2012 Purchase of Service Contracts for the Behavioral Health Division Related to the Mental Health Redesign and Community Resource Investment Initiative Included in the 2012 Budget

BACKGROUND

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase of service (POS) contracts with community agencies for the Behavioral Health Division (BHD) for various services related to the Mental Health Redesign and Community Resource Investment initiative included in the 2012 Budget. Approval of the recommended contract allocations will allow BHD to move forward with implementation of the Community Linkage and Stabilization Program (CLASP) and Crisis Respite (known as “Stabilization House” henceforth) initiatives.

DISCUSSION

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 Stabilization House, the Crisis Resource Center and the Community Linkage and Stabilization Program (CLASP), which is a new level of care that currently does not exist in the service continuum. The timeline for the RFP is below:

RFP Milestones	Completion Dates
RFP issue date	March 12, 2012
Written question submission date	March 16, 2012
Question and Answer Session (Pre-Proposal Conference)	March 21, 2012; 9:00 AM CDT
Written Q&A posted to website	March 23, 2012
Written Proposals due	April 9, 2012; 4:00 PM CDT

Stabilization House:

The RFP solicited proposals for Stabilization House services to serve adults who reside in Milwaukee County who live with a mental illness or co-occurring 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.

The Stabilization House programs will provide a safe, welcoming, and recovery-oriented environment, and all services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and Desired Outcomes

The primary goals of the Stabilization House programs are:

- Prevent people from going into the hospital when they experience a crisis in their mental health or social circumstances, or need respite accommodation
- Stabilize individuals in a more home-like and less-restrictive environment than a hospital setting
- Provide brief, individualized crisis interventions and support to promote the acquisition of skills necessary to transition to a more permanent living situation
- Assist with linkage to community resources, housing and movement to a more independent living environment in conjunction with the individual and the individual's support network

BHD received two submissions for Stabilization House services. The RFP panel for this service included 3 individuals, including 2 community members and 1 Certified Peer Specialist, and met on April 19, 2012 to review all submitted proposals. BHD is recommending that Bell Therapy be awarded the Stabilization House contract for \$149,000.00 for the period of July 1, 2012 through December 31, 2012. These funds have been included in the 2012 budget and the program would serve a static capacity of eight individuals at any given time, with the average length of stay typically ranging from 3-14 days. The agency estimates they would serve approximately 195 unique individuals annually, or 98 individuals in the remainder of 2012.

Community Linkages and Stabilization Program (CLASP):

The RFP also solicited proposals for a new program: Community Linkages and Stabilization Program (CLASP). This program will provide post-hospitalization extended support and treatment designed to support consumers' recovery, increase ability to function independently in the community and reduce incidents of emergency room contacts and re-hospitalizations through individual support from a state-certified Peer Specialist. CLASP will provide a safe, welcoming, and recovery-oriented environment, and all services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and Desired Outcomes

The primary goals of CLASP are to:

- Improve quality of life for consumers
- Promote consumers' recovery in the community
- Increase consumers' ability to effectively deal with problems and resolve crises
- Increase consumers' ability manage stressors outside an inpatient hospital setting
- Help consumers navigate between various system access points and levels of care

As the CLASP program is newly designed, job descriptions, documentation requirements, goals and desired outcomes will continue to be refined as the program evolves. The finished product will be developed in concert with the contracted vendor, as well as additional outside consultation if needed.

BHD received eight submissions for the CLASP program. The RFP panel for this service included 4 individuals, including 2 community members and 2 Certified Peer Specialists and met on April 26, 2012 to review all submitted proposals. BHD is recommending that La Causa agency be awarded the CLASP contract for \$165,000 from July 1, 2012 through December 31, 2012. These funds have been included in the 2012 Budget and the program anticipates serving 50 individuals in 2012.

Crisis Resource Center:

The RFP solicited proposals for a Crisis Resource Center (CRC) on the north side of Milwaukee County. The CRC will serve 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. CRC will serve adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises. The CRC will be a safe, welcoming, and recovery-oriented environment for people in need of stabilization and peer support to prevent hospitalization. All services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care.

Goals and Desired Outcomes

The primary goals of CRC are:

- Provide early intervention and short-term, intensive, community based services to avoid the need for hospitalization
- Stabilize individuals in the least restrictive environment
- Assist in crisis resolution
- Work with individuals to develop a comprehensive crisis plan
- Connect individuals to peer support from a Certified Peer Specialist
- Link individuals to appropriate community-based resources so that they may live successfully in the community

BHD received two submissions for a Crisis Resource Center. The RFP panel for this service included 3 individuals, including 2 community members and 1 Certified Peer Specialist and met on April 25, 2012 to review all submitted proposals. . BHD is recommending that Community Advocates agency be awarded the CRC contract for \$425,000 from July 1, 2012 through

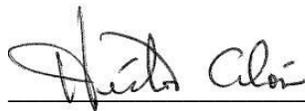
December 31, 2012. These funds have been included in the 2012 Budget and the program anticipates serving approximately 300 individuals in 2012.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2012 purchase-of-service contracts for Stabilization House services, Community Linkages and Stabilization Program and the Crisis Resource Center with provider agencies for the time period of July 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 move forward in implementing the Mental Health Redesign and Community Resource Investment initiative included in the 2012 Budget.

Fiscal Effect

The amounts recommended in these contracts have been included in BHD's 2012 Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

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

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(ITEM *) Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2012 Purchase of Service Contracts for the Behavioral Health Division Related to the Mental Health Redesign and Community Resource Investment Initiative Included in the 2012 Budget, 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 enter into 2012 purchase of service (POS) contracts with community agencies for the Behavioral Health Division (BHD) for various services related to the Mental Health Redesign and Community Resource Investment initiative included in the 2012 Budget; and

WHEREAS, approval of the recommended contract allocations will allow BHD to move forward with implementation of the Community Linkage and Stabilization Program (CLASP), Crisis Resource Center and Stabilization House initiatives; and

WHEREAS, 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; and

WHEREAS, BHD issued an RFP on March 12, 2012 for Stabilization House, the Crisis Resource Center and the Community Linkage and Stabilization Program (CLASP); and

WHEREAS, at this time, BHD is recommending contract awards for the CLASP, Crisis Resource Center and Stabilization House programs, 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 July 1 through December 31, 2012, in the amounts specified below

<u>Agency</u>	<u>Service</u>	<u>2012 Contract</u>
Bell Therapy	Stabilization House	\$149,000
La Causa	CLASP Services	\$165,000
Community Advocates	Crisis Resource Center	\$425,000

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 4/25/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report From the Director, Department of Health and Human Services, Requesting Authorization to Enter Into 2012 Purchase of Service Contracts for the Behavioral Health Division Related to the Mental Health Redesign and Community Resource Investment Initiative Included in the 2012 Budget

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A) Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase of service (POS) contracts with community agencies for the Behavioral Health Division (BHD) for various services related to the Mental Health Redesign and Community Resource Investment initiative included in the 2012 Budget. Approval of the recommended contract allocations will allow BHD to move forward with implementation of the Community Linkage and Stabilization Program (CLASP), Crisis Resource Center and Crisis Respite (known as "Stabilization House" henceforth) initiatives.

B) The total funding recommended for the Stabilization House, CRC and CLASP 2012 Purchase of Service contracts is \$1,478,000. Sufficient revenue and tax levy appropriations are included in the 2012 Behavioral Health Division budget to pay for the contracts recommended by the Division.

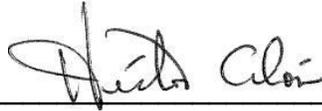
C) These funds are budgeted in BHD Org. 6300, in the BHD Crisis Services Org. 6443, account series #8100.

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, DHHS Budget Manager

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: May 4, 2012
To: Hector Colon, Director, Department of Health and Human Services
From: Jerome J. Heer, Director of Audits
Subject: Review of Issues re: Our Space Contracts for Peer Support Services

Background

The Milwaukee County Department of Health and Human Services (DHHS) contracts with Our Space, Inc. to provide peer support services at the Milwaukee County Mental Health Center and at supportive housing units located throughout Milwaukee County.

According to the Wisconsin Peer Specialist Employment Initiative, the role of a Peer Specialist in providing peer support is varied and can take on several forms of support. According to the Employment Initiative, Peer Specialists are generally recognized as providing the following support services for adult consumers with a mental health diagnosis:

- Use personal recovery experience as a tool.
- Present recovery information.
- Provide information about mental health resources.
- Assist in identifying and supporting consumer in crisis.
- Facilitate self-direction and goal setting.
- Communicate effectively with other treatment providers.

In December 2011, the Department of Audit was asked by the Director of the Department of Health and Human Services and the Behavioral Health Division Administrator to assist in reviewing concerns expressed by seven individuals associated with various mental health advocacy efforts in a letter dated November 30, 2011 (see **Exhibit 1**). The letter opened with the following statement:

"We are writing to formally share with you extremely serious concerns about Milwaukee County's contract with Our Space to provide peer specialist services at the Mental Health Complex and at supportive housing. We urge you to take immediate action to investigate this program due to concerns about employment practices and working conditions for peer specialists as well as consumer safety. We ask you to delay renewal of this contract pending an independent investigation. In light of the serious allegations in this letter, we believe that termination of this contract should be on the table and it should be re-opened for RFP [Request for Proposal]."

In a written response dated April 2, 2012 to the November 30 letter of concern (see **Exhibit 2**), the Executive Director of Our Space addresses each of the nine points of concern raised by the advocates and questions the objectivity of the letter, alleging a conflict of interest in that the National Alliance on Mental Illness (NAMI) is a likely benefactor should Our Space lose its County contracts for Peer Specialist services. [One author serves on the NAMI Board of Directors, while another author is the Executive Director of NAMI Greater Milwaukee.]

In light of the request for a review of expressed concerns, in December 2011, the Milwaukee County Board of Supervisors took action to limit funding for the County's contract with Our Space for peer support services for the Behavioral Health Division to the first four months of 2012, rather than for the full calendar year. In March, the County Board extended funding within the contract for services other than peer support for the remainder of the year, and extended funding for peer support services through June of 2012 pending completion of this review.

To review the concerns expressed in the November 30 letter, we performed the following procedures with assistance from the Contract Administration section of the Department of Health and Human Services:

- Interviewed the authors of the letter of concern dated November 30, 2011.
- Interviewed Our Space management.
- Interviewed several current and former Our Space Peer Specialists.
- Reviewed Our Space records in the following areas:
 - Payroll
 - Criminal and Caregiver Background Checks
 - Peer Specialist Performance Evaluations
- Reviewed Our Space policies and procedures and Peer Specialist orientation materials.

Analysis

To address each point of concern raised in the November 30 letter, we are presenting our analysis in the following format:

- Verbatim quotation of the item of concern expressed by authors in the November 30, 2011 letter to Milwaukee County administrators.
- Verbatim quotation of the corresponding response from the Our Space Executive Director's letter dated April 2, 2012.
- Department of Audit analysis.

Expressed Item of Concern No. 1

Authors: *Peer specialists employed by Our Space and working at the Mental Health Complex were paid \$7 an hour. Minimum wage in Wisconsin is \$7.25 (effective July 24, 2009). When this concern was shared with Our Space management, employees were told they were being paid a stipend from a grant and that this was acceptable. The concerns were shared with BHD Management but no action was taken until very recently. As reported by the Wisconsin Peer Specialist initiative, the average hourly wage for Wisconsin peer specialists is \$10.70 and the national average is \$12 an hour.*

Our Space: Stipends: *In 2006, Our Space was approached by Jim Hill, Administrator of the Behavioral Health Division (BHD), and asked to assume responsibility for the BHD's Office of Consumer Affairs. At that point in time, the Office was in disarray due to the illness and subsequent resignation of the individual who had been administering the Office of Consumer Affairs on behalf of the County. Consumers were serving on BHD committees (i.e. Crisis Executive Committee) and participating in a fledgling Peer Support program.*

The tradition of the Office of Consumer Affairs was to pay consumers a stipend of \$7.00 for their participation. In late 2006, Our Space met with BHD Administration to discuss paying individuals who served on committees a stipend and hiring individuals who served as Peer Support Specialists and paying them an hourly wage. This change was opposed by several influential players, some Peer Specialists did not welcome the change and the Peer Support program was in the early stages of development, so Our Space abandoned the idea.

It is important to note that these individuals were never considered employees, but were treated as independent contractors and they were issued an IRS Form 1099 each year. As the minimum wage was not \$7.25 until July 2009, Our Space was actually exceeding minimum wage for much of this time.

In September, 2011, Our Space staff met with Paula Lucey, Administrator of BHD, who encouraged us to employ the Peer Specialists who offered Peer Support through the Office of Consumer Affairs and pay a stipend to those consumers who did committee service. As the Peer Support program was continuing to expand and vicious rumors were circulating that we did not pay minimum wage, Our Space agreed. In January of 2012, the Peer Specialists in the Office of Consumer Affairs became Our Space employees and were given a raise so that they would receive the same amount of reimbursement once payroll taxes were subtracted from their hourly amount (for example, a Peer Specialist earning \$8.00 an hour must now be paid \$8.75 to account for payroll taxes being taken out).

Audit Analysis: The Contract Administration section of the Department of Health and Human Services researched several sources for the definition and treatment of payments in the form of stipends. These included the Internal Revenue Service, the U.S. Department of Labor (National Apprenticeship Program), the California Department of Labor and the Social Security Administration. While stipends are sometimes intended to reimburse individuals for incidental expenses incurred in the course of performing volunteer services, the Contract Administration's conclusion from its research is that the terms stipends and wages are often used interchangeably and, if the recipients of stipends are employees, the stipends are likely subject to applicable taxes and wage laws.

Interviews with Our Space Peer Specialists and a review of Our Space payroll records confirm that the use of stipends was limited to Peer Specialists assigned to duties out of the Office of Consumer Affairs located at the County Mental Health Center. Since its inception in 2005, Our Space has paid wages, and withheld payroll taxes from wages paid, to Peer Specialists assigned to various locations throughout the community in supportive housing settings. This practice continued even as Our Space, at the request of Milwaukee County, assumed responsibility for administering peer support services at the Mental Health Center's Office of Consumer Affairs in 2006. The fact that Our Space maintained a dual payment protocol lends credence to its explanation for the use of stipends as a continuation of the prior practice for peer support services rendered through the Office of Consumer Affairs.

While the appropriateness of treating Peer Specialists as Independent Contractors under IRS guidelines can be questioned, we consider the issue a moot point in light of Our Space's conversion of all Peer Specialists to paid employee status as of January 2012.

Regarding the hourly rate paid to Peer Specialists by Our Space, we make the following observations:

- Our Space payroll records for April 2012 show hourly rates for Peer Specialists ranged from \$7.25 to \$11.25, averaging \$8.59. If the latest wage rate of a recently vacated supervisor position is included, the hourly rates would range from \$7.25 to \$17.51 and average \$8.88.
- During confidential interviews, the consensus among Peer Specialists indicated an hourly wage rate in the range of \$10 to \$12 was justified for the services provided.
- Most Peer Specialists indicated they received Supplemental Security—Disability Income benefits that limit the amount of income they can earn and remain eligible for such benefits. Several Peer Specialists commented that money was not their primary motivation for providing peer support services—helping others and themselves in their recoveries were identified as primary motives.
- There are no wage scale requirements contained in Milwaukee County's contracts with Our Space.

Expressed Item of Concern No. 2

Authors: *Our Space is responsible for conducting background checks of the peer specialists they hire. They hired a peer specialist who is a registered sex offender (on the state registry since 2005) with a record of viewing child pornography and restrictions on computer use. This individual was placed at the Mental Health Complex and worked at both Acute Care and Day Treatment. After he was employed for over a year, Day Treatment staff did a background check of staff due to a state survey. Learning for the first time of this individual's background, they immediately terminated him. Our Space then placed him at one of the supportive housing locations where residents are visited by family members including children. We have been told that staff found images of child pornography on the staff computer there but had no idea who was responsible as they were not aware of this individual's criminal record. In spring of 2011, a peer specialist again found child pornography on the computer and contacted the employment coordinator at Our Space. The staff member came out and questioned this individual who admitted to viewing these images, and he was terminated. It's our understanding that the police were not contacted. Beginning in June of 2011, he was being investigated by police for possession of child pornography and is now charged with eleven counts.*

Our Space: Sex Offender: *In March 2008, Our Space made its **only** exception, ignored a criminal background check, and hired an individual who was a registered sex offender. This individual was hired as a result of a referral from Dr. Jon Prestby, Director of the BHD Day Treatment Program. This individual had participated in Dr. Prestby's Dialectical Behavior Therapy groups and Dr. Prestby believed that he had been completely rehabilitated. Our Space believed that this individual was either innocent or going through a very confusing time in his life due to his mental illness. He was placed at the Mental Health Complex where he became an extremely valued Peer Specialist. In addition, he became a State trainer on Trauma-Informed Care.*

When BHD was about to undergo a state survey, they conducted criminal background checks on all Peer Specialists. Jennifer Wittwer, Associate Director of Community Services, contacted Our Space about this individual's criminal background. She indicated that he was held in high regard and suggested that Our Space transfer rather than terminate him as he could not remain at BHD when a state survey was being conducted. She also discussed a program that he could participate in if he wanted to return to BHD. Our Space then transferred him to United House, a supportive apartment facility where 98% of residents are male. Melissa Butts, who was this individual's on-site supervisor, asked why he was being transferred. Our Space shared with her his background. Ms. Butts then contacted the State of Wisconsin and had him removed as a Trauma-Informed Care trainer.

*While working at United House, this individual has practically no contact whatsoever with children. He was, however, now working under a cloud of suspicion and rumors from other Peer Specialists, who have been informed of his background. In February 2011, a Peer Specialist stated she found child pornography on the United House computer. The Director of Employment Services questioned the individual. He did **not** admit to viewing these photos and was **not** terminated. The Director of Employment Services took the computer to the Our Space Board President, who operated a computer business. There were some pictures of young, fully dressed males on the computer, which was shared by all the Peer Specialists. The individual was never terminated by Our Space. He resigned as he felt that he could not continue to work under the ongoing cloud of suspicions and rumors generated by his fellow Peer Specialists.*

Audit Analysis: In its written response, Our Space describes its reasoning for accepting a known registered sex offender into its peer support services program, as well as for assigning the individual to a Peer Specialist role in a supportive housing unit in the community. In both instances, heavy reliance was placed on the recommendations of professional staff at the Milwaukee County Behavioral Health Division. The professional staff mentioned dispute Our Space management's characterization of their positions regarding this incident.

Ms. Wittwer indicated that she requested the criminal background check on this individual because Our Space was required by contract to perform the check. She further indicated that when she became aware of the individual's criminal background, she told Our Space he could not continue providing peer support services at BHD. She denies recommending transfer to another facility, and indicated she counseled Our Space on the requirements of Wisconsin's Caregiver Background laws and informed the Executive Director that Our Space had no room to apply judgment in this case.

Dr. Presbty, Clinical Program Director of BHD's Day Treatment Program, indicated that clients that express interest in becoming Peer Specialists are provided information and/or referred to Our Space as potential candidates for hire. According to Dr. Presbty, the Day Treatment Program makes such referrals with the understanding that Our Space has a selection process to determine their suitability for the peer support program. He categorically denies making any statement or inference that the individual in question was completely rehabilitated, as indicated in the Our Space letter dated April 2, 2012.

With regard to the implied allegation that the individual in question was responsible for child pornography on the computer of the supportive housing unit to which the individual was assigned, we make the following observations:

- According to Our Space management's descriptions of the pictures found on the computer, the pictures labeled as child pornography by the authors of the November 30 letter contained no explicit nudity, but were photographs of fully-clothed young males.
- Numerous individuals had access to the computer; individual responsibility for the pictures appearing on the computer could not be established. The Executive Director of Our Space theorized that the individual in question could have been 'set up' by another party. A forensic examination of the computer at the time may have been able to establish a date and time for the origin of the pictures, but that may or may not have been sufficient to identify the responsible individual, and no such examination was done.
- The supportive housing unit incident occurred in early 2011, and the individual in question resigned shortly thereafter. In October 2011, the individual was charged with 11 counts of felony possession of child pornography for materials found at his residence. In March 2012, the court approved a plea agreement in which the defendant pleaded guilty on five counts and the remaining six counts were dismissed and read into the record.
- DHHS Purchase of Service contract requirements, applicable to the Our Space contracts with Milwaukee County, contain the following provisions:

2. STAFFING AND DELIVERY OF SERVICES

Written notification of replacement of personnel shall be provided to County prior to replacement. Contractor shall not replace named personnel without the prior written approval of County, which approval shall not be unreasonably withheld.... County reserves the right to remove a Direct Service Provider or Indirect Staff providing services under this Contract at any time.

23. COMPLIANCE WITH CAREGIVER BACKGROUND CHECKS

County and Contractor agree that the protection of Participants/Service Recipients served under this Agreement is paramount to the intent of this Agreement. Contractor certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code *State of Wisconsin Caregiver Law*....

- A. If the Department of Justice report shows any findings other than "no record found", Provider shall submit a copy of the report to Purchaser according to the Policy and Procedures for the Covered Service.
- B. After the initial background check, Contractor is required to conduct a new background check every four (4) years, or at any time within that period when Contractor has reason to believe a new check should be obtained.

A review of the personnel files of the 29 Peer Specialists employed by Our Space on the date of our review confirmed that both criminal and Wisconsin Caregiver background checks were conducted prior to hiring each Peer Specialist.

Wisconsin Caregiver background checks provide the following information:

- o Non-credentialed Caregiver Finding of Abuse or Neglect of a Client; or Misappropriation of a Client's Property.
- o Denials or Revocations of Operating Licenses for Adult (Chapter 50) Programs.
- o Denials or Revocations of Operating Licenses for Child (Chapter 48) Programs.
- o Rehabilitation Review Findings.
- o Status of Professional Credential(s), License(s), or Certificate(s).

Of the 29 files reviewed, there were no violations or adverse findings identified on the Wisconsin Caregiver background checks for any Our Space Peer Specialist.

Regarding criminal background checks, of the 29 files reviewed:

- o There was no record of arrests and/or convictions for 20 of the 29 Peer Specialists.
- o Of the nine Peer Specialists with a record of some type of arrest and/or conviction, four were non-criminal in nature.
- o Of the five Peer Specialists with a record of some type of arrest and/or conviction, three involved felony charges that suggest a heightened level of scrutiny was appropriate in considering them for employment.

We found no evidence that Our Space reported to DHHS any of the background check reports with findings other than "no record found," as required. We have forwarded those records to the DHHS Contract Administration section for review.

Further, we noted from our review of 29 files that the background checks for seven current Peer Specialists were past the four-year re-check period required by contract and called for in the Our Space policy. In Certification Statements dated September 1, 2011 and February 13, 2012, the Our Space Executive Director indicated that Our Space was in compliance with all background check requirements.

The Our Space Background Check Policy states:

"4. A criminal records and a caregiver records check will be completed every 4 years of employment.

Criteria:

- Criminal records check are evaluated on an individual basis
- Caregiver records check must be completely free of charges"

Since, by definition, candidates for Peer Specialist positions have struggled with mental illness and often substance abuse problems, it is not surprising that many will have past encounters with law enforcement agencies. Therefore, it is understandable that Our Space would evaluate the criminal records of prospective Peer Specialist candidates on an individual basis. Consideration of factors such as the nature and frequency of violations, how long ago the violations occurred, and the progress and stability of the candidate's recovery are necessary.

However, the statement that "criminal records check are evaluated on an individual basis" is a description of practice, not a criterion. Guidance for appropriate criteria can be found in HFS 12.06, Wis. Adm. Code, compliance with which Our Space is contractually obligated.

Since Milwaukee County is ultimately accountable for the services it provides through contracted agencies, we recommend the Department of Health and Human Services:

- 1. Establish, with input from Our Space and local advocacy groups, criteria for inclusion in peer support services contracts for screening candidates for Peer Specialist positions. HFS 12.06, Wis. Adm. Code, provides guidance in this area.***
- 2. Require that Our Space produce current background checks on all employees past the four-year re-check period.***
- 3. Establish a protocol under contract provision #2 (Staffing and Delivery of Services) to review Peer Specialist staff assignments on a regular basis.***
- 4. Develop a mechanism to monitor and enforce background check requirements with contracted agencies.***

Expressed Item of Concern No. 3

Authors: *Another peer specialist supervised by Our Space was terminated from the Mental Health Complex because he sexually harassed women on the staff. We have heard there were approximately four complaints including from nursing and OT [Occupational Therapy] staff. His supervisor asked him to stop but he did not. He was terminated at which time he said "They liked it, they wanted it." Our Space tried to again place him at the Complex but the supervisor refused. This individual was then placed at a supportive housing site by Our Space staff.*

Our Space: Sexual Harassment: *In May, 2009, a Peer Specialist who worked at the Mental Health Complex was accused by a BHD Occupational Therapist of making sexually harassing comments. This Occupational Therapist, however, chose to never file a formal complaint. To the best of Our Space's knowledge, she was the only person who had made this accusation. Our Space discussed this behavior with the Peer Specialist and counseled him on his behavior. At that time, the Peer Specialist resigned. He was rehired two years later and placed at United House to avoid future conflicts. Our Space never terminated him, nor did they ever try to put him back at the Mental Health Complex. The on-site supervisor, Melissa Butts, would not have had the authority, however, to overrule such a decision.*

Audit Analysis: In discussions with BHD administrators, we confirmed that no formal complaints were lodged against the former Peer Specialist in question. We were unable to confirm the number of incidents involving allegedly inappropriate behavior. Rather, one BHD staff member registered an informal complaint on behalf of herself and other staff members. Some of the specifics regarding this concern are in dispute between the principal parties, but we confirmed that the incident occurred in May 2009 and that the former Peer Specialist was no longer employed by Our Space after being confronted and counseled about his behavior. Nearly two years passed before the former Peer Specialist was rehired by Our Space to provide peer support services at a supportive housing location in the community. Based on these varying accounts and limited documentation, Our Space management's explanation of its actions regarding this situation can be viewed as a judgment call involving balancing the need for sensitivity in providing patient-centered care, and providing an opportunity for one of its Peer Specialists to grow and benefit from prior mistakes.

Expressed Item of Concern No. 4

Authors: *The hiring process does not appear to be open and transparent. For the most part, positions are not posted and circulated so there is no opportunity to get a broad pool of applicants and ensure we get the best possible candidates. Many peer specialists have expressed concern that there is not an opportunity for them to apply for open positions.*

Our Space: Hiring Process: *Prior to initiating a new Peer Support Training, Our Space distributes flyers throughout the community. Each Peer Specialist interested in attending the training must complete an application and undergo an interview with the Director of Employment Services. As part of the training, individuals from each venue describe what it is like to work there. At the conclusion of the Peer Support Training, one must pass a written exam. Individuals who have completed the above requirements are then invited to apply for open positions.*

Where individuals are placed is determined by several criteria. Feedback from the person who conducted the training is an essential criteria. Work history, results of the final exam, and progress in personal recovery are also essential factors. The Director of Employment Services works closely with each Peer Specialist to place them in a venue which will be mutually beneficial. Peer Specialists are also informed that they may be transferred to a more difficult venue once they gather more experience. For example, one may start in a Supportive Apartment facility (a relatively easy venue) and progress to Acute Inpatient at the BHD (a very difficult venue).

Promotions are handled slightly differently than new positions. If an individual had been clearly identified for the promotion, Our Space did not post it. Positions which were advertised externally were posted. In 2012, Our Space changed this policy to be more responsive to community concerns and now posts all positions, which do not involve the initial placement of individuals who have just completed the training.

Audit Analysis: During discussions with the authors of the November 30 letter of concern, several ideas were put forth that would greatly benefit individuals who have completed peer support training offered by Our Space over the years. Authors described a type of post-training tracking, some of which has been required of Our Space for various past grants, and networking with trained peer specialists to inform them of all Our Space employment opportunities as they arise. They noted there are limited opportunities of peer support services in the state at this time, but also noted that an increase in the demand for such services is expected as Milwaukee County's Mental Health Redesign initiative progresses. That initiative is expected to result in greater community-based, patient-centered care in supportive housing locations throughout the County and less reliance on acute inpatient care.

While the authors' ideas have merit, as a private agency, Our Space is free to recruit and promote employees in a fashion that best meets its business needs. There are no contract provisions governing the manner in which Our Space posts or otherwise promotes internal job opportunities. Having trained approximately 229 Peer Specialists during the past several years in groups of 25 or less, Our Space has been in a position to fill its internal peer support staffing needs from a steady pool of qualified candidates with whom Our Space is familiar.

Interviews with current Peer Specialists confirmed that Our Space has recently begun posting internal employment opportunities at Our Space service locations. A copy of Our Space's policy on posting employment opportunities, effective February 1, 2012, is presented as **Exhibit 3**.

Expressed Item of Concern No. 5

Authors: *Peer specialists need a supportive work environment where there is an opportunity for their valid concerns about working conditions, safety, etc to be taken seriously and respectfully. However, it has been reported that there is no process in place for these concerns to be addressed and that in fact they are afraid to share the very serious concerns they see in their work such as those regarding resident safety. For example, when a peer specialist expressed concern about riding alone on the bus accompanying some consumers who were very ill and at risk for elopement or acting out, they asked for clinical oversight and review of the consumers. Instead they were told by the Our Space Executive Director: "You will do as I tell you to do" and threatened with firing. When a peer specialist expressed repeated concern about asbestos flooring in the work space, this was ignored. Peer specialists have also reported concerns about resident and staff safety because of crime and lax security at some of the supportive housing units and have indicated that they were discouraged from raising these concerns and that they do not feel safe. Other serious safety issues have also been reported to us.*

Our Space: Supportive Working Environment: *Peer Specialists are encouraged to address all concerns with their immediate supervisor and if it is not resolved at that level to then bring it to the attention of the Director of Employment Services. The Executive Director only becomes involved if the situation cannot be resolved at those levels.*

Individuals are supported throughout their employment, and staff does everything possible to help them succeed.

*As for the comment about riding alone on the bus referenced in this paragraph, this is an absolute distortion of a situation which occurred in 2007. At that time, the BHD Director of Crisis Services wanted Our Space to teach public transportation to consumers who were staying at the Crisis Respite Houses. Peer Specialists led by Melissa Butts refused to participate in this program. It was explained to them that we were contractually required to teach public transportation. The Our Space Executive Director believed this was a good idea. Ms. Butts was so opposed that she sent a memo to BHD administrative staff stating that it was the policy of Our Space **not** to do public transportation. This situation was resolved when Our Space was able to identify a Peer Specialist who supported the program and was comfortable participating. The program was ultimately abandoned as it was extremely time consuming, and therefore, impacted very few consumers.*

As far as the asbestos also referenced in this paragraph, that was a concern that was expressed about the Crisis Resource Center. The Peer Specialist was told that this concern would ultimately have to be addressed by Transitional Living Services, which operates the Crisis Resource Center. The Our Space Director of Employment Services brought the concern to the Director of the Crisis Resource Center and the situation was addressed and resolved.

The concern about crime and lax security at the Supportive Apartments was shared by Our Space administrative staff and these concerns have been expressed repeatedly to Cardinal Capital Management and the Milwaukee County Housing Division.

Audit Analysis:

Determining the degree to which Our Space management provides a supportive environment for Peer Specialists to succeed is a subjective task. We offer the following observations:

- Based on the Our Space written response above and our confirmation with a BHD administrator that the bus riding issue described in the November 30 letter of concern occurred approximately five years ago, we believe it to be a disputed and moot point that is of little value in assessing the current working environment.
- Confidential interviews with current and former Peer Specialists regarding the working environment and Our Space management's openness to discussing concerns yielded significant positive feedback with particular praise for the Director of Employment Services. There was also harsh criticism from a minority of individuals that focused primarily on their experiences with the Executive Director.
- An employee handbook provided by Our Space has a written grievance procedure (see **Exhibit 4**) that provides for a formal complaint process for Peer Specialists that includes an appeal process that culminates with referral to the Executive Committee of the Our Space Board of Directors. While all current Peer Specialists interviewed expressed no reservations about bringing concerns forward to either their direct supervisor or the Director of Employment Services, none were aware of this written grievance procedure.

We further note that the Department of Health and Human Services added a Whistleblower Protection policy requirement for all contracted agencies in 2012. A copy of Our Space's Whistleblower Protection policy is included as **Exhibit 5**. However, the policy does not contain an essential element required under the department's Whistleblower Protection policy mandate (see **Exhibit 6** for complete contract requirement). That essential missing element provides the employee assurance that he/she can disclose, without fear of retribution, their concern directly to a public body under circumstances set forth in the requirement, not necessarily through channels within the employer's organization. The essential element missing from Our Space's Whistleblower policy is contained in contract provision 26. (g), and is highlighted in the following excerpt:

"Contractor will not retaliate against an employee, contract staff, Independent Service Provider or volunteer who discloses or threatens to disclose to a supervisor **or a public body** any activity, policy, or practice of Contractor that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning health, safety, welfare, or protection of the environment."

Another of the contract requirements is that all contractor employees sign a copy of the contractor's Whistleblower policy to acknowledge receipt and comprehension of the policy. As of the writing of this report, 10 of Our Space's 30 Peer Specialists had signed the Our Space Whistleblower policy, implemented in January 2012. According to Our Space management, the process of collecting signatures continues as employees collect their paychecks.

We also noted that during our site visits to various Our Space work locations, the policy was not conspicuously displayed, as required under contract provision 26. (c).

- A review of the personnel files of 29 Peer Specialists reflected numerous instances of incident reports prepared by Our Space management that documented repeated efforts to address problematic behaviors with counseling, additional opportunities, some cases of suspensions, re-assignments and other indications of working with Peer Specialists to help them succeed in their personal recoveries and job performance. Many files also contained certificates indicating Peer Specialists' attendance at various workshops and conferences related to various mental health issues.
- Clear, open and regular lines of communication are essential to the success of any organization with dispersed service locations. Anecdotal information gleaned from former and current Peer Specialists suggest that additional attention from Our Space management to facilitating the exchange of information between and among consumer residents, Peer Specialists, on-site supervisors and supportive housing ownership could be beneficial. Examples include Peer Specialists being unaware of the criminal backgrounds or severity of some consumer residents' conditions, a supervisor being unresponsive to phone calls from Peer Specialists seeking guidance, and changes in policies or routines without formal announcement or explanation.

- Some concerns were expressed regarding resident and Peer Specialist safety in general, primarily regarding the supportive housing units at United House, located at 2500 W. Center Street. Some efforts have been made on the part of Cardinal Capital to increase security at United House, such as the installation of surveillance cameras and a limited number of random appearances of a private security guard. However, it is unclear if these measures are sufficient based on feedback we received regarding the general concern for safety at that location.

To improve Peer Specialists' awareness of recently enacted Written Grievance and Whistleblower Protection policies, we recommend Our Space management:

- 5. Modify the Our Space Whistleblower Protection policy and obtain Department of Health and Human Services, Contract Administration's written confirmation that the policy meets all contractual requirements prior to having a revised Whistleblower policy approved by the Our Space Board of Directors.**
- 6. Distribute copies of Our Space's Written Grievance and Whistleblower Protection policies to all current and future Our Space Peer Specialists, and provide awareness training regarding same.**
- 7. Obtain and retain required employee signatures acknowledging receipt and understanding of the Our Space's Whistleblower Policy.**

To address safety concerns at United House and other supportive housing units serving Milwaukee County mental health consumers, we recommend the Department of Health and Human Services, Housing Division:

- 8. Seek the cooperation of supportive housing ownership to conduct on-site security reviews of supportive housing units serving Milwaukee County mental health consumers, possibly enlisting the assistance of the Office of the Sheriff.**
- 9. Identify resources that could potentially be marshaled to address any security concerns/deficiencies identified from the on-site security reviews.**
- 10. Work collaboratively with Our Space management, supportive housing unit ownership and any other community resources identified to address any security concerns/deficiencies identified from on-site security reviews.**

Expressed Item of Concern No. 6

Authors: *Peer specialists have shared that there is a pattern of punitive treatment of staff where staff are penalized for sharing serious concerns instead of being provided with support. It has also been reported that the Executive Director has a pattern of being verbally abusive, threatening, and has repeatedly called some staff at home in the evenings and on weekends with long incoherent and threatening monologues.*

Our Space: Punitive Treatment: *This accusation is the equivalent of asking a male when he stopped beating his wife and is clearly meant to defame the character of the Our Space Executive Director.*

The Our Space Executive Director has very little day to day contact with the Peer Support program and/or with Peer Specialists. The Our Space Executive Director seldom if ever has called Peer Specialists at home and, if there were a reason to, would generally delegate that responsibility to the Director of Employment Services.

Audit Analysis: As illustrated in the above exchange, this item of concern and response is a literal "he/she said, he/she said." Current Peer Specialists interviewed reported little to no contact with the Our Space Executive Director. First hand accounts of friction between the Our Space Executive Director and Peer Specialists, and acknowledgement of such friction by other Peer Specialists, appear isolated to a small number of former employees.

The implementation of Our Space's Written Grievance and Whistleblower Protection policies should address similar concerns going forward.

Expressed Item of Concern No. 7

Authors: *Annual performance evaluations and salary reviews have not occurred on a consistent basis. Many of the peer specialists employed by Our Space are placed at partner agencies and supervised by their staff. When evaluations of peer specialists do occur, the recommendations made by the partner agency supervisor are sometimes significantly changed. In one situation, a former subcontractor reports that the Our Space Executive Director actually whited out the excellent evaluation ratings given by the agency supervisor and replaced them with below average ratings.*

Our Space: Employment Evaluations and Salary Review: *Employment Evaluations have occurred on a regular basis and, when the evaluation supports it and funding is available, salaries are increased. When Our Space started the Peer Support program, funding was very limited and very few people earned more than minimum wage. As funding increased, salaries increased concomitantly.*

*The Our Space Executive Director has never whited out an employment evaluation and has no idea what is being referred to in this paragraph. In fact, employment evaluations are completed by the Director of Employment Services with **verbal** input given by partnering agencies. The Executive Director merely signs off on these evaluations.*

Audit Analysis: In separate interviews, both the former subcontractor cited in the November 30 letter of concern and the former Peer Specialist in question stated that a written evaluation of the Peer Specialist had been filled out by the subcontractor and had been downgraded by the Our Space Executive Director. They indicated the evaluation occurred in 2008. As noted above, the Our Space Executive Director disputes those assertions.

Our review of 29 current Peer Specialist personnel files at Our Space showed that numerous performance evaluations were conducted, but that they were done on a sporadic, rather than regular, basis. Evaluation forms contained both numeric and narrative appraisals and in some instances reflected a direct connection with pay increases.

We compared the Peer Specialists' pay rates in August 2010 to pay rates in August 2011. Of the 14 Peer Specialists that were paid hourly wage rates by Our Space during both of those time periods, wage rates were increased for seven (50%) Peer Specialists, while wages rates remained the same for the other seven (50%) Peer Specialists.

As noted in the Our Space comment above, salary decisions are dependent not only on performance appraisals but also on sufficient agency funding.

Expressed Item of Concern No. 8

Authors: *For Peer Specialists to be successful in the work force, it is important that they have access to benefits counseling and to accurate information about benefits. Peer specialists have indicated that Our Space has not routinely provided staff with support around benefits issues such as referrals to the free employment benefits counseling at IndependenceFirst. For example, an employee who had to take medical leave was incorrectly told she was not entitled to short term disability causing her great financial and emotional difficulties. A full time employee was told incorrectly that she was not eligible to participate in the agencies health insurance plan.*

Our Space: Benefits Counseling: *The Our Space Accountant and Director of Employment Services work closely with Peer Specialists to assist them with their benefits. The Our Space Accountant spends several hours each pay period completing forms for such entities as Medicaid, Medicare, Housing Assistance, etc. No employee was ever told that they could not receive short-term disability, but was told that whether or not they qualified would be determined by Worker's Compensation. No full-time employee was ever denied insurance.*

Audit Analysis: *During interviews with current and former Peer Specialists, we received mixed feedback with respect to whether or not they received guidance from Our Space management regarding benefits counseling. According to the Our Space Director of Employment Services, Our Space works with Peer Specialist candidates during the application process to ensure they have the resources necessary to understand any potential impact additional income could have on their eligibility for social services benefits. She noted that many applicants have case managers to advise them or are otherwise aware of income limitations, but that Our Space provides a list of references (see Exhibit 7) that include contacts such as IndependenceFirst, to those applicants that need assistance.*

This ad hoc approach may explain why some Peer Specialists did not recall being offered benefits counseling from Our Space when they were hired.

To ensure all prospective Peer Specialists are aware of the availability of community benefits counseling resources, we recommend Our Space management:

- 11. Distribute the type of information contained in Exhibit 7 to all current Peer Specialists as a reminder of available benefits counseling resources and incorporate the same in the Our Space Employee Handbook.***

Expressed Item of Concern No. 9

Authors: *Any investigation should include a review of the Quality Assurance process used by Milwaukee County BHD and supportive housing to monitor the performance of contract agencies. Clearly the current QA system does not provide adequate oversight and accountability since such serious concerns have occurred for years, and have not been adequately addressed.*

Our Space: Quality Assurance: *Our Space believes that the Milwaukee County Behavioral Health Division and Housing Division would improve their Quality Assurance process by insisting in the future that individuals who write letters such as this one **must** meet face to face with the agency they are making the complaints about. Our Space has been attempting to meet with Barbara Beckert of Disability Rights Wisconsin since 2009. If the accusers are not willing to address the agency face to face, their concerns should **not** be taken seriously.*

Our Space was told that this complaint had to be audited as it came from Disability Rights Wisconsin. Our Space would assume that a formal complaint from Disability Rights Wisconsin would be on their letterhead, would be much more specific, and would be signed only by their Executive Director.

Our Space has to question the objectivity of Ms. Beckert of Disability Rights Wisconsin. Ms. Beckert serves on the Board of Directors of the National Alliance of the Mentally Ill (NAMI), which is the agency most likely to benefit from Our Space losing its Peer Support contracts. Because Disability Rights has such a unique role in terms of initiating complaints and investigations, it might be best if Disability Rights staff were to refrain from serving on community-based Boards to avoid the appearance or reality of a conflict of interest.

Finally, Our Space would ask the County to carefully examine the effect of this audit on Our Space's external reputation, its Peer Support Program, its relationship with its employees, and the effect of the investigation, rumors and innuendo on the reputations of the professional staff of Our Space. All of the above have been irreparably damaged by this audit process. No matter what the final results of the audit may be, it will take years to overcome this damage.

Audit Analysis: It should be noted that Ms. Beckert indicated she does not recall refusing to meet with Our Space management and stated she was reluctant to contact Our Space directly due to the confidential nature of the complaints brought to her attention.

We believe that the Department of Health and Human Services' recent addition of a Whistleblower Protection policy requirement for all contractors, as well as the recommendations contained in this report that are addressed to the department, will strengthen its Quality Assurance and contract monitoring efforts related to peer support services contracts.

Written responses to the recommendations contained in this report from the Department of Health and Human Services and Our Space, Inc. are presented as **Exhibit 8** and **Exhibit 9**, respectively. We would like to acknowledge the full cooperation of both County and Our Space management and staff throughout this review.

Hector Colon, Director, Department of Health and Human Services

May 4, 2012

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This report has been forwarded to the Chairwoman of the Milwaukee County Board of Supervisors for possible referral to appropriate committees.



Jerome J. Heer, Director of Audits

JJH/cah

cc: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Milwaukee County Board of Supervisors
Chris Abele, Milwaukee County Executive
Amber Moreen, Chief of Staff, County Executive's Office
Scott B. Manske, Milwaukee County Comptroller
Paula Lucey, Administrator, DHHS-Behavioral Health Division
James Mathy, Administrator, DHHS-Housing Division
Joan Lawrence, Executive Director, Our Space
Authors of November 30 Letter of Concern
Terrence Cooley, Chief of Staff, County Board Staff
Kelly Bablitch, Chief of Staff, County Board Staff
Carol Mueller, Chief Committee Clerk, County Board Staff

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Date: November 30, 2011

Re: Peer Specialist Services Contract with Our Space

To: Paula Lucey, Milwaukee County Behavioral Health Division Administrator
Hector Colon, Milwaukee County Health & Human Services Director
Jim Mathy, Milwaukee County Supportive Housing

From: Karen Avery, Associate Director IndependenceFirst
Barbara Beekert, Milwaukee Office Director, Disability Rights Wisconsin
Melissa Butts, Certified Peer Specialist
Molly Cisco, Executive Director, Grassroots Empowerment Project
Kristina Finnel, Executive Director, Mental Health America of Wisconsin
Peter Hoeffel, Executive Director, NAMI Greater Milwaukee
Mary Neubauer, Certified Peer Specialist

Copy: Milwaukee County Executive Chris Abele
Jon Gudeman, MD, Our Space Board President
Joan Lawrence, Our Space Executive Director

We are writing to formally share with you extremely serious concerns about Milwaukee County's contract with Our Space to provide peer specialist services at the Mental Health Complex and at supportive housing. We urge you to take immediate action to investigate this program due to concerns about employment practices and working conditions for peer specialists as well as consumer safety. We ask you to delay renewal of this contract pending an independent investigation. In light of the serious allegations in this letter, we believe that termination of this contract should be on the table and it should be re-opened for RFP.

We are asking for a meeting with you prior to next week's Health and Human Needs Committee to discuss next steps. This should also include a plan to provide continuity of peer specialist services at the Complex and at supportive housing – it is important that peer specialists not be further harmed by losing their jobs or by retaliation from Our Space, and that people with mental illness continue to benefit from these services.

Background on Peer Specialist

As you know, a Certified Peer Specialist is a person who has not only lived the experience of mental illness but also has had formal training in the peer specialist model of mental health supports. They use their unique set of recovery experiences in combination with solid skills training to support peers who have mental illness. When done effectively, peer support is endorsed as an evidence based best practice by SAMHSA. Milwaukee County, each of us, and other stakeholders are working hard to move forward with successful redesign of our local mental health system to become recovery oriented and community based, and to decrease high utilization of costly and traumatizing inpatient and crisis services. To achieve these goals, high quality and recovery oriented peer support services are essential. Expanding the use of peer specialist services is strongly supported by recommendations from HSRI, the Community Advisory Board, and will also be endorsed by the Redesign Task Force. We all support efforts by Milwaukee County to use peer specialists and are pleased that an expansion of peer specialist services was approved in the 2012 county budget.

Nationally and locally there are many successful models for peer support services. In Milwaukee there are a number of agencies who hire peer specialists and have excellent outcomes. This is an important time to look at the model we are using for funding and delivery of peer specialist services including development of multiple vendors. Milwaukee County currently contracts with Our Space to provide peer support services at the Mental Health Complex and at Supportive Housing. BHD is recommending that the contract with Our Space be renewed and the contract increased by \$30,000 for a total contract award of \$348,162 in 2012.

Concerns with the Our Space Peer Specialist Program

Over the past few years, many of us who have signed on to this letter, as well as other peer specialists, have shared extremely serious concerns with the leadership at BHD and Supportive Housing regarding Our Space's oversight and operation of the Peer Support contract. Some of these concerns were shared in confidence because peer specialists employed by Our Space were fearful of retaliation and of losing their jobs if they openly shared their concerns. Given the seriousness of the concerns shared with HHS and BHD leadership, we expected that the contract would not be renewed for 2012. We were disappointed to see in the reports for tomorrow's CCSB meeting that the contract is not only being renewed for 2012 but it is being increased. We urge you to delay renewal of this contract for 2012 and to authorize an independent investigation of the services provided by Our Space. Ultimately we believe people with mental illness and the peer specialists who work with them will be best served by opening up this contract to bid.

We have listed below a number of the concerns which have been reported by multiple peer specialists and professionals in the field. There are others we are unable to share to protect the confidentiality of peer specialists currently employed by Our Space who fear they may be at risk of losing their jobs.

- Peer specialists employed by Our Space and working at the Mental Health Complex were paid \$7 an hour. Minimum wage in Wisconsin is \$7.25 (effective July 24, 2009). When this concern was shared with Our Space management, employees were told they were being paid a stipend from a grant and that this was acceptable. The concerns were shared with BHD Management but no action was taken until very recently. As reported by the Wisconsin Peer Specialist initiative, the average hourly wage for Wisconsin peer specialists is \$10.70 and the national average is \$12 an hour.
- Our Space is responsible for conducting background checks of the peer specialists they hire. They hired a peer specialist who is a registered sex offender (on the state registry since 2005) with a record of viewing child pornography and restrictions on computer use. This individual was placed at the Mental Health Complex and worked at both Acute Care and Day Treatment. After he was employed for over a year, Day Treatment staff did a background check of staff due to a state survey. Learning for the first time of this individual's background, they immediately terminated him. Our Space then placed him at one of the supportive housing locations where residents are visited by family members including children. We have been told that staff found images of child pornography on the staff computer there but had no idea who was responsible as they were not aware of this individual's criminal record. In spring of 2011, a peer specialist again found child pornography on the computer and contacted the employment coordinator at Our Space. The staff member came out and questioned this individual who admitted to viewing these images, and he was terminated. It's our understanding that the police were not contacted. Beginning in June of 2011, he was being investigated by police for possession of child pornography and is now charged with eleven counts.
- Another peer specialist supervised by Our Space was terminated from the Mental Health Complex because he sexually harassed women on the staff. We have heard there were approximately four complaints including from nursing and OT staff. His supervisor asked him to stop but he did not. He was terminated at which time he said "They liked it, they wanted it." Our Space tried to again place him at the Complex but the supervisor refused. This individual was then placed at a supportive housing site by Our Space staff.
- The hiring process does not appear to be open and transparent. For the most part, positions are not posted and circulated so there is no opportunity to get a broad pool of applicants and ensure we get the best possible candidates. Many peer specialists have expressed concern that there is not an opportunity for them to apply for open positions.
- Peer specialists need a supportive work environment where there is an opportunity for their valid concerns about working conditions, safety, etc to be taken seriously and respectfully. However, it has been reported that there is no process in place for these concerns to be addressed and that in fact they are afraid to share the very serious concerns they see in their work such as those regarding resident safety. For example, when a peer specialist expressed concern about riding alone on the bus accompanying some consumers who were very ill and at risk for elopement or

acting out, they asked for clinical oversight and review of the consumers. Instead they were told by the Our Space Executive Director: "You will do as I tell you to do" and threatened with firing. When a peer specialist expressed repeated concern about asbestos flooring in the work space, this was ignored. Peer specialists have also reported concerns about resident and staff safety because of crime and lax security at some of the supportive housing units and have indicated that they were discouraged from raising these concerns and that they do not feel safe. Other serious safety issues have also been reported to us.

- Peer specialists have shared that there is a pattern of punitive treatment of staff where staff are penalized for sharing serious concerns instead of being provided with support. It has also been reported that the Executive Director has a pattern of being verbally abusive, threatening, and has repeatedly called some staff at home in the evenings and on weekends with long incoherent and threatening monologues.
- Annual performance evaluations and salary reviews have not occurred on a consistent basis. Many of the peer specialists employed by Our Space are placed at partner agencies and supervised by their staff. When evaluations of peer specialists do occur, the recommendations made by the partner agency supervisor are sometimes significantly changed. In one situation, a former subcontractor reports that the Our Space Executive Director actually whited out the excellent evaluation ratings given by the agency supervisor and replaced them with below average ratings.
- For Peer Specialists to be successful in the work force, it is important that they have access to benefits counseling and to accurate information about benefits. Peer specialists have indicated that our Space has not routinely provided staff with support around benefits issues such as referrals to the free employment benefits counseling at IndependenceFirst. For example, an employee who had to take medical leave was incorrectly told she was not entitled to short term disability causing her great financial and emotional difficulties. A full time employee was told incorrectly that she was not eligible to participate in the agencies health insurance plan.
- Any investigation should include a review of the Quality Assurance process used by Milwaukee County BHD and supportive housing to monitor the performance of contract agencies. Clearly the current QA system does not provide adequate oversight and accountability since such serious concerns have occurred for years, and have not been adequately addressed.

Next Steps

Since the contract is up for renewal on the December board cycle, our original intent was to take these concerns to the CCSB meeting tomorrow. After careful reflection, and because of our commitment to having a strong and high quality peer support program, we are first sharing these concerns internally with you and asking for immediate action. We hope a response will be forthcoming. If not, our next step will be to share an updated version of this letter with the Health and Human Needs Committee when the contract is up for renewal next week. In light of these serious concerns and others that have been shared with you in confidence, we request the following:

- Milwaukee County leadership will meet with us prior to next Wednesday's HHN meeting to discuss next steps (Contact Barbara Beckert at Disability Rights Wisconsin to coordinate 414-773-4646/ barbara.beckert@drwi.org)
- Milwaukee County will immediately open an independent investigation of the Our Space contact.
- Milwaukee County will delay renewal of the contract at this time; a month to month contract would enable peer support services to be maintained during the investigation and leave open the option of contracting with another vendor for 2012.

We are committed to working with you to investigate and address these serious concerns, implement changes, and improve the quality of the peer support services funded by Milwaukee County.



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ELIZABETH SULIVERES
Member Vice-President
Our Space, Inc.

JOAN LAWRENCE
Executive Director

Exhibit 2
(Page 1 of 4)

TO: Whom It May Concern

FROM: Joan Lawrence, Executive Director

SUBJECT: Peer Support Concerns Letter of November 30, 2011

DATE: April 2, 2012

I am writing to respond to the nine concerns that were expressed in the letter of November 30, 2011.

I. Stipends: In 2006, Our Space was approached by Jim Hill, Administrator of the Behavioral Health Division (BHD), and asked to assume responsibility for the BHD's Office of Consumer Affairs. At that point in time, the Office was in disarray due to the illness and subsequent resignation of the individual who had been administrating the Office of Consumer Affairs on behalf of the County. Consumers were serving on BHD committees (i.e. Crisis Executive Committee) and participating in a fledgling Peer Support program.

The tradition of the Office of Consumer Affairs was to pay consumers a stipend of \$7.00 for their participation. In late 2006, Our Space met with BHD Administration to discuss paying individuals who served on committees a stipend and hiring individuals who served as Peer Support Specialists and paying them an hourly wage. This change was opposed by several influential players, some Peer Specialists did not welcome the change and the Peer Support program was in the early stages of development, so Our Space abandoned the idea.

It is important to note that these individuals were never considered employees, but were treated as independent contractors and they were issued an IRS Form 1099 each year. As the minimum wage was not \$7.25 until July 2009, Our Space was actually exceeding minimum wage for much of this time.

In September, 2011, Our Space staff met with Paula Lucey, Administrator of BHD, who encouraged us to employ the Peer Specialists who offered Peer Support through the Office of Consumer Affairs and pay a stipend to those consumers who did committee service. As the Peer Support program was continuing to expand and vicious rumors were circulating that we did not pay minimum wage, Our Space agreed. In January of 2012, the Peer Specialists in the Office of Consumer Affairs became Our Space employees and were given a raise so that they would receive the same amount of reimbursement once payroll taxes were subtracting from their hourly amount (for example, a Peer Specialist earning \$8.00 an hour must now be paid \$8.75 to account for payroll taxes being taken n out).

II. Sex Offender: In March 2008, Our Space made its **only** exception, ignored a criminal background check, and hired an individual who was a registered sex offender. This individual was hired as a result of a referral from Dr. Jon Prestby, Director of the BHD Day Treatment Program. This individual had participated in Dr. Prestby's Dialectical Behavior Therapy groups and Dr. Prestby believed that he had been completely rehabilitated. Our Space believed that this individual was either innocent or going through a very confusing time in his life due to his mental illness. He was placed at the Mental Health Complex where he became an extremely valued Peer Specialist. In addition, he became a State trainer on Trauma-Informed Care.

When BHD was about to undergo a state survey, they conducted criminal background checks on all Peer Specialists. Jennifer Wittwer, Associate Director of Community Services, contacted Our Space

about this individual's criminal background. She indicated that he was held in high regard and suggested that Our Space transfer rather than terminate him as he could not remain at BHD when a state survey was being conducted. She also discussed a program that he could participate in if he wanted to return to BHD. Our Space then transferred him to United House, a supportive apartment facility where 98% of residents are male. Melissa Butts, who was this individual's on-site supervisor, asked why he was being transferred. Our Space shared with her his background. Ms. Butts then contacted the State of Wisconsin and had him removed as a Trauma-Informed Care trainer.

While working at United House, this individual had practically no contact whatsoever with children. He was, however, now working under a cloud of suspicion and rumors from other Peer Specialists, who had have been informed of his background. In February 2011, a Peer Specialist stated she found child pornography on the United House computer. The Director of Employment Services questioned the individual. He did **not** admit to viewing these photos and was **not** terminated. The Director of Employment Services took the computer to the Our Space Board President, who operated a computer business. There were some pictures of young, fully dressed males on the computer, which was shared by all the Peer Specialists. The individual was never terminated by Our Space. He resigned as he felt that he could not continue to work under the ongoing cloud of suspicions and rumors generated by his fellow Peer Specialists.

III. Sexual Harassment: In May, 2009, a Peer Specialist who worked at the Mental Health Complex was accused by a BHD Occupational Therapist of making sexually harassing comments. This Occupational Therapist, however, chose to never file a formal complaint. To the best of Our Space's knowledge, she was the only person who had made this accusation. Our Space discussed this behavior with the Peer Specialist and counseled him on his behavior. At that time, the Peer Specialist resigned. He was rehired two years later and placed at United House to avoid future conflicts. Our Space never terminated him, nor did they ever try to put him back at the Mental Health Complex. The on-site supervisor, Melissa Butts, would not have had the authority, however, to overrule such a decision.

IV. Hiring Process: Prior to initiating a new Peer Support Training, Our Space distributes flyers throughout the community. Each Peer Specialist interested in attending the training must complete an application and undergo an interview with the Director of Employment Services. As part of the training, individuals from each venue describe what it is like to work there. At the conclusion of the Peer Support Training, one must pass a written exam. Individuals who have completed the above requirements are then invited to apply for open positions.

Where individuals are placed is determined by several criteria. Feedback from the person who conducted the training is an essential criteria. Work history, results of the final exam, and progress in personal recovery are also essential factors. The Director of Employment Services works closely with each Peer Specialist to place them in a venue which will be mutually beneficial. Peer Specialists are also informed that they may be transferred to a more difficult venue once they gather more experience. For example, one may start in a Supportive Apartment facility (a relatively easy venue) and progress to Acute Inpatient at the BHD (a very difficult venue).

Promotions are handled slightly differently than new positions. If an individual had been clearly identified for the promotion, Our Space did not post it. Positions which were advertised externally were posted. In 2012, Our Space changed this policy to be more responsive to community concerns and now posts all positions, which do not involve the initial placement of individuals who have just completed the training.

V. Supportive Working Environment: Peer Specialists are encouraged to address all concerns with their immediate supervisor and if it is not resolved at that level to then bring it to the attention

of the Director of Employment Services. The Executive Director only becomes involved if the situation cannot be resolved at those levels.

Individuals are supported throughout their employment, and staff does everything possible to help them succeed

As for the comment about riding alone on the bus referenced in this paragraph, this is an absolute distortion of a situation which occurred in 2007. At that time, the BHD Director of Crisis Services wanted Our Space to teach public transportation to consumers who were staying at the Crisis Respite Houses. Peer Specialists led by Melissa Butts refused to participate in this program. It was explained to them that we were contractually required to teach public transportation. The Our Space Executive Director believed this was a good idea. Ms. Butts was so opposed that she sent a memo to BHD administrative staff stating that it was the policy of Our Space **not** to do public transportation. This situation was resolved when Our Space was able to identify a Peer Specialist who supported the program and was comfortable participating. The program was ultimately abandoned as it was extremely time consuming, and therefore, impacted very few consumers.

As far as the asbestos also referenced in this paragraph, that was a concern that was expressed about the Crisis Resource Center. The Peer Specialist was told that this concern would ultimately have to be addressed by Transitional Living Services, which operates the Crisis Resource Center. The Our Space Director of Employment Services brought the concern to the Director of the Crisis Resource Center and the situation was addressed and resolved.

The concern about crime and lax security at the Supportive Apartments was shared by Our Space administrative staff and these concerns have been expressed repeatedly to Cardinal Capital Management and the Milwaukee County Housing Division.

VI. Punitive Treatment: This accusation is the equivalent of asking a male when he stopped beating his wife and is clearly meant to defame the character of the Our Space Executive Director.

The Our Space Executive Director has very little day to day contact with the Peer Support program and/or with Peer Specialists. The Our Space Executive Director seldom if ever has called Peer Specialists at home and, if there were a reason to, would generally delegate that responsibility to the Director of Employment Services.

VII. Employment Evaluations and Salary Reviews. Employment Evaluations have occurred on a regular basis and, when the evaluation supports it and funding is available, salaries are increased. When Our Space started the Peer Support program, funding was very limited and very few people earned more than minimum wage. As funding increased, salaries increased concomitantly.

The Our Space Executive Director has never whited out an employment evaluation and has no idea what is being referred to in this paragraph. In fact, employment evaluations are completed by the Director of Employment Services with **verbal** input given by partnering agencies. The Executive Director merely signs off on these evaluations.

VIII. Benefits Counseling: The Our Space Accountant and Director of Employment Services work closely with Peer Specialists to assist them with their benefits. The Our Space Accountant spends several hours each pay period completing forms for such entities as Medicaid, Medicare, Housing Assistance, etc. No employee was ever told that they could not receive short-term disability, but was told that whether or not they qualified would be determined by Worker's Compensation. No full-time employee was ever denied insurance.

IX. Quality Assurance: Our Space believes that the Milwaukee County Behavioral Health Division and Housing Division would improve their Quality Assurance process by insisting in the future that individuals who write letters such as this one **must** meet face to face with the agency

they are making the complaints about. Our Space has been attempting to meet with Barbara Beckert of Disability Rights Wisconsin since 2009. If the accusers are not willing to address the agency face to face, their concerns should **not** be taken seriously.

Our Space was told that this complaint had to be audited as it came from Disability Rights Wisconsin. Our Space would assume that a formal complaint from Disability Rights Wisconsin would be on their letterhead, would be much more specific, and would be signed only by their Executive Director.

Our Space has to question the objectivity of Ms. Beckert of Disability Rights Wisconsin. Ms. Beckert serves on the Board of Directors of the National Alliance of the Mentally Ill (NAMI), which is the agency most likely to benefit from Our Space losing its Peer Support contracts. Because Disability Rights has such a unique role in terms of initiating complaints and investigations, it might be best if Disability Rights staff were to refrain from serving on community-based Boards to avoid the appearance or reality of a conflict of interest.

Finally, Our Space would ask the County to carefully examine the effect of this audit on Our Space's external reputation, its Peer Support Program, its relationship with its employees, and the effect of the investigation, rumors and innuendo on the reputations of the professional staff of Our Space. All of the above have been irreparably damaged by this audit process. No matter what the final results of the audit may be, it will take years to overcome this damage.

Effective: 2/1/2012

Job Posting Policy

The goal of the Our Space Job Posting Policy is to ensure that all potential qualified candidates and current employees are made aware of and have the opportunity to apply for positions that are vacant. Organizational conditions permitting, all regular part-time and full-time positions below the level of Executive Director are to be posted when an opening occurs. While it is Our Space's philosophy to promote from within whenever possible, there are conditions that could cause a position to be filled without posting, or to post the position while simultaneously recruiting from the outside.

Process:

1. Job openings will be posted at Our Space, the Office of Consumer Affairs, and the Supported/Supportive Apartment facilities.
2. Job openings will also be distributed through the Mental Health Task Force and may be advertised in the newspaper or on the web.
3. Jobs will be posted for a minimum of ten calendar days, during which time resumes/applications may be submitted.
4. Each job posting will contain a job title and a complete job description, which includes a concise summary of principal duties, responsibilities and requirements of the job, and minimum qualifications of the candidates for the job.
5. All regular part-time and full-time employees with six or more months of continuous employment, and who have a satisfactory performance and attendance record, are eligible to apply for posted openings.

Criteria:

- The organizational conditions that could cause a decision to bypass posting, or to post the position while simultaneously recruiting from the outside, include, but are not limited to: organizational restructuring, position requirements that include skills, education, and/or experience that are not known to match any existing employee; critical operational needs; etc.
- Due to demand, proficiency, expertise, or to fulfill funding/staffing requirements, Peer Support Specialists can and may need to be assigned to various venues and transferred without the position being posted
- Effort is made to generate a diverse applicant pool to fill open positions

(EXCERPT FROM OUR SPACE PERSONNEL MANUAL)

- Abuse or mistreatment of a member or a co-worker whether or not the employee is engaged in work-related activities or on OUR SPACE premises.
- Falsification of Records.
- Insubordination.
- Alcohol or other drug abuse.
- Failure to maintain the confidentiality of OUR SPACE records and information.
- Absenteeism or tardiness.
- Failure to disclose requested background information, or giving false background information.
- Failure to notify the executive director of investigations, charges or convictions as specified in Paragraph 3.Q.

In the event that it is necessary to dismiss an employee due to lack of work, job abolishment, budgetary constraints or other necessary condition, OUR SPACE will attempt to provide the employee with 15 days notice.

D. RESIGNATION

An employee resigning from OUR SPACE is asked, but not required, to give in writing at least one month's notice to his or her supervisor in order to give OUR SPACE a reasonable opportunity to find a replacement. Your thoughtfulness in doing so is appreciated. Employees who give notice of resignation are required to meet with their supervisor to update the supervisor on their work and agree on a mutually acceptable plan for completing any outstanding work, for returning all OUR SPACE equipment, supplies and materials, and for training a replacement, if appropriate. Generally, on the last day of employment, the employee will receive payment for any reimbursable expenses.

Employees, who are rehired following a break in service other than an approved leave of absence, must serve a new probationary period, whether or not such a period was previously completed. Such employees are considered new employees from the effective date of their reemployment for all purposes, including the purposes of measuring benefits.

You should notify OUR SPACE if your address changes during the calendar year in which termination occurs, so that your tax information will be sent to the proper address.

E. SEVERANCE PAY

Upon termination of employment, whether by dismissal or resignation, no severance pay will be paid, unless approved by the director or the board of directors.

F. GRIEVANCE PROCEDURE

OUR SPACE wishes to provide a comfortable, productive and ethical work environment. If there is any matter or incident relating to your work that concerns violations of personnel policies, as set forth in the Employee Manual, you should use the following grievance procedure. Grievances will be reviewed only if they concern violations of personnel policies set forth in the Employee Manual. This procedure allows OUR SPACE to deal with grievances fairly, consistently and speedily. OUR SPACE will not retaliate against an employee for filing a grievance.

Stage 1 - Discuss the matter informally with your supervisor/manager. S/he may be able to resolve the matter to your satisfaction.

Stage 2 – Present the grievance in writing to the Executive Director within 10 days from the date of the incident that gave rise to your grievance. The grievance must include:

- 1) Your name, the names of employees involved as well as the name of the supervisor/manager that you contacted in Stage 1;
- 2) facts giving rise to the grievance and any supporting materials;
- 3) identification of specific Personnel Policies that you allege were violated;
- 4) a request for specific action to resolve your grievance.

If you are invited to a meeting to discuss the grievance, you must attend. By filing a grievance you authorize OUR SPACE to investigate or make inquiries with other people about your grievance.

You will receive a letter/email from the Executive Director with a decision on your grievance. The decision will include a reminder of your right to appeal if you are not satisfied with the outcome.

Stage 3 - If you wish to appeal the decision of the Executive Director, you may ask that the grievance be submitted to the Executive Committee of the Board of Directors. Your appeal letter should explain the reasons for your appeal. The Committee will make a decision based on the materials submitted by you in Stage 2 and the investigation and input of the Executive Director. The Committee will write to you with their final decision. There is no further appeal from this decision. Your grievance and the decisions of the Executive Director and Executive Committee will be retained in your employment file.

OUR SPACE, INC.

Whistleblower Policy

Purpose:

Our Space, Inc. requires that all agency personnel, including directors, officers and employees, observe high standards of business and personal ethics in the conduct of our respective duties and obligations. As representatives of the agency, we must practice sincerity and integrity in fulfilling our responsibilities, and we must comply with internal policies and applicable laws and regulations. Accordingly, employees of the agency may discuss any good faith concerns they have regarding compliance with laws and regulations, or other alleged violations, with their supervisor or the Executive Director and have no fear of retaliation.

Policy:

All employees are required to report, either orally or in writing, to their immediate supervisor or appropriate manager, all evidence of activity by an agency department or employee that may constitute:

- Instances of fraud
- Unethical business conduct
- A violation of federal, state, provincial, or local law
- Substantial and specific danger to the employee's or public's health and safety
- A violation of the agency's Standards of Conduct

Any employee who in good faith reports such incidents will be protected from actual or threatened retaliation as a result of the disclosure of such reports. Further, no employee may be adversely affected because the employee refused to carry out a directive that, in good faith, the employee believes constitutes fraud, or is a violation of federal, state, provincial, or local law.

Reporting Violations:

The Whistleblower Policy is intended to be used for serious or sensitive issues. Anyone filing a complaint must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a true violation.

Concerns can be reported in any of the following ways, and can be done anonymously:

Telephone: (414) 383-8921 ext. 5

E-mail: ourspaceinc@aol.com

Mailing address for written documents:

Joan Lawrence

Our Space, Inc.

1527 W National Avenue

Milwaukee, WI 53204

Employment-related concerns should continue to be reported through your normal channels, such as your immediate supervisor.

Confidentiality:

Reports will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**OUR SPACE, INC.
Whistleblower Policy**

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with the opportunity to ask questions about the policy.

Signature: _____ Date: _____

Name (Please Print): _____

26. **WHISTLEBLOWER POLICY**

County and Contractor agree that ensuring that employees providing services under this Contract are afforded protection under state and/or federal whistleblower protection laws is paramount to the intent of this Agreement. Contractor certifies that it will comply with the provisions of the Sarbanes-Oxley Act of 2002 (SOX), which is applicable to all nonprofit organizations, as well as other state and/or federal whistleblower protection laws. The Milwaukee County Department of Health and Human Services (DHHS) requires all Providers contracting with the department under this contract, or any other agreement with DHHS, to adopt and implement a whistleblower policy. The policy must contain the following key elements:

- a. The Contractor's board of directors must approve the adoption of a whistleblower policy and include it in the Employee Handbook or similar document.
- b. The whistleblower policy must be given to and acknowledged by all employees.
- c. The Chief Executive Officer, or his/her designee, will ensure that whistleblower protection notification is posted in conspicuous location(s) in the workplace(s) as required under state and/or federal law.
- d. If any employee, contract staff, Independent Service Provider or volunteer reasonably believes that some policy, practice, or activity of Contractor is in violation of law, a written complaint may be filed by that person with the Chief Executive Officer.
- e. An employee, contract staff, Independent Service Provider or volunteer is protected from retaliation if any of the persons named above bring the alleged unlawful activity, policy, or practice to the attention of Contractor and provides Contractor with a reasonable opportunity to investigate and correct the alleged unlawful activity.
- f. Contractor will not retaliate against an employee, contract staff, Independent Service Provider or volunteer who, in good faith, has made a protest or raised a complaint against some practice of Contractor, or of another individual or entity with whom Contractor had a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.
- g. Contractor will not retaliate against an employee, contract staff, Independent Service Provider or volunteer who discloses or threatens to disclose to a supervisor or a public body any activity, policy, or practice of Contractor that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning health, safety, welfare, or protection of the environment.
- h. Contractor will obtain employee's signature to document employee's receipt and understanding of the Policy, and verify that employee has been provided with an opportunity to ask questions about the Policy.

Notwithstanding any other remedies available to employee under law, retaliation by Contractor against any employee, or any of the persons named in (d), (e), (f) and (g) above, who, in good faith, have made a protest or raised a complaint against some practice of Contractor, may lead to further sanctions as referenced in this Contract and the *"Milwaukee County Department of Health and Human Services Administrative Probation Policy for Non-Compliance with Contract and Fee-For-Service Requirements"* including, but not limited to, early termination of this Contract.

Milwaukee

Agency Name	Contact Name	Phone Number	Address	City, Zip
Curative Care Network	Deb Falk-Palec	1-414-479-9317	1000 N. 92 nd St.	Milwaukee, WI 53226
Creative Employment Opportunities (CEO)	Erin Goff	1-414-277-8506	1421 N. Water St.	Milwaukee, WI 53202
Goodwill Industries of Southeastern Wisconsin	Jennifer King	1-414-353-6400, ext.144	6055 N. 91 st St.	Milwaukee, WI 53225
Independence First	Sheri Bohl	1-414-226-8333	600 W. Virginia St., 4 th Floor	Milwaukee, WI 53204
Milwaukee Center for Independence (MCFI)	Carrie Belsky	1-414-937-2020	2020 W. Wells St.	Milwaukee, WI 53233
Rich Company	Anna Hay	1-888-348-6182, ext. 3	3238 S. 92nd St.	Milwaukee, WI 53227
United Cerebral Palsy (UCP)	Fran Traynor	414-329-500x227	7519 W. Oklahoma Ave.	Milwaukee, WI 53219

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COUNTY OF MILWAUKEE
Inter-Office Communication

Date: May 2, 2012

To: Jerome Heer, Director – Department of Audit
Douglas Jenkins, Deputy Director – Department of Audit

From: Héctor Colón, Director – Department of Health and Human Services
Paula Lucey, Administrator – Behavioral Health Division

Subject: **OUR SPACE AUDIT**

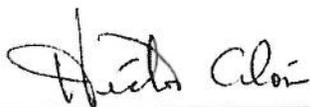
Thank you for your thoughtful and comprehensive approach to this unusual audit request. We recognize the concerns that generated this request were not necessarily easy to measure and review.

The Department of Health and Human Services (DHHS) values the partnerships we have with vendors as well as advocates. They play an essential role in program development and implementation for the vulnerable population that we serve within the Behavioral Health Division.

The Behavioral Health Division (BHD) has been proud of its early adoption of the Peer Specialists as members of the treatment team. Like many programs, the Peer Specialist program has grown and changed over the years. This audit provided a good review of the issues and allows us to move forward.

DHHS/BHD accepts all the recommendations as outlined by the Department of Audit and will work with Our Space to implement all of them. In addition, DHHS will review the recommendations for potential inclusion in other contracts and contractual relationships.

Thank you for your work and collaboration.



Héctor Colón, Director
Department of Health & Human Services



Paula Lucey, RN, MSN - Administrator
Behavioral Health Division

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JOAN LAWRENCE
Executive Director

May 4, 2012

Mr. Jerome J. Heer
Director of Audit
Milwaukee County Department of Audit
City Campus, 9th Floor
2711 West Wells Street
Milwaukee, WI 53208

Dear Mr. Heer:

Our Space welcomes the opportunity to respond to the audit report recommendations and looks forward to working with Milwaukee County on implementing these recommendations.

Expressed Item of Concern No. 2: Registered Sex Offender

In a review of twenty-nine current, peer specialist personnel files, the auditors found no violations of the Wisconsin Caregiver Law. Our Space accepts the ultimate responsibility for decisions regarding the registered sex offender, but the agency has never before and will never again hire someone whose background is not in compliance with the State of Wisconsin Caregiver Law.

Our Space, however, resolutely stands by its description of what occurred in regard to the sex offender incident as stated in its April 2, 2012 response (Exhibit 2), especially in regard to its strong reliance on the recommendations of Behavioral Health Division (BHD) professional staff in determining whether to hire this individual. Our Space would never have employed the individual had he not been recommended by Dr. John Presby, Director of the BHD Day Treatment Program. Dr. Presby has referred other potential peer specialists and many have become excellent employees. The candidate discussed the significance of the Day Treatment's Dialectic Behavioral Therapy groups as life-changing in his employment essay. This candidate also listed other Day Treatment staff as a reference on his employment application.

Ms. Wittwer was conducting background checks for an upcoming State survey and expressed her own and others exceptionally high regard for this peer specialist. She recommended a program he could enroll in if he wanted to return to BHD as a peer specialist. She discussed him working elsewhere.

To the best of Our Space's Executive Director's and Director of Employment Service's recollections, this is what occurred. This peer specialist was hired in March of 2008 and transferred to United House in October of 2009, so perhaps the amount of time which has passed has affected recollections and explains why our Space and BHD staff have different memories of these events.

Our Space will continue to comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Law.

All future criminal background checks with findings other than "no record found" will be reported immediately to the Department of Health and Human Services (DHHS) by the Our Space Executive Director or the Director of Employment Services depending upon which individual conducts the background check.

After the initial background check, the Our Space Executive Director or Director of Employment Services will conduct a new background check every four (4) years, or at any time within that period when Our Space has reason to believe a new check should be obtained. Our Space will conduct background checks on all employees past four years by June 15, 2012. The Our Space Executive Director was not aware that the agency was not in compliance with this requirement and will monitor background checks much more carefully in the future.

Written notification of replacement of personnel shall be provided to Milwaukee County prior to replacement by the Our Space Executive Director. Our Space shall not replace named personnel without the prior written approval of County, starting immediately and the Executive Director will ensure future compliance.

Expressed Item of Concern No. 5: Supportive Working Environment

To improve Peer Specialists' awareness of recently enacted Written Grievance and Whistleblower Protection policies, we recommend Our Space management:

- 5. Modify the Our Space Whistleblower Protection policy and obtain Department of Health and Human Services, Contract Administration's written confirmation that the policy meets all contractual requirements prior to having a revised Whistleblower policy approved by the Our Space Board of Directors.**

Our Space's Executive Director and Executive Committee will re-write the Whistleblower Protection Policy to address the concern in regard to employees disclosing or threatening to disclose to public bodies, and will share the modified policy with DHHS's Department of Contract Administration to ensure compliance prior to bringing it to the full Our Space Board of Directors for approval at the July, 2012 meeting.

- 6. Distribute copies of Our Space's Written Grievance and Whistleblower Protection policies to all current and future Our Space Peer Specialists, and provide awareness training regarding same.**

The Our Space Director of Employment Services will distribute copies of the Grievance and new Whistleblower Protection policies to all current and future Our Space Peer Specialists, as well as all other employees, and will provide awareness training at an August full staff meeting held specifically for this purpose. (This recommendation will be fully implemented by August 31, 2012.)

- 7. Obtain and retain required employee signatures acknowledging receipt and understanding of the Our Space's Whistleblower Protection Policy.**

The Our Space Director of Employment services will obtain and retain required employee signatures acknowledging receipt and understanding of the Whistleblower Protection Policy by September 30, 2012.

Expressed Item of Concern No. 7: Employee Evaluations

Although there is no specific recommendation, Our Space staff will endeavor to complete three month evaluations for new Peer Specialists and annual evaluations for non-probationary Peer Specialists in a more timely manner.

Expressed Item of Concern No. 8: Benefits Counseling

To ensure all prospective Peer Specialists are aware of the availability of community benefits counseling resources, we recommend Our Space management:

- 11. Distribute the type of information contained in Exhibit 7 to all current Peer Specialists as a reminder of available benefits counseling resources and incorporate the same in the Our Space Employee Handbook.**

The Our Space Executive Director will distribute a list of available benefits counseling resources similar to Exhibit 7 to current Peer Specialists in their June 5, 2012 pay check and will also add it to the our Space Employee Handbook immediately.

Expressed Item of Concern No. 9: Quality Assurance

In the audit analysis, it states that Barbara Beckert indicated she does not recall refusing to meet with Our Space management and stated she was reluctant to contact Our Space directly due to the confidential nature of the complaints brought to her attention. As stated in Our Space's April 2, 2012 letter, (Exhibit 2), Our Space initially asked to talk with Ms. Beckert in 2009 after she remarked to the Our Space Executive Assistant at a Make It Work Milwaukee meeting that she had heard that Milwaukee County was not satisfied with our County peer support services. The Executive Director of Our Space then contacted Ms. Beckert via email and a phone call was planned for that Friday. Ms. Beckert never called and ignored additional efforts to speak with her. (When contacted the BHD administrator indicated that he was quite satisfied with our peer support services.)

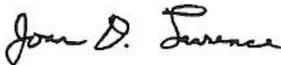
When Our Space met with Paula Lucey and Hector Colon on December 2, 2011 to discuss the November 30, 2011 letter of concern (Exhibit 1), the Executive Director asked Ms. Lucey to facilitate a meeting between Ms. Beckert and Our Space. Ms. Lucey was then asked on December 7th if she had a chance to speak to Ms. Beckert and indicated that she had expressed our interest in meeting to Ms. Beckert. Ms. Lucey later suggested to Ms. Beckert at a Medical College event attended by our Board President, Dr. Jon Gudeman, that perhaps she should speak with Dr. Gudeman. Dr. Gudeman states that he was never approached by Ms. Beckert.

No meeting between Our Space and Ms. Beckert has occurred as of this writing. Just as the

complaints were kept anonymous and confidential in the letter of concern (Exhibit 1), they could have been kept equally confidential in a face to face meeting. The concerns might actually have been resolved without the expense and stress of an audit.

Please let me know if these responses to your recommendations are satisfactory or if you have any questions or concerns. It has been a pleasure working with you and your staff.

Sincerely,

A handwritten signature in cursive script that reads "Joan D. Lawrence".

Joan Lawrence
Executive Director

Our Space Milwaukee County Action Plan 5-4-12

Objective 1: To comply with provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Law, and DHHS Contract.

Action Steps	Responsibility	Time Frame	Evaluation
1. Future criminal background checks with findings other than "no record found" will be reported immediately to DHHS	Executive Director and Director of Employment Services	Immediately	Document and Audit
2. Conduct background checks on all employees past the four-year re-check period and do so on a ongoing basis	Executive Director and Director of Employment Services	June 15, 2012	Document and Audit
3. Written notification of replacement of personnel shall be provided to Milwaukee County and personnel will not be replaced without prior written approval of County	Executive Director	Immediately	Document and Audit

Objective 2: To improve Peer Specialist awareness of recently enacted Written Grievance and Whistleblower Protection policies.

Action Steps	Responsibility	Time Frame	Evaluation
1. Re-write the Whistleblower Protection policy to address the concern about employees disclosing or threatening to disclose to public bodies	Executive Director and Executive Committee	June, 2012	Document and Audit
2. Share the modified policy with DHHS's Department of Contract Administration to ensure policy meets contract requirements	Executive Director and Executive Committee	June 30, 2012	Document

3. Our Space Board of Directors approves new policy	Executive Director and Board of Directors	July, 2012	Minutes and Audit
4. Distribute copies of the Grievance and new Whistleblower Protection policies to all current and future Our Space Peer Specialists	Director of Employment Services	August, 2012	Document and Audit
5. Provide awareness training at an August full staff meeting held specifically for this purpose	Director of Employment Services	August 31, 2012	Document and Audit
6. Obtain and retain required employee signatures acknowledging receipt and understanding of the Whistleblower Protection policy	Director of Employment Services	September 30, 2012	Document and Audit

Objective 3: To ensure that Employment Evaluations for all Peer Specialists occur on a regular basis.

Action Step	Responsibility	Time Frame	Evaluation
1. Complete three month evaluations for new Peer Specialists and annual evaluations for non-probationary Peer Specialists	Director of Employment Services	Immediately	Document and Audit

Objective 4: To ensure all prospective Peer Specialists are aware of the availability of community benefits counseling resources.

Action Steps	Responsibility	Time Frame	Evaluation
1. Add a list of available benefits counseling resources similar to Exhibit 7 to the Our Space Employee Handbook and distribute to current Peer Specialists	Executive Director	June, 2012	Document and Audit

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 22, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

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

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

Policy Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. At the March Board meeting, the 2012 Our Space purchase of service contract was extended through June 30, 2012 for Peer Support services, pending audit results. The audit has been completed therefore, per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to extend the 2012 purchase of service (POS) contract with Our Space for the Behavioral Health Division (BHD) through December 31, 2012.

Discussion

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

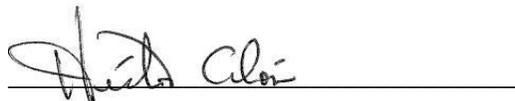
Audit released their final review of the Our Space issues in May 2012. The audit did not find any significant issues that would indicate that Our Space should not continue to provide Peer Support services to BHD through their purchase of service contract. The Audit is also being submitted to the County Board in the June cycle. Due to the completion of the audit, BHD is requesting to extend the Peer Support portion of the Our Space contract through December 31, 2012.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to extend the 2012 purchase of service contracts with Our Space for Peer Support services by \$67,600, to a total of \$135,200 for the time period of July 1 – December 31, 2012. Approval of the recommended contract allocation, as specified in the attached resolution, will allow for BHD to continue to provide peer support services.

Fiscal Effect

The amounts recommended in these contracts have been included in BHD's 2012 Budget. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

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

(ITEM *) Report from the Director, Department of Health and Human Services,
Requesting Authorization to Extend the 2012 Purchase of Service Contract with Our
Space for the Behavioral Health Division 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 extend the 2012 purchase of service (POS) contract with Our Space for the Behavioral Health Division (BHD); and

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

WHEREAS, to ensure that these valuable services were maintained for BHD clients while the concerns were reviewed, BHD recommended, and the Board approved, a six-month contract for peer support services with Our Space from January 1 – June 30, 2012 for a total of \$67,600; and

WHEREAS, Audit released their final review of the Our Space issues in May 2012 and the audit did not find any significant issues that would indicate that Our Space should not continue to provide Peer Support services to BHD through their purchase of service contract; and

WHEREAS, due to the completion of the audit, BHD is requesting to extend the Peer Support portion of the Our Space contract through December 31, 2012; and

WHEREAS, the amounts recommended for the Our Space contract 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 extend the 2012 purchase of service contract with Our Space for the time frame and amounts as specified below:

Agency	Service	Additional Amount	Total 2012 Contract
Our Space	Peer Support (January 1 – December 31, 2012)	\$67,600	\$135,200

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/22/12

Original Fiscal Note

Substitute Fiscal Note

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

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

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

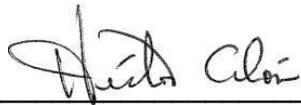
B) DHHS is now requesting to extend the 2012 purchase of service contracts with Our Space for Peer Support services by \$67,600, to a total of \$135,200 for the time period of July 1 – December 31, 2012. Approval of the recommended contract allocation, as specified in the attached resolution, will allow for BHD to continue to provide peer support services.

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

D. No assumptions/interpretations.

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

Department/Prepared By Alexandra Kotze, DHHS Budget Manager

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE

INTEROFFICE COMMUNICATION

DATE: May 22, 2012

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

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

SUBJECT: **Informational Report From the Director, Department of Health and Human Services, Submitting a Status Report on Changes in the Emergency Medical Services Educational Service Delivery and Resulting Efficiencies**

Issue

As part of the 2012 Budget, the Director of the Milwaukee County Emergency Medical Services (MC EMS) program was directed to “work with participating municipalities to provide opportunities for on-shift initial paramedic training and in-station continuing education, which would help municipal partners reduce overtime costs resulting from sending employees to the Milwaukee County EMS Education Center to attend EMS classes.”

The Director, Department of Health and Human Services (DHHS) and Administrator of the Behavioral Health Division (BHD) are returning to the Board with a status update on this change in educational service delivery and the efficiencies that have been achieved.

Background

The Director for MC EMS and the EMS faculty have met five times since January 2012 to discuss options and educational delivery models that would meet the educational and financial needs of the contracting fire departments while remaining compliant with local, state and national requirements/mandates. Input was provided by the fire departments (FD) and it was decided that the educational needs of the FD would be prioritized in the following manner:

1. Seek options to deliver continuing education (refresher class) content in a non-traditional face-to-face classroom manner which students have historically attended off duty;
2. Seek alternatives to the three times a year continuing education conferences; and
3. Seek alternatives to the full-time, forty hours per week initial paramedic class.

Refresher Class

The staff of MC EMS and the fire department representatives worked in close collaboration and divided the traditional six hour refresher class, offered twenty times each semester, into two classes that were three hours in length. In total for the Spring 2012 refresher class schedule, MC EMS offered 44 classes. This allowed the FD more flexibility to send staff on-duty, while allowing students to be away from their fire department stations for a shorter period of time. Additionally, the decision to offer classes at two sites allowed fire department paramedic units to be closer to their communities and leave class to respond to 911 calls should the need arise. Classes were held at the West Allis Fire Department at 73rd and National and at the Oak Creek Fire Department at 13th and Putez.

Three hundred and eighty (380) paramedics from nine fire departments attended the Spring 2012 refresher classes. Suburban fire departments experienced an overtime savings of \$70,060 and the City of Milwaukee Fire Department experienced an overtime savings of \$32,040. In total, as a result of changing the model of offering refresher classes on-duty, Milwaukee County EMS saved contracting fire departments \$102,100 in overtime.

Continuing Education Conferences

MC EMS and the FD have discussed decreasing the frequency of the continuing education (CE) conferences from the three-hour conferences that are currently offered three times a year, for a total of nine hours per year. An alternative would be to offer two - two hour classes for a total of four hours per year. This would save the FD five hours of overtime per paramedic per year, likely resulting in an additional \$85,000 in total overtime savings annually.

Core Paramedic Class

MC EMS staff held several meetings with municipal fire department staff to address changing the model for the core paramedic class. MC EMS staff prepared three options, and the fire departments' administration evaluated the presented options and selected a "shift model." The shift model will deliver the core paramedic class on-duty for two fire department shifts. This model, while extending the length of a core paramedic class by five to six months, will allow fire departments to send staff on-duty, decreasing overtime significantly. The specifics of this model are currently being developed so estimates of costs savings are not available at this time.

Next Steps

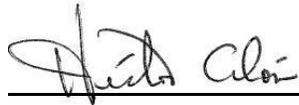
MC EMS Education Center is in the early stages of using an Internet based WebEx platform to offer classes remotely. WebEx is a "Go-To-Meeting" type platform that will allow content to be delivered from a single location by MC EMS staff and be viewed remotely by fire department staff. For the Fall 2012 Refresher Class, MC EMS will deliver each class to 8-10 fire department locations (versus the two locations used for the Spring 2012 Refresher classes) using the WebEx platform. This will allow MC EMS to use fewer resources to deliver content to more fire

department paramedics per class. Additionally, the use of the WebEx platform for the Fall 2012 Refresher Classes will provide MC EMS and municipal fire department staff with experience and opportunities to transition to delivering education remotely, while putting in place policies and operational processes to support a video conferencing system.

To efficiently and effectively deploy MC EMS human resources and to provide high quality education to contracting municipal fire department staff, a video conferencing system needs to be developed. This system will require IMSD and EMS to work with municipal fire departments on establishing video conferencing capabilities. Such a system will greatly improve the quality of delivery of EMS education while reducing salary costs. BHD has included a request for an initial investment in video conferencing resources for EMS in its 2013 Capital Budget.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health & Human Services

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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 30, 2012

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

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

SUBJECT: **From the Director, Department of Health and Human Services, submitting an update on the work group activities to study the transfer of management of inmate mental health and health care services to the Department of Health and Human Services and requesting an extension of implementation date until October 1, 2012**

Background

As part of the 2012 Budget, the County Board passed an amendment directing the Director of the Department of Health and Human Services (DHHS) to study and make recommendations related to the transfer of management of the physical and mental health services for inmates from the Office of the Sheriff to DHHS. The Sheriff had proposed to outsource this service as part of his 2012 Requested Budget, but concerns were raised and the direction was given to develop a transition plan. DHHS submitted informational reports to the County Board in February and March 2012 to outline the work group and the work plan for the group. A status report was offered in May 2012; this report is to update the Board on the activities since the May report and request an extension in the timeline for implementation.

Discussion

The physical and mental health care of inmates has been a point of discussion for many years. The Christiansen Consent Decree outlines the standards of care to which the Milwaukee County Sheriff is accountable. The method or agent to provide the services to achieve those standards is not defined and a number of potential alternatives exist.

Any change of this magnitude, and with the consideration of human lives at stake, requires a careful and thoughtful process to ensure the best outcomes are achieved. To achieve that, a work plan has been developed to manage the process and the objectives of the work group have also developed.

In addition, previously reported research indicates that a partnership and high level of collaboration is needed to be successful. The ongoing meetings and discussions between DHHS and the Sheriff's Office are building the foundation of the relationship.

Work Group

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

Plan of Work

Based on the established plan of work, the meetings have followed a process of discovery and due diligence including data review, staffing patterns, and accreditation standards. The Sheriff's Office arranged an in-depth tour of both the downtown and south facilities. This tour allowed for discussion about the daily routine, emergency service plan and gave an appreciation of the relationship between security and medical. The data indicated that, of the nearly 33,000 inmates screened at booking, approximately 50% or 18,000 inmates are screened as having a medical or mental health issue requiring additional assessment and potential treatment. Information was shared about the most common medications administered and the volume of medication administered annually.

In addition, DHHS has been meeting with outside experts to learn from their experiences with correctional health. These meetings have included individuals who are currently, or in the past, health care leaders within correctional health settings. These meetings have been very helpful in the development of a draft Memoriam of Understanding.

Dr. Shansky, the medical monitor, coordinated with Disability Rights of Wisconsin to meet with community stakeholders related to mental health care and concerns related to inmates. Members of BHD staff attended to observe. A number of clinical and administrative concerns arose related to communication with community providers, medication protocols, and release planning. Some of the issues appeared to be system issues such as faxes being lost or agencies receiving multiple requests while others appear to require clinical investigation and decisions such as medications on the formulary in use in corrections.

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

Transition issues related to administrative and fiscal management were the key focus of the latest meetings. The issues include funding for a potentially different model for psychological support, human resource and fiscal oversight, management of unfunded positions, contracts, equipment and other administrative duties. Additional meeting with DAS have also occurred to review these issues.

Action Steps Taken in May

The Health Care Administrator position has been mentioned in previous reports as being a critical need for the smooth transition of services and the efficient operation of the service. This position has not been filled officially since 2004. A job description has been developed and approved by both the Office of the Sheriff and DHHS. This will be sent to Human Resources to begin the recruitment process.

As mentioned previously, in researching other municipalities where the health care is provided by an agency other than the Sheriff's department, an approach that seemed successful was to develop a Memorandum of Understanding between the two departments to outline responsibilities. A draft MOU has been developed and is being reviewed by both departments.

These discussions are occurring concurrent to the 2013 Budget preparation. DHHS will submit a request for the 2013 Budget, which includes the development of a psychology model of care. The Sheriff's department has been notified of the anticipated cross charge.

Next Steps

DHHS/BHD is moving forward with the transition planning. The original time frame of July 1, 2012 is not achievable and both departments request an extension until October 1, 2012. This will allow the completion of the transition planning and recruitment of critical leadership positions. Important next steps include:

- Recruitment and subsequent appointment of the Health Care Administrator position.
- The draft MOU must be modified and agreed upon by all parties.
- DHHS/BHD will meet with the Sheriff's office fiscal staff and DAS to continue to discuss a plan for the transition of the administrative functions. The transition plan must address current, as well as future, resource and budget needs. Clearly, this plan must be agreed upon by all parties prior to any transfer occurring.
- Additional study is needed to determine the fiscal impact of an extended pharmacy formulary. While it will be recommended that some drugs be added to the formulary, this cost may be off set by currently expensive brand drugs becoming available in generic form in the near future.
- In previous discussions, the Electronic Medical Record system at corrections was seen as another area needing attention. When the discussion regarding the selection of a vendor for BHD occurred, the correctional health was part of the discussion for some period of time until they moved in a different direction. This area should be reviewed to determine if operational improvements could be achieved by investing in an updated EMR.

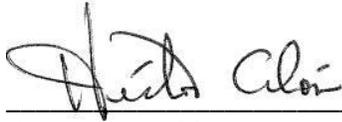
Recommendation

It is recommended that the time line for the transfer of care of inmates to DHHS be extended from July 1, 2012 to October 1, 2012 to allow for transition issue to be resolved and recruitment of leadership staff to occur.

Fiscal Impact

Extending the timeline for transfer will have no fiscal impact. By agreement between the fiscal staff of both departments, a fund transfer will be submitted at the time of service transfer to reconcile the accounts in both departments. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Amber Moreen, County Executive's Office
Tia Torhorst, County Executive's Office
Kelly Bablitch, Chief of Staff - 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
Josh Fudge – Fiscal and Management Analyst - DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff
Janelle Jensen, County Board Staff
Inspector Richard Schmidt, Sheriff's Office
Jon Priebe, Sheriff's Office
Molly Pahl, Sheriff's Office

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3
4 (ITEM NO.) From the Director, Department of Health and Human Services,
5 submitting an update on the work group activities to study the transfer of management
6 of inmate mental health and health care services to the Department of Health and
7 Human Services and requesting an extension of implementation date until October 1,
8 2012, by recommending adoption of the following:
9

10 **A RESOLUTION**

11
12 WHEREAS, as part of the 2012 Budget, the County Board passed an
13 amendment directing the Director of the Department of Health and Human Services
14 (DHHS) to study and make recommendations related to the transfer of management of
15 the physical and mental health services for inmates from the Office of the Sheriff to
16 DHHS; and
17

18 WHEREAS, a workgroup was established to discuss the transfer and
19 membership in the workgroup includes representatives from the clinical and fiscal areas
20 within DHHS/BHD, the medical, administration and fiscal areas of the Milwaukee
21 County Sheriff's Office, Corporation Counsel, Department of Administrative Services,
22 County Board staff and the Christensen Decree Medical Monitor; and
23

24 WHEREAS, the workgroup has met to discuss a multitude of issues, including
25 inmate demographic data, staffing patterns, accreditation standards, outside entities'
26 experiences with correctional health, community stakeholder concerns, recruitment of
27 critical positions, and administrative and fiscal management; and
28

29 WHEREAS, while transition planning continues to move forward, several
30 important milestones need to be accomplished before the transfer of management can
31 occur; and
32

33 WHEREAS, these additional milestones include recruitment and subsequent
34 appointment of the Health Care Administrator position, modification and agreement by
35 all parties of a Memorandum of Understanding, completion of planning for the transition
36 of the fiscal and administrative functions, determination of the fiscal impact of an
37 extended pharmacy formulary, and review and determination if operational
38 improvements could be achieved by investing in an updated EMR; and
39

40 WHEREAS, the Office of the Sheriff and DHHS believe that an extension of the
41 timeline for implementation until October 1, 2012 is required in order to achieve the
42 milestones; and
43

44 WHEREAS, there is no fiscal impact of granting such extension; now, therefore,
45

46 BE IT RESOLVED, that the timeline for transfer of management of inmate mental
47 health and health care services to the Department of Health and Human Services is
48 extending from July 1, 2012 to October 1, 2012.
49
50
51
52

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 6/1/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Director, Department of Health and Human Services, submitting an update on the work group activities to study the transfer of management of inmate mental health and health care services to the Department of Health and Human Services and requesting an extension of implementation date until October 1, 2012

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A.) The Director, Department of Health and Human Services (DHHS) is requesting authorization to extend the timeline for implementation of the transfer of management of inmate mental health and health care services to DHHS from July 1, 2012 to October 1, 2012.

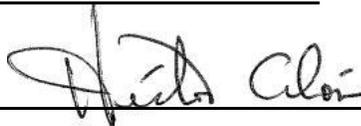
B.) There are no costs associated with the extension. DHHS will put forward a fund transfer request at the time of the service transfer to reconcile the accounts in both departments.

C.) There is no fiscal impact associated with this action in the current year.

D.) See Section B

Department/Prepared By Maggie Mesaros, 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.