

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: October 10, 2013

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: From the Director of Department of Family Care, requesting authorization to extend the existing Professional Services Contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Managed Care Organization (MCO) under Family Care for the period January 1, 2014, through December 31, 2014.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on October 30th, 2013 and the Committee on Finance, Personnel and Audit at its meeting on October 31st, 2013.

The resolution authorizes the Director of Department of Family Care to extend the existing Professional Services Contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Managed Care Organization (MCO) under Family Care for the period January 1, 2014, through December 31, 2014.

The Third Party Administrator (TPA) acts on behalf of the Managed Care Organization (MCO) to adjudicate MCO member claims and to pay providers for authorized services. Wisconsin Physicians Service Insurance Corporation (WPS) has successfully provided TPA services to the MCO since 2004, and consistently meets or exceeds vendor performance expectations as the TPA to the Family Care MCO.

WPS has corporate privacy policies and procedures to ensure that they are HIPAA-compliant, they have entered into business associate agreements with outside companies with whom they share Protected Health Information (PHI), and they have a corporate privacy officer. They have also created a corporate notice of their privacy practices and distributed it to partners, have trained all of their current and will train all future employees on their privacy guidelines. WPS' well-established security procedures ensure the confidentiality of all beneficiary and provider information, ensure the rights of the individual are protected, and prevent unauthorized use of files.

WPS provides confidentiality training to all WPS employees on their first day of work and make certain all employees understand the consequences of a breach of confidentiality. All WPS employees sign a confidentiality statement. They employ comprehensive audit procedures to assure the confidentiality of beneficiary and provider information, and to protect information collected in the course of processing claims against disclosure to unauthorized parties.

WPS met the required HIPAA implementation date of October 16, 2003 for all standard transactions and EDI code sets. Including:

- Health Care Claim: Institutional, Professional or Dental
- Payment and remittance advice
- Eligibility benefit request/response
- Claim status inquiry/response
- Referral certification and authorization
- Enrollment
- Premium payment

WPS has implemented systems security controls and procedures to safeguard customer and corporate information relative to HIPAA security standards. In addition, WPS has administrative, technical and physical security policies and procedures to ensure the confidentiality, integrity and availability of all "Protected Health Information" that they create, receive, maintain or transmit.

The State of Wisconsin Department of Health Services (DHS) chose WPS as one of its two selected vendors for a Master Agreement with the State to support the day-to-day claims management of the Wisconsin Long Term Care Managed Care.

Because WPS is one of the State's two preferred TPA providers, the MCO is assured of receiving services necessary to meet the needs of our organization. Further, it should be noted in 2012 that WPS lowered the rate they charge MCDFC.

The State Department of Health Services has made clear their preference that all MCOs utilize the State's Master Agreement rather than execute their own contracts for TPA services. The MCDFC MCO, on the other hand, believes that it is advantageous to both Milwaukee County and to the MCO for MCDFC to enter into their own contract with a TPA. Having a separate contract provides the MCO with ultimate oversight in terms of

contract performance and deliverables and provides the County Board of Supervisors with the opportunity to vote on the contract.

Milwaukee County Corporation Counsel is working with MCDFC to fully evaluate the potential risks and benefits of signing the State's Master Agreement. A one-year contract extension allows them sufficient time to do their due diligence and does not place the MCO at risk, given the favorable past performance of WPS.

During the course of 2014, the MCO, after consultation with Corporation Counsel, will make a final determination as to the advisability of releasing an RFP for TPA services or signing on to the State's Master Agreement.

The authority to extend the current contract with WPS is allowed through S.56.30 (5) (a) (3) Milwaukee County Code of Ordinances which states "The request for proposal procedure must be used for all contracts with an estimated value of one hundred thousand dollars (\$100,000) or more unless action is required to protect property or protect life, health or welfare of persons, **or in circumstances where contractual services are approved by specific county board action.**" (Emphasis added).

Adoption of the attached resolution is necessary to allow the Third Party Administrator (TPA) who acts on behalf of the MCO to adjudicate member claims and to pay providers for authorized services.

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
Don Tyler, Director, DAS
Josh Fudge, Director, Office of Performance, Strategy & Budget, DAS
Matthew Fortman, Fiscal & Management Analyst, DAS
Scott Manske, Comptroller
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

1 From Director, Department of Family Care, requesting authorization to extend the
2 existing Professional Services Contract with Wisconsin Physicians Service Insurance
3 Corporation (WPS) to provide Third Party Administrator (TPA) Services for the
4 Managed Care Organization (MCO) under Family Care for the period January 1, 2014,
5 through December 31, 2014, by recommending adoption of the following:
6

7 **A RESOLUTION**
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9 WHEREAS, a major purpose of Family Care is to divert persons requiring long-
10 term care from expensive publicly funded nursing homes to more appropriate
11 community-based forms of care desired by persons in need of such services; and
12

13 WHEREAS, on July 1, 2002, services under Family Care became a state and
14 federal entitlement for any eligible resident of Milwaukee County aged 60 or older; and
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16 WHEREAS, on November 1, 2009, services under Family Care were extended
17 for any eligible resident of Milwaukee County with physical and mental disabilities aged
18 18 to 59; and
19

20 WHEREAS, the purpose of Family Care is to (1) increase access to home and
21 community-based care, (2) develop a cost-effective system of service delivery, (3)
22 ensure a consistently high quality of care, and (4) improve opportunities for consumer
23 input; and
24

25 WHEREAS, the Third Party Administrator (TPA) acts on behalf of the Managed
26 Care Organization (MCO) to adjudicate MCO member claims and to pay providers for
27 authorized services; and
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29 WHEREAS, Wisconsin Physicians Service Insurance Corporation (WPS) has
30 successfully provided TPA services to the MCO since 2004, and
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32 WHEREAS, WPS is currently engaged in a system conversion which will
33 ultimately benefit the operations of the MCO; and
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35 WHEREAS, WPS consistently meets or exceeds vendor performance
36 expectations as the TPA to the Family Care MCO; and
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38 WHEREAS, the State of Wisconsin Department of Health Services (DHS) issued
39 an RFP for TPA services on May 7, 2009, to establish a TPA Master Agreement that
40 meets the informational, operational, and administrative needs necessary to support the
41 day-to-day claims management of the Wisconsin Long Term Care Managed Care and
42 other programs; and
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44 WHEREAS, WPS is one of two selected vendors for a Master Agreement with
45 DHS; and
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47 WHEREAS, MCDFC has obtained and reviewed the responses to the DHS RFP
48 and determined that the response to the RFP submitted by WPS meets or exceeds the
49 current TPA services now provided to MCDFC; and

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51 WHEREAS, WPS reduced the rate charged to the MCO in August 2012; and

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53 WHEREAS, contracting with the DHS approved vendor WPS assures that the
54 TPA services provided to MCDFC will comply with all DHS requirements as specified in
55 the DHS RFP; and

56
57 WHEREAS, MCDFC is seeking Board authority to amend resolution 10-411 to
58 extend their current contract for one-year agreement with WPS to be terminated either
59 upon entering into a contract under the State Master Agreement, notice by the parties or
60 expiration of the agreement; and

61
62 WHEREAS, sufficient funds are allocated in the budget for this purpose; now
63 therefore,

64
65 BE IT RESOLVED, that the Director of the Milwaukee County Department of
66 Family Care (MCDFC) is hereby authorized to extend the existing Professional Services
67 Contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide
68 Third Party Administrator (TPA) Services for the Managed Care Organization (MCO)
69 under Family Care for the period January 1, 2014, through December 31, 2014, and to
70 award \$1,683,497 in vendor service fees to be paid to WPS for the year 2014 with an
71 annual adjustment made based on yearly changes to enrollment and \$ 276,112,593 in
72 pass through dollars for member service payments to be paid to agencies providing
73 services to Family Care members; and

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75 BE IT FURTHER RESOLVED, the proposed contract remains contingent upon
76 Milwaukee County Board authorization of MCDFC's continued participation as an MCO
77 under Family Care for the period January 1, 2014, through December 31, 2014.

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/16/13

Revised

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to extend the existing Professional Services Contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Managed Care Organization (MCO) under Family Care for the period January 1, 2014, through December 31, 2014

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	1,723,207	1,683,497
	Revenue		
	Net Cost	1,723,207	1,683,497
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

The resolution authorizes that the Director of the Milwaukee County Department of Family Care (MCDFC) to extend the existing Professional Services Contract with Wisconsin Physicians Service Insurance Corporation (WPS) to provide Third Party Administrator (TPA) Services for the Managed Care Organization (MCO) under Family Care for the period January 1, 2014, through December 31, 2014, and to award \$1,683,497 in vendor service fees to be paid to WPS for the year 2014 with an annual adjustment made based on yearly changes to enrollment and \$ 276,112,593 in pass through dollars for member service payments to be paid to agencies providing services to Family Care members.

The resolution is necessary to allow the Third Party Administrator (TPA) who acts on behalf of the MCO to adjudicate MCO member claims and to pay providers for authorized services.

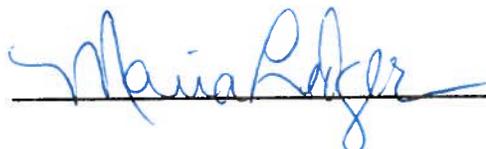
Funding is derived from payments by the State based on a primary comprehensive capitated rate and a secondary revenue source from member obligations to the program.

The adoption of this resolution will require an appropriation of funds, to be provided from the MCDFC capitation rate, thereby having no effect on the tax levy of Milwaukee County.

The resolution has no fiscal impact in 2013 other than the allocation of staff time required to prepare the accompanying report and resolution.

Department/Prepared By Jim Hodson

Authorized Signature



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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Did DAS-Fiscal Staff Review?

Yes

No

Did CDBP Review?²

Yes

No

Not Required

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: October 14, 2013

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: From the Director of Department of Family Care, requesting authorization to enter into a professional services contract with Superior Support Resources, Inc. for the period of January 1, 2014 thru December 31, 2014, with the option of up to two one-year extensions without a Request for Proposal

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on October 30th, 2013 and the Committee on Finance, Personnel and Audit at its meeting on October 31st, 2013.

The resolution authorizes the Director of Department of Family Care to enter into a professional services contract with Superior Support Resources, Inc. for the period of January 1, 2014 thru December 31, 2014, with the option of up to two one-year extensions without a Request for Proposal

The Department of Family Care Managed Care Organization (MCDFC MCO) has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the MCO in managing the Family Care program. MIDAS is a multi-featured database/web application system to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Family Care program.

The MIDAS system is also designed to provide a large number of user and management reports and maintain flexibility within its internal security system to allow numerous combinations of rights and access levels to the system i.e., MCDFC management, MCDFC and CMU case managers, service providers, etc.

In 2013, MCDFC issued a publicly solicited Request for Proposal (RFP) seeking IT Development and Support which required respondents to submit a collaborative proposal with another vendor in order to assure diversity, stability, and innovation in development, for which each respondent would be awarded their own Professional Services Contract for their portion of the services.

Superior Support Resources, Inc., (SSR), submitted a proposal, in collaboration with Cayen Systems. SSR is a certified DBE vendor, which has been providing the IT development staff to MCDFC since 2009. SSR clearly has the requisite expertise in technical and support services for the Milwaukee County Department of Family Care's own needs in utilizing the MIDAS system. Cayen Systems is a leading developer of online data management software for educators and non-profit organizations. They provide comprehensive software solutions for information management, tracking, and data reporting.

By working with two vendors in a collaborative fashion, MCDFC is insuring the institutional knowledge of its proprietary system is diversified, insulating the Department against the vagaries of any possible staffing or business changes with a vendor.

Cc:

County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
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Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

1 From the Department of Family Care to enter into a professional services
2 contract with Superior Support Resources, Inc. for \$998,000.

3
4 **A RESOLUTION**

5
6 WHEREAS, the Milwaukee County Board of Supervisors authorized the
7 creation of the Milwaukee County Department of Family Care on June 24,
8 2010 to continue operating the Managed Care Organization (MCO) under the
9 State Family Care program previously authorized under the Milwaukee County
10 Department on Aging since 2000; and

11
12 WHEREAS, the Department – MCO has worked to develop a proprietary
13 data application system called MIDAS (Member Information, Documentation,
14 and Authorization System) to assist the Department – MCO in managing the
15 Family Care program; and

16
17 WHEREAS, MIDAS is a multi-featured database/web application system
18 to maintain client records, enrollment data, eligibility information, care plans
19 and case notes, Medicare and Medicaid information, assessments, service
20 authorizations, member obligation receivables, provider network and support
21 contact information, and other features critical to effective administration of
22 the Family Care program; and

23
24 WHEREAS, the MIDAS system is also designed to provide a large number
25 of user and management reports and maintain flexibility within its internal
26 security system to allow numerous combinations of rights and access levels to
27 the system (i.e., MCDFC management, MCDFC and CMU case managers,
28 service providers, etc.); and

29
30 WHEREAS, in 2013, the Department of Family Care (MCO) issued a
31 publicly solicited Request for Proposal (RFP) seeking IT Development and
32 Support which required respondents to submit a collaborative proposal with
33 another vendor in order to assure diversity, stability, and innovation in
34 development, for which each respondent would be awarded their own
35 Professional Services Contract for their portion of the services; and

36
37 WHEREAS, Superior Support Resources, Inc. submitted a proposal, in
38 collaboration with Cayen Systems; and

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40 WHEREAS, Superior Support Resources, Inc. (SSR) has been providing
41 Development and Support Services to the MCO since January 2009; and

42
43 WHEREAS, Superior Support Resources, Inc. is an approved DBE
44 Vendor with 100% participation; and

45

46 WHEREAS, Superior Support Resources will provide expertise in
47 technical and support services for Milwaukee County's own needs in utilizing
48 the MIDAS system; and

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50 WHEREAS, the vendor has unique experience with MIDAS and the
51 qualifications to perform the services requested as evidenced by service
52 provided; and

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54 WHEREAS, A three-year agreement is the most cost effective and
55 beneficial option for the County providing a consistent development and
56 support environment ; and

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58 WHEREAS, a 2014 Professional Services contract with Superior Support
59 Resources, Inc. for \$998,000 will be funded through rates and fees charged the
60 Milwaukee County Department of Family Care in 2014; and

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62 WHEREAS, now therefore,

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

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67 (1) enter into a professional services contract with Superior Support Resources,
68 Inc. for the period of January 1, 2014 thru December 31, 2014, with the option
69 of up to two one-year extensions without a Request for Proposal, with total fees
70 not to exceed \$998,000 annually; and (2) all services will be performed by
71 qualified staff and under the direction of the Director of Milwaukee County
72 Department of Family Care and (3) total anticipated expense in 2014 is
73 \$998,000 annually; and

74
75 BE IT FURTHER RESOLVED, that agreements will be contingent upon
76 County Board authorization of the Department of Family Care continued
77 participation as a Managed Care Organization (MCO) under Family Care for the
78 period January 1, 2014, through December 31, 2016.

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/16/13

Revised

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to enter into a professional services contract with Superior Support Resources, Inc. for MIDAS Development and support.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	1,849,981	998,000
	Revenue		
	Net Cost	1,849,981	998,000
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

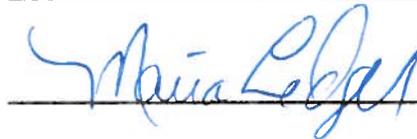
The Milwaukee County Department of Family Care (MCDFC) is requesting to enter into a professional services contract with Superior Support Resources, Inc. to provide development and technical support for MCDFC's software application that is specific to operating the family care program. Superior Support Resources will be partnering with Cayen Systems in providing the development and support. This request would enable MCDFC to have development and support provided by two agencies as they collaborate together. This will provide a means to have sufficient resources and technical support available for MCDFC.

For MCDFC's 2014 budget there will be a net savings of approximately \$182,100 with approval of these two professional services contracts.

There will be no direct fiscal impact to the Department of Family Care 2013 budget. The Department currently has an operating surplus for 2013 and uses no general fund tax levy. The resolution has no fiscal impact in 2013 other than the allocation of staff time required to prepare the accompanying report and resolution.

Department/Prepared By Jim Hodson

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: October 14, 2013

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

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: From the Director of Department of Family Care, requesting authorization to enter into a professional services contract with Cayen Systems, for the period of January 1, 2014 through December 31, 2014, with the option of up to two one-year extensions without a Request for Proposal

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on October 30th, 2013 and the Committee on Finance, Personnel and Audit at its meeting on October 31st, 2013.

The resolution authorizes the Director of Department of Family Care to enter into a professional services contract with Cayen Systems for the period of January 1, 2014 through December 31, 2014, with the option of up to two one-year extensions without a Request for Proposal

The Department of Family Care Managed Care Organization (MCDFC MCO) has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the MCO in managing the Family Care program. MIDAS is a multi-featured database/web application system to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Family Care program.

The MIDAS system is also designed to provide a large number of user and management reports and maintain flexibility within its internal security system to allow numerous

combinations of rights and access levels to the system (i.e., MCDFC management, MCDFC and CMU case managers, service providers, etc.).

In 2013, MCDFC issued a publicly solicited Request for Proposal (RFP) seeking IT Development and Support which required respondents to submit a collaborative proposal with another vendor in order to assure diversity, stability, and innovation in development, for which each respondent would be awarded their own Professional Services Contract for their portion of the services.

Superior Support Resources, Inc., (SSR), submitted a proposal, in collaboration with Cayen Systems, a leading developer of online data management software for educators and non-profit organizations. Cayen Systems provides comprehensive software solutions for information management, tracking, and data reporting.

By working with two vendors in a collaborative fashion, MCDFC is insuring the institutional knowledge of its proprietary system is diversified, insulating the Department against the vagaries of any possible staffing or business changes with a vendor.

Cc: County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
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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

1
2 From the Department of Family Care to enter into a professional services
3 contract with Cayen Systems for \$460,000.00

4
5 **A RESOLUTION**

6
7 WHEREAS, the Milwaukee County Board of Supervisors authorized the
8 creation of the Milwaukee County Department of Family Care on June 24,
9 2010 to continue operating the Managed Care Organization (MCO) under the
10 State Family Care program previously authorized under the Milwaukee County
11 Department on Aging since 2000; and

12
13 WHEREAS, the Department – MCO has worked to develop a proprietary
14 data application system called MIDAS (Member Information, Documentation,
15 and Authorization System) to assist the Department – MCO in managing the
16 Family Care program; and

17
18 WHEREAS, MIDAS is a multi-featured database/web application system
19 to maintain client records, enrollment data, eligibility information, care plans
20 and case notes, Medicare and Medicaid information, assessments, service
21 authorizations, member obligation receivables, provider network and support
22 contact information, and other features critical to effective administration of
23 the Family Care program; and

24
25 WHEREAS, the MIDAS system is also designed to provide a large number
26 of user and management reports and maintain flexibility within it's internal
27 security system to allow numerous combinations of rights and access levels to
28 the system (i.e., MCDFC management, MCDFC and CMU case managers,
29 service providers, etc.); and

30
31 WHEREAS, in 2013, the Department of Family Care (MCO) issued a
32 publicly solicited Request for Proposal (RFP) seeking IT Development and
33 Support, which required respondents to submit a collaborative proposal with
34 another vendor in order to assure diversity, stability, and innovation in
35 development, for which each respondent would be awarded their own
36 Professional Services Contract for their portion of the services; and

37
38 WHEREAS, Cayen Systems submitted a proposal, in collaboration with
39 Superior Support Resources, Inc.; and

40
41 WHEREAS, Cayen Systems has committed to 5% DBE participation; and

42
43 WHEREAS, Cayen Systems will provide additional expertise in technical
44 and support services for Milwaukee County's own needs in utilizing the MIDAS
45 system; and

46

47 WHEREAS, A three-year agreement is the most cost effective and
48 beneficial option for the County providing a consistent development and
49 support environment; and

50
51 WHEREAS, a 2014 Professional Services contract with Cayen Systems
52 for \$460,000 will be funded through rates and fees charged the Milwaukee
53 County Department of Family Care in 2014; and

54
55 WHEREAS, now therefore,

56
57 BE IT RESOLVED, that the Director, Department of Family Care, is
58 hereby authorized to

59
60 (1) enter into a professional services contract with Cayen Systems for the
61 period of January 1, 2014 thru December 31, 2014, with the option of up to
62 two one year extensions without a Request for Proposal, with total fees not to
63 exceed \$460,000 annually; and (2) all services will be performed by qualified
64 staff and under the direction of the Director of Milwaukee County Department
65 of Family Care and (3) total anticipated expense in 2014 is \$460,000 annually;
66 and

67
68 BE IT FURTHER RESOLVED, that agreements will be contingent upon
69 County Board authorization of the Department of Family Care continued
70 participation as a Managed Care Organization (MCO) under Family Care for the
71 period January 1 2014, through December 31, 2016.

72
73

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/16/13

Revised

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to enter into a professional services contract with Cayen Systems for MIDAS Development and support.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	460,000
	Revenue		
	Net Cost	0	460,000
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

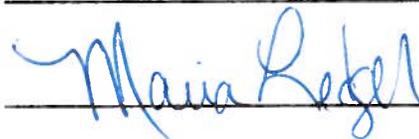
The Milwaukee County Department of Family Care (MCDFC) is requesting to enter into a professional services contract with Cayen Systems to provide development and technical support for MCDFC's software application that is specific to operating the Family Care program. Cayen Systems will be partnering with Superior Support Resources, Inc. in providing the development and support. This request would enable MCDFC to have development and support provided by two agencies as they collaborate together. This will provide a means to have sufficient resources and technical support available for MCDFC.

For MCDFC's 2014 budget there will be a net savings of approximately \$182,100 with approval of these two professional services contracts.

There will be no direct fiscal impact to the Department of Family Care 2013 budget. The Department currently has an operating surplus for 2013 and uses no general fund tax levy. The resolution has no fiscal impact in 2013 other than the allocation of staff time required to prepare the accompanying report and resolution.

Department/Prepared By Jim Hodson

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: October 14, 2013

TO: Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs
Supervisor David Cullen, Co-chair, Committee on Finance, Personnel and Audit
Supervisor Willie Johnson, Jr., Co-chair, Committee on Finance, Personnel and Audit

FROM: Maria Ledger, Director, Department of Family Care 

SUBJECT: Informational report on Milwaukee County Department of Family Care 2014 Budget Request

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on October 30th, 2013 and the Committee on Finance, Personnel and Audit at its meeting on October 31st, 2013.

The Milwaukee County Department of Family Care Budget Request for 2014 highlights the challenges and opportunities we expect to face in the coming year.

The Department of Family Care is a Managed Care Organization (MCO) serving over 8,100 older adults and people age 18-59 with physical, intellectual and developmental disabilities.

The Department operates the MCO under a contract with the State Department of Health Services and a permit by the State Office of the Commissioner of Insurance.

The Department uses no tax levy and supports all staff and services with Medicaid dollars received from the State of Wisconsin.

The highlights of our budget are noted in the narrative, however I want to emphasize we are actively strengthening our provider network, those community agencies with whom we contract to provide critical services for our members.

We want to continue to expand and improve the breadth of services, especially those that

serve persons with behavior challenges. As an MCO, we want to be sure that we continue to have quality community services available for our most vulnerable members.

The Department is not eliminating any positions in this budget. We are asking to add several needed staff positions in fiscal, quality, marketing and compliance.

The bulk of our position creates are in the quality area. These additions build upon the model begun last year to strengthen the internal quality monitoring and improvement division. This year we hired a registered dietitian and a rehabilitation services supervisor who have been instrumental in working with Family Care members individually and assisting the MCO with system-wide challenges.

As an example:

The Rehabilitation Services Supervisor is taking the lead on an initiative to insure that those Family Care members who reside in their own homes receive any necessary home modifications to insure their health and safety.

Our Nurse Practitioner, Quality Manager and Medical Director have developed a Performance Improvement Project to examine current hypertension prevention efforts in diabetic members; to assess the role of Self Monitoring Blood Pressure; and to implement appropriate guidelines and procedures related to hypertension management and prevention. This initiative increases health literacy and demonstrates how the MCO can assist members in improving their health outcomes.

Subsequent to the Department's budget submission, MCDFC received their preliminary capitation rates for 2014 from the State Department of Health Services.

It should be noted that capitation rates decreased Statewide for all MCOs with the exception of those MCOs serving members in Racine and Kenosha, which received a rate increase.

All MCOs were instructed to address the preliminary capitation rate in their Business Plans, which are due to the State on Wednesday, October 16th. The State will review the Business plans and provide feedback to MCOs. This feedback will include the final 2014 capitation rates.

We don't know when our feedback will be received. We expect that our Business Plan will be reviewed farther along in the fall, as MCDFC is one of the stronger performing MCOs in the State. MCO's that are struggling are reviewed earlier.

Based on the preliminary capitation rate, the amount of the proposed revenue reduction is \$10.3 million dollars. If this figure remains constant, the MCO anticipates drawing no more than \$4.9 million from its reserves with the remainder of the \$10.3 million dollar loss being offset by the fact that 2013 revenues exceeded expenditures. The MCO will

make diligent efforts to reduce the \$4.9 million dollars through program efficiencies. MCDFC does not propose any staff layoffs or rate reductions to providers.

MCDFC has had several very productive conversations with the Department of Health Services about our preliminary capitation rate, and proposes in its Business Plan to decrease the amount of the 2014 rate reduction by approximately \$2 million dollars.

As noted earlier, we will not know if this proposal is acceptable to the State until later in the year.

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
Don Tyler, Director, DAS
Josh Fudge, Director, Office of Performance, Strategy & Budget, DAS
Matthew Fortman, Fiscal & Management Analyst, DAS
Scott Manske, Comptroller
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

County of Milwaukee
Inter-Office Communication

Date: October 4, 2013
To: Peggy Romo West, Chair, Health and Human Needs Committee
From: Stephanie Sue Stein, Director, Department on Aging
Subject: Overview of 2014 Budget Request from Department on Aging

Attached please find copies of the Requested 2014 Budget for Org Unit 7900 (Department on Aging) as submitted to Department of Administrative Services (DAS).

The 2014 requested budget includes funds for Administration (Director's Office and Fiscal and Support Services Division), Area Agency Services Division, and Aging Resource Center. The budget request totaled \$18,659,035, including a \$195,299 increase in expenditures, a \$159,559 increase in revenues, and a \$35,740 increase in tax levy.

Budget highlights include the following changes:

- A. \$169,757 net increase in Senior Meal Program expenditures, including:
 - (1) \$21,548 net increase in program reimbursement and donations, including \$85,003 increase in program reimbursement revenue, partially offset by \$63,455 reduction in program donations;
 - (2) \$191,205 increase in Senior Meal Program expenditures, including \$111,013 in Dietary Services functions (direct pass-through cost) from Behavioral Health Division for catering services; \$20,000 in other food and provisions; and \$60,292 in personal service costs from transfer of one filled Secretarial Assistant position from the Area Agency – Elderly Services unit;
- B. \$85,978 decrease in Federal and State grant revenue, including \$39,622 decrease in Older Americans Act funds; \$33,548 decrease in state (s.85.21) transportation funding; \$12,000 decrease in Active Aging project grant funds; and \$806 decrease in Base Community Aids;
- C. \$240,000 net decrease in expenditures for direct services and purchase contract services, including \$250,000 expenditure decrease for temporary short-term court ordered corporate guardian services administered and coordinated through the Aging Resource Center; partially offset by an expenditure increase of \$10,000 to \$20,000 for the purchase of services contract providing programs and services to lesbian, gay, bisexual, and transgender older adults;
- D. \$37,795 increase in senior center programs and services, including a new expenditure allocation of \$17,000 for a Facility Assessment Inspection cross-charge for evaluation of county-owned senior center facilities; and \$20,795 expenditure increase aligning the budget to reflect experience based on actual services provided by the United Community Center senior center program;
- E. \$9,311 expenditure decrease in consultant fees for management and coordination of evidence based prevention programs within senior centers and through other community venues.

Major programmatic changes include the following:

- A. Collaborate with state and local partners to form a fundamental structure for Chapter 55 protective placement response capacity;
- B. Accomplish 2013-2015 Area Plan goals and objectives for coordination and implementation of the following work groups: Community Engagement, Communications, Home Chore and Repair, and Underserved Populations;
- C. Enhance targeted and coordinated outreach for promoting programs, services, and opportunities for seniors;
- D. Establish shared prevention services with Disability Services Division to assist with reducing falls and increasing the management of chronic diseases; and
- E. Collaborate with Behavioral Health Division in their redesign efforts to relocate clients to less restrictive community placements that meet their care needs.

Staff changes include the creation of 1.0 FTE Management Assistant (Aging) position in the Resource Center, reflecting personal service expenditure increases of \$55,352, partially offset by time reporting reimbursement, resulting in a net salary and active fringe benefit expenditure increase of \$27,676.

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

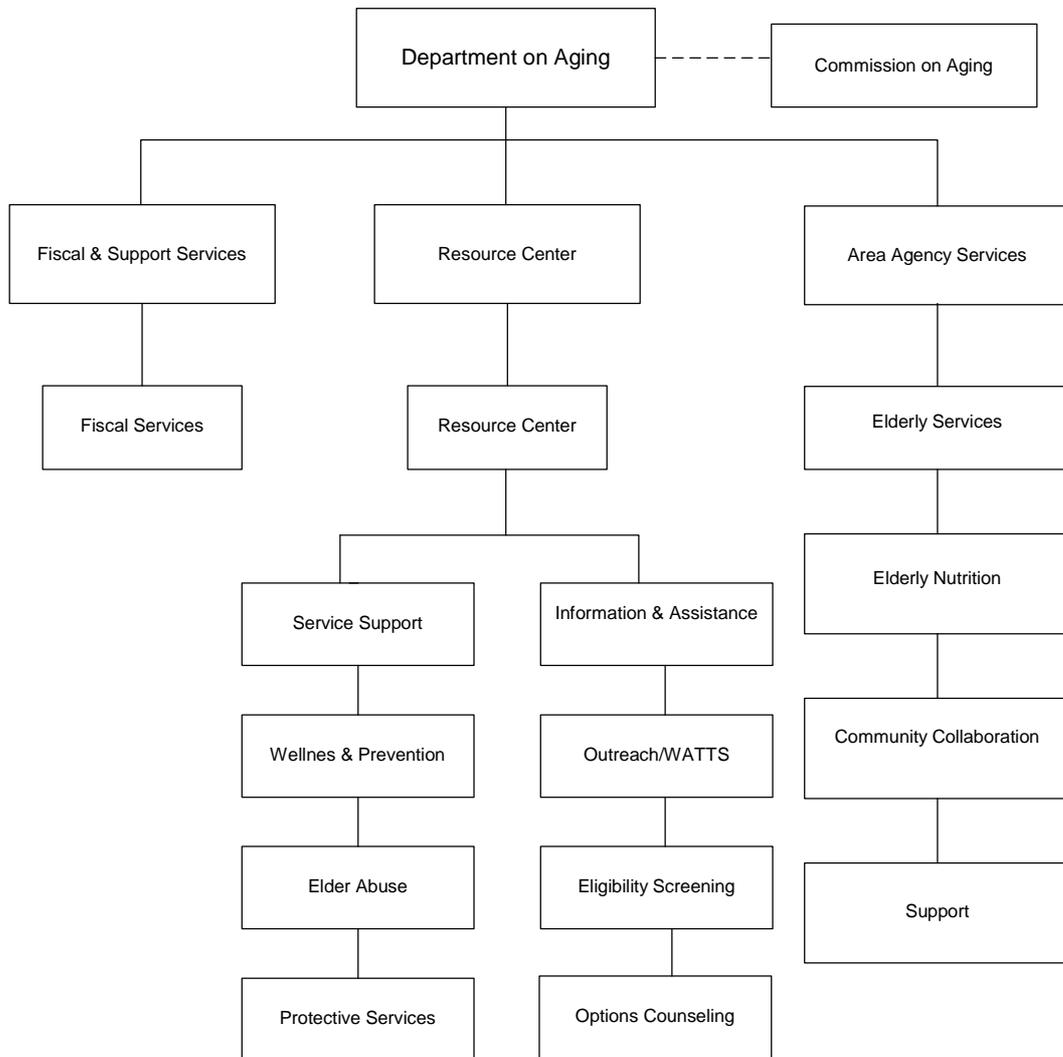


Stephanie Sue Stein, Director
Milwaukee County Department on Aging

Attachment

cc: County Executive Chris Abele
Supervisor Marina Dimitrijevic
Raisa Koltun
Matthew Fortman
Martin Weddle
Jodi Mapp
Jonette Arms
Thomas Condella
Mary Proctor Brown
Chet Kuzminski
Gary Portenier
Pat Rogers

DEPARTMENT ON AGING (7900)



REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

MISSION

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

Budget Summary		
	2014	2013/2014 Change
Expenditures	18,659,035	195,299
Revenue	17,220,639	159,559
Levy	1,438,396	35,740
FTE's	75.0	2.0

Major Programmatic Changes

- Collaborate with state and local partners to form a fundamental structure for Chapter 55 response capacity.
- Accomplish 2013-2015 Area Plan goals and objectives via the coordination and implementation of Home Chore and Repair, Community Engagement, Communications, and Underserved Populations work groups.
- Enhance targeted and coordinated outreach for promoting programs, services and opportunities for seniors.
- Establish shared prevention services with Disability Services Division to assist with reducing falls and increasing the management of chronic diseases.
- Collaborate with Behavioral Health Division in their redesign efforts to relocate clients to less restrictive community placements that meet their care needs.

OBJECTIVES

- Using the Eight Dimensions of Wellness as a guide, the MCDA Wellness Council will continue developing unique partnerships with aging organizations, public and private businesses, and special interest agencies to involve them in a campaign to educate, inform, and train the community on evidence-based prevention programs and healthy living practices for older adults. Emphasis for programming and education will be focused on chronic disease self-management, diabetes self-management, and fall prevention.
- Enhance current partnerships with American Red Cross, Wisconsin and Milwaukee County Emergency Management, local Fire and Police Departments, Department of Health Services Division of Quality Assurance and other local aging service organizations to engage them in conducting more community based presentations to assist with educating and preparing older adults and professionals from residential housing and assisted living and skilled nursing facilities on/for disasters.
- Continue to promote and highlight the significance of celebrating senior residents' contributions to Milwaukee County communities through the Senior Hall of Fame, Senior Statesman, Nutrition Volunteer Recognition, and Golden Idol to gain the continuous support of the existing and new community partners.

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- MCDA will continue to adopt practices related to creating efficiencies around using paperless systems of communication.
- Realign staff to progress toward electronic use and retention of records and files.
- Improve accuracy of Medicaid reimbursement reporting to ensure continued levels of State funding support.
- In collaboration with state and community partners, increase staff training opportunities to provide high quality services in the areas of options counseling and urgent services.
- In partnership with the Department of Health and Human Services and the Milwaukee County Aging and Disabilities Governance Board, MCDA will continue to advocate for the design and establishment of a user-friendly outside entrance with appropriate and clear building signage where older adults will have easy, safe and adequate accessibility to the MCDA Aging Resource Center, Commission on Aging meetings and other committee and work group meetings.
- To ensure success of the Active Aging Research Center Technology Grant Project, MCDA will work with the University of Wisconsin – School of Engineering – Active Aging Research Center, Wisconsin Institute on Healthy Aging, Wisconsin Bureau of Aging and Disability Resources and the Waukesha and Richland Counties Aging and Disability Resource Centers to involve and garner the input of Milwaukee County older adults and organizations serving the aging population.
- Utilize the Milwaukee County Face of Aging in Milwaukee County 2012 demographic report to educate the community about the importance of identifying, developing, and implementing services and programs that support the needs of seniors.
- Based on information published in the Milwaukee County Face of Aging in Milwaukee County 2012 demographic report, advocate for the recruitment and retention of an inclusive workforce within aging service provider agencies and other community partners.
- Coordinate opportunities for follow up discussions with the local seniors and aging network to ensure goals and strategies are appropriately implemented as written in the final 2013-2015 Area Plan.

DEPARTMENTAL PROGRAM DESCRIPTION

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

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

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

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

members who represent the diversity of Milwaukee County. MCDA serves as the administrative arm of the Commission on Aging.

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

The Milwaukee County Aging and Disability Resource Center (ADRC) Governing Board was created as the lead County agency required to perform specific functions related to the policies, operations and oversight of both the Aging Resource Center and the Disability Resource Center under Wisconsin State Statutes Chapter 46, serving persons age 60 or older and adults ages 18 to 59 with physical or developmental disabilities in need of long-term care. The ADRC Governing Board consists of seventeen (17) members representative of persons with physical and developmental disabilities and of the elderly as appointed by the County Executive with approval of the County Board.

The Department on Aging consists of three service areas:

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

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

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

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

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

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

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

REQUESTED 2014 BUDGET

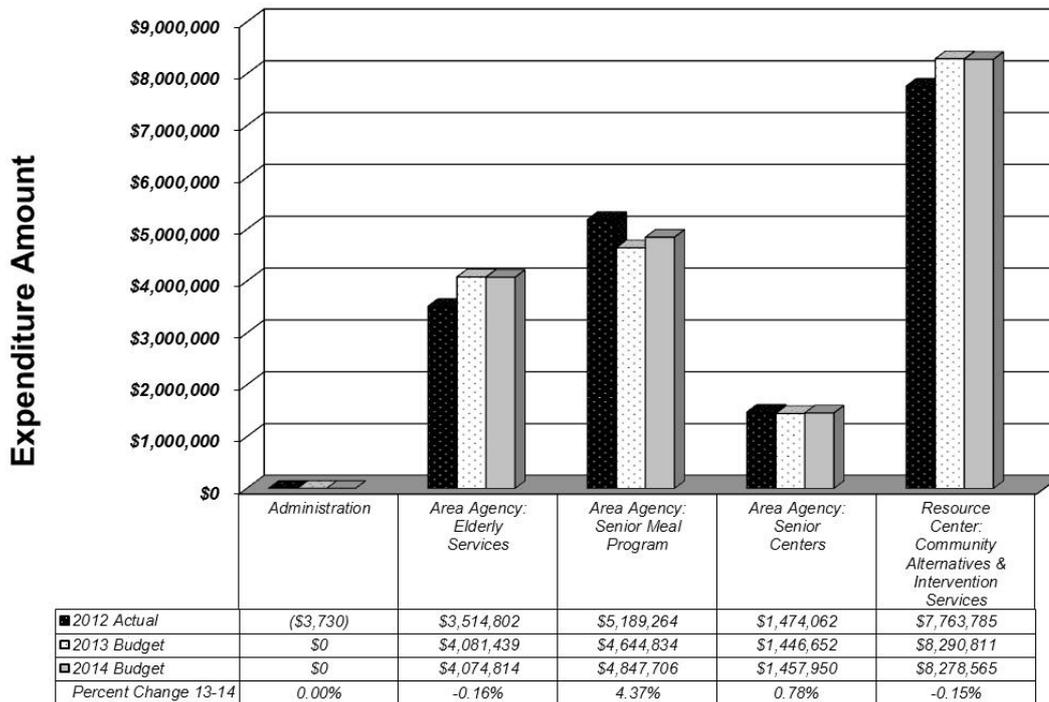
DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- To provide Milwaukee County's older adults, their caregivers and the general public one central number to call for information about programs and services 24 hours a day;
- To provide pre-admission counseling to elders seeking residential placements;
- To determine eligibility for publicly funded and other long term care programs;
- To provide community education to older adults, their families, and caregivers on a broad range of subjects, including wellness and prevention of functional decline;
- Provide options counseling for any resident age 60 and older; and
- Investigate allegations of elder abuse and provide protective services, guardianships and protective placement services to vulnerable older adults

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

Expenditure Summary



REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

2014 BUDGET

Approach and Priorities

- Continue maximizing utilization of funding streams within funding regulations and maintaining program support integrity.
- Continue to sustain support of direct service level demands including senior center operations along with mandated services such as guardianships.
- Maintain support of congregate and home delivered meal programs and continue to promote actions that improve and protect the health and well-being of older adults through nutrition assistance programs.
- Continue support and expand wellness and prevention through input from seniors and enhancement of community collaborations.
- Continue providing excellent and efficient programs and services through working in cooperation with other government agencies and community partners.
- Continue to maintain support for growing demand for protection and well-being of victims and potential victims of abuse and neglect.

Programmatic Impacts

- Promote the health, safety and well-being of older adults while emphasizing prevention.
- Provide sufficient supports in fluctuating service demands, including family supports and meal programs.
- Continue to exam and assess service systems for capacity and gaps and forge collaborative relationships to develop program initiatives consistent with needs and gaps.

Budget Highlights

Staffing Adjustment

\$27,676

The creation of 1.0 FTE Management Assistant (Aging) position in the Resource Center reflects a personal service expenditure increase of \$55,352, partially offset by Resource Center time reporting reimbursement revenue at 50% of costs, resulting in a net salary and active fringe benefit expenditure increase of \$27,676.

Cooperative Services

\$0

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

The department continues collaborating, exploring and expanding work efforts and seeking more resources and revenue sources along with the Department of Health and Human Services (DHHS) for creating additional opportunities and efficiencies common to populations serviced by both departments.

Short-term Temporary - Direct Services and Purchase Contract Services **(\$240,000)**

Based on demand and utilization, the department continues to administer and coordinate short-term client services through the Aging Resource Center in accordance to the State contract. Milwaukee County is responsible for court ordered corporate guardian services. Through enhanced monitoring over several years, Department on Aging Resource Center work efforts to eliminate errors and financial support of non-County petitioners ordering corporate guardians along with a decline in other temporary short-term service demand results in an expenditure decrease of \$250,000, from \$526,992 in 2013 to \$276,992 in 2014.

An Area Agency purchase of service contract with SAGE reflects an expenditure increase of \$10,000 to \$20,000 in 2014. SAGE provides services in the Greater Milwaukee Area to older adults who are lesbian, gay, bi-sexual and transgender (LGBT), including social services, training to service providers, program information to LGBT older adults and families, friends and significant others, and increasing visibility among the greater community.

Senior Center Programs and Services **\$37,795**

A new expenditure allocation of \$17,000 is reflected in a Facility Assessment Inspection crosscharge for evaluation of county-owned senior center facilities. Responses from seniors resulting from Area Plan public hearings indicate that seniors want more access to wellness-based programs and services. While in support of facility assessments and the major maintenance funding allocation remains unchanged for county-owned senior center facilities in 2014, Department on Aging is committed to providing a wholesome environment for expanding opportunities to help connect seniors to programs and resources that increase social interaction for which as a result has been determined to enhance senior well-being.

Expenditures reflect an increase of \$20,795 to properly align the budget and reflect experience based on actual services provided by the United Community Center (UCC) senior center program. The non-county owned community-based organization dedicated to serving the Hispanic community and Milwaukee County's near south side provides recreation, socialization, health prevention, education and social services to Hispanic adults, ages 60 years and older.

Evidence Based Prevention Program Management **(\$9,311)**

The Department on Aging continues collaboration with the Commission on Aging Wellness Council and external partners to focus on sustainability and expansion of evidence-based prevention programs for Milwaukee County. Evaluations from Department on Aging evidence-based programs indicate that seniors participating in the programs felt better, gained specific knowledge and skills to prevent falls and learned how to manage their symptoms and take charge of their lives. A \$75,000 expenditure allocation in consultant fees is retained in 2014 to continue management and coordination of evidence based-prevention programs within senior centers and through other venues in Milwaukee County. Prevention related grant funding of \$84,311 for expanding Chronic Disease Self-Management and Long Term Care Sustainability for Falls Prevention is projected to continue in 2014.

Senior Center Fitness/Wellness Programs **\$0**

A transfer of \$64,000 from a professional service contract in 2013 to a purchase of service contract in 2014 centralizes and consolidates day to day management and administration of fitness and wellness programs at county-owned senior centers under one purchase contract.

Older Americans Act and State Grant Revenue **\$85,976**

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

The 2014 Older Americans Act federal grant funding reflects a decrease for aging programs and services based on 2013 state/county contract, reductions include \$4,021 in Title III-B Supportive Services, \$16,679 in Title III-C1 Congregate Meals, \$3,240 in Title III-C2 Home Delivered Meals, \$2,409 in Title III-D Disease Prevention and Health Promotion Services, \$2,157 in Title III-E Family Caregiver Support Program and \$11,116 in Area Agency on Aging Administration funds.

Other State grant funding decreases include \$12,000 in Active Aging project grant funds based on experience, \$806 in Base Community Aids grant and a \$33,548 decrease in state transportation funding from \$661,748 to \$628,200.

100% Time Reporting \$112,292

Resource Center continues staff development and training efforts regarding accurate and timely staff reporting for eligible reimbursable Medicaid and Medicare services. Resource Center Time Reporting revenue reimbursement projects an increase of \$112,000 to partially offset eligible staff time expenditure increases totaling \$224,292 which directly relates to program service delivery.

Senior Meal Program \$169,757

Long-term care member meal purchases continue in 2014 by the Department of Family Care through the Department on Aging Senior Meal Program for reimbursement of the full cost of meals provided. Program reimbursement revenue reflects an increase of \$85,003 based on experience primarily in home delivered meals, from a total of \$545,961 in 2013 to \$630,964 in 2014. Although program donations reflect a reduction of \$63,455, from \$663,455 to \$600,000 based on actual experience, 2014 donations include is a slight increase of approximately 2% due primarily to enhanced efforts to promote participant contributions. Increases in program reimbursements offset by a decrease in donations reflect a net program revenue increase of \$21,548.

An expenditure increase of \$111,013 in Dietary Services functions as a direct pass-through cost from Behavioral Health Division for catering services and is associated with volume increase based on experience and meal rate increases. Other Food and Provisions reflect a \$20,000 increase based on experience. Senior Meal Program personal service costs reflect an increase of \$60,292 due to transfer of one filled Secretarial Assistant position from Area Agency – Elderly Services organizational unit whose workload is primarily meal program related. These meal program expenditure increases totaling \$191,305 also more than offset the net revenue increase of \$21,548 in program reimbursements and donations, resulting in a net expenditure increase of \$169,757.

Senior Meal Program			
	2012	2013	
	Budget	Budget	Change
Number of Meal Sites Open	29	29	0
Meals Served at Meal Sites	294,363	289,664	(4,699)
Home Delivered Meals	260,557	309,616	49,059
Total Meals Served	554,920	599,280	44,360

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

BUDGET SUMMARY				
Account Summary	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Personal Services (w/o EFB)	\$ 3,941,178	\$ 4,110,573	\$ 4,296,854	\$ 186,281
Employee Fringe Benefits (EFB)	2,903,447	3,196,364	3,342,148	145,784
Services	408,209	441,604	329,974	(111,630)
Commodities	1,180,945	1,168,944	1,190,261	21,317
Other Charges	6,736,784	6,924,039	6,768,834	(155,205)
Debt & Depreciation	0	0	0	0
Capital Outlay	130,450	100,000	100,000	0
Capital Contra	0	0	0	0
County Service Charges	4,001,673	3,609,380	3,729,926	120,546
Abatements	(1,307,270)	(1,087,168)	(1,098,962)	(11,794)
Total Expenditures	\$ 17,995,416	\$ 18,463,736	\$ 18,659,035	\$ 195,299
Direct Revenue	1,212,724	1,221,416	1,230,964	9,548
State & Federal Revenue	15,569,248	15,839,664	15,989,675	150,011
Indirect Revenue	0	0	0	0
Total Revenue	\$ 16,781,972	\$ 17,061,080	\$ 17,220,639	\$ 159,559
Direct Total Tax Levy	1,213,444	1,402,656	1,438,396	35,740

PERSONNEL SUMMARY				
	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Position Equivalent (Funded)*	77.2	73.0	75.0	2.0
% of Gross Wages Funded	98.1	95.7	95.7	0
Overtime (Dollars)	\$ 45,445	\$ 19,056	\$ 12,060	\$ (6,996)
Overtime (Equivalent to Position)	0.0	0.4	0.2	(0.2)

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Management Assistant	Z0032	Create	1	1.00	Resource Center	\$ 35,038
					TOTAL	\$ 35,038

REQUESTED 2014 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

ORGANIZATIONAL COST SUMMARY					
DIVISION		2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Administration	Expenditure	\$ (3,730)	\$ 0	\$ 0	\$ 0
	Revenue	0	0	0	0
	Tax Levy	\$ (3,730)	\$ 0	\$ 0	\$ 0
Area Agency: Elderly Services	Expenditure	\$ 3,514,802	\$ 4,081,439	\$ 4,074,814	\$ (6,625)
	Revenue	3,365,051	3,746,277	3,685,592	(60,685)
	Tax Levy	\$ 149,751	\$ 335,162	\$ 389,222	\$ 54,060
Area Agency: Senior Meal Program	Expenditure	\$ 5,189,264	\$ 4,644,834	\$ 4,847,706	\$ 202,872
	Revenue	4,630,638	4,685,344	4,686,973	1,629
	Tax Levy	\$ 558,626	\$ (40,510)	\$ 160,733	\$ 201,243
Area Agency: Senior Centers	Expenditure	\$ 1,474,062	\$ 1,446,652	\$ 1,457,950	\$ 11,298
	Revenue	0	0	0	0
	Tax Levy	\$ 1,474,062	\$ 1,446,652	\$ 1,457,950	\$ 11,298
Resource Center: Community Alternatives & Intervention Services	Expenditure	\$ 7,763,785	\$ 8,290,811	\$ 8,278,565	\$ (12,246)
	Revenue	8,760,554	8,629,459	8,848,074	218,615
	Tax Levy	\$ (996,769)	\$ (338,648)	\$ (569,509)	\$ (230,861)

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

County of Milwaukee
Inter-Office Communication

Date: October 21, 2013

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

From: Stephanie Stein, Director, Department on Aging
Jonette N. Arms, Assistant Director, Department on Aging

Subject: Update on Planning the 2013 Milwaukee County “Chain of Dreams”
Intergenerational Symposium Planning

I respectfully request that the attached informational report be scheduled for review by the Committee on Health and Human Needs at its meeting on October 30, 2013. The report provides information detailing planning committee members, budget expenses, event agenda/structure, and breakout session descriptions.

The Milwaukee County Department on Aging (MCDA) in partnership with a combined 50 representatives from Milwaukee youth and older adult service agencies and individual youth and older adult consumers, are collaborating to address the breakdown in communication and lack of trust among youth and older adults. The Milwaukee County “Chain of Dreams” Intergenerational Symposium is the strategy that will be implemented to address the breakdown in communication and lack of trust among youth and older adults.

The objectives of the Intergenerational Symposium are to:

1. identify the gaps with intergenerational programming,
2. eliminate myths older adults and youth have about each other,
3. begin positive dialogue among elders and youths, and
4. help people understand the reciprocal benefits and importance of creating an intergenerational environment.

The symposium will take place on Tuesday, November 19, 2013 from 8:00 am until 3:00 pm at the Italian Conference Center, located at 631 East Chicago Street, Milwaukee, WI 53202. The day-long event will start off with a full-breakfast and will follow with keynote speakers, a panel discussion, breakout sessions, the sharing of knowledge and hopes, agency resource information, and peacemaking circles. The audience will be comprised of 300 diverse older adults 60+, youths (7th through 12th grades), and professionals from aging and youth service organizations.

The symposium is the kick-off to a more expansive effort focused on creating an intergenerational environment within Milwaukee County. To fulfill this goal, the event planning process is being monitored through meeting minutes and a consultant will be on site to observe and document the day of the event. These actions will lead to the creation of a written report that outlines ideas, issues, barriers, successes, and opportunities that will be presented to the broader community (education system, aging service providers, policy-makers, judicial system, and funders).

Recruitment for youths is focused on public and suburban private and parochial schools. For older adults, recruitment is taking place in Milwaukee County senior centers and senior dining sites. Electronic invitations targeted for community partners, professionals, policy-makers, etc. have gone out with a requested RSVP date of Friday, November 8, 2013.

The proposed budget for the Intergenerational Symposium is \$20,475.00, which covers essential items such as venue, food, equipment, supplies, youth travel, etc. Grants proposals were submitted to local foundations and planning committee members have come forward to assist with supplemental funding for the symposium. In addition to giving of their time and expertise pre-event, planning committee members are assisting with providing gift bag items and table centerpieces and will staff the symposium on Tuesday, November 19, 2013.

Monthly symposium planning committee meetings have taken place since July 2013. Planning efforts for the Milwaukee County "Chain of Dreams" Intergenerational Symposium is on target and robust. Collaborative planning and finalizing logistical details will continue until the last scheduled planning committee meeting on November 11, 2013. Internal MCDA staff planning will take place right up until the morning of the event.

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

Respectfully submitted by:



Stephanie Sue Stein, Director
Milwaukee County Department on Aging

Attachments

cc: County Executive Chris Abele
Supervisory Marina Dimitrijevic
Raisa Koltun
Matthew Fortman
Steven Cady
Martin Weddle
Mary Proctor Brown
Gary Portenier

Appendix A.

Planning Committee Members

1. Boys and Girls Club of Greater Milwaukee
2. Cream City Foundation
3. Faith Partnership Network, Inc.
4. Hmong American Friendship
5. Indian Council for the Elderly
6. Interfaith Older Adult Program
 - a. Neighborhood Outreach Program
 - b. RSVP
 - c. Senior Centers
7. Justice 2000
8. LGBT Community Center Project Q
9. Milwaukee County Commission on Aging
 - a. Advisory Council
 - b. Advocacy Committee
 - c. Intergenerational Council
 - d. Wellness Council
10. Milwaukee County Department on Aging
11. Medical College of WI-Institute for Health and Society Violence Prevention Initiative
12. Milwaukee County District Attorney
13. Milwaukee County Parks, Recreation Division
14. Milwaukee Public Schools
 - a. Volunteer Coordination
 - b. Milwaukee Recreation - Active Older Adults, Seniorfest
 - c. Restorative Justice Program\
 - d. Family and Parent Engagement Services
 - e. Division of Community Engagement
15. Milwaukee Police Department Division of Community Outreach and Education
16. St. Ann Center for Intergenerational Care
17. SET Ministry
18. Sophia's Hearth Foundation
19. Southeast Wis Intergenerational-Interracial Community Connections (SEWIICC)
20. Spotted Eagle High School
21. United Community Center
22. UW Extension, Milwaukee County 4-H Program
23. UW-Wisconsin Alzheimer's Institute Milwaukee Outreach

Student Participants Representing:

1. Boys and Girls Clubs of Greater Milwaukee County
2. Messmer High School
3. Spotted Eagle High School
4. Veritas High School
5. St. Ann Center for Intergenerational Care Buddy Program
 - a. Central City Cyber School
 - b. College Prep
 - c. Fernwood Elementary
 - d. Hope Prima

Appendix B.

Milwaukee County Chain of Dreams Intergenerational Symposium Tuesday, November 19, 2013	
ESTIMATED BUDGET	Costs
Venue Rental	\$2,000
Food (1 days - Breakfast and Lunch)	\$11,000
Contract with CUPH	\$2,000
Printing /supplies	\$1,575
Gift Bags	\$2,000
Talent - Sophie's Heart	\$500
Travel/Buses	\$1,400
BUDGET TOTAL	\$20,475
BUDGET JUSTIFICATION	
Venue rental includes space and presentation equipment for - \$2,000:	
Stage, screen, microphones, presentation equipment	
Food includes (Day 1 - 300 participants):	
Buffet breakfast @ \$12.00 per person	
Lunch @ \$18.00 per person (salad, entrée, dessert)	
20% service fee	
Contract w/ Center for Urban Population Health (CUPH) - \$2,000:	
September 30 - December 31, 2013	
Monitor the planning process and observe the day of event and in turn creating for us a written plan that outlines ideas, issues, barriers, successes, and opportunities that can be presented to the broader community (education system, aging service providers, policy-makers, judicial system, and funders).	
Printing and Supplies - \$1,575:	
Name tags	
Signage (1 banner and 3 posters and 6 small signs)	
Notepads and chart paper	
Ink pens and markers	
Copies of handouts	
Gift Bags	
300 Monogrammed Cloth Drawstring Cinch Bags/Tote Sacks = \$2,000.00	
Other items donated	
Sophie's Heart Chorus and Dance Group	
Tailor an afternoon performance inclusive of diverse youth and older adults singing and dancing = \$500	
Travel/Buses	
Est. 10 buses for students and school staff round trip travel to and from the symposium = \$140 per bus/\$1400 total (13 public and private urban and suburban, parochial, Choice, and charter schools from north, south, east, and west Milwaukee County are being targeted)	

Appendix C.

Milwaukee County *CHAIN OF DREAMS* Intergenerational Symposium *Updated 10-15-2013*

Proposed Structure:

- Registration and Buffet Breakfast: *8:00 am – 9:00 am (hearty full breakfast)*

Each participant will be given a nametag that identifies their **assigned** breakout session and table for lunch, which will also determine their facilitated table discussion group. People who were in breakout sessions together will be assigned different table discussion. Groups. Older adults and children and professionals will be mixed in with each other (as balanced as possible).

- Drumming – Call everyone to assemble

Native American drumming will commemorate Native American Heritage Month in recognition of the contributions the first Americans made to the establishment and growth of the U.S.

- Opening Introductions/Remarks: Stephanie Sue Stein, Commissioner Vi Hawkins, and Selina Veligas, *9:00 am*
- Welcome: Supervisor Peggy Romo-West, Dr. Tatiana Joseph, 6th District Milwaukee Public School Board, County Executive Chris Abele, and Mayor Tom Barrett: *9:10 am*
- Introduction of Emcee: Portia Young, Sargento, *9:20 am*
- Invocation: Sister Edna Lonergan: *9:27 am*
- Introduction of and presentation by Opening Speaker: Donna B. McDowell, MS., recently retired Director, Wisconsin Bureau of Aging and Disability Resources, Division of Long Term Care, Department of Health and Family Services, *9:30 am*
- *10:00 am Break*
- Breakout sessions: *10:15 am – 11:30 am* (six pre-selected interactive sessions – 50 people per session)
- Native American Drumming – Dismiss sessions / Reassemble for lunch
- *Lunch: 11:45 am (salad, meat or vegetarian lasagna, roles, and white cake for dessert)*

Entertainment by Sophia's Chorus and Dance Group and Milwaukee County Golden Idols (tailored for Intergenerational Symposium) ***11:50 am - 12:20 pm***

- Panel discussion: *12:30 pm – 1:30 (SET MINISTRY, ST. ANN, and MPD STOP)*
 - Using youth and older adults speaking and sharing experiences three existing programs which are successful.
 - Vocally strong youth and older adult facilitator guiding this panel discussion.

- Facilitated table discussions (peacemaking circles): *1:35 pm*
 - Paul Dedinsky, Milwaukee County DA and MPS Restorative Justice Coordinator will lead the table discussions with the support of 40 peace circle leaders at each table.
 - Table participants are a mixture of diverse older adults, youth, and professionals with one RJ leader
 - One youth and one older adult facilitator will be pre-selected for each table and will be able to share issues and ideas based on their learning from past or current experiences and/or what they learned from morning sessions.

- Closing speaker to synthesize the day and the potential for moving forward: Adrian Thomas, Director, Mary Ryan Boys and Girls Clubs of Greater Milwaukee - *2:30 pm*

- Conclude: *3:00 pm*

- Native American Drumming

Appendix D.

November 2013 Intergenerational Symposium Workshops

Workshop Title: "Connecting the Digital Divide"

Workshop Presenter: Emilio De Torre, Youth and Programs Director, ACLU (American Civil Liberties Union)

Workshop Description: An interactive session focused on helping youth and older adults understand how each group communicates, and why it is important to understand and respect the ways in which different generations communicate. The session will address old and new technologies and explore ways in which new technology can be maximized to connect youth and older adults.

Workshop Title: "Creating Art Together"

Workshop Presenter: Dawn Kocaja, Multigenerational Education Coordinator, Milwaukee Public Museum **(TENTATIVE YES - NOT CONFIRMED)**

Workshop Description: This workshop will focus on the award-winning SPARK program that helps caregivers and loved ones suffering from beginning to mid-stage Alzheimer's disease. The SPARK program is interactive and filled with sensory activities that help participants learn creative approaches to help others coping with Alzheimer's disease and other forms of dementia.

Workshop Title: "Putting Dreams Into Action"

Workshop Presenters: Stephanie Stein, Director, Milwaukee County Department on Aging; Sherrie Tussler, Executive Director, Hunger Task Force; and Charlie Dee, Activist and retired MATC Instructor

Workshop Description: This session will teach participants how to channel their dreams into action to effect social change. Participants will learn how experienced advocates have channeled their passion for change into positive outcomes for older adults and youth.

Workshop Title: “Won’t You Be My Neighbor”

Workshop Presenters: William Singleton, Police Officer, Milwaukee Police Department; Cullin Weiskopf, Police Officer, Milwaukee Police Department; Tom Kenney, Certified Mobility Manager, Milwaukee County Transit System; Darlene Hall, Certified Mobility Manager, Milwaukee County Transit System; Venice Williams, Director, Alice’s Garden

Workshop Description: This session will focus on how various community-based programs in Milwaukee are creating a positive, intergenerational environment for youth and older adults. Participants will learn how these programs have fostered neighborhood pride and connected people to sustain livable neighborhoods.

Workshop Title: “Do You Ever Grow Up? Playing Nice”

Workshop Presenters: Olusegun Sijuwade, Founder and Director, Peacelab International; Tina Owen, Lead Teacher, The Alliance School of Milwaukee **(NOT CONFIRMED)**

Workshop Description: This interactive workshop will teach people about the dynamics involved in cliques and bullying and how this behavior negatively impacts youth and older adults. Participants will also learn strategies and techniques to counteract these behaviors and build healthier relationships among youth and older adults.

Workshop Title: “What It Means to be You and Me – Appropriately”

Workshop Presenters: Paul Dedinsky, Assistant District Attorney, Milwaukee County; Ann Bria, Program Coordinator II, Medical College of Wisconsin

Workshop Description: This interactive workshop will explore different variables and influences that shape the behavior of older adults and youth. Participants will learn techniques and approaches to resolve generational conflict and build positive, long-lasting relationships between youth and older adults.

Date : October 4, 2013
To : Supervisor Peggy West, Chair, Health and Human Needs Committee
From : Chris Lindberg, Chief Information Officer, IMSD
Subject: Informational Report: Electronic Medical Records System for the Department of Human Services, Behavioral Health Division

BACKGROUND

The EMR project began in August of 2010 with the selection of the Joxel Group, LLC, (TJG) for project management services. Throughout the remainder of 2010 and into third quarter of 2011, business requirements were gathered, a request for proposal issued and the vendor selection process conducted. In conjunction with IMSD, the Department of Administrative Services (DAS) and TJG, BHD selected Netsmart's Avatar product as the Electronic Medical Records system to manage the clinical and financial needs of the business. In September 2011, approval was granted by the County Board of Supervisors and the County Executive to execute the contract with Netsmart Technologies for the EMR.

This report is intended to provide an informational update on the progress of the EMR project and the anticipated phases to complete the implementation of the EMR software.

ANTICIPATED PROJECT PHASES

The EMR project is broken down into the following four (4) phases:

- Phase 1 - Planning and Design (Complete)
- Phase 2 - RFP Process and Vendor Selection (Complete)
- Phase 3 - Implementation (In process)
- Phase 4 - Closeout and Audit

CURRENT PROJECT STATUS – PHASE 3: IMPLEMENTATION

Phase 3 – Implementation deals with the execution of the Avatar software at BHD. With the complexity of the implementation process and the anticipated change management that this software could bring within BHD, the management and project team divided the implementation into three stages as follows:

- Stage 1 – (Complete) BHD went live with the Avatar software in the Crisis Business – Psychiatry Crisis Services (PCS) division, Observatory units, and Access Clinic on December 3, 2012. Since these three service areas had some electronic usage of an electronic medical record system hence it was decided to limit our implementation within these units. In addition, BHD and the project team felt the change management could be easily managed through a limited implementation rather than a larger cross-section within BHD. This implementation provided the team with multiple lessons that were transferred to future stage implementations. Key learnings were:
 - The need for additional process walk throughs and process assessments were required. These assessments led to the understanding and, at times, the

- integration of various staff discipline's (security, admissions, nursing, psychiatry, psychology, etc.). The integration was critical from a timing and ultimately a service standpoint.
- Although process flows were documented and training was comprehensive, the user's internationalization of the training was very different. The project team reassessed training curriculum and implemented new training processes that will be leveraged throughout the project. A new training approach, in conjunction with the process walkthroughs, provided a better understanding of the new system with limited gaps.
 - Physician Order Entry within the Crisis environment was very different than that of Inpatient Services. In addition, each practitioner's usage of Order Entry (from a navigation standpoint) was also very different. Although Order Entry in both Crisis and Inpatient was modeled and approved by the user groups in "test" and in the live environment, the implementation of Order Entry in the Crisis environment required modification. The project team changed the Order Entry setup to ensure seamless ordering of medications and other clinical orders while maintaining a common flow for the patient from Crisis to Observatory to Acute.
- Stage 2 - (Substantially Complete) The project team's initial goal was to complete Stage 2 by end of first quarter 2013, however, due to the BHD recertification process, as well as lessons learned from Stage 1 and technical issues within the Avatar environment, implementation of Stage 2 was delayed. Throughout Stage 2, individuals representing various disciplines have been involved in process assessments which lead to the realization of the need for seamless integration of Acute, PCS and Observation. The integration was not originally part of the project plan, but, BHD and the project team believe this integration will provide for better patient service in the future. Stage 2 will be complete by October 9, 2013.
 - Stage 3 - (In Process) Community Services Programs, both operated and contracted have begun. The use of community based services for those with behavioral needs is increasing not only in Milwaukee County but nationally. The project team is leveraging best practices throughout the country (as it relates to medical records) and is incorporating these practices into the planning and implementation process for this Stage. To provide for enhanced visibility of client information BHD will purchase two Avatar software modules. These modules will provide a quick customizable snapshot of client files. The first module, CareManagement, will provide a horizontal view of the client, including care details across all touch points within BHD and potentially throughout the medical service community. The second module, CarePathways, provides analytical review of treatment and medication progress within the patient population. As BHD and the community service branch continues to look at expanding services and enhancing capability, these additions will provide BHD with insights into managing and driving community service growth. Based on the modifications to Stage 3, it is currently anticipated that the

rollout of Avatar and the subsequent modules will extend throughout 2014.

Phase IV of the EMR project, Close out and Audit, will begin once Stage 3 of the Implementation is substantially complete.

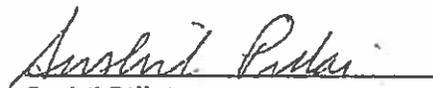
Informational reports will be submitted to the Committee of Health and Human Needs as directed by the committee.

RECOMMENDATION

The Director of Behavioral Health Division and the Chief Information Officer respectfully requests this report to be received and placed on file.

Prepared by:

Approved by:


Sushil Pillai
The Joxel Group, LLC


Chris Lindberg
Chief Information Officer, IMSD

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, County Executive's Office
Chairperson, Marina Dimitrijevic, County Board of Supervisors
Supervisor Russell W. Stamper II, Vice Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Don Tyler, Director, Department of Administrative Services
Hector Colon, Director, Health and Human Services
Jeanne Dorff, Deputy Director, Health and Human Services
Jim Kubicek, Interim Director, Behavioral Health Division
Martin Weddle, Health and Human Services Research Analyst
Jodi Mapp, Health and Human Services Committee Clerk
Laurie Panella, Deputy Chief Informational Officer

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: October 22, 2013

TO: Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Jim Kubicek, Interim Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the Purchase of Services Contracts with Horizon Healthcare for the Office of Consumer Affairs and Community Advocates for the Milwaukee County Substance Abuse Prevention Coalition in the Behavioral Health Division

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Further, Wisconsin Act 14 adopted by the State Legislature earlier this year requires contracts over \$300,000 to be approved by the County Board.

Per this governing legislation, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase two existing purchase of services contracts with the following vendors: 1) Horizon Healthcare for the Office of Consumer Affairs for consumer reimbursement stipends for individuals providing consultation services for the Behavioral Health Division (BHD) and 2) Community Advocates for a universal substance abuse prevention strategy coordinated through the Milwaukee County Substance Abuse Prevention Coalition.

Discussion

Office of Consumer Affairs

Horizon Healthcare has been administering the functions for the Office of Consumer Affairs since October 2012. The agency provides peer specialist services for individuals in the BHD acute inpatient hospital and crisis stabilization homes. The Office of Consumer Affairs also facilitates an aftercare group for recently discharged patients and their families twice a month.

The Office of Consumer Affairs provides a mechanism for the reimbursement of consumer participation in accordance with the BHD Consumer Reimbursement Policy. This activity is solely for the reimbursement of BHD sponsored activities with prior authorization. To date, the Office of Consumer Affairs has reimbursed 146 unique individuals providing consultation services to BHD. These individuals have provided consultation services to the Mental Health

Redesign and Implementation Task Force, participated as members of person-centered change teams, and conducted workshops on behalf of BHD.

The existing contract of \$458,505 is projected to deficit by \$11,000. The requested amendment of \$11,000 would increase the total contract to \$469,505.

Milwaukee Substance Abuse Prevention Coalition

Community Advocates administers and staffs the work of the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition. This 40-member coalition is comprised of Milwaukee County citizens, substance abuse service professionals, and individuals who are familiar with the consequences of alcohol and other drug abuse.

Given the experience of Community Advocates in administering the work of the MCSAP Coalition, BHD is proposing to partner with them on a universal substance abuse preventative intervention targeted at inter-generational substance abuse through a public service announcement and other universal strategies.

The requested amendment of \$116,600 increases the existing contract of \$1,022,380 to \$1,138,980 and aligns the scope of work and the annual collection of data related to the National Outcome Measurement System/Government Performance and Results Act (NOMS/GPRA). In addition, BHD is required to report the number of evidence-based programs, policies and practices implemented, and the number of people reached by the prevention strategies used. Community Advocates has linkages through the coalition to deliver a preventative intervention and report the outcomes of the universal prevention strategy.

The amendment with Community Advocates is funded by the federal Substance Abuse Prevention and Treatment Block Grant and has no tax levy impact.

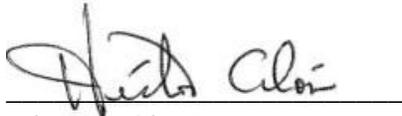
Fiscal Effect

A fiscal note form is attached.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director of the Department of Health and Human Services, or his designee, to increase the existing purchase of services contracts with the following agencies for the period of November 1, 2013 to December 31, 2013: 1) Horizon Healthcare/Office of Consumer Affairs by \$11,000 and 2) Community Advocates by \$116,600.

Respectfully Submitted,

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

Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, Fiscal & Management Analyst, DAS
Steve Cady, Fiscal & Budget Analyst, County Board
Janelle Jensen, Committee Clerk, County Board Staff
Martin Weddle, Analyst, County Board
Jodi Mapp, Committee Clerk, County Board Staff

1
2
3
4 (ITEM *) Report from the Director, Department of Health and Human Services (DHHS),
5 Requesting Authorization to Increase the Purchase of Services Contracts with Horizon
6 Healthcare for the Office of Consumer Affairs and Community Advocates for the
7 Milwaukee County Substance Abuse Prevention Coalition in the Behavioral Health
8 Division, by recommending adoption of the following:
9

10 **A RESOLUTION**

11
12 WHEREAS, per Section 46.09 of the Milwaukee County Code of General
13 Ordinances and Act 14 of the Wisconsin Statutes, the Director of DHHS is requesting
14 authorization to increase two existing purchase of services contracts with the following
15 vendors: 1) Horizon Healthcare for the Office of Consumer Affairs for consumer
16 reimbursement stipends for individuals providing consultation services for the
17 Behavioral Health Division (BHD) and 2) Community Advocates for a universal
18 substance abuse prevention strategy coordinated through the Milwaukee County
19 Substance Abuse Prevention Coalition; and
20

21 WHEREAS, Horizon Healthcare has been administering the Office of Consumer
22 Affairs since October 2012 and provides a mechanism for the reimbursement of
23 consumer participation in accordance with the BHD Consumer Reimbursement Policy;
24 and
25

26 WHEREAS, to date, the Office of Consumer Affairs has reimbursed 146 unique
27 individuals who have provided consultation services to the Mental Health Redesign and
28 Implementation Task Force, participated as members of person-centered change
29 teams, and conducted workshops on behalf of BHD; and
30

31 WHEREAS, the proposed amendment would cover a projected shortfall of \$11,000
32 in the existing contract; and
33

34 WHEREAS, given the experience of Community Advocates in administering the
35 work of the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition, BHD is
36 proposing to partner with them on a universal substance abuse preventative
37 intervention; and
38

39 WHEREAS, Community Advocates has the linkages through the coalition to deliver
40 a preventative intervention and report the outcomes of the universal prevention strategy
41 as part of the \$116,600 amendment to its contract; now, therefore,
42

43 BE IT RESOLVED, that the Director of the Department of Health and Human
44 Services, or his designee, is authorized to amend the following 2013 purchase of
45 services contracts for the time period of November 1 through December 31, 2013, in the
46 amounts specified below:
47

Agency	Service	Increase	Existing Contract	Adjusted Contract
Horizon Healthcare/Office of Consumer Affairs	Consumer Reimbursement	\$11,000	\$458,505	\$469,505
Community Advocates	Prevention	\$116,600	\$1,022,380	\$1,138,980
	Total	\$127,600	\$1,480,885	\$1,608,485

48

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/22/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the Purchase of Services Contracts with Horizon Healthcare for the Office of Consumer Affairs and Community Advocates for the Milwaukee County Substance Abuse Prevention Coalition in the Behavioral Health Division

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	116,600	0
	Revenue	116,600	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

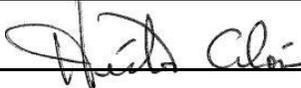
A. DHHS is requesting authorization to increase two existing purchase of services contracts with the following agencies: 1) Horizon Healthcare for the Office of Consumer Affairs and 2) Community Advocates for the Milwaukee County Substance Abuse Prevention Coalition.

B. The existing contract with Horizon Healthcare/Office of Consumer Affairs for \$458,505 would increase by \$11,000 to \$469,505. In addition, the existing contract with Community Advocates for \$1,022,380 would increase by \$116,600 to \$1,138,980.

C. There is no tax levy impact associated with approval of this request. The amendment to the Horizon Healthcare contract for \$11,000 can be absorbed in BHD's purchase of service 8000 – Other Charges accounting series. The amendment with Community Advocates is funded by the Federal Substance Abuse Prevention and Treatment Block Grant and increases expenditures and revenues equally by \$116,600 for no net tax levy impact.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

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: October 17, 2013

TO: Supervisor Marina Dimitrijevic, Chairperson – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Jim Kubicek, Interim Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the Purchase of Services Contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs in the Behavioral Health Division

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the existing purchase of services contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs (CSP) in the Behavioral Health Division (BHD).

Discussion

Earlier this month, the Community Services Branch (CSB) in BHD received over 30 referrals for mental health community-based placements from BHD's inpatient hospital as well as other community-based agencies. This volume was an anomaly since community services does not traditionally receive that many referrals in such a short period of time.

Of the 30 referrals received, 18 were for CSP services. Currently, BHD does not have slot capacity to place these 18 individuals into the CSP because maximum capacity has been achieved even after utilization review was completed. BHD is requesting an increase in the budgeted capacity by 20 additional slots, or two caseloads, to place these individuals in their needed level of care.

The department purchased additional CSP services from two existing providers to ensure continuity of care and prevent decompensation in the individuals being referred. BHD is requesting retroactive contract amendments with the following two existing providers: Project Access, Inc., and Wisconsin Community Services (WCS) in an amount of \$10,000 to each agency and a total cost of \$20,000 starting October 16, 2013 through December 31, 2013.

The requested amendment of \$10,000 for Project Access, Inc., increases their total agency contract to \$462,836. The requested amendment of \$10,000 for Wisconsin Community Services increases their total agency contract to \$1,946,529.

BHD continues to oversee these contracts to ensure that Project Access and WCS adhere to the performance measures and contract administration requirements and oversight currently included in all purchase of services contracts with the Department of Health and Human Services (DHHS).

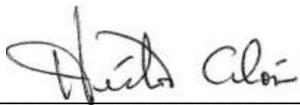
Fiscal Effect

A fiscal note is attached.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, to retroactively amend the existing purchase of services contracts with Project Access, Inc., and Wisconsin Community Services by \$10,000 each for CSP expansion to address the wait list for the time period of October 16, 2013 through December 31, 2013.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

- cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, Fiscal & Management Analyst, DAS
Martin Weddle, 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 increase the purchase of services contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs in 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 amend two 2013 purchase of services contracts with existing Community Support Program (CSP) providers for the Behavioral Health Division (BHD); and

WHEREAS, in early October, the Community Services Branch (CSB) received an unprecedented number of referrals over a short period of time from BHD's inpatient hospital as well as other community-based agencies for mental health community-based placements; and

WHEREAS, of the 30 referrals received, 18 were for CSP services and BHD currently lacks the slot capacity to place these 18 individuals into the CSP because maximum capacity has been achieved; and

WHEREAS, the department purchased 20 additional CSP treatment slots from two existing providers to ensure continuity of care and prevent decompensation in the individuals being referred; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2013 retroactive amendments to existing purchase of services contracts with the following provider agencies for the time period of October 16 through December 31, 2013, in the amounts specified below:

Agency	Service Area	Increase	Existing Contract (all service areas)	Amended Contract
Project Access	Community Support Program	\$10,000	\$452,836	\$462,836
Wisconsin Community Services	Community Support Program	\$10,000	\$1,936,529	\$1,946,529
Total		\$20,000	\$2,389,365	\$2,409,365

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/17/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the Purchase of Services Contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs in 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	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
 - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
 - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
 - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
-
- A. Approval of the request would permit BHD to retroactively amend existing purchase of services contracts for the Community Support Program (CSP) with Project Access and Wisconsin Community Services (WCS). The term of the amendments would be October 16 to December 31, 2013.
 - B. The amendments being recommended would increase each contract by \$10,000. If approved, the Project Access contract would increase to \$462,836 and the WCS contract would increase to \$1,946,529.
 - C. There is no tax levy impact associated with approval of this request. The amendments to the contracts can be absorbed in BHD's purchase of service 8000 – Other Charges accounting series.
 - D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

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: October 13, 2013

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

FROM: Héctor Colón, Director, Department of Health and Human Services
 Prepared by Jim Kubicek, Interim BHD Administrator

SUBJECT: From the Director, Department of Health and Human Services, Submitting an Informational Report Regarding the Status of the Contracting Out of Dietary Services

BACKGROUND

The 2009 Budget included an initiative to contract for food service operations at the Behavioral Health Division (BHD). On June 8, 2009, A'viands LLC, the selected vendor, began operating the BHD food service. At the March 2012 meeting of the Health and Human Needs Committee, it was requested that BHD provide annual status reports every October.

DISCUSSION

Performance

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

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

TABLE 1. SELECTED FOOD METRICS (2013)								
	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>
<i>Tray Accuracy</i>	62%	89%	100%	78%	91%	75%	100%	92%
<i>Texture Modifications</i>	100%	100%	100%	89%	91%	100%	100%	92%
<i>Portion Sizes</i>	88%	100%	100%	100%	91%	91%	83%	100%
<i>Time</i>	100%	100%	100%	88%	100%	92%	100%	92%
<i>Cold Food Temperature</i>	67%	60%	50%	65%	72%	56%	91%	60%

	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>
<i>Hot Food Temperature</i>	45%	54%	92%	89%	52%	70%	64%	60%

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

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

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

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

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

BHD Dietary staff and A'viands also conduct customer satisfaction surveys. The results are presented in Table 2, and show the percentage of customers that approve of the food service in a variety of categories, in the overall meal and in the overall dining experience. Prior to June 2013 customers were given a choice of "very satisfied", "satisfied" or "dissatisfied" or "very dissatisfied". In an initiative to better quantify customer input, the grading scale was changed to "excellent", "very good", "good", "fair" and "poor". The table below lists the percentage of favorable scores on either scale.

	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June*</i>	<i>July*</i>	<i>August*</i>
<i>Temperature</i>	100%	96%	100%	100%	91%	67%	77%	50%
<i>Portion Size</i>	100%	100%	94%	90%	85%	67%	69%	44%
<i>Variety</i>	100%	96%	94%	75%	91%	83%	69%	48%
<i>Taste</i>	100%	100%	100%	90%	88%	83%	69%	50%
<i>Presentation</i>	91%	96%	94%	95%	88%	83%	77%	50%
<i>Overall Quality of Meals</i>	83%	96%	88%	80%	82%	83%	84%	25%
<i>Overall Quality of Food Service</i>	100%	100%	94%	85%	91%	100%	87%	44%

*New scale

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

Portion Size: Does customer feel the portion size is adequate?

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

Taste: Does customer enjoy the taste of their meals?

Presentation: Does customer feel that meals are served with a nice presentation and variety of colors?

Overall Quality of Meals: Is customer satisfied with overall quality of the food and meals?

Overall Quality of Food Service: Is customer satisfied with overall meal experience?

The surveys are based on a sample of approximately 15 to 25 consumers per month. It is also important to note that the survey respondents change on a monthly basis.

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

TABLE 3. ISSUES LOG SUMMARY (January – August 2013)	
Type of Complaint	Email and Phone Complaints By Occurrence
Dietary Error - i.e. wrong texture served, inappropriate item served	7
Food Issue - i.e. substitution from menu, over-cooked, dislike item, etc	46
Late Meals, Missing Meals	59
Administrative - i.e. missing meal counts, tableware issue, in-service needs	15
TOTAL COMPLAINTS	127
2013 YTD Number Of Meals Served	139,647
Complaints as a Percent of Meals Served	0.09%

All complaints are considered formal complaints. Of the 127 complaints tracked YTD 2013, none were considered serious in nature and related to health and safety concerns.

Fiscal Savings

BHD closely monitors the fiscal impact of the dietary contract with A'viands. For 2013 year-to-date, the average monthly cost for all meals is \$460,086 and \$20,584 for required supplements and snacks/nourishments. The total projected expenditures for meals and supplements/snacks for 2013 is \$5,448,049. BHD is working with A'viands to reduce costs for the remainder of the year in order not to surpass the contract amount of \$5,416,186. BHD also has three dietary staff, prior legacy costs, various small expenses and cross charges. These costs total an average of \$28,935 per month. Therefore, the total average projected monthly cost including BHD and contracted expenses for 2013 is \$509,606. The actual monthly expenditure cost in 2008, including legacy costs, for the BHD run dietary service was \$621,932. This is a projected average monthly savings of \$112,326 and translates into an annual savings of over \$1.3 million.

Initiatives

BHD has continued to expand its patient-centered dining program and has begun to see success in achieving several of the goals of the program, including:

- Fostering independence in clients in regards to choice at meal and snack times;
- Improving consumer satisfaction with meals;
- Decreasing the amount of food waste;
- New way of providing snacks that increase client choice;
- Promoting positive interactions between consumers, BHD staff and A'viands staff;
- Decreasing errors due to dietary cart issues such as cold or burnt items;
- Eliminating the need for operational improvements to the tray line and dish room area; and
- Correcting state survey notations (on a preliminary basis) in regard to resident choice and accommodation of needs

In 2013 and 2014 BHD will continue to focus on providing patient-centered dining and also work with A'viands on cost control measures during the move to a community based system of care.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted,



Héctor Colón, Director
Department Of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, Fiscal & Management Analyst, DAS
Martin Weddle, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: October 10, 2013

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Jim Kubicek, Interim BHD Administrator

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, regarding Emergency Detentions under Wisconsin State Statutes and the legislative impact of Chapter 51**

Background

Over the past several years, the high number of psychiatric Emergency Detentions (EDs) in Milwaukee County has been the focus of much discourse, including in the Human Services Research Institute (HSRI) report on redesigning the adult mental health system in Milwaukee County. In 2012, there were over 7,000 EDs in Milwaukee County. Emergency Detentions in Milwaukee County are governed by Chapter 51 in Wisconsin State Statutes. Chapter 51 only applies to Milwaukee County due to its larger population and therefore makes the situation here different from the all other counties in Wisconsin. In addition, the socio-economic status of Milwaukee County is significantly different than other Wisconsin counties.

In order to respond to the requirements of Chapter 51, the Behavioral Health Division (BHD) uses a Mobile Crisis Team, which has been in existence for over 15 years. The Mobile Crisis Team works exclusively with individuals age 18 and over. The role of the Mobile Crisis Team is to respond to behavioral health crises in the community, including the evaluation of emergency detentions. Currently, the Mobile Crisis Team is comprised of RNs, Behavioral Health Emergency Service Clinicians and a psychologist.

BHD is currently in the process of implementing a number of strategic initiatives that are aimed at maintaining individuals in the community while avoiding involuntary hospitalizations, including those that result from EDs. In 2011 and 2012, BHD conducted an extensive review of factors related to EDs, including: a study of Mobile Crisis Team utilization and effectiveness at generating voluntary dispositions; a retrospective analysis of ED dispositions and probable cause hearings; a survey of local law enforcement that focused on use of voluntary alternatives rather than EDs; and finally, BHD explored possible legislative action that would impact the Chapter 51 processes.

Overview

Mobile Crisis Team Data

In 2011, there were 1,488 contacts made by the Mobile Crisis Team, of which 931 were done at a private medical facility. In all of the 931 cases law enforcement had already placed the individuals on an ED. The Mobile Crisis Team evaluated those patients and in 63% of the cases, was able to drop the ED and pursue voluntary alternatives. Additionally, 455 of the Mobile Crisis Team contacts were done in a community setting.

These contacts were either to facilitate the discharge of a patient from a higher level of care or to evaluate an individual in the community. Of these community contacts, only 24 resulted in an ED being initiated, which translates to a 95% rate of voluntary alternatives. Finally, there were 102 contacts that were directly referred by law enforcement. These were situations where law enforcement required an onsite clinical evaluation and risk assessment. Of these cases, there was a recommendation to detain 12 individuals on an ED. This corresponds to an 88% rate of voluntary alternatives for individuals that had come to the attention of law enforcement. Each of these interventions was conducted prior to any contact with Milwaukee County's Psychiatric Crisis Service (PCS). This data suggests that intervention by the Crisis Mobile Team leads to decreased numbers of EDs.

In 2011, BHD conducted an additional review of the total number of EDs with a focus on individuals who were admitted to BHD. After much analysis, it was determined that a clinical intervention (ie a Crisis Mobile Team intervention) earlier in the process could have possibly averted a probable cause hearing or admittance to PCS in up to 80% of EDs. The types of ED dispositions that factored into this percentage include:

- The ED was dropped in PCS;
- Patient was held temporarily but discharged prior to probable cause;
- No witness shows up for court;
- Time violation;
- Insufficient evidence (Facial insufficiency); and
- A stipulation agreement is struck for voluntary admission.

Proposal

Based on the above mentioned data and the desire to decrease the number of EDs in Milwaukee County, BHD and others have recently attempted to broaden the definition of who can detain an individual under Chapter 51 in the State of Wisconsin to include allowing the decision to be made by a behavioral health professional. BHD has worked with Milwaukee County Corporation Counsel to arrive at proposed alternative language delineating the type of individual that would be given authority to detain people on an ED.

Currently, BHD is required to initiate a Treatment Director Supplement (TDS) within 24 hours of detention. In addition to increasing authority to detain on an ED, Milwaukee County is also proposing that whenever a treatment director or designee initiates an ED, the TDS will not be required. This change would add language, not remove detaining authority from law enforcement. To support these efforts, a state by state review was conducted of the detention authority in the rest of the country. Wisconsin is one of the last remaining states that only allow law enforcement to initiate an emergency behavioral health hold. The balance of the country varies significantly in terms of who is allowed to detain, including:

- Any individual over the age of eighteen
- Family members
- Licensed mental health professionals
- Licensed physicians
- Only designated mental health professionals

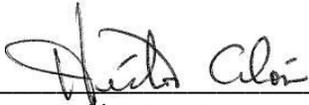
Adding language to Chapter 51 to give authority to detain people to behavioral health professionals could not only have a significant impact on the overall numbers of individuals detained in Milwaukee County, but would also likely lead to more favorable experiences and outcomes for detained individuals. By definition law enforcement's primary function is to enforce the law and arrest those individuals that

violate the law. Exclusively allowing law enforcement to detain individuals requiring emergency psychiatric treatment not only criminalizes the ED process but also adds to the stigmatization of people with behavioral health disorders. BHD would like to create a process where someone can gain access to involuntary psychiatric care through a clinical evaluation, which would be a more therapeutic and less criminal intervention.

Next Steps

BHD plans to continue to pursue changes to State Statues as described above to allow a behavioral health professional to detain individuals on EDs. We hope the County Board of Supervisors will support this effort and assist in advocating for the proposed legislative changes relating to Emergency Detentions under Chapter 51.

BHD will continue to update the Board on progress related to this initiative as necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Fiscal & Budget Administrator, DAS
Matt Fortman, Fiscal & Management Analyst, DAS
Martin Weddle, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: October 14, 2013

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

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

SUBJECT: Informational Report from the Director, Department of Health and Human Services, Submitting an Overview of the 2014 Proposed Budget for the Department of Health and Human Services

Background

As requested by the Health and Human Needs Committee, this report highlights the 2014 Recommended Budget for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

DHHS/BHD Overall Summary

- Throughout the budget process, DHHS focused on:
 - ❖ Implementing performance-based budgeting
 - ❖ Investing in evidence-based programs
 - ❖ Maximizing revenue
 - ❖ Expanding quality assurance initiatives to ensure consistently high standards of care
 - ❖ Reducing overhead by collaborating with other departments, streamlining services and achieving more efficiencies

In addition, programs and services within the 2014 Budget are person-centered, recovery-oriented, trauma-informed and culturally sensitive.

For 2014, the Community Services Branch (CSB), Wraparound Milwaukee, and Emergency Medical Services (EMS) were transferred to DHHS. This change provides the opportunity to define roles and priorities within a complex mental health system with the idea of raising standards of care for all areas within a well-defined framework.

The table below provides a summary of the 2013 Adopted and the 2014 Recommended Budgets.

2014 DHHS Proposed Budget Overview

	2013 Budget*	2014 Budget	Variance 2013 to 2014
BHD			
Expenditures	\$84,835,391	\$77,853,725	(\$6,981,666)
Revenue	\$36,326,707	\$30,422,699	(\$5,904,008)
Tax Levy	\$48,508,684	\$47,431,026	(\$1,077,658)
BHD FTE	634.9	549.8	(85.1)
DHHS			
Expenditures	\$177,548,638	\$189,526,505	\$11,977,867
Revenue	\$141,209,814	\$152,617,216	\$11,407,402
Tax Levy	\$36,338,824	\$36,909,289	\$570,465
DHHS FTE	477.8	426.6	(51.2)
TOTAL			
Expenditures	\$262,384,029	\$267,380,230	\$4,996,201
Revenue	\$177,536,521	\$183,039,915	\$5,503,394
Tax Levy	\$84,847,508	\$84,340,315	(\$507,193)
DHHS FTE	1,112.7	976.4	(136.3)

**2013 Budget figures have been restated to reflect the transfer of Community Service Branch, Wraparound Milwaukee, and Emergency Medical Services.*

The 2014 Budget reflects a significant investment in community-based initiatives with DHHS increasing its financial commitment by over \$4.8 million to expand existing and fund a variety of new initiatives. These efforts, along with those launched over the past few years, are vital to the framework developed by the Mental Health Redesign Task Force. In addition to maintaining prior year investments, BHD is also expanding services by allocating funding to new 2014 initiatives shown on the following page.

The budget also includes savings of just over \$3.1 million related to the Hilltop closure, and inpatient reductions in Central and Acute as well as adjustments to operations. As a result of these initiatives, an overall decrease in FTEs of 136.3 is expected.

Finally, to maintain staff experience and expertise during the period of downsizing, over \$1 million is budgeted for a retention package for employees to remain at BHD.

Behavioral Health Division (BHD) Budget Summary***Community Investments***

- **The 2014 Budget reflects a significant investment in community-based initiatives with DHHS increasing its financial commitment by over \$4.8 million:**

Expanding BHD's partnership with the Milwaukee Police Department for the Crisis Mobile Team	\$115,327
Starting a Peer Run Drop in Center	\$276,333
Adding more quality assurance staff	\$81,214
Implementing the Community Recovery Services (CRS) program	\$275,000
Expanding case management	\$125,000
Continuing funding for Families Moving Forward, focusing on the African American community	\$150,000
Investing in a new partnership with the UCC/16 th street clinic to focus on the Latino community	\$45,000
Adding resources specifically for clients moving out of Rehab Centers – Central	\$793,184
Implementing an evidenced based treatment model for all Community Support Programs	\$416,800
A cost of living adjustment for all CSP providers that have been level funded since 2000	\$738,731
Opening a Southside Access Clinic in July 2014	\$250,000
Initiating a TCM pilot program with the Housing Division	\$100,000
Expanding capacity to provide mobile assessments to individuals in the community to 24 hour coverage	\$200,000
The Housing Division's Pathways To Permanent Housing program is funded on an annual basis and provides transitional housing	\$70,000
Implementing a new initiative to create 40 permanent supportive housing scattered site units to serve BHD consumers	\$400,000
Establishing a Community Consultation Team specifically for individuals dually diagnosed with both a developmental disability and mental health issue	\$247,452
Developing a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness	\$250,000
To assist BHD clients moving into the community, BHD will provide prescriber availability as a part of the Day Treatment program	\$65,578
An evening and weekend on call Crisis Response Team (CRT) for individuals with ID/DD and MH clients is created	\$154,544
The Housing Division will also fund two case managers to provide services to approximately 50 veterans who are disabled and homeless	\$100,000
TOTAL	\$4.8 million

Inpatient Services (Adult and Children)

- In response to declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign Task Force, BHD is proposing to close an additional 12 beds effective April 1, 2014 in the Acute Treatment Units. This initiative will result in savings of \$462,676 and a total annual reduction of 15 FTEs.

Nursing Facility Central

- In 2014, BHD will reduce the number of licensed beds in Rehabilitation Center-Central by a total of 24. The Division will work closely with Family Care and Services and Access to Independent Living (SAIL) to secure community placements for 24 clients by July 1, 2014. The downsizing will result in a savings of \$591,367 and a total annual reduction of 20 FTEs.

Inpatient Services – Nursing Facility Hilltop

- Furthering an initiative that started in 2011, BHD will be closing the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) in two stages, initially reducing the number of licensed beds by 24 by May 1, 2014 and ultimately closing the remaining 24 licensed beds by November 1, 2014. The Division will work closely with the Disabilities Services Division, the State of Wisconsin Division of Long Term Care and area Care Management Organizations to secure community placements for these clients on the proposed time frame. The downsizing will result in a savings of \$758,863 and a total annual reduction of 67 FTEs.

Adult Crisis Services

- In 2014, BHD will establish a new Community Consultation Team (CCT) by investing \$247,452 to provide support to individuals who are transitioning from Hilltop to the community, support to their providers, staff consultation services and development for providers, and crisis services.
- A Quality Assurance Coordinator is created for \$81,214 to maintain quality of various new initiatives and expanded services.
- In 2014, BHD expand their partnership with the Milwaukee Police Department for the Crisis Mobile Team by adding one clinician to work directly with law enforcement in serving as first responders to ED calls with the goal of reducing involuntary Emergency Detentions for \$115,327.
- Crisis Services will invest \$200,000 to expand the capacity of the Crisis Mobile Team to provide assessments to individuals in the community 24-hours-a-day. Each member of the Mobile Crisis Team will also receive additional training related to addressing the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County.

2014 DHHS Proposed Budget Overview

- In accordance with the goals of the Mental Health Redesign efforts, BHD will invest \$250,000 in July 2014 to create a second Access Clinic on the Southside of Milwaukee to help meet increased demand and address community needs in an accessible location.

Management and Support Services

- A Physician Quality Officer is created to lead quality improvement programs throughout the hospital.
- In 2014, to continue the Department's goal of expanding quality assurance initiatives to ensure consistently high standards of care, work toward Joint Commission accreditation is continued and 1.5 FTE of Quality Assurance Coordinator is created.
- Due to the recent downsizing efforts at BHD, BHD conducted an analysis of overhead needs. As a result, 19.0 FTEs are reduced in 2014 for a savings of over \$1.3 million.
- BHD has a total of \$1.86 million dedicated to the implementation of its Electronic Medical Records (EMR) system which is expected to significantly enhance the IT and business systems at BHD.
- A total of \$245,378 is provided to install 45 security cameras at BHD to maintain a safe and therapeutic environment for patients and staff.

DHHS Budget Summary

Overview

DHHS experiences a net increase of 102.60 FTEs which is the result of an increase in FTEs due to the transfer in of FTEs from EMS, CSB and Wrap as well as the transfer out of FTEs related to Facilities Management.

Director's Office and Management Services

- The 211-IMPACT contract as well as the Wisconsin Home Energy Assistance Program (WHEAP) are maintained in 2014.

Delinquency & Court Services Division

- The 2014 Budget includes an increase in youth aids revenue of \$1,161,480, which is based on rates included in the 2013-2015 Adopted State Budget and an Average Daily Population (ADP) of 146.2 for the Juvenile Correctional Institution and 11.0 for the Child Caring Institution. This is an overall reduction in ADP of 7.9 but is consistent with the most recent 18-month averages.
- DCSD is investing \$500,000 in expanding community alternatives to safely reduce reliance on secure confinement and out of home placements.

2014 DHHS Proposed Budget Overview

- Law enforcement requires timely and secure access to juvenile justice information to be responsive to crime. As a result, DCSD is including an investment of \$37,900 in the eTime Reporting system. This system will allow DCSD to share accurate information regarding juvenile supervision status with local law enforcement and criminal justice agencies.
- In July 2012, the Milwaukee County Board of Supervisors authorized the implementation of a short-term secure placement program within the Milwaukee County Secure Detention Center as a disposition placement option for the circuit courts. DCSD has since proceeded with implementation of the Milwaukee County Accountability Program (MCAP) program and it is maintained in 2014. The target group is youth who are at risk for State Juvenile Corrections placement. Twenty-one youth have participated in the MCAP program since its inception in September 2012.
- DCSD is redirecting Youth Sports Authority funds to support its New Community Alternatives Investment mentioned above. This would eliminate the Youth Sports Authority but use the funds to invest in evidence-based services for youth.

Disabilities Services Division

- The 2014 Budget includes \$250,000 to develop a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness. In addition, the budget includes \$154,544 for a Crisis Response Team (CRT) for individuals with ID/DD and MH clients. These initiatives together total \$404,544 and are included in the community investment chart in BHD's budget.

Housing Division

- In 2014, the Housing Division plans to implement a new initiative to create 40 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers. This \$400,000 new investment is consistent with the Mental Health Redesign recommendations.
- In 2013, the Housing Division worked on a new initiative called the Pathways to Permanent Housing program. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. In the 2014 Budget, \$276,250 is transferred from BHD to Housing and an additional \$70,000 in tax levy is allocated to provide support for a full year for this program. The Pathways program is consistent with the Community Linkages Committee of the Mental Health Redesign Taskforce.
- A HUD requirement for the federally-subsidized Shelter Plus Care program is that the individual must have permanent case management. To address this issue, the Housing Division will fund two contracted case managers to provide services to

approximately 50 veterans who are disabled and homeless. This initiative is funded with \$100,000 in Potawatomi revenue and has no levy impact.

Behavioral Health Community Services

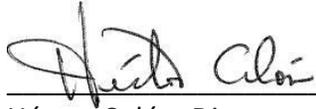
- As of March 1, 2014, BHD proposes to outsource the caseload currently covered by BHCS's Community Support Program (CSP) – Downtown and Southside locations and have all 337 caseloads assumed by community providers through a competitively bid purchase of service contract. The initiative is expected to produce a net tax levy savings of \$689,031 and a total annual reduction of 45.0 FTEs.
- A component of the Governor's 2013-2015 Mental Health Initiative is the statewide expansion of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit. BHCS plans to apply for this benefit, which would begin in July 2014.
- Increased community services, totaling \$793,174, is included to assist in moving clients from Central into appropriate community placements. This includes funding for additional CSP slots, group home beds and for additional supports such as adult family homes and other needed services.
- BHCS proposes to decrease funding by \$350,000 for the two Crisis Resource Centers to account for the billable per diem rate. They also propose to decrease outpatient contracts by \$250,000 based on the BadgerCare expansion and a possible move to a fee-for-service network.
- Since 2004, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. This grant funding is scheduled to end in September 2014, which could result in a loss of \$3.2 million annually. In 2014, BHD will develop a long-term funding strategy to address the anticipated loss of funding. This program enrolls an average of 300 clients per month.
- An appropriation of \$100,000 for HIV prevention services is eliminated for the Aids Resource Center of Wisconsin (ARCW). This decision was made based on a continued focus of investing in services directly related to BHD's mission.
- In the Wraparound Program, daily enrollment is projected to significantly increase by approximately 150 youth to over 1,200 families based on increased enrollments in the voluntary REACH program and the removal of the Medicaid enrollment cap in the Wraparound HMO. This results in over \$12.2 million in additional client expenditures, which is off-set by revenues for behavioral health services provided by Wraparound.

Emergency Medical Services

- The EMS subsidy paid to specific Milwaukee County municipalities is reduced by \$500,000 to \$1,500,000 for 2014 to reflect the four-year EMS agreement with municipalities.

Recommendation

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



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