



OFFICE OF THE COUNTY EXECUTIVE

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# *Milwaukee County*

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 22, 2013  
To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors  
From: Chris Abele, County Executive  
Subject: Appointment of Mr. Russell Spahn to the Emergency Medical Services Council

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97.07 of the Milwaukee County Ordinances, I am hereby appointing Mr. Russell Spahn to serve on the Emergency Medical Services Council filling the seat reserved for a representative of the Milwaukee Area Technical College. A copy of Mr. Spahn's resume is attached for your review. Mr. Spahn's term will expire on August 31, 2014.

I would appreciate your consideration and confirmation.

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

Chris Abele  
Milwaukee County Executive

Cc: Kelly Bablitch, Chief of Staff, County Board  
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
Jodi Mapp, Committee Clerk  
Martin Weddle, Research Analyst  
Russell Spahn

# Russell R. Spahn

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W. Whitaker Avenue Greenfield, WI 53220

## EXPERIENCE

2013 – Present

### Associate Dean

- MATC Protective Services Division
- Responsible for Police, Fire, & EMS Programs

2006 – 2011

### Fire Chief

- Lead the organization towards the fulfillment of meeting its vision, values, mission, and goals.

1997-2006

### Assistant Fire Chief

- Developed Fire Officers Manual to improve leadership within the department.
- Introduced a fire department Pre-Construction Plan Review Manual.
- Developed and implemented a training program for emergency dispatchers.
- Developed Zone D EMS, Fire Prevention, and Training Committees.
- Developed and implemented assessments for departmental promotions.
- Designed and implemented a Fire Training Manual for the department.

1995-1997

### Deputy Fire Chief

- Re-designed Fire Inspection program improving efficiency.
- Designed a Fire Inspection manual for department fire inspectors.
- Implemented training course for fire inspectors – improving inspection quality.
- Implemented the FEMA “Junior Firesetters” program for the department.
- Developed EMS inter-operability for nursing facilities and the department.

1986-1995

### Paramedic

- Designed an efficient patient information form and follow-up procedure.
- Trained local medical facilities to local Milwaukee County medical protocols.
- Responsible for training and mentoring new paramedic candidates.
- Coordinated large casualty incidents for the surrounding communities.

1981-1986

### Fire Fighter/EMT/Heavy Equipment Operator

- Developed new computer database to track fire and EMS calls for the department
- Developed new computer software to track and maintain fire inspections
- Developed EMT training and coordination for neighboring fire departments

## EDUCATION

- Associate in Applied Science, Fire Science 1995  
Milwaukee Area Technical College, Milwaukee, WI
- Bachelor of Science, Fire Administration 2000  
Southern Illinois University, Carbondale, IL
- Master of Arts in Instructional Design and Organizational Development 2004  
Alverno College, Milwaukee, WI

## ASSOCIATED QUALIFICATIONS

M.A.T.C. Fire & EMS Instructor since 1991  
Develop Class Curriculum for M.A.T.C.  
Volunteer Assessor for Alverno College  
Accident Scene Management Instructor  
Regional Faculty for the American Heart Association

## AWARDS

Milwaukee County Fire Chief's President Award 2001  
Milwaukee Area Sky Warn Commendations 2002, 2003, 2004, 2006  
Greenfield School District Citizen Service Award 2003, 2005

## PROFESSIONAL MEMBERSHIPS

Wisconsin Fire Inspector's Association, Wisconsin Fire Alarm Association  
Wisconsin Arson Investigator's Association, National Fire Sprinkler Association  
Wisconsin State Fire Chief's Association, International Assoc. of Fire Chiefs  
Wisconsin Emergency Medical Technicians Association  
National Fire Protection Association, International Fire Marshal's Association  
Wisconsin Fire & EMS Legislative Coalition  
Department of Commerce Fire Safety Council  
Department of Commerce Commercial Code Council  
Greenfield Education Foundation Board Member



OFFICE OF THE COUNTY EXECUTIVE

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# Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: November 22, 2013

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. Héctor Colón to the Milwaukee Regional Medical Center Board of Directors

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in the bylaws of the Milwaukee Regional Medical Center, I am here by appointing Mr. Héctor Colón to serve on the Milwaukee Regional Medical Center Board of Directors for a term ending on October 4, 2015.

Your consideration and confirmation will be appreciated.

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

Chris Abele  
Milwaukee County Executive

Cc: Kelly Bablitch, Chief of Staff, County Board of Supervisors  
Supervisor Peggy Romo West, Chair, Health and Human Needs Committee  
Mr. Héctor Colón  
Jodi Mapp, Committee Clerk  
Martin Weddle, Research Analyst  
Gene Gilchrist, Milwaukee Regional Medical Center Executive Director

**Héctor Colón, MS, OT**  
W. Willow Way, Milwaukee WI 53221

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Vibrant leader with a history of achievement producing significant results in large, complex organizations through innovative leadership, change management and employee empowerment. Managed organizations with budgets in the hundreds of millions of dollars with over 1,000 employees. Proven ability to learn quickly, diagnose problems while coming forth with solutions that positively impact organizations and communities. Recognized ability to establish and maintain effective strategic partnerships and relationships. Lead self and staff with honesty, integrity and respect at all times.

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**DISTINGUISHING QUALIFICATIONS**

**Health & Human Services  
P & L/Budgeting  
Regulatory Experience  
Government/Non-profit**

**Visionary Leadership  
Strategic Action Planning  
Program Development  
Change Management**

**Resilience/Tenacity  
Public Speaking  
Community Relations  
Advocacy**

**PROFESSIONAL EXPERIENCE**

**Department of Health and Human Services – Milwaukee County** **2011 – Present**

*Director:* Responsible for the overall administration, coordination, programming and fiscal performance of the department; leading over 1,000 employees and managing a \$280 million dollar budget through the following divisions: Disabilities Services, Behavioral Health, Emergency Medical Services, Delinquency and Court Services, Housing, and Management Services.

Achievements:

- Oversaw the re-design and downsizing of 24 acute psychiatric beds, 16 ICFMR beds, and 16 nursing home beds for persons with mental illness in the Behavioral Health Division.
- Successfully led the Housing Division in reforms to the Community Development Block Grant and HOME programs, subsequently receiving an award by HUD – “Turning the Ocean Liner Award.”
- Successfully led the Division of Disabilities Services in the elimination of a 30-year waitlist for individuals who need long-term care supports to help them live independently and successfully in the community.
- Implementing detention system reforms for delinquent youth with the goal of providing better outcomes. The department secured a technical assistance grant from the Annie Casey Foundation and a \$750,000 federal grant to assist with this effort.

**Hispanic Professionals of Greater Milwaukee (HPGM)**

**2011 to 2012**

*Executive Director:* Led budget, fundraising, special events and volunteer recruitment; implemented programs that assisted Hispanics with their personal, professional and educational advancement. Promoted the image and reputation of the organization within the community.

**Achievements:**

- Launched a new leadership development program in partnership with Cardinal Stritch University aimed to increase the leadership skills of HPGM members.
- Increased the annual scholarship allocation by 300%.
- Increased overall revenue by 74%.
- Increased membership by 140 members, 15 corporate sponsors and 10 small businesses

**State of Wisconsin – Governor Doyle Administration - Madison, Wisconsin 2005 to 2011**

❖❖ *Department of Regulation and Licensing (DRL)* 2009 to 2011

Senior Executive/ Commissioner: One of the top three leaders in the organization that led staff in providing services to 64 boards that credentialed 130 different professions. DRL provided over 350,000 licenses to professionals statewide. Directly oversaw external relations, communications and legislative matters; served as a liaison to the Governor's office.

**Achievements:**

- Executed the implementation of a new Medical Board Bureau; designed the organizational framework, hired new staff and set the policy direction for the Bureau. The Bureau provided more efficient and effective services for physicians and affiliated professions through the divisions of credentialing, enforcement and board services.
- Facilitated the collaboration between the mixed martial arts industry (MMA), legislature and the department to craft legislation that regulated and licensed MMA in Wisconsin; managed an advisory committee and staff in the development of the rules for MMA.
- Initiated a modernization bill aimed at assisting the Department in operating more efficiently and effectively, improving consumer protection, addressing sound policies that would be uniformly addressed across all boards, and updating statutes that were not relevant with current standards.
- Led the execution of a public relations plan that improved and expanded our relationships with the media, legislature, board members and associations.

**State of Wisconsin continued – Governor Doyle Administration - Madison, Wisconsin**

❖❖ *Department of Workforce Development* 2007 to 2009

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

**Achievements:**

- Led the development of a more efficient and effective workforce system by bringing together leaders from government, industry, education, and economic and workforce development to address the needs of employers and workers. This initiative led to the deployment of local resources that addressed this more coordinated approach.
- Led the Bureau of Apprenticeship Standards in the execution of a strategic plan that increased our minority participation in the program by 12%.
- Worked with other department Secretaries to implement the Governors GROW Wisconsin initiatives, which was designed to lead to a better-trained workforce.

**State of Wisconsin – Governor Doyle Administration continued - Madison, Wisconsin**

❖❖ *Wisconsin Housing and Economic Development Authority* 2005 to 2007

Director of Economic Development: Led the state's second largest bank (assets) that provided loan guarantees to small businesses at favorable terms. Managed a loan guarantee portfolio of \$60 million and a new market tax credit portfolio of \$100 million. Was responsible for the overall administration, coordination, programming and fiscal performance of the division.

Achievements:

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

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

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

Achievements:

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

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

Associate Executive Director: Responsible for the overall administration, coordination, programming and fiscal performance of the department; led staff in the oversight of the Adult Day Center, Senior Center, Care Management, and Housing programs.

Achievements:

- Increased revenue by \$1 million by developing new programs, renegotiating fee for service contracts and implementing marketing strategies that increased our reimbursement as a result of higher participation rates.
- Initiated and implemented a care management program resulting in better and more comprehensive services for participants.
- Established competitive bidding for vendors reducing overhead costs by thousands of dollars.
- Embarked upon a project to create a Latino Geriatric Center that included an Alzheimer's day center, Wellness Program, a Caregiver Support Program and research opportunities. This is currently being viewed as a national model.

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

Assistant Director: Led staff that provided comprehensive services for people with mental illness in a community support program; monitored billing procedures to ensure that revenue potential was maximized.

Achievements:

- Promoted to the Assistant Director after only three months.
- Developed a client-based model that reduced recidivism rates by 10%.
- Developed and initiated new programs to reintegrate people with mental illness back into the community.
- Implemented an effective documentation system that generated extra revenue to support our program.

**EDUCATION**

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

**CERTIFICATES**

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

**HONORS & AWARDS**

•	Public Sector Leadership Award – Hispanic Professionals of Greater Milwaukee	2013
•	Philanthropic 5 Award Honoree – Business Journal/United Way	2011
•	Alumni of the Decade – UW- Milwaukee Health Sciences	2003
•	Hispanic Director of the Year - Spanish Times	2003
•	Milwaukee Business Journal 40 under 40	2002
•	Milwaukee Magazine 35 under 35	2002
•	Conquistador Commitment to the Community Award	2001

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** November 19, 2013

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

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

**SUBJECT:** Request authorization to enter into a Hosting and Access Agreement with *Care Wisconsin First* Managed Care Organization (MCO) and *Community Care Central Wisconsin (CCCW)* MCO to use MIDAS to support their care management and claims processing systems and to receive the revenues thereunder.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 11, 2013 and the Committee on Finance, Audit and Personnel on December 13, 2013.

The Department developed a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist the Department – 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.

*Care Wisconsin First* and *Community Care Central Wisconsin (CCCW)* operate MCOs in Wisconsin and desire a Hosting and Access Agreement with MCDFC to use the MIDAS system.

The term of the Hosting and Access Agreement for *Care Wisconsin First* will be for 5 years. A five-year agreement is the most cost effective and beneficial option for the County providing consistent revenue to support a hosting environment, support and

maintenance necessary to assure a reliably high level (99%) of server and application availability to users.

The term of the Hosting and Access Agreement for *CCCW* will be for one year. A one-year agreement with *CCCW* will allow the use of MIDAS while members' data currently held in MIDAS is being transitioned into their own data management software system.

A 2013 Professional Services contract with Superior Support Resources to provide MIDAS Hosting and Support Services for multiple users will be funded through rates and fees charged to external users, including *Care Wisconsin First*; *CCCW*; *ContinuUs* and *Lakeland Care District* in 2014 and thereafter. Enhancements necessary to the most effective hosting and access to MIDAS for multiple users are fully funded through this agreement.

The Director, Department of Family Care, is hereby requesting authorization to enter into Hosting and Access Agreement with *Care Wisconsin First* and *CCCW* to receive the revenues thereunder to include:

1. *Care Wisconsin First, Inc.* shall pay a one-time setup fee of \$75,000 immediately.
2. *Care Wisconsin First, Inc.* shall timely pay monthly Hosting and Access fees to MCDFC at the rate of eight dollars (\$8.00) per enrolled Family Care member and thirteen dollars fifty cents (\$13.50) per enrolled Partnership members, with estimated enrollment in *Care Wisconsin First, Inc.* based upon enrollment as reported to the State in August 2013 of 3,655 Family Care members per month and 1,371 Partnership members per month.
3. Total monthly payment received from *Care Wisconsin First, Inc.* is approximately \$47,749/month commencing on February 1, 2014, with total estimated payments in 2014 to MCDFC of \$525,239.
4. *Community Care Central Wisconsin* shall pay monthly Hosting and Access fees to MCDFC at the rate up to ten dollars fifty cents (\$10.50) per enrolled Family Care member with estimated enrollment of 1,980 Family Care members.
5. Total monthly payment received form *Community Care Central Wisconsin* is approximately \$20,790/month commencing on January 1, 2014.

If you have questions concerning the agreement, please contact Maria Ledger at 287-7610.

Attachment

Cc: Chris Abele, County Executive  
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

Mathew Fortman, Fiscal & Management Analyst, DAS

Steve Cady, Analyst, County Board Staff

Janelle M. Jensen, Committee Clerk, County Board Staff

Jodi Mapp, Committee Clerk, County Board Staff

Molly Pahl, Budget and Management Coordinator, Office of the Comptroller

Jim Hodson, Chief Financial Officer, MCDFC

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From the Director, Milwaukee County Department of Family Care (MCDFC), requesting authorization to enter into a Hosting and Access Agreement with Care Wisconsin First, Inc. and Community Care Central Wisconsin which are Managed Care Organizations (MCO's) to use the Member Information, Documentation, and Authorization System (MIDAS) to support its own care management and claims processing systems and to receive the revenues thereunder, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Milwaukee County Department of Family Care (MCDFC) Managed Care Organization (MCO) has worked to develop a proprietary data application system called MIDAS (Member Information, Documentation, and Authorization System) to assist MCDFC in managing the Family Care Program; and

WHEREAS, MIDAS is a multi-featured database/web application system that maintains 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; and

WHEREAS, MIDAS 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 Care Management Unit case managers, service providers, etc.; and

WHEREAS, Care Wisconsin First, Inc. and Community Care Central Wisconsin First operate MCO's in Wisconsin and desire a Hosting and Access Agreement with MCDFC to use MIDAS; and

WHEREAS, the term of the Hosting and Access Agreement with Care Wisconsin First, Inc. will be for five years; and

WHEREAS, a five-year agreement with Care Wisconsin First, Inc. is the most cost effective and beneficial option for the County providing consistent revenue to support a hosting environment, support, and maintenance necessary to assure a reliably high level (99%) of server and application availability to users including Care Wisconsin First, Inc. and

WHEREAS, the term of the Hosting and Access Agreement with Community Care Central Wisconsin will be for up to one year,

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WHEREAS, a term of one year with Community Care Central Wisconsin will allow the use of MIDAS while members data currently held in MIDAS is being transitioned into their own data management software system,

WHEREAS, a Professional Services Contract with SSR to provide MIDAS Hosting and Support Services for multiple users will be funded through rates and fees charged to external users, and

WHEREAS, enhancements necessary to the most effective hosting and access to MIDAS for multiple users are fully funded through this agreement; now, therefore,

BE IT RESOLVED, that the Director, Milwaukee County Department of Family Care, is hereby authorized to enter into a Hosting and Access Agreement with Care Wisconsin First, Inc. and Community Care Central Wisconsin and to receive the revenues thereunder to include:

1. *Care Wisconsin First, Inc.* shall pay a one-time setup fee of \$75,000 immediately.
2. *Care Wisconsin First, Inc.* shall timely pay monthly Hosting and Access fees to MCDFC at the rate of eight dollars (\$8.00) per enrolled Family Care member and thirteen dollars fifty cents (\$13.50) per enrolled Partnership members, with estimated enrollment in Care Wisconsin First, Inc. based upon enrollment as reported to the State in August 2013 of 3,655 Family Care members per month and 1,371 Partnership members per month.
3. Total monthly payment received from *Care Wisconsin First, Inc.* is approximately \$47,749/month commencing on February 1, 2014, with total estimated payments in 2014 to MCDFC of \$525,239.
4. *Community Care Central Wisconsin* shall pay monthly Hosting and Access fees to MCDFC at the rate up to ten dollars fifty cents (\$10.50) per enrolled Family Care member with estimated enrollment of 1,980 Family Care members.
5. Total monthly payment received form *Community Care Central Wisconsin* is approximately \$20,790/month commencing on January 1, 2014.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/22/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request authorization to enter into a Hosting and Access Agreement with *Care Wisconsin First* Managed Care Organization (MCO) and *Community Care Central Wisconsin* (CCCW) MCO to use MIDAS to support their care management and claims processing systems and to receive the revenues thereunder.

**FISCAL EFFECT:**

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	546,000
	Net Cost	0	(546,000)
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

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

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

The Department of Family Care is requesting authorization to enter into a hosting and Access agreement with Care Wisconsin First and Community Care of Central Wisconsin two MCO's to use the MIDAS care management and claims processing system. These contracts will provide an estimated revenue of \$546,000 to the Department of Family Care that will be used to cover its administrative program costs. The request to the county does not have a direct fiscal impact to Milwaukee County's general fund as the Family Care budget does not utilize any property tax levy.

Department/Prepared By Jim Hodson

Authorized Signature Valerie R. Woods Assistant Director

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

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

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

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** November 19, 2013

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

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

**SUBJECT:** Request authorization to execute a contract with the Department of Health Services to provide Family Care benefit in Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties for the period January 1, 2014 through December 31, 2014, with up to four (4) one-year contract extensions as long as the MCO continues meet the certification and permit standards of the State Department of Health Services and the Office of the Commissioner of Insurance, and to accept the funding provided thereunder

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 11, 2013 and the Committee on Finance, Personnel and Audit on December 12, 2013.

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

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

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

The Director of the Department of Family Care requests authorization to execute a contract with the Department of Health Services to provide the Family Care benefit in Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties for the period January 1, 2014 through December 31, 2014, with up to four one-year contract extensions as long as the MCO continues meet the certification and permit standards of the State Department of Health Services and the Office of the Commissioner of Insurance, to accept the funding provided thereunder.

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

#### Attachment

Cc: County Executive Chris Abele  
Amber Moreen, Chief of Staff, Office of the County Executive  
Raisa Koltun, Office of County Executive  
Kelly Bablitch, Chief of Staff, County Board  
Don Tyler, Director, DAS  
Matthew Fortmann, Fiscal & Management Analyst, DAS  
Molly Pahl, Budget and Management Coordinator, Office of the Comptroller  
Steve Cady, Analyst, County Board Staff  
Janelle Jensen, Analyst, County Board Staff  
Jodi Mapp, Committee Clerk, County Board Staff  
Jim Hodson, Chief Financial Officer, MCDFC

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5 From the Department of Family Care (DFC), requesting authorization to execute a  
6 contract with the Department of Health Services to provide the Family Care benefit in  
7 Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and  
8 Walworth Counties for the period January 1, 2014 through December 31, 2014, with the  
9 option for annual one-year renewals, not to exceed five years in total, if the MCO  
10 continues to meet performance requirements and to accept the funding provided there  
11 under, by recommending the adoption of the following :

12  
13 **A RESOLUTION**

14  
15 WHEREAS, the state authorized the long-term care program known as Family  
16 Care via enactment of 1999 Wisconsin Act 9; and

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

23  
24 WHEREAS, the State of Wisconsin Department of Health Services (DHS) and  
25 the legislature authorized the expansion of family care to all target groups, including all  
26 adults with a developmental disability, physical disability over age 18 or frailties of aging  
27 over the age of 60 who reside in Milwaukee County, and the Family Care benefit has  
28 been available to eligible and enrolled adult residents of Milwaukee County since  
29 November 2009; and

30  
31 WHEREAS, the process for awarding contracts to continue to provide the Family  
32 Care benefit is set forth at s. 46.284 (2) of the Wisconsin Statutes as follows: "The  
33 department may contract with counties, long-term care districts, the governing body of a tribe or  
34 band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or  
35 with a private organization that has no significant connection to an entity that operates a resource  
36 center. Proposals for contracts under this subdivision shall be solicited under a competitive  
37 sealed proposal process under s. 16.75 (2m) and the department shall evaluate the proposals  
38 primarily as to the quality of care that is proposed to be provided, certify those applicants that  
39 meet the requirements specified in sub. (3) (a), select certified applicants for contract and  
40 contract with the selected applicants."; and

41  
42 WHEREAS, in August 2008 the State of Wisconsin issued a Request for  
43 Proposals (RFP #1645-DLTC-SM) to provide the Family Care benefit in Milwaukee  
44 County consistent with the above-referenced statute; and

45  
46 WHEREAS, MCDFC submitted a timely response to RFP #1645-DLTC-SM; and

47  
48 WHEREAS, following review of the response to the RFP submitted by MCDFC,  
49 DHS on February 2, 2009 issued a Letter of Intent to pursue contract negotiations with  
50 DFC for Long-Term Managed Care in Milwaukee in 2009 as described in the above-  
51 referenced RFP with the option for one-year contract renewals for calendar years 2010,  
52 2011, 2012 and 2013, therefore,  
53

54 WHEREAS, in June 2011 the State of Wisconsin issued a Request for Proposals  
55 (RFP #1720-DLTC-JB) to provide the Family Care benefit in Kenosha and Racine  
56 Counties consistent with the above-referenced statute; and  
57

58 WHEREAS, DFC submitted a timely response to RFP #1720 - DLTC-JB; and  
59

60 WHEREAS, following review of the response to the RFP submitted by DFC, DHS  
61 on September 2, 2011 issued a Letter of Intent to pursue contract negotiations with DFC  
62 for Long-Term Managed Care in Racine and Kenosha in 2012 as described in the  
63 above-referenced RFP with the option for one-year contract renewals for calendar years  
64 2013, 2014, 2015 and 2016, and  
65

66 WHEREAS, in August, 2012 the State of Wisconsin issued a Request for  
67 Proposals (RFP #1737-DLTC-JB) to provide the Family Care benefit in Sheboygan,  
68 Ozaukee, Washington, Waukesha and Walworth Counties consistent with the above-  
69 referenced statute; and  
70

71 WHEREAS, DFC submitted a timely response to RFP # 1737-DLTC-JB- and,  
72

73 WHEREAS, following review of the response to the RFP submitted by DFC, DHS  
74 on October 26, 2012 issued a Letter of Intent to pursue contract negotiations with DFC  
75 for Long-Term Managed Care in Sheboygan, Ozaukee, Washington, Waukesha and  
76 Walworth Counties as described in the above-referenced RFP with the option for one  
77 year contract renewals for calendar years 2014, 2015, 2016 and 2017, and,  
78

79 WHEREAS, on June 7th, 2013 the State of Wisconsin issued a Request for  
80 Proposals (RFP #3038-DLTC-JH) to provide the Family Care benefit in Milwaukee  
81 County consistent with the above-referenced statute; and,  
82

83 WHEREAS, on July 18th, 2013 DFC submitted a timely response to RFP # 3038-  
84 DLTC-JH and,  
85

86 WHEREAS, following review of the response to the RFP submitted by DFC, DHS  
87 on September 5th, 2013 issued a Letter of Intent to pursue contract negotiations with  
88 DFC for Long-Term Managed Care in Milwaukee County as described in the above-  
89 referenced RFP with the option for one year contract renewals for calendar years 2015,  
90 2016, 2017 and 2018, and,  
91

92           WHEREAS, the Department of Family Care does not utilize any Milwaukee  
93 County tax levy and,  
94

95           WHEREAS the Department of Family Care continues to meet or exceed the  
96 performance expectations of the State Department of Health Services and the Office of  
97 the Commissioner of Insurance, therefore,  
98

99           BE IT RESOLVED, The Director, Department of Family Care is hereby  
100 authorized to execute a contract with the Department of Health Services enabling the  
101 Milwaukee County Department of Family Care to provide the Family Care benefit to  
102 residents of Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington,  
103 Waukesha and Walworth Counties for the period January 1, 2014 through December  
104 31, 2014, and up to five one-year renewals, to accept the funding thereunder, and  
105

106           BE IT FURTHER RESOLVED, that contract performance by Milwaukee County  
107 Department of Family Care shall be contingent upon continued funding from the State of  
108 Wisconsin Department of Health Services for administration and delivery of the Family  
109 Care benefit by the Department of Family Care.  
110  
111  
112  
113

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/22/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request authorization to execute a contract with the Department of Health Services to provide Family Care benefit in Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties for the period January 1, 2014 through December 31, 2014, with up to four (4) one-year contract extensions as long as the MCO continues to meet the certification and permit standards of the State Department of Health Services and the Office of the Commissioner of Insurance, and to accept the funding provided there under.

**FISCAL EFFECT:**

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
<b>Operating Budget</b>	Expenditure	286,195,632	284,166,631
	Revenue	285,413,861	284,166,631
	Net Cost	781,771	0
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

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

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

The Department of Family Care is requesting authorization to enter into a contract with the Wisconsin Department of Health Services to provide the Family Care benefit to the above-referenced counties. The Family Care Department will be serving more than 8,100 members and contracting with more than 1,100 agencies with an annual budget of \$284.1 million. The request to the county does not have a direct fiscal impact to Milwaukee County's general fund as the Family Care budget does not utilize any property tax levy.

Department/Prepared By Jim Hodson

Authorized Signature Valerie R. Wood - Assistant Director

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

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

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

**County of Milwaukee**  
INTEROFFICE COMMUNICATION

DATE: November 22, 2013

TO: Sup. Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors  
Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute the 2014 State and County Contract Covering Social Services and Community Programs – Aging Programs between Milwaukee County and the Wisconsin Department of Health Services and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2013.

The resolution authorizes the Milwaukee County Executive to execute the 2014 State and County Contract Covering Social Services and Community Programs – Aging Programs between Milwaukee County and the Wisconsin Department of Health Services (DHS) and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year.

Funds provided under the State/County contract include most of the revenue in the Department on Aging's 2014 Adopted Budget. These funds pay for services provided to older persons by Department on Aging and purchased by the Department from non-profit and for-profit service providers.

These funds do require a local matching share that is provided, in part, through the County Tax Levy allocated to the Department on Aging in the 2014 Adopted Budget. As in previous years, contract agencies will be required to provide the remainder of the local match.

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




---

Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

<p>cc: County Executive Chris Abele Raisa Koltun Matthew Fortman Stephen Cady Janelle Jensen Jonette Arms</p>	<p>Thomas Condella Mary Proctor Brown Chester Kuzminsk Gary Portenier Pat Rogers</p>
---	--

Attachments

## RESOLUTION

WHEREAS, the Milwaukee County Department on Aging is funded primarily through federal and state grant programs administered by the Wisconsin Department of Health Services (DHS); and

WHEREAS, the 2014 State and County Contract Covering Social Services and Community Programs -- Aging Programs between DHS and Milwaukee County will provide most of the revenues for Department on Aging in 2014; and

WHEREAS, those revenues, including any and all increases in award amounts, will support most of the Department's direct and purchased services for older persons during 2014; now, therefore,

BE IT RESOLVED, that the County Executive is hereby authorized to execute the 2014 State and County Contract Covering Social Services and Community Programs -- Aging Programs between Wisconsin Department of Health Services (DHS) and Milwaukee County and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year, for the support of programs and services for older persons administered through the Department on Aging

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** November 22, 2013

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to execute the 2014 State and County Contract Covering Social Services and Community Programs – Aging Programs and to accept the federal and state revenues provided thereunder, including any and all increases in allocations during the contract year.

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

This resolution authorizes the Milwaukee County Executive to execute the 2014 State and County Contract with Wisconsin Department of Health Services (DHS) and enables the Director, Department on Aging, to accept federal and state revenues provided for under the 2014 Adopted Budget, as well as any and all increases in allocations during the contract year. The adoption of this resolution will not require the expenditure of any County Tax Levy not previously authorized in the 2014 Adopted Budget.

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

---

Department/Prepared By: Department on Aging / Gary W. Portenier



Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

Does this resolution or ordinance relate to an intergovernmental agreement that is believed to require approval by an Executive Council pursuant to Wisconsin Statute 59.794?

Yes  No  Uncertain

---

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

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

**County of Milwaukee**  
Interoffice Communication

DATE: November 22, 2013

TO: Sup. Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors  
Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization for the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care, for the period January 1, through December 31, 2014, and to accept \$2,773,238 and such other revenues as DHS may award to operate the Resource Center in 2014

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on December 12, 2013.

The resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care, for the period January 1, through December 31, 2014, and to accept \$2,773,238 and such other revenues as DHS may award to operate the Resource Center in 2014.

Family Care is Wisconsin's long-term care entitlement program for the elderly and persons with disabilities. The major purpose of Family Care is to divert persons requiring long-term care services from expensive publicly funded nursing homes to more appropriate community-based forms of care. One essential component of Family Care enables counties to serve as an Aging and Disability Resource Center (ADRC). These centers are responsible for providing the following services: information and assistance; benefits counseling; access to SSI, SSI-E, Medicaid, and food stamps; emergency response; elder abuse and adult protective services; transitional services; prevention and early intervention services; long-term care options counseling; and access to the Family Care benefit. The Milwaukee County Board of Supervisors has authorized the Milwaukee County Department on Aging to participate as the Aging Resource Center of Milwaukee County since 2000.

The Department is requesting authorization to continue serving as the Aging Resource Center in 2014 and to accept the \$2,773,238 award and such other revenue that may be awarded for that purpose. The anticipated award was included in the 2014 Adopted Budget.

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



---

Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

*Sup. Marina Dimitrijevic*  
*Sup. Willie Johnson, Jr.*  
*Sup. David Cullen*  
*Page 2*

cc: County Executive Chris Abele  
Raisa Koltun  
Matthew Fortman  
Stephen Cady  
Janelle Jensen  
Jonette Arms  
Thomas Condella  
Mary Proctor Brown  
Chet Kuzminski  
Gary Portenier  
Pat Rogers

Attachment

## RESOLUTION

WHEREAS, the Wisconsin Department of Health and Family Services (DHFS) engaged in a comprehensive initiative to redesign Wisconsin's Long Term Support services for older adults and persons with disabilities; and

WHEREAS, the result of that initiative is the long-term care program Family Care; and

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

WHEREAS, one component of Family Care enables counties to serve as Aging and Disability Resource Centers; and

WHEREAS, the Aging Resource Center of Milwaukee County is responsible for providing the following services: Information and Assistance; Benefits Counseling; Access to SSI, SSI-E, Medicaid, and Food Stamps; Emergency Response; Elder Abuse and Protective Services; Transitional Services; Prevention and Early Intervention Services; Long-Term Care Options Counseling; and Access to the Family Care Benefit; and

WHEREAS, the Milwaukee County Board of Supervisors has authorized the Department on Aging to participate as the Aging Resource Center of Milwaukee County each year since 2000; and

WHEREAS, the Department on Aging is seeking authorization to continue to serve as the Aging Resource Center of Milwaukee County for the period January 1, through December 31, 2014; and

WHEREAS, the State of Wisconsin has allocated \$2,773,238 to pay for the services to be provided by the Department on Aging as the Aging Resource Center of Milwaukee County in 2014; now, therefore,

BE IT RESOLVED, that the Milwaukee County Executive, or his designee, is hereby authorized to execute a contract with the Wisconsin Department of Health Services enabling the

Department on Aging to serve as the Aging Resource Center of Milwaukee County for the period January 1, through December 31, 2014; and

BE IT RESOLVED, that the Milwaukee County Executive, or his designee, is hereby authorized to accept \$2,773,238 from the Wisconsin Department of Health Services (DHS) and such other revenues as DHS may award to operate the Aging Resource Center of Milwaukee County in 2014.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** November 22, 2013

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2014 and to except \$2,773,238 in state and federal funds, and such other revenues as may be awarded to support the Aging Resource Center.

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

This resolution authorizes the Milwaukee County Executive, or his designee, to execute a contract with the Wisconsin Department of Health Services (DHS) to enable the Department on Aging to serve as the Aging Resource Center of Milwaukee County under Family Care for the period January 1, through December 31, 2014.

The resolution also authorizes the Director, Department on aging, to accept \$2,773,238 in state and federal funds, and such other revenues as may be awarded, to support the Department's activities as the Aging Resource Center of Milwaukee County under Family Care. The adoption of this resolution will not require the expenditure of any County tax levy not previously authorized in the 2014 Adopted Budget.

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

---

Department/Prepared By: Department on Aging / Gary W. Portenier



Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

Does this resolution or ordinance relate to an intergovernmental agreement that is believed to require approval by an Executive Council pursuant to Wisconsin Statute 59.794?

Yes  No  Uncertain

---

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

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

**County of Milwaukee**  
Interoffice Communication

DATE: November 22, 2013

TO: Sup. Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors  
Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Request for authorization to execute 2014 program and service contracts

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Finance, Personnel and Audit at its meeting on December 12, 2013.

The resolution authorizes the Director, Department on Aging, to execute 2014 program and service contracts totaling \$300,000 or more with recommended vendors for the amounts and purposes set forth in the resolution. The Department is purchasing a variety of supportive human services and community programs designed to sustain the independence and well being of Milwaukee County's seniors during 2014.

County Board Resolution File No. 98-197 (a) (a) authorizes a department to recommend the renewal of an existing contract without a Request for Proposal (RFP) when based upon (1) satisfactory performance by the service provider and (2) continued funding within the Department's adopted budget. That resolution requires that programs be awarded through an open and competitive RFP at least once every three years. Under provisions of File No. 98-197 (a) (a), and to create a reasonable balance, the Department on Aging puts some programs out for RFP every year, others every two years, and the remainder once every three years. Any contract continued beyond one year is contingent upon quality services from the provider. Regardless of whether a contract recommendation comes from an RFP or an administrative renewal, the vendor must submit a complete proposal to assure both sides agree on budget, scope of service, staffing, and other factors.

The proposed vendors for 2014 Benefit Specialist/Legal Services and 2014 Specialized Elderly Transportation Services were selected by the Milwaukee County Commission on Aging from among qualified service providers who submitted proposals in response to an open and competitive Request for Proposals issued by the Department on Aging. Each proposal submitted was reviewed by Department staff and members of the Commission on Aging's Service Delivery Committee, and evaluated in writing. The Service Delivery Committee, at its meetings on October 15 and October 22, 2013, approved staff recommendations for 2014 contracts. The full Commission on Aging, at its meeting on November 15, 2013, approved the recommendations of the Service Delivery Committee.

An additional four contracts are recommended for renewal for 2014 based upon satisfactory performance by the vendor during 2013, and with funds included in the Department's Adopted Budget for calendar year 2014. One vendor contract is in year one of a one-year renewal option, authorized by the County Board on December 20, 2012 [File No. 13-19]. Three contracts are in year two of a two year renewal option, authorized by the Board on December 15, 2011, [File No. 12-22].

The Department offers two programs budgeted at greater than \$1,000,000. The first is the proposed contract totaling \$1,293,007 with Interfaith Older Adult Programs, Inc., to administer

*Sup. Marina Dimitrijevic*  
*Sup. Willie Johnson, Jr.*  
*Sup. David Cullen*  
*Page 2*

Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Seniors Centers. The second is the proposed contract totaling \$1,373,275 with Transit Express, Inc., to provide Specialized Elderly Transportation Services.

In addition to the 2014 resolution, the attached report summarizes the Commission's process for 2014 contract recommendations and provides information on changes in allocations between 2013 and 2014.

If you have any questions about the resolution or the report, please call me at 2-6876.



---

Stephanie Sue Stein, Director  
Department on Aging

#### Attachments

cc: County Executive Chris Abele  
Raisa Koltun  
Matthew Fortman  
Stephen Cady  
Janelle Jensen  
Jonette Arms  
Thomas Condella  
Mary Proctor Brown  
Chet Kuzminski  
Jill Knight  
Diane Beckley  
Beth Monrial Zatarski  
Jonathan Janowski  
Gary Portenier  
Pat Rogers

## **Background on the Commission on Aging's Request for Proposal and Vendor Selection Process for 2014 Contracts**

### **I. Request for Proposal Process and Commission on Aging's Selection of Vendors**

The Department on Aging makes allocations for contractual services on the basis of several factors. These include: a) the anticipated funding available through the Department's federal and state grant programs; b) the needs of Milwaukee County's older adult population as identified in the Department's Area Plan; c) federal and state requirements regarding eligible populations to be served and services to be provided; and d) the need to maintain continuity of care and services to the many frail elders who depend upon the Department's programs and services for their continued independence in the community.

Allocations for most services do not change significantly from year to year. When additional funding is anticipated, the Department invests it in the following ways:

- Increasing allocations for individual programs serving high needs populations;
- Creating new programs for populations not previously served;
- Developing services to meet previously unmet needs of older people; and
- Increasing allocations to existing programs to help providers meet rising costs and maintain levels of service.

Over the years some program have been redesigned to provide services more efficiently or to use limited resources more effectively.

The Commission on Aging/Department on Aging recommended 27 contract awards to 19 service providers. Eleven (11) of the recommended awards were selected on the basis of a competitive Request for Proposals (RFP). This process was initiated in August with the publication of legal notices in three newspapers, including one serving the African-American community. Interested parties were able to obtain RFP guidelines and requirements, specific program/service guidelines or specifications, and proposal forms either online through the county's Business Opportunity portal or in person at Departmental offices in the Marcia J. Coggs Human Services Center. The RFP materials clearly described the programs and services for which the Department was seeking providers, the amount of funding available in each program or service area, and the criteria to be used in evaluating proposals.

Proposals submitted by the published deadline of September 3, 2013, were evaluated by Department staff and based on established criteria. The criteria included: the ability of the provider to meet program/service guidelines and specifications; the budget and unit rates proposed by each provider; the need to maintain continuity of services to frail elders; and the ability and willingness of vendors to provide a living wage and family supporting benefits. Staff reviewed and summarized each proposal and submitted award recommendations in written proposal analyses.

Copies of proposals and proposal analyses were provided to members of the Commission on Aging's Service Delivery Committee, whom collectively provided nearly 100 hours of volunteer time reading the RFP materials, the proposals submitted, and the staff analyses. Copies of the staff analyses were mailed to the vendors who submitted the relevant proposal.

II. Summary of Changes from 2013 to 2014 in Program Allocations and Vendor Awards

The attached table summarizes changes in the Department's contract award recommendations for 2014.

RESOLUTION

WHEREAS, the Adopted Budget for the Milwaukee County Department on Aging allocates revenues and expenditures for the purchase of a variety of supportive programs and services for Milwaukee County older persons during 2014; and

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

WHEREAS, consistent with Wisconsin Act 14, the Department on Aging must, on behalf of the Commission, bring contracts at or above \$300,000 for authorization by the Milwaukee County Board of Supervisors; and

WHEREAS, at its meeting on November 15, 2013, the Commission on Aging recommended awarding the following program and service contract exceeding \$300,000 for the period January 1, through December 31, 2014:

	<u>Provider Agency</u>	<u>Program/Service</u>	<u>Recommended Contract Award</u>
1.	Legal Action of Wisconsin, Inc.	Benefit Specialist/Legal Services	398,501

; and

WHEREAS, at its meeting on November 16, 2012, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2013, with the provision that, contingent upon acceptable performance by the vendor and inclusion of sufficient funds in the Department's Adopted Budget, the contract may be renewed for one additional year without Request for Proposals [File No. 98-197 (a)(a)]:

WHEREAS, the following vendor performed satisfactorily under requirements of its 2013 contract and with sufficient funds included in the Department's Adopted Budget for 2014, the Department recommends renewing the following contracts for the period January 1, through December 31, 2014:

	<u>Provider Agency</u>	<u>Program/Service</u>	<u>Recommended Contract Award</u>
2.	United Community Center, Inc.	Programs in United Community Center Senior Center	373,189

; and

WHEREAS, at its meeting on November 11, 2011, the Commission on Aging recommended awarding the following program and service contracts for the period January 1, through December 31, 2012, with the provision that, contingent upon acceptable performance by the vendor and inclusion of sufficient funds in the Department's Adopted Budget, the vendor may be awarded up to two additional one-year contracts without Requests for Proposals [File No. 98-197 (a)(a)], and

WHEREAS, the following vendors performed satisfactorily under requirements of their 2012 and 2013 contracts, and with sufficient funds included in the Department's Adopted Budget for 2014, the Department recommends renewing the following contracts for the period January 1, through December 31, 2014 for year two of a two-year renewal option:

	<u>Provider Agency</u>	<u>Program/Service</u>	<u>Recommended Contract Award</u>
3.	Interfaith Older Adult Programs, Inc.	Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park and Lawrence P. Kelly Senior Centers	\$ 1,293,007

	<u>Provider Agency</u>	<u>Program/Service</u>	<u>Recommended Contract Award</u>
4.	Interfaith Older Adult Programs, Inc.	Family Caregiver Support and Alzheimer's Disease Direct Services	472,000
5.	Goodwill Industries of Southeastern Wisconsin, Inc.	Case Management and Delivery Services for Home Delivered Meals	995,603

; and

WHEREAS, at its meeting on November 15, 2013, the Commission on Aging recommended awarding the following program and service contract for the period January 1, through December 31, 2014, with the provision that, contingent upon satisfactory performance of the vendor and inclusion of sufficient funds in the annual County Budget, the contract may be renewed for two additional years without a Request for Proposal [File No. 98-197 (a)(a)]:

	<u>Provider Agency</u>	<u>Program/Service</u>	<u>Recommended Contract Award</u>
6.	Transit Express, Inc.	Specialized Elderly Transportation Services	\$ 1,373,275

; and

WHEREAS, the above recommended contracts require authorization by the Milwaukee County Board of Supervisors; now, therefore,

BE IT RESOLVED, that Director, Milwaukee County Department on Aging, is hereby authorized to enter into contracts for 2014 with the above named providers and for the programs, services, amounts, and contract periods indicated.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** November 22, 2013

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** 2014 Program and Service Contracts – Aging Programs

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

This resolution authorizes the Director, Department on Aging, to execute twenty-seven (27) purchases of service contracts for 2014 that provide a wide range of programs and services to Milwaukee County older persons. All funds required to execute the contracts authorized herein depend on Federal and State grants and County Tax Levy included in the revenue and expenditure allocations for the Department on Aging in the 2014 Adopted Budget.

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

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Department/Prepared By: Department on Aging / Gary W. Portenier



Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?        Yes        No

Did CBDP Review?<sup>2</sup>                          Yes        No        Not Required

Does this resolution or ordinance relate to an intergovernmental agreement that is believed to require approval by an Executive Council pursuant to Wisconsin Statute 59.794?

   Yes                          No                          Uncertain

---

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

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

**Attachment I**

**Milwaukee County Department on Aging  
2013 - 2014 Contract Changes**

	Program/Service	2013 Provider	2013 Award	2014 Provider	2014 Award	% Change	Reason for Change
1.	Benefit Specialist/Legal Services	Legal Action of Wisconsin, Inc.	\$398,501	Legal Action of Wisconsin, Inc.	\$398,501	0.0%	
2.	Programs in United Community Center Senior Center	United Community Center, Inc.	\$373,189	United Community Center, Inc.	\$373,189	0.0%	
3.	Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park, and Lawrence P. Kelly Senior Centers	Interfaith Older Adult Programs, Inc.	\$1,293,007	Interfaith Older Adult Programs, Inc.	\$1,293,007	0.0%	
4.	Family Caregiver Support and Alzheimer's Direct Services	Interfaith Older Adult Programs, Inc.	\$472,000	Interfaith Older Adult Programs, Inc.	\$472,000	0.0%	
5.	Case Management and Delivery Services for Home Delivered Meals	Goodwill Industries of Southeastern Wisconsin, Inc.	\$995,603	Goodwill Industries of Southeastern Wisconsin, Inc.	\$995,603	0.0%	
6.	Specialized Elderly Transportation Services	Transit Express, Inc.	\$1,356,745	Transit Express, Inc.	\$1,373,275	1.2%	Net of \$31,200 increase in BCA and \$14,670 decrease in S85.21

**2013 Contractual Services Consolidated Within Other Programs or Discontinued for 2014**

None

**County of Milwaukee**  
Interoffice Communication

DATE: November 22, 2013

TO: Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Informational report on Department on Aging's 2014 program and service contracts budgeted between \$100,000 and \$300,000

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Finance, Personnel and Audit at its meeting on December 12, 2013.

The Milwaukee County Department on Aging shall purchase an array of supportive services and community programs in 2014, each designed to sustain the independence and well being of Milwaukee County seniors. The Department contracts with non-profit and for-profit vendors to provide such services. Among twenty-seven programs or services administered through the Department, only three have 2014 funding between \$100,000 and \$300,000. The twenty-four remaining programs include six with funding at or above \$300,000 and eighteen with funding below \$100,000.

County Board Resolution File No. 98-197 (a) (a) authorizes a department to recommend the renewal of an existing contract without a Request for Proposal (RFP) when based upon (1) satisfactory performance by the service provider and (2) continued funding within the Department's adopted budget. That resolution requires that programs be awarded through an open and competitive RFP at least once every three years. Under provisions of File No. 98-197 (a) (a), and to create a reasonable balance, the Department on Aging puts some programs out for RFP every year, others every two years, and the remainder once every three years. Any contract continued beyond one year is contingent upon quality services from the provider. Regardless of whether a contract recommendation comes from an RFP or an administrative renewal, the vendor must submit a complete proposal to assure both sides agree on budget, scope of service, staffing, and other factors.

The three programs budgeted between \$100,000 and \$300,000 are eligible for renewal in 2014 based upon quality performance by the service provider in 2013. The applicable programs and services include the following:

- (1) Nutrition Site Supervision Services (12 sites) funded at \$240,000 and provided by Goodwill Industries of Southeastern Wisconsin;

(2)

- (2) Nutrition Site Supervision Services (9 sites) funded at \$180,000 and provided by Interfaith Older Adult Programs, Inc.; and
- (3) Coordination of Neighborhood Services funded at \$271,232 and provided by Interfaith Older Adult Programs, Inc.

The nutrition site supervision programs included above involve the administration of 21 of 29 congregate meal sites within the Milwaukee County Senior Meal Program. Congregate meals served at the five county-owned senior centers are among those administered by Interfaith. The nutritious meals offered at each site are delivered by caterers under separate contracts with Milwaukee County. Site supervisors oversee the scheduling and serving of meals and arrange programs of interest to meal participants. In addition to offering mid-day meals, congregate meal sites serve as a gathering place designed to reduce isolation, enhance social contacts, offer educational and cultural programming, foster connections between seniors and the community at-large, and provide linkages to community resources.

The neighborhood coordination program performs outreach and services from fifteen sites throughout Milwaukee County. The service provider coordinates the outreach and supportive services provided to older adults by neighborhood and community organizations, including religious congregations. Services include: identification of homebound, vulnerable older adults in need of supportive services; determination of those service needs; direct provision of services or information and referral to appropriate community agencies; and follow-up to see if services have been provided. As appropriate, services are provided on an informal basis, with volunteers playing a key role in service delivery.

The nutrition site supervision programs are funded through allocations from the Older Americans Act. The neighborhood outreach program is fund through a combination of Older Americans Act, Base Community Aids, Senior Center Support Program, and County Tax Levy. All funds are included in the 2014 Adopted Budget.

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



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Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

cc: County Executive Chris Abele  
County Supervisor Marina Dimitrijevic

(3)

cc: Raisa Koltun  
Matthew Fortman  
Stephen Cady  
Janelle Jensen  
Jonette Arms  
Thomas Condella  
Mary Proctor Brown  
Jill Knight  
Beth Monrial Zatarski  
Gary Portenier  
Pat Rogers

**County of Milwaukee**  
Interoffice Communication

DATE: November 22, 2013

TO: Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Informational report on the Department on Aging's plan to increase by \$30,000, from \$240,000 to \$270,000, the contract with Goodwill Industries of Southeastern Wisconsin, Inc., to provide Nutrition Site Supervision Services (Multiple Sites) in 2013, a contract originally authorized under File No. 13-19

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Finance, Personnel and Audit at its meeting on December 12, 2013.

The 2013 Nutrition Site Supervision Services contract with Goodwill Industries of Southeastern Wisconsin, Inc., involves administration of the Senior Meal Program at twelve congregate meal sites within the Milwaukee County Senior. The nutritious meals offered at each site are delivered by caterers under separate contracts with Milwaukee County. Site supervisors oversee the scheduling and serving of meals and arrange programs of interest to meal participants. In addition to offering mid-day meals, congregate meal sites serve as a gathering place designed to reduce isolation, enhance social contacts, offer educational and cultural programming, foster connections between seniors and the community at-large, and provide linkages to community resources.

The twelve congregate meal sites administered by Goodwill Industries are scatter throughout Milwaukee County at such diverse locations as churches, apartment complexes, senior centers, community rooms, and other locations. The service provider is reimbursed \$20,000 per meal site to cover labor, insurance, audit, programming, and other operating costs. The reimbursement rate of \$20,000 per site has been in place since 2002 when the rate was standardized across all meal sites. The planned increase in funding for Goodwill Industries will cover costs for 2013 and is financed through revenue from 100% time reporting from the Aging Resource Center.

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



---

Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

*Sup. Willie Johnson, Jr.*

*Sup. David Cullen*

*Page Two*

cc: County Executive Chris Abele  
County Supervisor Marina Dimitrijevic  
Raisa Koltun  
Matthew Fortman  
Stephen Cady  
Janelle Jensen  
Jonette Arms  
Thomas Condella  
Mary Proctor Brown  
Beth Monrial Zatarski  
Gary Portenier  
Pat Rogers

**MILWAUKEE COUNTY**  
**Inter-Office Memorandum**

**DATE:** November 25, 2013

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

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

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2014 Disabilities Services Division purchase of service contracts for adult and children's programs**

**Issue**

The Director, Department of Health and Human Services (DHHS), is requesting authorization for DHHS to execute Disability Resource Center, Children's Programs and Adults with Disabilities purchase of service contracts for 2014.

**Background and Rationale**

The contract amounts shown on Attachment 1 reflect 2014 proposed DSD contracts. Recommended contract allocations will allow DSD to provide rehabilitation, treatment and support services to adults and children with disabilities in Milwaukee County during 2014. The number of contracts has decreased over the last three years due to the availability of an entitlement benefit through Family Care. The Family Care program allows individuals with disabilities immediate access to long term support services. The Division always utilizes the Family Care option prior to accessing purchase of service contracts for individuals requesting services.

Therefore, the DSD contracts in CY 2014 support individuals who are not eligible for Family Care due to their financial or functional status. The remaining POS funding in DSD contracted programs will be used to purchase services that are identified as having a high priority in assisting persons with disabilities to achieve their maximum independence. Services will also be utilized to augment the long-term support system with services that are not typically funded through the managed care organizations such as recreational programming that allows for true community integration.

The following is a detailed description of the allocations being recommended for the adult and children's POS contracts in 2014. DSD has made it a high priority to maintain the integrity of the existing service delivery system to ensure that a safety net for those who need community-

based supports can continue to live independently and not be forced to utilize institutional based services including nursing homes.

The information that follows includes highlights of 2014 POS contract recommendations and program changes for DSD by disability and program areas.

### **Children's Programs**

#### **Birth-To-Three/Early Intervention**

Milwaukee County DSD will receive approximately the same State Birth-To-Three funding for 2014, as it did 2013. Contracted agencies that provide these critical services, continue to report costs in excess of the available funding while State revenues have remained unchanged or slightly decreased. The Division will continue to work with State and Federal agencies that fund Birth-To-Three to examine ways of increasing revenue for this critical program. The County recognized this financial need in prior years and budgeted additional funding in 2013 to help with their fiscal challenges.

It should be noted that one long-standing provider, Next Door Foundation, notified DSD that they were terminating their contract to provide Birth-To-Three services. The agency reported that due to a large change in the agency's programming, they were not able to continue to participate in the provider network as a result of their new focus on Head Start services. All cases that were assigned to Next Door Foundation were transferred to two other providers in the Birth-To-Three network in late 2013. The providers who assumed cases for this transition have absorbed the cases within their existing budgets with the expectation that some reallocation will occur after year end expenses are reviewed for Next Door Foundation and all other providers. However, in order to continue to serve the volume of cases that were assigned to Next Door Foundation on an ongoing basis, it will be necessary to release an RFP for the services. This RFP is going out in 2013 and a provider will be selected in early 2014.

Birth-To-Three services continue to be invaluable to families who have a child with a developmental delay. These programs are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities. Wisconsin has a long-standing history and commitment to quality services for young children and their families. Provider agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and Milwaukee County.

The Division has implemented performance based contracting focused on Federal indicators, review of unit rates and provision of services in the natural environment. The Division has worked closely to improve financial and service volume reporting to allow agencies costs to be compared accurately. Many Birth-To-Three agencies are projected to demonstrate program costs that exceed their 2013 contract. This includes the number of children served and units of service delivered.

As noted above DSD modified the reporting requirements beginning 2013 to allow for more detailed service information that could be utilized to compare agency performance and service volume. The new reporting system did not get implemented until late spring. Therefore, the availability of comparable data was not available until late May/early June. At the writing of this report, we only have September verified data and units of service provided.

In order to ensure that the Division has captured the full last calendar quarter of 2013 fiscal performance information and reliable data to make adjustments to contract recommendations which include both reallocations of existing service dollars as well as the \$150,000 in funding that was budgeted in the 2013 DSD budget, we are recommending six-month agreements for the Birth-To-Three providers. The six-month allocations will give the providers some indication of their 2014 annual contract awards and the Division will award the remainder of the allocations in early 2014.

The following providers are recommended for new six-month contracts in 2014:

- Curative Care Network
- Easter Seals
- Lutheran Social Services
- Milwaukee Center for Independence
- Penfield Children's Center
- St. Francis Children's Center

In summary, the Division will return to the County Board with information to allocate 2013 funding retroactively that is consistent with the new performance-based methodology. This will include the \$150,000 of additional funding budgeted for 2013 as well as reallocation of under spending and any additional costs agencies may have incurred as a result of the Next Door Foundation contract termination.

### **Adult Programs**

As indicated above, Family Care entitlement has provided for immediate enrollment for eligible individuals with disabilities under age 60 who are seeking long-term support services in Milwaukee County. The dollars recommended for allocation to the following agency is only for individuals who are not financially and functionally eligible for Family Care or for services that the Care Management Organizations typically do not fund.

### **Work Services**

One agency, Goodwill Industries, is recommended for a new contract in 2014 at the same funding level as 2013.

It should be noted that this agency may be able to help support individuals who are being relocated from the Hilltop program and would be able to begin utilizing services from the community agency to assist in the transition to community living. While this option has not yet been implemented, DSD will continue to recommend that it be utilized to help provide a smooth transition to community living.

### Respite

United Cerebral Palsy is recommended for a new contract in 2014 at the same funding level as 2013. Respite continues to be a highly demanded service. Respite services support both adults and families with children who have disabilities.

### Advocacy

DSD is recommending funding the 2014 contract for Life Navigators, Inc. (formerly ARC Milwaukee) at the same level as 2013 for the provision of advocacy service.

This agency will work in conjunction with the DSD Disability Resource Center to identify individuals eligible for Family Care and refer them to the DRC for assistance including Family Care enrollment when requested. This continued function will help support the DRC's outreach and marketing efforts to the community.

### **Disability Resource Center (DRC)**

The DRC provides Information and Assistance, Options/Enrollment Counseling to individuals with disabilities including Disability Benefits Specialist services. The DRC also acts as the front door to all publicly funded Long Term Care program options, i.e., Family Care, in Milwaukee County for individuals under age 60.

The DRC continues its focus on program development and has moved to include enhancements to certain program requirements that were not the emphasis of the DRC while efforts were being made to eliminate the waiting list. Additionally, the State of Wisconsin has a number of Medicaid sustainability program components designed to reduce overall expenditures in the current biennial budget. DSD is therefore recommending continued support for professional services to be provided by Life Navigators (formerly ARC Milwaukee) to help implement the State's Medicaid sustainability cost saving initiatives and to help develop needed DRC enhancements including outreach, youth transition planning and support as well as enrollment system support. Additional support will also be utilized to initiate the State's cost reduction initiatives. DSD will also work with Life Navigators on ways to enhance the work/employment options for individuals with disabilities. This will include working with businesses to create a culture that encourages hiring for individuals with disabilities.

DSD continues to work with BHD on the Hilltop downsizing initiative and will continue to require assistance to provide support for relocation efforts and provider network development.

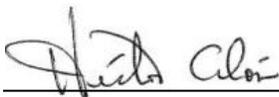
Given Life Navigator's experience and past history of providing quality services and assisting with these functions, DSD is recommending a 2014 contract with Life Navigators to provide these critical consulting services at a funding level projected to meet the continued DRC needs.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into 2014 purchase of service contracts with community-based provider agencies per the narrative above and in the amounts specified in Attachment 1 and the accompanying resolution.

### **Fiscal Effect**

The contracts reflect total expenditures of \$2,844,895 which are included in the DHHS 2014 Budget. A fiscal note form is attached.



---

Héctor Colón, Director  
Department of Health and Human Services

### Attachment

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  
Janelle Jensen, Committee Clerk, County Board Staff

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2014 Disabilities Services Division purchase of service contracts for adult and children's programs, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts with community agencies for the Disabilities Services Division (DSD); and

WHEREAS, approval of the recommended contract allocations will allow DSD to provide rehabilitation/treatment and support services to adults and children with disabilities in Milwaukee County in 2014; and

WHEREAS, the 2014 Budget for the DHHS - DSD includes sufficient funding for the recommended allocations; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into DSD purchase of service contracts for the period of January 1 through December 31, 2014, or as otherwise indicated below, with the agencies and in the amounts listed below:

<b>Agency</b>	<b>2014 Proposed</b>
Curative Care Network	\$614,923
Easter Seals	\$272,701
Goodwill Industries of Southeastern WI	\$175,000
Life Navigators (Formerly ARC Milwaukee)	\$336,043
Lutheran Social Services	\$123,266
Milwaukee Center for Independence	\$194,485
Penfield Children's Center	\$587,799
St. Francis Children's Center	\$229,585
United Cerebral Palsy of Southeastern Wisconsin	<u>\$311,095</u>
	<b>\$2,844,895</b>

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2014 Disabilities Services Division purchase of service contracts for adult and children's programs

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts with a variety of community vendors for services to persons with disabilities and others with special needs within the DHHS-Disabilities Services Division (DSD).

B. Approval of this request will result in an expenditure of \$2,844,895 for 2014.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of DSD's 2014 Budget.

D. No assumptions are made.

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

Authorized Signature 

- Did DAS-Fiscal Staff Review?  Yes  No
- Did CDPB Staff Review?  Yes  No  Not Required

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

2014 DHHS-Disabilities Services Division  
 Contract Allocation Recommendations  
 by Provider  
 (Attachment 1)

#	Agency	Disability Area	Service	2013 Allocation	2014 Proposed	Incr.(Decr.)
1	Curative Care Network	Developmental Disabilities	Early Intervention-Birth to 3	\$1,229,846	\$614,923	(\$614,923) <sup>1</sup>
2	Easter Seals	Developmental Disabilities	Early Intervention-Birth to 3	\$545,401	\$272,701	(\$272,701) <sup>1</sup>
3	Goodwill Industries of Southeastern WI	Developmental Disabilities	Work Services	\$175,000	\$175,000	\$0
4	Life Navigators (Formerly ARC Milwaukee)	Developmental Disabilities	Advocacy	\$136,043	\$136,043	\$0
		Developmental Disabilities	Community Living Support	\$200,000	\$200,000	\$0
			<b>Subtotal for Agency</b>	<b>\$336,043</b>	<b>\$336,043</b>	<b>\$0</b>
5	Lutheran Social Services	Developmental Disabilities	Early Intervention-Birth to 3	\$246,531	\$123,266	(\$123,266) <sup>1</sup>
6	Milwaukee Center for Independence	Developmental Disabilities	Early Intervention-Birth to 3	\$388,970	\$194,485	(\$194,485) <sup>1</sup>
7	Penfield Children's Center	Developmental Disabilities	Early Intervention-Birth to 3	\$1,175,597	\$587,799	(\$587,799) <sup>1</sup>
8	St. Francis Children's Center	Developmental Disabilities	Early Intervention-Birth to 3	\$459,169	\$229,585	(\$229,585) <sup>1</sup>
9	United Cerebral Palsy of Southeastern Wisconsin	Developmental Disabilities	Adult Respite	\$311,095	\$311,095	\$0
<b>TOTALS:</b>				<b>\$4,867,652</b>	<b>\$2,844,895</b>	<b>(\$2,022,757)</b>

<sup>1</sup>The allocation reflects a six month contract for 2014. DSD will return to the County Board with contract recommendations for the last six months pending its review of fiscal and performance metrics submitted by agencies at the end of 2013.

**COUNTY OF MILWAUKEE**  
**INTEROFFICE COMMUNICATION**

**DATE:** November 25, 2013

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

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

**SUBJECT:** **Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to operate the Disability Resource Center under the Family Care Program for the period January 1, 2014 through December 31, 2014 and to accept \$2,074,753 in revenue**

**Issue**

Milwaukee County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) enabling the DHHS Disabilities Services Division (DSD) to serve as the Disability Resource Center (DRC) of Milwaukee County under the Family Care program for the period January 1, 2014 through December 31, 2014, and to accept \$2,074,753 in revenue.

**Background and Rationale**

The major purpose of Family Care is to provide publicly-funded, long-term care services to eligible persons with disabilities and older persons in order to provide them with a community-based living option, rather than expensive publicly-funded nursing homes or other institutional settings.

One essential component of Family Care enables counties to serve as a DRC for individuals with disabilities ages 18 through 59. In June 2009, the Milwaukee County Board of Supervisors authorized DHHS to participate as the DRC of Milwaukee County beginning in August 2009.

The Resource Center is responsible for providing information and assistance and benefits counseling that includes access to Medicaid, Medicare, private insurance and other benefits including Food Share. It also provides access to emergency response services, adult protective services, transitional services for youth, long-term care options counseling, and access to the Family Care benefit or other publicly funded, long-term care options (i.e. partnership PACE and IRIS-Self Directed Supports service models).

Since first transitioning to Family Care in October 2009, DSD maintained a waitlist of in excess of 3,000 individuals. In November 2012, however, the program achieved entitlement

effectively eliminating the waitlist. As a result, the primary focus of the DRC contract is managing the referrals for publicly-funded long term care on a real time basis. This permits individuals under age 60 with disabilities to access services immediately versus being placed on a waiting list. Other areas of focus for the DRC will include outreach and marketing, prevention initiatives, as well as addressing the State of Wisconsin's Medicaid Sustainability measures.

The base award of \$2,074,753 in general purpose revenue is allocated to Milwaukee County to operate the DRC for the period January 1, 2014 through December 31, 2014. This allocation is the same as calendar year 2013. It should also be noted that DSD has continued to perform very well in earning Medicaid Administrative revenue through the DRC activity reporting. This revenue has been critical to help fund the DRC activities and will continue to be an essential component of the DRC budget.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to enter into a contract with DHS to operate the Disability Resource Center in the amount of \$2,074,753 for the period January 1, 2014 through December 31, 2014 and to accept any addenda to this contract.

### **Fiscal Effect**

The 2014 Budget includes the \$2,074,753 in revenue for the Disability Resource Center. A fiscal note form is attached.



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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  
Janelle Jensen, Committee Clerk, County Board Staff

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(ITEM) Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to operate the Disability Resource Center under the Family Care Program for the period January 1, 2014 through December 31, 2014 and to accept \$2,074,753 in revenue:

**A RESOLUTION**

WHEREAS, the Wisconsin Department of Health Services (DHS) engaged in a comprehensive initiative to redesign Wisconsin's Long-Term Support services for the elderly and persons with disabilities; and

WHEREAS, the result of that initiative is the Family Care Program; and

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

WHEREAS, one component of Family Care enables counties to serve as a Disability Resource Center (DRC); and

WHEREAS, the DRC of Milwaukee County is responsible for providing the following services: information and assistance, benefits counseling, access to Supplemental Security Income (SSI), Supplemental Security Income Exceptional Expense (SSI-E), Medicaid, and Food Share, emergency response, adult protective services, transitional services, prevention and early intervention services, long-term care options counseling, and access to the Family Care benefit; and

WHEREAS, the Milwaukee County Board of Supervisors authorized the DHHS Disabilities Services Division (DSD) to participate as the DRC of Milwaukee County in June 2009; and

WHEREAS, the DHHS DSD is seeking authorization to continue to serve as the DRC of Milwaukee County for the period January 1 through December 31, 2014; and

WHEREAS, the State of Wisconsin has allocated \$2,074,753 to pay for the services to be provided by the DRC of Milwaukee County during 2014; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into a contract with the Wisconsin Department of Health Services to operate the DRC for the period January 1, 2014 through December 31, 2014, and to accept \$2,074,753 and any addendum thereto.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to execute a contract with the Wisconsin Department of Health Services (DHS) to operate the Disability Resource Center under the Family Care Program for the period January 1, 2014 through December 31, 2014 and to accept \$2,074,753 in revenue

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
  - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
  - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
  - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- 
- A. The Director, Department of Health and Human Services (DHHS), is requesting approval to enter into a 2014 contract with the State to operate a Disability Resource Center (DRC) under the State's Family Care Program.
  - B. Approval to enter into the contract will enable the DHHS Disabilities Services Division (DSD) to draw down revenue included in its 2014 Budget to fund the costs of operating the DRC. The State's general purpose revenue (GPR) of \$2,074,753 provided under the contract as well as tax levy of \$625,844 will be matched by Federal Medicaid revenue of \$2,600,340.
  - C. There is no budgetary impact to 2014 by approving the State DRC contract.
  - D. The fiscal note assumes the DRC will be able to earn 49 percent Federal match dollars based on 100 percent time reporting activity of staff in the DRC. If time reporting results do not support a 49 percent match rate, actual revenue reimbursement will be less than budgeted.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

Did CDPB Staff Review?

Yes

No

Not Required

**COUNTY OF MILWAUKEE**  
**INTEROFFICE COMMUNICATION**

**DATE:** November 25, 2013

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by James Mathy, Administrator, Housing Division*

**SUBJECT:** **A report from the Director, Department of Health and Human Services, requesting authorization to enter into 2014 purchase of service contracts with community agencies for a variety of Housing Division programs**

**Issue**

The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service (POS) contracts with community agencies for the Housing Division. Approval of the recommended contract allocations will allow the Housing Division to provide a broad range of housing related supportive services.

**Discussion**

Proposed 2014 Contract Allocation:                   \$2,320,337

This report reflects proposed contract allocations of \$2,320,337, an increase of \$470,000 compared to 2013. This is related to an increase of \$70,000 to annualize the operations of the Pathways To Permanent Housing transitional housing program and \$400,000 to fund a new scattered-site permanent supportive housing model. The new housing programs came out of recommendations from the Community Linkages Committee of the Mental Health Redesign.

In addition, the 2014 Adopted Budget includes \$300,000 in funding for homeless shelters. Early in 2014, DHHS will report back to the County Board with recommendations on the allocation of this funding.

**Emergency Shelter Care**

Contracts for emergency shelter care and related services are recommended for continuation. County funding has traditionally been provided to support the agency's general emergency shelter operations. Together these contracts assist agencies in providing emergency shelter to over 300 persons every night.

- **The Cathedral Center**

2014 Recommended:       \$175,000

The Cathedral Center offers shelter to 65 women and families, as well as comprehensive medical services to assist residents in reaching the goal of independence.

***Transitional Housing – Pathways To Permanent Housing***

- Milwaukee Center For Independence (MCFI)

2014 Recommended: \$570,000

The Pathways To Permanent Housing Program is a 27-bed transitional housing program that serves a variety of community housing needs. The program targets individuals who are either ready to be discharged from an institution or are coming out of a setting such as Crisis Respite or the Community Resource Center. In addition, Pathways is an alternative for individuals transitioning from a Community Based Residential Facility (CBRF) and it gives consumers an additional housing option for those on CBRF waiting lists. A portion of these units also are used for individuals who are homeless.

***Supported Apartment Program***

- Transitional Living Services (TLS)

2014 Recommended: \$264,345

TLS operates supported apartments at three different locations in the County. Main Street Apartments provides housing for 16 individuals, Oklahoma Apartments has a capacity of 12 individuals and Fardale Apartments serve 38 individuals. These apartments provide the needed support for consumers to live semi-independently. Individuals residing in supported apartments typically have impairment in several areas of daily functioning. The supported apartments are considered transitional so the consumer and their treatment team will identify criteria that align with discharge goals that are contained in their service plan.

***Permanent Supportive Housing Development – Scattered-Site***

- Guest House of Milwaukee Inc.

2014 Recommended: \$400,000

The Scattered-Site supportive housing program is new for 2014. The Housing Division conducted a request for proposals (RFP) and the Guest House of Milwaukee Inc. is being recommended for funding. This model will consist of 40 units of scattered-site permanent supportive housing. Funding will assist with rental assistance as well as provide services such as case management and peer support. Program participants will pay 30 percent of their income towards rent and the program will cover the remainder of the costs. Guest House will work with existing landlords in partnership with the Housing Division to find safe and affordable housing units for the program. The services will include case management and peer support.

**Permanent Supportive Housing Development Support Services**

- Transitional Living Services (TLS) – United House

2014 Recommended: \$110,000

Transitional Living Services is being recommended for funding for the 24-unit supportive housing development known as United House, located at 2500 W. Center St. Cardinal Capital is the developer of United House and manages the property. These funds will allow TLS to provide on-site supportive services including peer specialists.

- Transitional Living Services (TLS) –Highland Commons

2014 Recommended: \$140,000

Transitional Living Services provides on-site support services at Highland Commons, a 50 unit permanent supportive housing development in West Allis for consumers receiving services through the Behavioral Health Division (BHD). This is the County's first supportive housing development to be located outside the City of Milwaukee.

***Shelter Plus Care Supportive Services***

- Community Advocates

2014 Recommended: \$ 166,396

Guest House, Inc.

2014 Recommended: \$ 130,913

Community Advocates and Guest House provide case management services for individuals enrolled in Milwaukee County's Shelter Plus Care program. Milwaukee County receives rental assistance from the U.S. Department of Housing and Urban Development (HUD). It is a HUD requirement that Milwaukee County ensures that consumers receive permanent case management in Shelter Plus Care.

***Housing Development Support Services***

- Our Space, Inc.

2014 Recommended: \$ 363,683

Our Space provides on-site supportive services at Empowerment Village-National, Empowerment Village- Lincoln, Farwell Studios, and the Fardale supportive apartment program. These permanent supportive programs developments consist of 122 units for consumers receiving

services through the Behavioral Health Division (BHD). This contract includes funds for its successful peer specialist model. This is an increase for Our Space as they were selected through an RFP process for Farwell Studios in 2013.

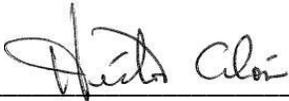
**Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to enter into 2014 purchase of service contracts with the agencies as described above and enumerated in the accompanying resolution.

**Fiscal Effect**

The 2014 Budget includes \$2,320,337 in funding to support these 2014 POS contracts for the Housing Division. A fiscal note form is attached.

Respectfully Submitted,



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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  
Janelle Jensen, Committee Clerk, County Board Staff

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2014 Housing Division purchase of service contracts with community agencies for a variety of Housing Division programs, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts with community agencies for the Housing Division; and

WHEREAS, the contract recommendations are within the limits of the 2014 Adopted Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into 2014 Housing Division purchase of service contracts, effective January 1, 2014 to December 31, 2014, with the agencies and in the amounts listed below:

<u>PROVIDER</u>	<u>SERVICE/ PROGRAM</u>	<u>AMOUNT</u>
Cathedral Center	Emergency Shelter Care	\$ 175,000
Our Space, Inc.	Housing Development Support	363,683
Guest House of Milwaukee Inc.	Permanent Supportive Housing Development – Scattered-Site	400,000
Transitional Living Services – Highland Commons	Permanent Supportive Housing	140,000
Transitional Living Services – United House	Permanent Supportive Housing	110,000
Community Advocates	Shelter Plus Care Supportive Services	166,396
Guest House, Inc.	Shelter Plus Care Supportive Services	130,913
Transitional Living Services	Supported Apartments	264,345

49			
50	Milwaukee Center for	Transitional Housing –	570,000
51	Independence (MCFI)	Pathways To Permanent Housing	
52			
53			
54	<b>TOTAL for 2014</b>		<b>\$ 2,320,337</b>

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/21/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2014 purchase of service contracts for programs within the Housing Division.

**FISCAL EFFECT:**

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

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

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

**DESCRIPTION OF FISCAL EFFECT**

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2014 Housing Division purchase of service contracts with community vendors.

Approval of this request will allow the Director of DHHS to execute purchase of service contracts to continue provision of contracted Emergency Shelter Care, Supported Apartments, Permanent Supportive Housing Development, Shelter Plus Care Supportive Services, Transitional Housing and Housing Development Support Services and to begin providing Permanent Supportive Housing (Scattered-Site) Development Services in the Housing Division for the period January 1, 2014 through December 31, 2014.

B. Total 2014 expenditures included in this request are \$2,320,337.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of the Housing Division's 2014 Adopted Budget.

D. No assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

Did CDPB Staff Review?  Yes  No  Not Required

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

REVISED

**COUNTY OF MILWAUKEE**  
**Delinquency and Court Services Division (DHHS)**  
**INTER-OFFICE COMMUNICATION**

**DATE:** December 3, 2013

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by B. Thomas Wanta, Administrator/Chief Intake Officer – DCSD*

**SUBJECT:** **Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2014 purchase of service contracts for programs within the Delinquency and Court Services Division**

**Issue**

The Director, Department of Health and Human Services (DHHS), is requesting authorization to enter into 2014 purchase of service contracts for the Delinquency and Court Services Division.

**Background**

Since 1970, DHHS has supported a social service delivery system comprised of both directly provided and purchased services using a combination of State, grant and local tax funds. Partnerships with community providers have allowed DHHS to cooperate and collaborate with various community agencies and resources. These partnerships further the opportunities for community participation, leverage resources and utilize community expertise regarding the DCSD community response to delinquency.

DCSD conforms to the DHHS request for proposals (RFP) process to ensure objectivity and fairness in the awarding of purchase of service contracts. DCSD relies on these objective reviews by community panels and DHHS contract administration/quality assurance to guide award recommendations. DCSD also may consider other salient factors in order to best meet the needs of the juvenile court and youth served including the financial stability of applicants to ensure the continuity of services, the minimization of service disruption, provider alignment with emerging strategies or changing system demands, opportunities for further resource leveraging and information sharing and maximization of resources.

**Discussion**

The Department is requesting approval to purchase services with the agencies listed below for the identified service and contract amounts for the time period of January 1 – December 31, 2014.

Program areas that were included in an RFP issued for 2012 and 2013 contracts as part of a three-year contract cycle will be discussed first, followed by program areas included in the RFP

for 2014 contracts.

#### Re-Entry Coordination Program

Reentry Coordination Services involves case planning and support of Milwaukee County youth who have been committed to the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Reentry coordination services are provided to youth and families during youths' placement in secure institutions and following release to the community to facilitate reintegration and safely maintain youth in the community. This program serves 55 youth.

The provider agency below was selected through an RFP process for 2013 contracts and is entering into its second year of a three-year contract cycle. The contract amount is the same as in 2013.

<b>Service</b>	<b>Provider</b>	<b>2014 Allocation</b>
Re-Entry Coordination Program	St. Charles Youth & Family Services	\$120,000

#### Day Treatment

Day Treatment is a non-clinical service that provides on-site education in collaboration with Milwaukee Public Schools, and other services to meet the multiple needs of youth and their families. Each provider agency below provides 30 slots. These providers were selected through an RFP process in 2012 and are entering into their third year of a three-year contract cycle. These contract amounts are the same as in 2013.

<b>Service</b>	<b>Provider</b>	<b>2014 Proposed Allocation</b>
Day Treatment Program	St. Charles Youth and Family Services	\$489,066
Day Treatment Program	Wisconsin Community Services	\$489,066

The provider agency below provides 15 slots.

<b>Service</b>	<b>Provider</b>	<b>2014 Allocation</b>
Day Treatment Program	Lad Lake	\$244,534

#### First Time Juvenile Offender Program Tracking

The First Time Juvenile Offender Program (FTJOP) is a diversion program for youth ages 10 through 16 who would otherwise be subject to a delinquency petition and subsequent court proceedings. A core component of this program is tracking services provided by community-based agencies to coordinate service referrals, ensure completion of program requirements, and provide support for families. The tracking component of the FTJOP program operates under a fee-for-service agreement and is provided by two vendors assigned by geography. These providers were selected through an RFP process for 2012 contracts and are entering into their third year of a three-year contract cycle. The allocation is the same as in 2013.

<b>Service</b>	<b>Provider</b>	<b>2014 Allocation</b>
First Time Juvenile Offender Program Tracking (Fee-for-Service)	Milwaukee Christian Center	\$215,000
First Time Juvenile Offender Program Tracking (Fee-for-Service)	Social Development Center	\$215,000

### Group Home

Group homes provide 24 hours-a-day community-based living for youth who are experiencing problems with their family living environment. These youth have been determined by the court to be in temporary need of an alternative living arrangement until reunification is deemed appropriate. Each group home provides care for eight male youth. These provider agencies were selected through an RFP process in 2012 and are entering into their third year of a three-year contract cycle. The contract amounts proposed for 2014 include a \$50,000 increase based on actual costs of operation and service utilization.

<b>Service</b>	<b>Provider</b>	<b>2014 Proposed Allocation</b>
Group Care	St. Charles Youth and Family Services	\$352,032
Group Care	Nehemiah Project	\$352,032

While DCSD had intended to provide a contract in the amount of \$352,032 to a third agency currently in its second year of a three-year cycle providing group care services, the agency (Southeastern Youth and Family Services) provided notice to DCSD on December 2, 2013 of its intent to end provision of group home care at Unity House as of December 31, 2013. Southeastern Youth and Family Services cited that continuing the contract is not tenable from a financial perspective given their projected gross budget for 2014 would result in a deficit. In response to this decision, DCSD intends to issue an RFP in December 2013 for a nine-month pro-rated contract effective April 1, 2014 for the provision of group care by a community-based agency. Youth currently placed at Unity House will be transferred prior to December 31, 2013. Placement options may include other group homes under contract to DCSD or on a fee-for-service basis, or other appropriate placements as approved by the courts.

For 2014, the Department issued RFPs for the following program areas and is requesting approval to purchase the identified services:

### Level II In-Home Monitoring Services

The Level II In-Home Monitoring Program is a monitoring program that primarily serves youth pending court for alleged delinquency as an alternative to secure detention. The program provides intensive in-home monitoring services to youth and their families in an effort to

support parental home supervision, to avoid additional offenses, and to appear for their court hearings. Youth are court ordered into this program and remain until the time of disposition or discontinuation of services is deemed appropriate by the court or the DCSD. The program is based on the belief that juveniles who remain connected with their families, schools, peers, employers, and with other community resources, will decrease the likelihood of further contact with the juvenile justice system. This is accomplished through a structured supervision plan, program support and counseling, advocacy and the availability of 24-hour crisis intervention.

This service was included in this year's RFP and applicants submitting eligible proposals included La Causa, Southwest Key Program, and St. Charles Youth and Family Services. A panel including community members and a member of DHHS contract administration staff reviewed and scored the proposals.

Based on the scores from the panel, DCSD is recommending that a purchase of service contract be awarded to St. Charles Youth and Family Services in the amount of \$551,921 for 52 slots to cover the North side and to Southwest Key Program in the amount of \$700,515 for 66 slots to cover the South side. These amounts represent an overall increase in the amount of \$107,000 to expand the program by 10 slots consistent with an emphasis on increasing the availability of community-based alternatives to detention.

<b>Service</b>	<b>Provider</b>	<b>2014 Proposed Allocation</b>
Level II Monitoring Program	St. Charles Youth and Family Services	\$551,921
Level II Monitoring Program	Southwest Key Program	\$700,515

### Shelter Care

Shelter Care provides short-term (typically 30 days), non-secure, 24-hour supervised care and residential programming to youth. The program primarily serves youth pending court for alleged delinquency as an alternative to secure detention placement. Other youth involved in Juvenile Justice Center matters may be placed in Shelter Care at the discretion of either the DCSD or the Children's Court. The program capacity is 44 males and 20 females on a given day. Males and females reside in individual rooms in separate facilities and receive separate programming.

This service was included in this year's RFP and applicants submitting eligible proposals included New Horizon Center and St. Charles Youth and Family Services. A panel including community members and a member of DHHS contract administration staff reviewed and scored the proposals.

Based on the scores from the panel, DCSD is recommending that a purchase of service contract be awarded to New Horizon Center in the amount of \$680,776 for 20 slots for females and St. Charles Youth and Family Services in the amount of \$1,557,707 for 44 slots for males. These contract amounts are the same as in 2013.

<b>Service</b>	<b>Provider</b>	<b>2014 Proposed Allocation</b>
Shelter Care (Females)	New Horizon Center	\$680,776
Shelter Care (Males)	St. Charles Youth and Family Services	\$1,557,707

### Targeted Monitoring Program

The Targeted Monitoring Program (TMP) provides intensive supervision, structure, support, and skill-building opportunities for different target groups of youth involved in the juvenile justice system. The targeted populations include youth who are found to be in possession of a firearm, determined to be a serious chronic offender, referred for a burglary offense, or identified for the Milwaukee County Accountability Program (MCAP). The program is intended to hold youth accountable in the community while ensuring community safety and providing youth with skills to change their thinking and behaviors. The TMP frequently serves as an alternative to juvenile corrections.

This service was included in this year's RFP and applicants included the Running Rebels Community Organization. A community member and a member of DHHS contract administration staff reviewed and scored the proposals.

Based on the scores from the reviewers, DCSD is recommending that a purchase of service contract be awarded to Running Rebels Community Organization in the amount of \$1,545,944 for 127 slots for the serious chronic offender, firearms, and MCAP target populations and 20 slots for the burglary offender target population. This contract amount represents a \$60,000 increase to expand the program by six slots based on increased service utilization of the MCAP program and to mitigate the possibility of waiting lists.

<b>Service</b>	<b>Provider</b>	<b>2014 Proposed Allocation</b>
Targeted Monitoring Program	Running Rebels Community Organization	\$1,545,944

### Prevention and Aftercare Program- Targeted Monitoring Program

The Prevention and Aftercare Program serves siblings and graduates of the Targeted Monitoring Program in order to maximize the likelihood of positive and enduring change in youth and families. This program serves at any one time up to 40 graduates of the Targeted Monitoring Program and/or their siblings between the ages of 6-19. The goals are to prevent siblings from participating in delinquent activities and for young adults to gain skills needed for successful transition into adulthood. The program provides pro-social services and activities to help youth achieve their personal goals.

This service was included in this year's RFP as part of the Targeted Monitoring Program and applicants included the Running Rebels Community Organization. A community member and a member of DHHS contract administration staff reviewed and scored the proposals.

Based on the scores from the panel, DCSD intends to award a purchase of service contract to Running Rebels Community Organization in the amount of \$140,000 for 40 slots in the Prevention and Aftercare Program.

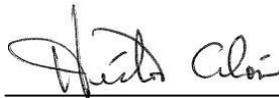
Service	Provider	2014 Allocation
Prevention and Aftercare Program	Running Rebels Community Organization	\$140,000

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to execute purchase of service contracts for 2014 for a variety of services and programs for the time period of January 1 through December 31, 2014 with the providers listed and in the amounts specified in the attached resolution. Approval of the recommended contract allocations will allow for the provision of identified high priority community-based services for youth being served by the Delinquency and Court Services Division.

### **Fiscal Impact**

The proposed purchase of service contracts reflect total expenditures of \$7,653,593. Sufficient funds have been allocated in the 2014 Budget to cover these costs. A fiscal note form is attached.



Héctor Colón, Director  
Department of Health and Human Services

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

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(ITEM) From the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2014 Delinquency and Court Services Division purchase of service contracts with community agencies for a variety of Delinquency and Court Services programs, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts with community agencies for the Delinquency and Court Services Division (DCSD); and

WHEREAS, the recommended contracts will ensure an integrated delivery system for delinquent youth of both provided and purchased services in the community; and

WHEREAS, the contract recommendations are within the limits of the 2014 Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or his designee, to enter into 2014 Delinquency and Court Services Division purchase of service contracts, effective January 1, 2014 to December 31, 2014, with the agencies and in the amounts listed below:

<u>PROVIDER</u>	<u>SERVICE/ PROGRAM</u>	<u>AMOUNT</u>
St. Charles Youth and Family Services	Day Treatment Program	489,066
	Re-entry Coordination	120,000
	Group Care	352,032
	Level 2 In-Home Monitoring Services	551,921
	Shelter Care – Males	1,557,707
Lad Lake	Day Treatment	244,534
Milwaukee Christian Center	First Time Juvenile Offender	215,000
Social Development Center	First Time Juvenile Offender	215,000
Running Rebels	Prevention and aftercare	140,000
	Targeted Monitoring Program	1,545,944

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47	Wisconsin Community Services	Day Treatment Program	489,066
48			
49	Nehemiah Project	Group Care	352,032
50			
51	Southwest Key Programs	Level 2 In-Home Monitoring Services	700,515
52			
53	New Horizon Center	Shelter Care – Females	680,776
54			
55	<b>TOTAL for 2014</b>		<b>\$7,653,593</b>
56			

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 12/03/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2014 Purchase of Service Contracts for programs within the Delinquency and Court Services Division (DCSD).

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2014 Delinquency and Court Services Division (DCSD) purchase of service contracts with community vendors.

Approval of this request will allow the Director of DHHS to execute purchase of service contracts to continue provision of contracted Re-Entry Coordination, Day Treatment, First Time Juvenile Offender, Prevention and After Care, Group Care, Level 2 In-Home Monitoring, Shelter Care and Targeted Monitoring services in DCSD for the period January 1, 2014 through December 31, 2014.

B. Total 2014 expenditures included in this request are \$7,653,593.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of DCSD's 2014 Adopted Budget.

D. No assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

Did CDPB Staff Review?

Yes

No

Not Required

**COUNTY OF MILWAUKEE**  
**Delinquency and Court Services Division (DHHS)**  
**INTER-OFFICE COMMUNICATION**

**DATE:** November 25, 2013

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by B. Thomas Wanta, Administrator/Chief Intake Officer – DCSD*

**SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2014 professional services contracts for programs within the Delinquency and Court Services Division (DCSD)**

**Issue:**

The Director, Department of Health and Human Services (DHHS), is requesting authorization to execute professional services contracts in 2014 for DCSD.

**Background**

Since 1970, DHHS has supported a social service delivery system comprised of both directly provided and purchased services. Partnerships with community vendors have allowed DHHS to cooperate and collaborate with various community partners and resources. These partnerships further the opportunities for community participation regarding delinquency response.

The Department conforms to the Request for Proposals (RFP) process to ensure objectivity and fairness in the awarding of professional service contracts. Using authority granted by the County Board, DCSD has contracts that allow for second and third-year contracts without an RFP based on an agency's performance during the previous year.

**Discussion**

**Detention Physician and Medical Services**

An RFP was issued in 2011 for this service for a three-year renewable contract beginning in 2012. The Medical College of Wisconsin (MCW) was selected and is responsible for medically screening youth admitted to the secure detention center facility. Physicals are also given to juveniles that remain in detention for more than 24 hours, along with any necessary follow-up care. This contract provides 29 hours of coverage per week (Monday through Friday), consisting of 24 hours of coverage by a nurse practitioner, and five hours of coverage by a physician. MCW has exceeded the DBE goal in the past and DCSD anticipates the same for 2014.

DCSD intends to extend the professional service contract with the Medical College of Wisconsin in the amount of \$150,275 for the period of 1/1/2014 – 12/31/2014. This amount is \$2,923 higher than the 2013 contract amount and is consistent with the 2014 Budget.

<b>Service</b>	<b>Provider</b>	<b>2014 Allocation</b>
Detention Physician and Medical Services	The Medical College of Wisconsin	\$150,275

Detention Psychiatric Nursing Services

An RFP was issued in 2011 for this service for a three-year renewable contract beginning in 2012. Alternatives in Psychological Consultation (APC) was selected and is responsible for the provision of 80 hours of coverage per week, seven days per week, consisting of psychiatric nursing services, mental health screenings and follow-up services as necessary for youth in the secure detention facility. As of this report, APC is spending 1 percent of this contract on a DBE vendor.

In order to increase utilization, APC increased DBE spending under additional DHHS purchase of service contracts that are not subject to the DBE goal. The CDBP agreed to this arrangement in 2013. As of September 2013, APC informed DHHS that it successfully submitted an application to obtain Small Business Enterprise (SBE certification), and that the application would be processed within 90 days of submission. Therefore, a decision is expected in December 2013.

DCSD intends to extend the professional service contract with Alternatives in Psychological Consultation (APC) in the amount of \$159,096 for the period of 1/1/2014 – 12/31/2014. This amount is the same as in 2012 and is consistent with the 2014 Budget.

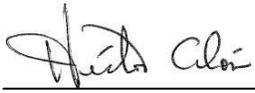
<b>Service</b>	<b>Provider</b>	<b>2014 Allocation</b>
Detention Psychiatric Nursing Services	Alternatives in Psychological Consultation	\$159,096

**Recommendation**

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

**Fiscal Effect**

The total amount of \$309,371 recommended in these contracts has been budgeted in DCSD's 2014 Budget. A fiscal note form is attached.



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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  
Janelle Jensen, Committee Clerk, County Board Staff

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2014 professional services contracts with community vendors for the Delinquency and Court Services Division, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director, Department of Health and Human Services (DHHS), is requesting authorization to execute professional services contracts with a variety of community vendors for 2014; and

WHEREAS, over the past several years, DCSD has entered into a series of professional service contracts to support essential staff activities and functions; and

WHEREAS, the DCSD is responsible for providing for the care and safety of youth placed in the County Detention facility; and

WHEREAS, in accordance with Milwaukee County's Request for Proposals process, the providers, Medical College of Wisconsin and Alternatives in Psychological Consultation, are being recommended to provide their respective services during 2014; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into professional services contracts for the period January 1 through December 31, 2014 in the amounts and with the providers listed below:

<b>PROVIDER</b>	<b>SERVICE/ PROGRAM</b>	<b>AMOUNT</b>
Medical College of Wisconsin	Medical and Nursing	150,275
Alternatives in Psychological Consultation	Mental Health	159,096
<b>TOTAL 2014 Professional Service Contracts for DCSD:</b>		<b>\$309,371</b>

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to enter into 2014 professional services contracts for programs within the Delinquency and Court Services Division (DCSD).

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute 2014 Delinquency and Court Services Division (DCSD) professional services contracts with community vendors.

Approval of this request will also allow the Director of DHHS to execute professional service contracts to continue provision of contracted Physician & Medical Services and Psychiatric Nursing Services In the Detention Center for the period January 1, 2014 through December 31, 2014.

B. Total 2014 expenditures included in this request are \$309,371.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of DCSD's 2014 Adopted Budget.

D. No assumptions are made.

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

Authorized Signature

  
\_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CDPB Staff Review?  Yes  No  Not Required

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

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** November 25, 2013

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

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

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2014 purchase of service contract for community services with IMPACT, Inc.**

**Issue**

The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2014 purchase of service (POS) contract in excess of \$300,000 with IMPACT, Inc. for the Management Services Division (MSD).

**Background**

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community vendors have helped DHHS make use of available community resources and expertise in carrying out its mission.

For 2014, MSD is recommending a purchase of service contract with IMPACT, Inc. for its community information line (2-1-1) services. The recommended vendor has been performing the relevant service for Milwaukee County, first with the Economic Support Division for multiple years and for the past four years for the Management Services Division, and has met or exceeded contract specifications.

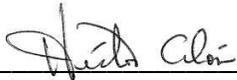
IMPACT 2-1-1 is a centralized access point for people in need during times of personal crisis or community disaster. This contract provides 24-hour contact and referral information by offering access to a comprehensive database containing over 5,500 community programs for residents seeking social services in Milwaukee County. In 2012, IMPACT had over 160,000 contacts, providing assistance to Milwaukee County families seeking information on various health and human service needs. DHHS is recommending a \$480,000 contract with IMPACT, which is the same as 2013.

**Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to execute a purchase of service contract with IMPACT, Inc. for the 2-1-1 Community Information Line for the time period of January 1 through December 31, 2014 in the amount of \$480,000.

**Fiscal Impact**

The total recommended contract amount of \$480,000 reflects \$338,162 in DHHS tax levy, \$41,838 in Wisconsin Home Energy Assistance Program (WHEAP) funding and \$100,000 from AODA funds from the Behavioral Health Division (BHD). A fiscal note form is attached.



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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  
Janelle Jensen, Committee Clerk, County Board Staff

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4 (ITEM) From the Director, Department of Health and Human Services, requesting authorization  
5 to enter into a 2014 purchase of service contract for community services with IMPACT, Inc. by  
6 recommending adoption of the following:

7  
8 **A RESOLUTION**  
9

10 WHEREAS, the Director of the Department of Health and Human Services (DHHS) is  
11 requesting authorization to enter into a 2014 purchase of service contract in excess of \$300,000  
12 for community services with IMPACT, Inc.; and  
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14 WHEREAS, the recommended contract will fund IMPACT's Community Information Line  
15 211 Program, which provides 24-hour contact and referral information for residents seeking  
16 critical services; and  
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18 WHEREAS, in 2012, with over 160,000 contacts, IMPACT provided assistance to  
19 Milwaukee County families seeking information on various health and human service needs;  
20 and

21 WHEREAS, the contract recommendation is within limits of relevant 2014 State/County  
22 contracts and the 2014 Budget; now, therefore,  
23

24 BE IT RESOLVED, that the Director, DHHS, or his designee, is hereby authorized to enter  
25 into a contract for the period of January 1, 2014 through December 31, 2014 with IMPACT, Inc.  
26 in the amount of \$480,000 which reflects \$380,000 from DHHS and \$100,000 from the  
27 Behavioral Health Division.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2014 purchase of service contract for community services with IMPACT, Inc.

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2014 purchase of service contract with IMPACT, Inc. for the Community Information Line 211 Program.

B. Approval of the requested purchase of service contract would result in an expenditure of \$480,000 with 211-IMPACT.

C. Sufficient funds in the amount of \$480,000 are included in the 2014 Budget for the 211 IMPACT contract. This funding reflects tax levy of \$338,162 in DHHS, \$41,838 in Wisconsin Home Energy Assistance Program (WHEAP) revenue and \$100,000 in BHD AODA revenue.

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

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

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

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** November 25, 2013

**TO:** Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

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

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2014 contract with the State of Wisconsin for Social Services and Community Programs**

**Issue**

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for “Social Services and Community Programs.” The contracts, also referred to as Community Aids, provide State and Federal funding for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by State and/or Federal law.

County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2014 contracts with DHS and DCF for the provision of social services and community programs mandated by state law. The county cannot receive 2014 revenues from the State until this contract is signed.

**Background**

The single largest revenue source for DHHS are State and Federal funds that are forwarded to the Department under the Social Services and Community Programs state contract, commonly referred to as “Community Aids.”

While DHHS and the Department on Aging have a number of revenue sources in common (e.g. Community Aids), separate contracts are executed with the State for each department. This report only covers the contract with the Department of Health and Human Services (DHHS). Revenues allocated to DHHS under this contract fund programs in the Behavioral Health, Disabilities Services, and Delinquency and Court Services Divisions.

In 2014, Milwaukee County also will have separate contracts with the State Department of Administration for administration of the Wisconsin Home Energy Assistance Program (approved by the County Board in September 2013) and the Department of Corrections for Youth Aids.

At this time, DHHS has not received the actual 2014 “Community Aids” contract from the State. However, DHHS has received an advisory notification of 2014 allocations, and this has been utilized to identify the fiscal effect of the expected contract (allocations are posted at <http://www.dhs.wisconsin.gov/sca/> and <http://dcf.wisconsin.gov/contractsgrants>).

### **State Allocations and Fiscal Effect (See Attachment 1)**

#### ***Community Aids – Basic County Allocation (BCA)***

The Basic County Allocation (BCA) is a type of block grant provided to counties that is not earmarked to serve a specific target population. Counties are able to determine how much funding to provide to each of the populations eligible to be served with these funds: persons with mental illness, developmental disabilities, physical disabilities, substance abuse problems and delinquent children.

The 2014 Budget includes \$32,190,877 of BCA for BHD, DSD and DCSD. This amount has been adjusted to reflect the \$8.3 million intercepted by the State for the Family Care program as well as a reduction of \$2.7 million for the State-operated Income Maintenance Program. The State’s Advisory Notification of the 2014 BCA funding level is \$32,022,299,<sup>1</sup> which is about \$340,000 lower than the 2013 State contract and \$168,578 lower than the 2014 DHHS Budget. The State reduced the County’s BCA allocation by 1 percent as a result of the federal sequester reductions. This adjustment creates a tax levy gap of \$168,578.

#### ***Changes to Earmarked Revenue Sources***

##### **AODA Juvenile Justice**

This grant has traditionally supported personnel (administrative coordinator and clerical staff) and all costs associated with AODA assessments and treatment through the fee-for-service network and related expenses. For 2014, DCSD has proposed additional activity to include support for providing the Celebrating Families curriculum to participants involved in the Family Drug Treatment Court, a quality improvement training for network providers, and a mini-grant program for network agencies to support quality improvement/system change projects.

The preliminary State notification reflects the same contract amount of \$453,554 as 2013. In preparing its 2014 budget, however, the State initially informed DCSD that it would be competing for this grant in 2014 and a reduced pool of money would be available statewide. Therefore, DCSD budgeted a reduction of \$53,554. Since that time, the State indicated that the full allocation would be provided but that the funds would be up for competitive bid for 2015.

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<sup>1</sup> This amount does not include the \$38.8 million in County BCA funding that is transferred each year to the State Bureau of Child Welfare per State legislation that was adopted when the State assumed responsibility for the Child Welfare function in Milwaukee County. It also reflects the reduction for the \$8.3 million Family Care intercept and \$2.7 million for the IM Program.

### Children's Long Term Support Programs (CLTS)

As shown in Attachment 1, the State allocation for the Children's Long-Term Support (CLTS) program, administered in the Disabilities Services Division, is \$11,161,012 which is the same as the 2013 contract amount. This reflects \$8,081,080 for autism services and \$3,079,932 in non-autism services.

Although Milwaukee County receives a specific allocation for these services and processes the payments, actual services are administered by the State. For the past few years, the State has utilized a third party administrator (TPA) to pay for service costs associated with the CLTS program. Although the State contract identifies specific allocations by service type to Milwaukee County totaling \$11.1 million, only revenues related to case management and administration, anticipated to be \$971,792, are posted to the county's financial system and are included in the 2014 Budget. This compares to case management and administration revenues of \$560,854 in the 2013 Budget. These revenues were increased by \$410,938 in the 2014 Budget based on actual experience.

### Birth to Three Program

As shown in Attachment 1, the State allocation for the Birth to Three program, administered in the Disabilities Services Division, is \$2,685,321 which is the same as the 2014 Budget.

### Behavioral Health Division

As shown in Attachment 1, the 2014 Budget for BHD earmarked revenues anticipates basically the same amount of revenue as contained in the State's preliminary allocation. These funds support services in the Wiser Choice fee-for-service network and the mental health purchase of service contracts within BHD's Community Services Branch. Compared to the 2014 Budget, an additional \$30,000 is included in the preliminary allocation which will result in increased direct client services.

### Recommendation

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, to execute the 2014 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, in order for the County to obtain the State Community Aids revenue. The 2014 Social Services and Community Programs contracts provide total revenue of approximately \$63.5 million.

### Fiscal Impact

DHHS staff has compared revenues in the State's Advisory Notification to revenues that were anticipated in the 2014 Budget. Based on the notification, the contract is expected to include net revenue of \$63,477,145 (Community Aids of \$32,022,299, earmarked revenues of \$21,265,626, and a Children's Long Term Support (CLTS) allocation for a third party

administrator of \$10,189,220) after adjusting for a Family Care intercept amount of \$8,305,873 and Income Maintenance intercept amount of \$2,700,000. A fiscal note form is attached.



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Héctor Colón, Director  
Department of Health and Human Services

Attachment

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 and Budget Analyst, County Board Staff  
Janelle Jensen, Committee Clerk, County Board Staff

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(ITEM) Report from the Director, Department of Health and Human Services, requesting authorization to enter into the 2014 contract with the State of Wisconsin for Social Services and Community Programs by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, Sections 46.031 and 49.325 of the Wisconsin Statutes require that Milwaukee County enter into contracts with the State Departments of Health Services and Children and Families for social services and community programs (otherwise referred to as "Community Aids"); and

WHEREAS, while formal contracts have not yet been submitted by the State, the State has provided an advisory notification of funding for 2014 for social services and community programs; and

WHEREAS, DHHS staff have compared revenues in the State's Advisory Notification to revenues that were anticipated in the 2014 Budget, and based on the notification, the contract is expected to include \$63,477,145 (Community Aids of \$32,022,299, earmarked revenues of \$21,265,626, and a Children's Long Term Support (CLTS) allocation for a third party administrator of \$10,189,220) after adjusting for a Family Care intercept amount of \$8,305,873 and Income Maintenance intercept amount of \$2,700,000; and

WHEREAS, one major change in the contract compared to 2013 is a one percent reduction in Basic County Aids (BCA) revenue by the State of Wisconsin due to federal sequester cuts which reduces the contract by about \$340,000 and creates a tax levy gap of \$168,578; and

WHEREAS, it is in the County's best interest to execute contracts in a timely manner to improve cash flow and maximize interest earnings; and

WHEREAS, the County will not receive any State Community Aids revenue until the County Board has authorized the DHHS Director to execute the contract; and

WHEREAS, in light of the above, the Director of DHHS is requesting authorization from the County Board to execute the contracts for social services and community programs so that the contract can be executed in a timely manner once it is received from the State of Wisconsin; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is hereby authorized to enter into contracts with the Wisconsin Departments of Health Services and Children and Families covering Social Services and Community Programs for the period January 1 through December 31, 2014, and any addendum thereto.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2014 contract with the State of Wisconsin for Social Services and Community Programs

**FISCAL EFFECT:**

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

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

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	0	
	Revenue	0	-\$168,578
	Net Cost	0	\$168,578
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

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

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

A. Authorization is requested to sign the 2014 Social Services and Community Programs contracts with the State Departments of Health Services and Children and Families. Approval will allow Milwaukee County to receive State revenue for county services to persons with disabilities, substance abuse problems and juvenile delinquents and their families as mandated by State and/or Federal law.

B. The state's Social Services and Community Programs contracts include various separate revenues used to fund the Department of Health and Human Services (DHHS) (including the Behavioral Health Division). Approval to sign the 2014 contracts will allow Milwaukee County to receive funds.

C. DHHS staff has compared revenues in the State Advisory Notification to revenues that were anticipated in the 2014 Budget. The state funding notice reflects a net revenue decrease of \$84,976 which is a combination of a surplus of \$83,602 in earmarked revenues and a deficit of \$168,578 in Basic County Allocation (BCA) funding compared to the 2014 Budget. The surplus in earmarked revenues will be offset by an increase in expenditures of the same amount for services. Therefore, the net tax levy impact is a shortfall of \$168,578 in Basic County Allocation (BCA) funding.

D. No assumptions are made. The fiscal information was taken from the State's preliminary 2014 contract advisory notification.

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

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

Did CDPB Staff Review?  Yes  No  Not Required

CY2014 State Social Services/Community Programs Preliminary Revenue Notification Compared to the 2014 Budget

CARS #	2013 Final State	2014 Budget Revenues			2014 DHHS/BHD Budget Total	2014 Final State Notice	State vs. DHHS/BHD Budget	
		DCSD	DSD	BHD				
<b>Basic County Allocation</b>								
561	DHS Basic County Allocation (BCA)	\$30,436,862			\$0	\$30,130,806		
681	DHS State BCA Match	\$3,340,590			\$0	\$3,306,999		
561	DCF Basic County Allocation (BCA)	\$6,378,696			\$0	\$6,378,696		
681	DCF State BCA Match	\$511,671			\$0	\$511,671		
<b>Subtotal DHS Community Aids</b>		<b>\$40,667,819</b>	<b>\$6,195,223</b>	<b>\$3,979,068</b>	<b>\$22,016,586</b>	<b>\$32,190,877</b>	<b>\$40,328,172</b>	<b>\$8,137,295</b>
<b>Adjustments to State Contract</b>								
	Family Care Contribution	(\$8,305,873)				(\$8,305,873)	(\$8,305,873)	
<b>Net BCA Revenue</b>		<b>\$32,361,946</b>	<b>\$6,195,223</b>	<b>\$3,979,068</b>	<b>\$22,016,586</b>	<b>\$32,022,299</b>	<b>(\$168,578)</b>	
<b>Earmarked Revenues</b>								
<b>DHHS Earmarked Revenues</b>								
579	AODA Juvenile Justice	\$453,554	\$400,000		\$400,000	\$453,554	\$53,554	
312	Adult Protective Services	\$426,335		\$426,335	\$426,335	\$426,335	\$0	
577	Family Support-DD Children	\$852,668		\$852,668	\$852,668	\$852,668	\$0	
550	Birth - 3 Prog (incl former Ch 1)	\$2,685,321		\$2,685,321	\$2,685,321	\$2,685,321	\$0	
801-881	CLTS Autism & Non-Autism Total	\$11,161,010	\$0	\$971,792	\$971,792	\$11,161,012 <sup>1</sup>	\$10,189,220	
	CLTS Autism & Non-Autism TPA Adjustment	(\$10,600,156)				(\$10,189,220)	(\$10,189,220)	
<b>Subtotal DHHS Earmarked Revenues</b>		<b>\$4,978,732</b>	<b>\$400,000</b>	<b>\$4,936,116</b>	<b>\$0</b>	<b>\$5,336,116</b>	<b>\$5,389,670</b>	<b>\$53,554</b>
<b>BHD Earmarked Revenues</b>								
367	Community Options Program (COP)	\$1,525,673		\$47,000	\$1,478,673	\$1,525,673	\$0	
504	CSP Wait List	\$88,217			\$84,519	\$88,217	\$3,698	
517	Certified Mental Health Program	\$358,859			\$337,499	\$358,859	\$21,360	
535	Subst Abuse Trtmt TANF	\$4,394,595			\$4,394,595	\$4,394,595	\$0	
559	IMD Regular Relocation	\$5,891,677			\$5,891,687	\$5,891,677	(\$10)	
569	Mental Health Block Grant	\$685,914	\$45,000		\$635,914	\$680,914	\$5,000	
570	AODA Block Grant	\$2,431,021			\$2,431,021	\$2,431,021	\$0	
586	IV Drug	\$500,000			\$500,000	\$500,000	\$0	
<b>Subtotal BHD Earmarked Revenues</b>		<b>\$15,875,956</b>	<b>\$45,000</b>	<b>\$47,000</b>	<b>\$15,753,908</b>	<b>\$15,845,908</b>	<b>\$15,875,956</b>	<b>\$30,048</b>
<b>Total Earmarked Revenues</b>		<b>\$20,854,688</b>	<b>\$445,000</b>	<b>\$4,983,116</b>	<b>\$15,753,908</b>	<b>\$21,182,024</b>	<b>\$21,265,626</b>	<b>\$83,602</b>
<b>Total State Contract Including CLTS TPA Adjustment</b>		<b>\$10,600,156</b>				<b>\$10,189,220</b>	<b>\$10,189,220</b>	<b>\$0</b>
<b>GRAND TOTAL Revenue</b>		<b>\$63,816,790</b>	<b>\$6,640,223</b>	<b>\$8,962,184</b>	<b>\$37,770,494</b>	<b>\$63,562,121</b>	<b>\$63,477,145</b>	<b>(\$84,976)</b>
<b>Net Tax Levy Impact Surplus (Shortfall)</b>							<b>(\$168,578)</b>	

<sup>1</sup>The State utilizes a third party administrator (TPA) to pay for service costs associated with the CLTS program. Although the State contract identifies specific allocations by service type, only revenues (\$971,792) related to case management and administration are posted to the county's financial system and are included in the DHHS Budget.

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

**DATE:** November 25, 2013

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by Susan Gadacz, Director, Community Services Branch and  
Bruce Kamradt, Administrator, Wraparound Milwaukee*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to execute 2014 purchase of service contracts for the Behavioral Health Division (BHD) for the provision of adult and child mental health services and Alcohol and Other Drug Abuse (AODA) services**

**Issue**

The Director, Department of Health and Human Services (DHHS), is requesting authorization for BHD to execute adult and child mental health and Alcohol and Other Drug Abuse (AODA) contracts for 2014.

**Background**

Approval of the recommended contract allocations will allow BHD to provide a broad range of rehabilitation and support services to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances.

**Discussion**

***Adult Mental Health and Alcohol and Other Drug Abuse (AODA) Overview***

In 2014, the Community Services Branch intends to finalize the redesign of “front-door” to ensure a streamlined intake process for individuals and their families that have either a mental health or a substance use disorder. The assessment and screening instruments will be aligned to determine necessary treatment and recovery support services and the intake will be piloted to ensure it is capturing the required information for enrollment into either mental health or substance use disorder care. The focus on the creation of a recovery-oriented system of care and the movement away from a sustaining care system will become the operational framework. The continued emphasis on the utilization of psychosocial rehabilitation benefits such as CRS 1915(i) and the addition of Comprehensive Community Services will also be a priority. Lastly, the use of peers as providers and other evidence based strategies will

strengthen the delivery of community based care while continuous quality improvement initiatives will guide the future direction and modification of clinical practices.

### **Community Based Crisis Services**

#### *Community Linkages and Stabilization Program (CLASP)*

CLASP provides post-hospitalization extended support and treatment designed to support an individual's recovery, increase ability to function independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations through individual support from Certified Peer Specialists under the supervision of a clinical coordinator. CLASP provides a safe, welcoming, and recovery-oriented environment, and all services are delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus of care. La Causa, Inc. receives \$404,714 annually for the CLASP contract.

#### *Crisis Mobile Team*

The Milwaukee Police Department (MPD) will expand their successful partnership with BHD of adding a police officer to the mobile crisis teams. MPD will work directly with clinicians as first responders to emergency detention (ED) calls with the goal of reducing involuntary EDs. MPD will receive \$187,500 annually.

#### *Crisis Grant Coordination*

Mental Health America of Wisconsin (MHA) provides public education and critical information to reach a better understanding of mental illness and reduce the stigma associated with living with a mental illness. MHA coordinates the activities for the crisis grant received by BHD from the state Department of Health Services. MHA receives \$228,300 annually.

### **Mental Health Purchase of Service**

#### *Community Support Programs*

Community Support Programs (CSP) serves individuals with a severe and persistent mental illness or co-occurring substance use disorder. CSP is the most comprehensive and intensive community treatment model. A CSP is a coordinated care and treatment program that provides a comprehensive range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement and person-centered treatment where participants live, work and socialize. Services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement to achieve individual goals. Based on a competitive request for proposals (RFP) the following agencies are recommended for an award. In addition, agencies piloting the Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT) model are indicated as well.

<b>Agency</b>	<b>Annual Award</b>
Bell Therapy North & South	\$1,478,389
Outreach Community Health Center	\$380,502
*Milwaukee Mental Health Association	\$644,947

*Project Access, Inc.	\$627,061
*Transitional Living Service (TLS)	\$966,590
*Wisconsin Community Services	\$701,590
<b>Total</b>	<b>\$4,799,079</b>

\*ACT/IDDT Pilot

*Targeted Case Management*

Targeted Case Management (TCM) is a modality of mental health practice that addresses the overall maintenance of a person with a severe mental illness. These services include, but are not limited to, addressing the individual's physical, psychological, medical, and social environment with the goal of facilitating personal health, community participation, empowerment and supporting an individual's recovery. There are three levels of TCM service delivery; Level I is outreach based case management and care coordination; Level II, is intensive clinic based case management services; and, Level III is called Recovery Case Management and is intended for clients who require less intensive services than what is provided in Level I. Level III services are provided under a contract with Milwaukee Mental Health Associates for \$50,000.

<b>Agency</b>	<b>Annual Amount</b>
<i>Level I</i>	
Bell Therapy	\$100,000
Horizons Healthcare	\$298,505
LaCausa, Inc.	\$201,194
Milwaukee Mental Health Associates	\$213,723
Alternatives in Psychological Consultation	\$457,610
Outreach Community Health Center	\$456,703
Transitional Living Services (TLS)	\$635,002
<b>Total Level I</b>	<b>\$2,362,737</b>
<i>Level II</i>	
Wisconsin Community Services	\$1,165,418
<b>Total Level II</b>	<b>\$1,165,418</b>
<b>Total TCM Allocation</b>	<b>\$3,528,155</b>

*Outpatient Mental Health Clinics*

BHD partners with two providers: the Medical College of Wisconsin and Outreach Community Health Center to provide outpatient mental health counseling services to uninsured individuals who are seen at the Access Clinic and require immediate short term mental health counseling and prescribing services. The Medical College of Wisconsin receives \$897,771 annually and Outreach Community Health Center receives \$697,732. After 2014, it is intended that these services move into a fee-for-service network to improve client access and choice.

#### *Clubhouse Model*

The Grand Avenue Club is a model of rehabilitation for individuals living with a mental illness and/or co-occurring disorders; the clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse. This includes involvement in the planning processes and all other operations of the club. Grand Avenue Club receives \$200,000 annually.

#### *Drop-in Center*

Psychosocial drop-in centers provide a low-pressure environment for education, recreation, socialization, pre-vocational activities and occupational therapy opportunities for individuals experiencing severe and persistent mental illness and/or co-occurring disorders. They are based on a concept of membership and utilize peer support as a central tenet of the model. Our Space, Inc. provides individuals with a mechanism of social connectedness so that they may further their own recovery. Our Space, Inc. receives \$250,962 annually for this activity.

#### *Office of Consumer Affairs*

Horizon Healthcare supports the operation of the Office of Consumer Affairs. This includes a dedicated Certified Peer Specialist (CPS) in a supervisory capacity, as well as the hiring and supervision of 12 CPS who are employed in the four adult acute inpatient units, day treatment program the Downtown and Southside Community Support Programs, and/or the crisis stabilization homes of BHD. Office of Consumer Affairs also provides a mechanism for the reimbursement for consumer participation in accordance with the BHD Consumer Reimbursement Policy. This is solely for the reimbursement of BHD sponsored activities with prior authorization. Horizon Healthcare receives \$240,000 annually for these activities.

#### *Consumer Satisfaction Evaluation and Advocacy*

Vital Voices is the evaluation entity for the *Mental Health Statistics Improvement Program (MHSIP)* Adult Consumer Survey. This survey was developed for use in the public mental hygiene system and is now widely used by state and local governments in both substance abuse and mental health programs. The MHSIP survey assesses four areas of consumer perceptions: overall satisfaction; access to services; quality and appropriateness of services; and, consumer reported outcomes. MHSIP is used to evaluate both mental health and substance abuse services in the Community Services Branch and assists in determining continuous quality improvement efforts for the upcoming year. Vital Voices receives \$140,961 annually.

#### *Benefits Advocacy*

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

## **Substance Abuse Purchase of Service**

### *Substance Abuse Prevention*

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

### *Families Moving Forward*

Families Moving Forward is a community of concerned service providers that are dedicated to the empowerment of families and individuals by providing collaborative strength based services designed to improve their quality of life. Families Moving Forward will ensure that African American consumers and their families receive holistic enhanced quality care from our agencies using a collaborative network that will result in a healthier Milwaukee. M&S Clinical Services Inc., will serve as the fiscal agent for Families Moving Forward and will receive \$150,000 annually.

### *Detoxification Services*

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

### *Central Intake Unit – Wiser Choice*

The Central Intake Unit (CIU) is the front door for Wiser Choice, and is the first point of contact for individuals seeking treatment or recovery support services for a substance use disorder. The CIU's determine eligibility and administer a comprehensive assessment, establish a clinical level of care for placement at a treatment facility, and gather evaluative information. When individuals are found eligible, a referral is made to the treatment provider of choice selected by the service recipient. Treatment is provided by an extensive network of agencies on a fee-for-service basis. There are four agencies that provide Central Intake Unit (CIU) services for Wiser Choice: M&S Clinical Services at \$547,700 annually; IMPACT at \$509,412 annually; Wisconsin Community Services, which exclusively serves criminal justice participants, at \$258,963 annually; and JusticePoint, a CIU for drug court participants at \$45,000 annually.

### *Training and Technical Assistance Coordination*

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

### **Child and Adolescent Community Services**

Overall contract allocations for 2014 in BHD's Child and Adolescent Community Services Branch will increase from 2013, reflecting the further growth of community-based, mental health services for children and their families in Milwaukee County. BHD will again contract with a number of community agencies for care coordination and other services that support the operation of the nationally recognized Wraparound Milwaukee Program, REACH (Reaching, Engaging and Assisting Children), FISS (Family Intervention and Support Services), Healthy Transitions Initiative and MUTT (Mobile Urgent Treatment Team). As a special, 1915a Managed Care program under Medicaid, all remaining services are purchased on a fee-for-service basis through agencies participating in the Wraparound Milwaukee Provider Network. Individual Purchase of Service contract allocations being recommended are enumerated in the resolution.

### **Care Coordination Services**

In 2014, BHD recommends again, purchasing regular care coordination services for court-ordered youth referred from Child Welfare and Juvenile Justice and enrolled in the Wraparound Milwaukee program from eight agencies selected through a Request for Proposals (RFP) process. Similarly, BHD plans to extend purchase agreements for the fast growing, voluntary, non-court involved youth/families in the REACH program from the four agencies who submitted bids on these services last year. The primary increase in the care coordination services area in 2014, is the continued expansion in Wraparound Milwaukee enrollment.

Care Coordination is a key service in Wraparound as the staffs at those agencies facilitate the care planning team, help develop the individual treatment plans, and arrange, provide and monitor mental health and other services for children and their families and provide reports and testify in court. Screening and assessment services to determine eligibility for Wraparound, and provide recommendations to the court, are also provided by four of these recommended agencies. Another factor in the increase in care coordination contract amounts for 2014, will be the reduction in average caseload ratios for care coordinators for Wraparound and REACH to provide more intensive service coordination and meet the recommended national standards of 1:8 for the ratio of care coordinators to families.

The total number of youth/families projected to be served in 2014 is 1,650 families with an average daily enrollment of 1,150 youth/families. This would be the highest average daily enrollment in the history of the program and due primarily to the growing interest and demand by families to enroll in the new voluntary REACH program. The other new program that is resulting in increased overall enrollment and the need for additional care coordination/transitional specialists, is the Healthy Transitions Initiative (HTI), a Federal grant program focusing on young adults, 18-24, who have serious emotional and mental health needs and need help transitioning to adulthood. These are usually young adults coming out of the regular Wraparound program or transitioning out of homes. The HTI program is expected to daily serve 80 young adults in 2014.

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

<b>Care Coordination Agency</b>	<b>Service Type</b>	<b>2014 Proposed Contract</b>
Alternatives in Psychological Consultation	Regular Care Coordination	\$ 957,760
My Home, Your Home	Regular Care Coordination	\$ 957,760
	REACH	\$ 642,400
	Assessment	<u>\$ 85,000</u>
		\$1,685,160
Aurora Family Service	Regular Care Coordination	\$ 957,760
Willowglen Community Care	Regular Care Coordination	\$ 957,760
	Screening/Assessment	<u>\$ 160,000</u>
		\$1,117,760
AJA Counseling Center	Regular Care Coordination	\$ 957,760
	REACH	\$ 883,300
	Assessment	<u>\$ 80,000</u>
		\$1,921,060
La Causa, Inc.	Regular Care Coordination	\$1,752,000
	REACH	\$ 947,540
	Screening/Assessment	<u>\$ 250,000</u>
		\$2,949,540
St. Aemilian-Lakeside	Regular Care Coordination	\$1,051,200
	REACH	\$ 883,300

	Screening/Assessment	<u>\$ 80,000</u>
		\$2,014,500
St. Charles Youth and Family Services	Regular Care Coordination	\$ 957,760
	HTI - Transitional Specialist	\$ 328,370
	Screening/Assessment	<u>\$ 204,000</u>
		\$1,490,130
<b>Care Coordination Total:</b>		<b>\$13,093,670</b>

**Support Services for Wraparound Milwaukee**

For 2014, BHD recommends continuing an agreement with the Wisconsin Department of Health Services (DHS) to have the Wisconsin Council on Children and Families provide, or arrange for; program evaluation, staff training, management information and IT, and other technical support necessary to maintain the Medicaid Capitation contract with DHS. This will assure continued approval by the Center for Medicare/Medicaid Service (CMS) for BHD's 1915a status.

BHD also proposes to contract again with Families United of Milwaukee for advocacy and educational support for families served by Wraparound Milwaukee. Families United was selected previously through the RFP process. This minority-owned and operated agency continues to represent and advocate for families of youth with serious mental and behavioral needs. It also provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services. Fiscal intermediary services support the purchase of services from relative caregivers for youth and BHD recommends that this contract with Milwaukee Center for Independence be continued in 2014.

<b>Support Services for Wraparound</b>	<b>Service Type</b>	<b>2014 Proposed Contract</b>
Wisconsin Council on Children and Families	Program Evaluation, Training Technical Assistance and IT Support	\$ 643,436
Families United of Milwaukee	Family and Educational Advocacy	\$ 525,000
<b>Support Services for Wraparound Total:</b>		<b>\$1,168,436</b>

**Mobile Urgent Treatment Services**

For 2014, Wraparound Milwaukee will again operate 24/7 mental health crisis intervention services for all Milwaukee County families. The Mobile Urgent Treatment Team (MUTT) will serve an estimated 1,800 families in 2014. Additionally, the Bureau of Milwaukee Child Welfare will again fully fund a dedicated MUTT team for foster families (MUTT-FF). The MUTT-FF team

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

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

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

For 2014, as part of the Federal Healthy Transitions Grant, St. Charles is leasing space to Wraparound Milwaukee for operation of the youth/young adult resource center (Owen’s Place) and for the provision of the resource center manager and several young adult peer specialists.

<b>Agency Providing Support Services</b>	<b>Service Type</b>	<b>2014 Proposed Contract</b>
St. Charles Youth and Family Services	-Crisis Group Home (Haven House)	\$ 456,000
	-Mobile Crisis and other Clinical Services for Community and Foster Care System	\$1,194,293
	-Resource Center/Peer Specialists	\$ 198,372
<b>MUTT Support Services Total:</b>		<b>\$ 1,848,665</b>

**Family Intervention and Support Services (FISS)**

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

In addition to the case management services, BHD now provides all the assessment services and is targeted to conduct about 850 assessments in 2014 as well as serve over 200 families in the case management component. FISS targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home, and other issues of uncontrollability. FISS is a voluntary, early intervention alternative for parents who can receive a range of mental health and support services as an alternative to filing a formal CHIPS petition. FISS is fully funded by the Bureau of Milwaukee Child Welfare.

St. Charles Youth and Family Services, who has been providing case management services for this program, was selected through an RFP process to operate the assessment and case management services in 2014.

<b>Agency Providing FISS Program Services</b>	<b>Service Type</b>	<b>2014 Proposed Contract</b>
St. Charles Youth and Family Services	Assessment and Case Management	\$ 439,888
<b>FISS Support Services Total:</b>		<b>\$ 439,888</b>

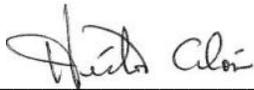
**Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to enter into 2014 purchase of service contracts with agencies as described above and enumerated in the resolution accompanying this report.

**Fiscal Effect**

These contracts reflect total expenditures of \$33,269,163. A fiscal note form is attached.

Respectfully Submitted:



\_\_\_\_\_  
Héctor Colón, Director  
Department of Health and Human Services

- cc: County Executive Chris Abele  
Raisa Koltun, County Executive'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  
Janelle Jensen, Committee Clerk, County Board Staff

(ITEM \*) Report from the Director, Department of Health and Human Services, requesting authorization to execute 2014 purchase of service contracts for the Behavioral Health Division (BHD) for the provision of adult and child mental health services and Alcohol and Other Drug Abuse (AODA) services by recommending adoption of the following:

### A RESOLUTION

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts with community agencies for the Behavioral Health Division (BHD); and

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

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

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2014 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2014 purchase-of-service contracts with the following provider agencies for the time period of January 1 through December 31, 2014, in the amounts specified below

<b>Adult Agencies - Mental Health</b>	<b>Service</b>	<b>2014 Contract</b>
Alternatives in Psychological Consultation	Targeted Case Management	457,610
Bell Therapy	Community Support Program	1,478,389
	Targeted Case Management	100,000
Grand Ave Club	Club House	200,000
Horizon Health Care	Targeted Case Management	298,505
	Consumer Affairs	240,000
La Causa	CLASP	404,714
	Targeted Case Management	201,194

49			
50	Medical College of Wisconsin	Community Treatment-Outpatient	897,771
51			
52	Mental Health America	Crisis Grant	228,300
53			
54	Milwaukee Mental Health	Community Support Program	644,947
55		Targeted Case Management	213,723
56			
57	Milwaukee Police Dept	Crisis Mobile	187,500
58			
59	Our Space	Drop-in Center	250,962
60			
61	Outreach Community Health	Community Support Program	380,502
62	Center	Targeted Case Management	456,703
63		Community Treatment-Outpatient	697,732
64			
65	Project Access	Community Support Program	627,061
66			
67	Transitional Living Services	Targeted Case Management	635,002
68		Community Support Program	966,590
69		Benefits Advocacy	201,984
70			
71	Wisconsin Community	Community Support Program	701,590
72	Services	Targeted Case Management- Level II	1,165,418
73		CIU/CJ Population	258,963
74			
75	Vital Voices	Advocacy	140,961
76			
77	<b>TOTAL Allocation – Adult Mental Health Services</b>		<b>\$ 12,036,121</b>
78			
79	<b><u>Adult Agencies – Alcohol</u></b>		
80	<b><u>and Other Drug Abuse</u></b>	<b>Service</b>	<b>2014 Contract</b>
81			
82	Community Advocates	AODA Prevention	500,000
83			
84	Genesis Behavioral Services	Detoxification	2,572,145
85			
86	IMPACT	Central Intake Unit	509,412
87			
88	M&S Clinical Services	Central Intake Unit	547,700
89		Families Moving Forward	150,000
90			
91	St. Charles Youth	Training & Consultation	403,126
92	and Family Services		
93			
94	<b>TOTAL – Adult Alcohol &amp; Other Drug Abuse Services</b>		<b>\$ 4,682,383</b>
95			
96			

97	<b><u>Child and Adolescent</u></b>		
98	<b><u>Agencies</u></b>	<b><u>Service</u></b>	<b><u>2014 Contract</u></b>
99			
100	AJA Counseling Center	Regular Care Coordination & REACH	\$1,921,060
101			
102			
103	Alternatives in Psychological Consultation	Regular Care Coordination	957,760
104			
105			
106	Aurora Family Service	Regular Care Coordination	957,760
107			
108	Families United of Milwaukee	Family and Educational Advocacy	525,000
109			
110	La Causa, Inc.	Regular Care Coordination REACH	2,949,540
111			
112			
113	My Home, Your Home	Regular Care Coordination REACH	1,685,160
114			
115			
116			
117	St. Aemilian-Lakeside	Regular Care Coordination REACH	2,014,500
118			
119			
120	St. Charles Youth and Family Service	Regular Care Coordination HTI Transition Specialist	3,778,683
121			
122			
123	Willowglen Community Care	Regular Care Coordination	1,117,760
124			
125	Wisconsin Council on Children and Families	Program Evaluation, Training, Technical Assistance, & IT	643,436
126			
127			
128			
129	<b>TOTAL – Child &amp; Adolescent</b>		<b>\$ 16,550,659</b>
130			
131	<b><u>TOTAL – BHD</u></b>		<b><u>\$ 33,269,163</u></b>
132			
133			
134			

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to execute 2014 purchase of service contracts for the Behavioral Health Division (BHD) for the provision of adult and child mental health services and Alcohol and Other Drug Abuse (AODA) services

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A) The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2014 purchase of service contracts in the Behavioral Health Division (BHD) for the provision of Adult and Child Mental Health services and Alcohol and Other Drug Abuse (AODA) services.

Approval of the recommended contract allocations will allow the Behavioral Health Division to continue to provide a broad range of rehabilitation and support services in the community to adults with mental illness and/or substance abuse problems and children with serious emotional disturbances for the period January 1, 2014 through December 31, 2014.

B. Total 2014 expenditures included in this request are \$33,269,163.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2014 Budget.

D. No assumptions are made.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

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

Did CDPB Staff Review?

Yes

No

Not Required

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

**DATE:** November 25, 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 Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to enter into 2014 professional services contracts for the Behavioral Health Division (BHD)**

**Issue**

The Director, Department of Health and Human Services (DHHS), is requesting authorization to execute professional services contracts in 2014 for BHD.

**Background**

BHD uses several professional services contracts to support various essential staff activities. Each of these contracts maintains functions that are critical to patient care and are necessary to maintain hospital, nursing home, crisis services licensure, paramedic medical control and grant evaluation services for the Community Services Branch.

*Medical College of Wisconsin – Affiliated Hospitals*

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

BHD currently holds a two-year contract for the term of January 1, 2013 through June 30, 2015. For 2014, BHD is recommending the current contract amount of \$598,000 be increased by \$56,000 to \$654,000 annually. The increase is due to the addition of new elective opportunities for residents within the community services programs and Psychiatric Crisis Services (PCS) and to adjust for cost of living adjustments that have been made to resident salaries approved by the MCWAH Board of Directors, since 2012. MCWAH has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract period.

*Roeschen's Omnicare Pharmacy*

Currently, Roeschen's Omnicare provides all pharmacy services to the Behavioral Health Division, including outpatient clients. In October 2012, an RFP for pharmacy services was let and

BHD recommended the contract be awarded to PharMerica. The contract award is currently being contested by Roeschen's Omnicare. Due to the nature of the services and their impact on direct client services, BHD is seeking an extension of the current contract with Roeschen's Omnicare.

Therefore, BHD is recommending a one-year extension (including a 90 day termination clause) for the term from January 1, 2014 through December 31, 2014 in the amount of \$3,645,585, which is \$1,444,535 less than the 2013 contract of \$5,090,120. The reduction reflects 2013 actual costs and an estimated reduced census in 2014. Roeschen's Omnicare has identified its certified DBE subcontractors and expects to exceed the 17% DBE participation commitment for the contract in 2014.

#### *Mobile Dental Centers – Dental Services*

BHD is recommending a three-year contract with Mobile Dental Centers for dental services at BHD. In prior RFPs, Mobile Dental Centers was the sole respondent. Mobile Dental Centers will provide basic dental services to BHD clients on-site. A contract, in the amount of \$76,700 annually, is recommended for the period January 1, 2014 through December 31, 2016. Mobile Dental has identified its certified DBE subcontractors and will meet the 17 percent DBE participation goal.

#### *United Dynacare – Lab Services*

This contract provides phlebotomy and laboratory services to BHD patients. DHHS is recommending a two-year contract in the amount of \$50,000 annually from January 1, 2014 through December 31, 2015. Dynacare Laboratories has identified its certified DBE subcontractor(s) and will meet the 17 percent DBE participation goal.

#### *University of Wisconsin Milwaukee (UWM) - Center for Addiction and Behavioral Health Research (CABHR) and University of Wisconsin Population Health Institute – Evaluation Services*

BHD was awarded two federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants; one for Adult Drug Treatment Court (ADTC) in Milwaukee County to serve non-violent offenders with substance use disorders, and one related to treatment for homeless clients and Milwaukee Linking Individuals to New Chances (MI-LINC). Each of these grants required an evaluation component that would focus on process improvement and outcome evaluation so that the programs could move towards sustainability in the future. A Principal Investigator (PI) was identified for each grant. These Principal Investigators will collect data for the performance assessment, analyze all data (including GPRA) for the performance assessment, and write the interim and final reports for SAMHSA. The goals of the performance assessment are to: 1) provide support for the collection of Performance Measures (GPRA), 2) describe service implementation, and 3) describe client outcomes.

DHHS is recommending a two-year contract for Principle Investigator services for the SAMHSA Drug Treatment grant with the University of Wisconsin Milwaukee (UWM) - Center for Addic-

tion and Behavioral Health Research (CABHR) from January 1, 2014 through December 31, 2015 in the amount of \$65,000 annually.

DHHS is recommending a one-year contract for Principle Investigator services for the SAMHSA MI-LINC Co-Occurring Homeless Grant with the University of Wisconsin Population Health Institute from January 1, 2014 through December 31, 2014 in the amount of \$78,847 annually.

#### *Emergency Medical Services – Medical Control*

The County has been the coordinator and provider of Emergency Medical Services throughout the County for over 40 years and has administered and coordinated those services through its hospital facilities. The County obtained medical services for its hospital operations, including the EMS Program from the Medical College of Wisconsin (MCW) since the inception and creation of the EMS Program.

In addition, with the sale and transfer of the County's hospital to Froedtert Memorial Lutheran Hospital ("Froedtert") in 1995, the need for the medical control and the services of a medical director is mandated by the State of Wisconsin administrative rules. This requirement is satisfied through contractual arrangements with MCW. The County and MCW's desire to create a contractual relationship which provides stability to the EMS system allows for long-term planning and development of the EMS system.

The department issued a Request for Proposals (RFP) for medical director services this past fall and the only vendor that submitted a proposal was the Medical College of Wisconsin.

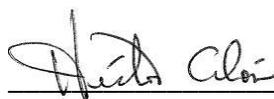
The contract reflects a five-year term from January 1, 2014 to December 31, 2018 and an annual cost of \$283,900 each year. This contract amount is consistent with the 2014 Budget. The 2013 contract amount was \$273,000.

#### **Recommendation**

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

#### **Fiscal Effect**

The total amount of \$4,854,032 recommended in these contracts has been budgeted in BHD's 2014 Budget. A fiscal note form is attached.



Héctor Colón, Director

Department of Health and Human Services

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

(ITEM \*) Report from the Director, Department of Health and Human Services, requesting authorization to enter 2014 professional services contracts for the Behavioral Health Division (BHD), by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the Director, Department of Health and Human Services (DHHS), is requesting authorization to execute professional services contracts with a variety of community vendors for 2014; and

WHEREAS, approval of the recommended contract allocations will allow for the ongoing support of functions that are critical to patient care and are necessary to maintaining hospital, nursing home, crisis services licensure and medical control for paramedic services as well as grant evaluation services for the Community Services Branch; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2014 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to execute 2014 professional services contracts with the following provider agencies for the time period and amounts detailed below:

<b>Agency and Service</b>	<b>Term</b>	<b>Contract Amount</b>
Medical College of Wisconsin – Affiliated Hospitals (MCWAH) (Residency Program)	1/1/2014 to 6/30/2015 (1 year, 6 months)	\$654,000 annually
Roeschen's Omnicare (Pharmacy Services)	1/1/2014 to 12/31/2014 (1 year)	\$3,645,585 annually
Medical College of Wisconsin EMS Medical Control	1/1/2014 to 12/31/2018 (5 years)	\$283,900 annually
Mobile Dental Centers	1/1/2014 to 12/31/2016 (3 years)	\$76,700 annually
United Dynacare	1/1/2014 to 12/31/2015 (2 years)	\$50,000 annually
University of Wisconsin-Milwaukee (CABHR)	1/1/2014 to 12/31/2015 (2 years)	\$65,000 annually
University of Wisconsin Population Health Institute	1/1/2014 to 12/31/2014 (1 year)	\$78,847 annually

**TOTAL – 2014 Professional Services    \$ 4,854,032**

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter 2014 professional services contracts for the Behavioral Health Division (BHD)

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute professional services contracts with a variety of community vendors for the Behavioral Health Division (BHD) in 2014.

Approval of this request will allow BHD to continue to support functions that are critical to patient care.

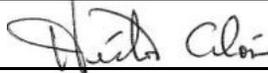
B. Expenditures included in this request total \$4,854,032.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures are included as part of the Behavioral Health Division's 2014 Budget.

D. A few of the contracts reflect multi-year terms as identified in the resolution. Therefore, this fiscal note assumes that appropriations for these services will continue in future budgets.

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

Authorized Signature

  
\_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CDBP Staff Review?  Yes  No  Not Required

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

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**Date:** November 25, 2013

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

**FROM:** Hector Colon, Director, Department of Health and Human Services  
Chris Lindberg, Director of Information Management Services

**Subject:** **Request for authorization to execute a professional services contract amendment with the Joxel Group, LLC for information technology support of the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division**

**Issue**

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

**Background**

In January 2012, the Information Management Services Division (IMSD) was granted authorization to execute a contract with the Joxel Group (TJG), a certified DBE vendor, to provide support services and technical assistance for the Department of Health and Human Services (DHHS) - Behavioral Health Division's (BHD) current core business system, Community Mental Health Care (CMHC). IMSD is now returning to the Board to request an amendment to extend the current professional services contract to cover 2014 core functions and support of the CMHC system. Currently, processing of the Community-based services program work is being done in CMHC which is scheduled to be phased out when the new Avatar Electronic Medical Records (EMR) System goes "Live". CMHC is a system that will require support services as the County continues to provide long-term care. The need for CMHC will go away if the long-term care program is closed.

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

CMHC provides critical services and information to BHD's Community Based Services programs including billing and patient data. In addition, the billing for the long-term care is being done in CMHC. As a result, the support of CMHC needs to be maintained and support until the EMR system and the closure of long-term care is complete. Due to efforts of the staff at BHD, and through the new EMR initiative, the technical support cost of CMHC was reduced from \$2.2 million in 2010 to \$600,000 in 2013, and finally to \$317,000 in 2014. This report is requesting the authority to increase the existing TJG professional services agreement by \$317,000 for support services in 2014. The requested funds are included in the BHD's 2014 operating budget.

**Recommendation**

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

A fiscal note is attached.

Prepared By:

*Laurie Panella*

\_\_\_\_\_  
Laurie Panella, IMSD  
Deputy Chief Information Officer

Approved By:

*Hector Colon*

\_\_\_\_\_  
Hector Colon, Director  
Department of Health and Human Needs

Approved By:

*Chris Lindberg*

\_\_\_\_\_  
Chris Lindberg, IMSD  
IT Director, Chief Information Officer

cc: County Executive Chris Abele  
Amber Moreen, Chief of Staff, County Executive's Office  
Peggy Romo West, Chairperson, Health and Human Needs Committee  
Russell W. Stamper II, Vice Chairperson, Health and Human Needs Committee  
Kelly Bablitch, Chief of Staff, County Board of Supervisors  
Don Tyler, Director, Department of Administrative Services

Josh Fudge, Fiscal & Budget Administrator, DAS  
Matt Fortman, Fiscal & Management Analyst, DAS  
Steve Cady, Fiscal & Budget Analyst  
Janelle Jensen, Committee Clerk, County Board Staff  
Jody Mapp, Committee Clerk, County Board Staff

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4 (ITEM \*) Request for authorization to execute a professional services contract  
5 amendment with the Joxel Group, LLC for information technology support of the  
6 Community Mental Health Care application for the Department of Health and Human  
7 Services – Behavioral Health Division by recommending adoption of the following:

8  
9 **A RESOLUTION**

10  
11 WHEREAS, in January 2012, the Information Management Services Division  
12 (IMSD) was granted authorization to execute a contract with the Joxel Group (TJG), a  
13 certified DBE vendor, to provide support services and technical assistance for the  
14 Department of Health and Human Services (DHHS) - Behavioral Health Division's  
15 (BHD) current core business system, Community Mental Health Care (CMHC); and  
16

17 WHEREAS, IMSD is now requesting authorization of an amendment to extend  
18 the current professional services contract to cover 2014 core functions and support of  
19 the CMHC system; and  
20

21 WHEREAS, BHD, with assistance from IMSD and TJG, is in the second year of  
22 implementing a new Electronic Medical Record (EMR) system, which will provide  
23 comprehensive EMR services and ultimately replace CMHC; and  
24

25 WHEREAS, TJG, in managing the CMHC contract as well as the new EMR  
26 implementation, is able to provide efficiencies and cost savings through critical  
27 knowledge transfer of the current CMHC IT staff and cross functional support for both  
28 projects by the EMR and CMHC teams; and  
29

30 WHEREAS, CMHC provides critical services and information to BHD including  
31 billing and patient data and billing for the long-term care being conducted in CMHC; and  
32

33 WHEREAS, as a result, support of CMHC needs to be maintained until the EMR  
34 system is complete and the final disposition of long-term care is determined; and  
35

36 WHEREAS, due to efforts of the staff at BHD, and through the new EMR  
37 initiative, the technical support cost of CMHC was reduced from \$2.2 million in 2010 to  
38 \$600,000 in 2013 and to \$317,000 in 2014; and  
39

40 WHEREAS, this report is requesting the authority to increase the existing TJG  
41 professional services agreement by \$317,000 for support services in 2014; now,  
42 therefore,  
43

44 BE IT RESOLVED, that the Director of the Department of Health and Human  
45 Services and the Director of the Information Management Services Division, or their  
46 designees, are hereby authorized to execute a professional services amendment with

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

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to execute a professional services contract amendment with the Joxel Group, LLC for information technology support of the Community Mental Health Care application for the Department of Health and Human Services – Behavioral Health Division

**FISCAL EFFECT:**

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

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

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

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

- A. The Information Management Services Division (IMSD) respectfully requests authorization to execute a professional services contract amendment with the Joxel Group, LLC (TJG) on behalf of the Behavioral Health Division (BHD) for support service of BHD's current core business system, Community Mental Health Care (CMHC). The amendment value is \$317,000.
- B. The cost related to the proposed contract is \$317,000 for three (3) high level technical resources and will fund not only support services of CMHC but will provide assistance in the implementation of the new Electronic Medical Records system at BHD. IMSD and BHD are recommending that the funding for this contract be provided through BHD.
- C. The 2014 BHD Budget includes sufficient funding for this contract. The \$317,000 cost is an estimate and provides for full time support of CMHC as well as implementation services of the new EMR. The reliance on the CMHC application throughout 2014 will be greatly reduced but will not cease until the new EMR system is fully implemented at BHD. In 2014 the level of CMHC support is unknown. IMSD will return in December of 2014 to seek authority of the County Board of Supervisors and the County Executive to amend the contract with TJG for 2014 CMHC services, if needed.
- D. It is assumed that fewer resources will be required to support CMHC throughout 2014. The \$317,000 cost estimate reflects this reduction.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature *Laurie Panella*

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION

**Date:** November 25, 2013

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

**FROM:** Hector Colon, Director, Department of Health and Human Services  
Chris Lindberg, Director of Information Management Services

**SUBJECT:** **Request for authorization to execute a professional services contract amendment with the Joxel Group, LLC for implementation of an Electronic Medical Records System for the Department of Health and Human Services – Behavioral Health Division**

**Issue**

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

**Background**

Capital Project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvements Budget. IMSD was appointed project lead on this initiative.

The EMR project is broken down into four phases:

Phase 1 – Planning and Design

Phase 2 – Request for Proposal (RFP) Process and Vendor Selection

**Phase 3 – Implementation**

Phase 4 – Closeout and Audit

The Joxel Group (TJG), a certified DBE vendor, was competitively awarded a professional services contract to provide both program and project management services for the EMR initiative. TJG has completed Phase 1, Phase 2 and is currently in the third stage of the Implementation Phase of the EMR project.

IMSD, TJG and BHD began Phase 3 – Implementation in January 2012. The approach is comprehensive and due to the complexity of process integration and change management, this phase is anticipated to continue through December of 2014. To date, implementation has been successful. On December 3, 2012, the Crisis Services Division within BHD (Psychiatric Crisis

Services (PCS), Observation (OBS), and the Access Clinic) went “live” with the new EMR system. In October 2013, the Crisis Stabilization as well as the Acute Inpatient Services went “live.”

The next and final stage of Phase 3 – Implementation will be the conversion of Community Service programs, Day Treatment, and the Contracted Service programs. The project team is leveraging national best practices for the Community Service programs. In addition, with the technology enhancements that are being leveraged to provide effective care, Netsmart has launched two new modules which would help BHD as it plans to use the EMR for Community Service care. 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 insights into managing and driving this growth.

The implementation stage is anticipated to be complete by the end of 2014. DHHS and IMSD are requesting the authority to amend the existing TJG professional services agreement by \$615,000 for the continuation of the project. The requested funds are included in the 2014 BHD Budget.

**Recommendation**

The Director of Health and Human Services and the Director of the Information Management Services Division, or their designees, respectfully request approval to execute a professional services amendment with the Joxel Group, LLC for continuation of the implementation services of the Electronic Medical Records (EMR) solution for BHD.

A resolution and fiscal note are attached.

Prepared By:

*Laurie Panella*

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Laurie Panella, IMSD  
Deputy Chief Information Officer

Approved By:

*Hector Colon*

---

Hector Colon, Director  
Department of Health and Human Needs

Approved By:

*Chris Lindberg*

---

Chris Lindberg, IMSD  
IT Director, Chief Information Officer

cc: County Executive Chris Abele  
Amber Moreen, Chief of Staff, County Executive's Office  
Peggy Romo West, Chairperson, Health and Human Needs Committee  
Russell W. Stamper II, Vice Chairperson, Health and Human Needs Committee  
Kelly Bablitch, Chief of Staff, County Board of Supervisors  
Don Tyler, Director, Department of Administrative Services  
Jeanne Dorff, Deputy Director, Health and Human Services  
Jim Kubicek, Interim Administrator, Behavioral Health Division  
Martin Weddle, Health and Human Services Research Analyst  
Jodi Mapp, Health and Human Services Committee Clerk  
Clare O'Brien, Fiscal and Policy Administrator, Health and Human Services  
Matthew Fortman, Fiscal and Budget Analyst, Dept of Admin Services  
Sushil Pillai, The Joxel Group, LLC  
Coco Kalinowski, Business Solutions Manager, IMSD  
Michael McAdams, Business Analyst, IMSD

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3  
4 (ITEM \*) Request for authorization to execute a professional services contract amendment  
5 with the Joxel Group, LLC for continuation of the implementation of an Electronic Medical  
6 Records System for the Department of Health and Human Services – Behavioral Health Division  
7 by recommending adoption of the following:

8  
9 **A RESOLUTION**

10  
11 WHEREAS, the Director of the Department of Health and Human Services (DHHS) and  
12 the Director of the Department of Administrative Services – Information Management Services  
13 Division (IMSD) are requesting authorization to amend the professional services contract with  
14 the Joxel Group, LLC (TJG) in order to continue the implementation of the Electronic Medical  
15 Records (EMR) system for the Department of Health and Human Services (DHHS) – Behavioral  
16 Health Division (BHD); and

17  
18 WHEREAS, Capital project WO444 - Electronic Medical Records System (EMR) was  
19 adopted in the 2010 Capital Improvement Budget and IMSD was appointed project lead on this  
20 initiative; and

21  
22 WHEREAS, the EMR project is broken down into four phases including Phase 1 –  
23 Planning and Design, Phase 2 – Request for Proposal (RFP) Process and Vendor Selection, Phase  
24 3 – Implementation, Phase 4 – Closeout and Audit; and

25  
26 WHEREAS, the Joxel Group (TJG), a certified DBE vendor, was competitively awarded a  
27 professional services contract to provide both program and project management services for  
28 the EMR initiative; and

29  
30 WHEREAS, TJG has completed Phase 1, Phase 2 and is currently in the third stage of the  
31 Implementation Phase of the EMR project; and

32  
33 WHEREAS, IMSD, TJG and BHD began Phase 3 – Implementation in January 2012. The  
34 approach is comprehensive and, due to the complexity of process integration and change  
35 management, is anticipated to continue through December of 2014; and

36  
37 WHEREAS, implementation, to date, has been successful and on December 3, 2012, the  
38 Crisis Services Division within BHD (Psychiatric Crisis Services, Observation, and the Access  
39 Clinic) went “live” with the new EMR system and in October 2013, the Crisis Stabilization as well  
40 as the Acute Inpatient Services went “live;” and

41  
42 WHEREAS, the next and final stage of Phase 3 – Implementation will be the conversion  
43 of Community Service programs, Day Treatment, and the Contracted Service programs; and  
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WHEREAS, the project team is leveraging national best practices for the Community Service programs; and

WHEREAS, DHHS and IMSD are requesting the authority to amend the existing TJG professional services agreement by \$615,000 for the continuation of the project; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services and the Director of the Information Management Services Division, or their designees, are hereby authorized to execute a professional services amendment with the Joxel Group, LLC for continuation of the implementation services of the Electronic Medical Records (EMR) solution for BHD.

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 11/25/13

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request for authorization to execute a professional services contract amendment with the Joxel Group, LLC for implementation of an Electronic Medical Records System for the Department of Health and Human Services – 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<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

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

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

## DESCRIPTION OF FISCAL EFFECT

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

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

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

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

- A. Approval of the requested amendment is to extend the professional services contract between Joxel Group, LLC (TJG) and the Department of Health and Human Services (DHHS) - Behavioral Health Division (BHD) for the continuation of the Electronic Medical Records (EMR) implementation. This action will result in an increased cost of \$615,000.
- B. The cost related to the proposed contract amendment is an additional \$615,000 for the 2014 Implementation Services of the broader project. IMSD and BHD are recommending that the additional funding of \$615,000 necessary to complete the professional services contract for 2014 project management, business analyst and interface analyst services of the Implementation phase be funded through BHD operating funds.
- C. The requested funds are included in BHD's 2014 operating budget. IMSD will return to the County Board and the County Executive for approval of the costs to fund the project in 2015, the final phase.
- D. The expenditures provided above are estimated. It is assumed that the overall Electronic Medical Records (EMR) project may require future budget appropriation requests to complete.

Department/Prepared By Laurie Panella, Deputy Chief Information Officer

Authorized Signature *Laurie Panella*

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?<sup>2</sup>  Yes  No  Not Required

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

**DATE:** November 25, 2013

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

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by Susan Gadacz, Director, Community Services Branch Behavioral Health Division, Co-Chair of the Mental Health Redesign and Implementation Task Force*

**SUBJECT:** **From the Director, Department of Health and Human Services, submitting an informational report on the current activities of the Mental Health Redesign and Implementation Task Force**

**Issue**

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

**Background**

The Redesign Task Force first convened in 2011, delegating Action Teams (AT) to prioritize recommendations for system enhancements within the key areas of Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. The AT co-chairs presented their initial prioritized recommendations to the Committee on Health and Human Needs in January 2012 and at a public summit in February 2012, where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance. The Redesign Task Force, the Task Force Executive Committee, and DHHS and BHD leadership resolved in March 2012 to issue a Request for Proposals (RFP) for technical assistance in implementing the affirmed recommendations. DHHS subsequently contracted with a consultation team comprised of ZiaPartners, Inc., and three subcontractors from September 2012 through July 2013.

In December 2012, the DHHS Director presented an informational report to the Committee on Health and Human Needs on the progress and activities of the Redesign Task Force, including a framework for planning, tracking, and recording progress on all redesign implementation activities, including those already accomplished or underway. The implementation activities were then framed within SMART Goals – Specific, Measurable, Attainable, Realistic, and Time-bound – to promote greater accountability and clearer reporting. In March 2013, the County Board of Supervisors passed a resolution (File No. 13-266) authorizing the DHHS Director to implement the initiatives outlined in the SMART Goals in collaboration with the Redesign Task

Force and community stakeholders. With that authorization, the Redesign Task Force, ATs, and their staff partners are presently at work on the numerous Tactical Objectives of the SMART Goals, in pursuit of the specific performance targets to be achieved in 2013 and 2014.

### **Discussion**

The Redesign Task Force completed a six-month self-assessment of its progress toward the SMART Goals since they were adopted by the County Board. Action Team leaders, Task Force members, and County staff working with the Quality Action Team have provided the data progress reflected below. These progress assessments addressed the SMART Goals specifically but should also be understood as building upon those redesign-related initiatives that preceded the SMART Goals. In addition to the SMART Goals as the measurable foundation of the Task Force's activities, the continued use of the HSRI report and recommendations were critical to the achievement thus far of the Task Force goals.

The HSRI report continues to be used as a guide by the Task Force. Attached is a separate report related to the HSRI recommendations that show significant progress towards implementing these recommendations (see Attachment A). For ease of reporting, the progress report is laid out in the goal order in which the goals have been completed. To date, eight goals with their respective performance target and end dates of July 2014 have been completed. Two goals are ahead of pace and the corresponding HSRI recommendation is also reflected. The attached SMART Goals (see Attachment B) may be used as a cross reference.

#### **SMART Goal 4: Expand the network of Certified Peer Specialists who are well trained, appropriately compensated, effectively engaged with peers, and whose services are eligible for Medicaid reimbursement**

- Performance Target 4.1: Increase number of Certified Peer Specialists by 20% (July 2014)
  - Status: Completed – Increased from 52 to 81 = 50% increase

*HSRI Recommendation 6: Promote a recovery-oriented system through person-centered approaches & peer supports*

#### **SMART Goal 5: Improve the coordination and flexibility of public and private funding committed to mental health services**

- Performance Target 5.2: Approval of CRS implementation by Milwaukee County government (January 2014)
  - Status: Completed CRS implementation approved in July 2013

*HSRI Recommendation 5: Expand & reorganize community-based services*

#### **SMART Goal 8: Improve crisis access and response to reduce Emergency Detentions**

- Performance Target 8.3: Increase percentage of individuals seen at Psychiatric Crisis Services (PCS) who have Person Centered Crisis Plans (July 2014)
  - Status: Completed – BHD Crisis Services had crisis plans on file for 350 individuals (157% increase over 2012) through May 2013.
  - Since 2010, emergency detentions have decreased 19%.

*HSRI Recommendation 4: Reduce emergency detentions***SMART Goal 9: Improve the flexible availability and continuity of community-based recovery supports**

- Performance Target 9.1: Establish four-level continuum of TCM services (July 2014)
  - Status: Completed – Recovery Case Management (piloted by Milwaukee Mental Health Associates) added in April 2013, complementing three existing levels of TCM
- Performance Target 9.2: Increase number of TCM slots by 6% (90 slots) (July 2014)
  - Status: Completed – Addition of Recovery Case Management level of care, plus additional Level I caseloads contracted with Bell Therapy in April 2013
- Performance Target 9.3: Establish two additional psychosocial rehabilitation benefits – Comprehensive Community Services (CCS) and Community Recovery Services (CRS) (December 2014)
  - Status: Completed the implementation of CRS, first client enrolled in November 2013

*HSRI Recommendation 5: Expand & reorganize community-based services***SMART Goal 10: Improve the success of community transitions after psychiatric hospital admission**

- Performance Target 10.2: Decrease BHD inpatient 90-day readmission rates from 24.1% to 22.0% (July 2014)
  - Status: Ahead of pace – 2013 YTD Acute Adult 90-day readmission rate is currently 19.8%
  - Hired a Community Intervention Specialist to assist with discharge transition of individuals leaving private psychiatric hospitals.

*HSRI Recommendation 1: Downsize & redistribute inpatient capacity***SMART Goal 13: Improve access to (and retention in) recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately housed**

- Performance Target 13.3: Create 25 new units of permanent supportive housing for persons with mental illness (July 2014)
  - Status: Completed and more units planned for 2014. Pathways to Permanent Housing was also established and opened in 2013 as a new level of transitional housing. In addition, there are plans for over 80 new units of permanent supportive housing in 2014.

*HSRI Recommendation 7: Enhance & emphasize housing supports***SMART Goal 15: Improve access to non-hospital intervention and diversion services for people in a mental health crisis to reduce unnecessary acute hospital admissions**

- Performance Target 15.2: Decrease BHD inpatient 90-day readmission rates from 24.1% to 22.0% (July 2014)

- Status: Ahead of pace – 2013 YTD Acute Adult 90-day readmission rate is currently 19.8%
- Since 2008, Acute adult inpatient admissions have decreased 40%

*HSRI Recommendation 1: Downsize & redistribute inpatient capacity*

The Redesign Task Force will use these progress assessments to determine its continued scope of work and the appropriate focal points for its Action Teams and stakeholders, noting areas of needed emphasis as well as those of strength. The Task Force continues to be attentive to the July 2014 target date for many of the SMART Goals. It is important to recognize that this is a mid-term progress update of accomplishments since the SMART Goals were developed and approved. Furthermore, the SMART Goals are a time-bound road map for specific initiatives spanning March 2013 to December 2014, but they are not an exhaustive inventory of all activities contributing to the improvement and redesign of the local mental health system.

The Redesign Task Force operates as a community-wide collaboration in pursuit of goals and objectives that are complementary of – but largely distinct from – major County-specific initiatives. These initiatives include, but are not limited to, implementation of Electronic Medical Records, the use of evidence based programming within the Community Services Branch, continuing the expansion of the Access Clinic by adding a south side location, and transitioning long-term care consumers into person-centered, community-based settings.

The Task Force will meet on January 9 and on the first Wednesday of subsequent months. County officials and any other interested parties are encouraged to visit the website that hosts resources and updates related to redesign activities, including a meeting schedule for the Redesign Task Force, Action Teams, and related workgroups. The site is <http://county.milwaukee.gov/MHRedesign.htm>. Comments or inquiries about redesign activities may be directed to David Johnson at david.johnson@milwcnty.com.

**Recommendation**

This is an informational report. No action is 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

# Progress on HSRI 2011 Report Recommendations

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## **HSRI Rec 1: Downsize & redistribute inpatient capacity**

- BHD has continually reduced the number of inpatient units and the total occupancy.
  - *Closed a unit (43D) in 2012, a 24 inpatient bed reduction.*
  - *On the Acute Inpatient Units, in 2011 BHD staffed 108 beds. In 2013 those beds the number of staffed beds was down to 78. That is a 39% reduction in the total number of beds.*
  - *There has been a 41% reduction in the average daily census from 2008 – 2013.*
  - *Care has been redistributed to private institutions and community providers.*
- DHHS/BHD has also worked with the State to develop and implement plans to phase down the long term care units (Hilltop & Central).
  - *On the long term care units, 18 individuals have been relocated to the community from Hilltop through the downsizing relocation plan from 2012.*
  - *In February 2013 the County Executive announced plans to close the long-term care units. This summer the State approved closure plans for both Hilltop and Central Services to be delivered in smaller community homes with support.*
  - *In September 2010 the census at Hilltop was 68; in November 2013 the census is 50.*
  - *In September 2010, the licensed bed capacity at Central was 70 and the current census as of November 2013 is 50.*

## **HSRI Rec 2: Involve private systems in a more active role**

- BHD has been working with private providers to build clinical capacity to treat persons with more severe psychiatric symptoms and needs.
  - *In 2012 Aurora opened a 24 bed unit specifically dedicated to take higher acuity patients from BHD.*
  - *BHD is in discussions with private health system providers in the community to establish contracts to taking on indigent persons in need of mental health services.*
  - *28% of individuals were transferred from our Psychiatric Crisis Service to private treatment facilities.*

## **HSRI Rec 3: Reorganize crisis services & expand alternatives**

- Since 2012, BHD has two Crisis Resource Centers centrally located in order provide easier access for consumers.
- In 2012, two additional crisis stabilization/respite homes were opened. One respite location for individuals with intellectual disabilities and one stabilization home for individuals who live with mental illness.
- As of November 2013 there are 39 crisis stabilization beds, with 14 more planned.
- The Community Linkages and Stabilization Program (CLASP) launched in 2012. CLASP is a program that focuses on a successful discharge planning and community reintegration that is delivered in a peer-to-peer approach.
- Mobile Crisis Team expanded to provide a maximum amount of availability with the goal of moving to 24/7 coverage. In 2013, Milwaukee Police Department also added a member to the Mobile Crisis Team and will enhance their partnership with BHD by adding another member in the upcoming year.

## **HSRI Rec 4: Reduce emergency detentions**

- There has been a 19% decrease in Emergency Detentions since 2010 (based on projections for 2013).
- Currently advocating for a change to state statutes that would broaden the definition of who is authorized under Chapter 51 to make Emergency Detention determinations.
- The Housing Division is working more closely with private hospitals and the House of Corrections to enhance successful discharge planning via a newly hired Community Intervention Specialist position, which was developed out of the Community Linkages Action Team.

# Progress on HSRI 2011 Report Recommendations

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## HSRI Rec 5: Expand & reorganize community-based services

- Received authorization to implement the Community Recovery Services benefit via the 1915i Medicaid Waiver and the first participant was enrolled in November 2013.
- BHD made a significant investment in shifting resources to community-based services and expanding community-based capacity.
  - CEX \$3 million in 2012, some of the funded initiatives included:
    - *CLASP*
    - *Northside CRC*
    - *Crisis Respite for individuals with an intellectual disability*
    - *Crisis Stabilization Home for individuals living with at mental illness*
    - *Expansion of Targeted Case Management to serve 90 additional individuals*
    - *Created the Community Intervention Specialist , Quality Assurance Coordinator, and Behavioral Health Prevention Coordinator positions*
    - *Pathways to Permanent Housing*
    - *Additional Supported Housing units*
    - *Peer Pipeline Infrastructure*
- Increased the use of evidence based practices with the Individual Placement and Support (IPS) supported employment program.
- In 2014 will pilot four Community Support Programs to adopt an Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT) model.
- Developed a continuum of care in Targeted Case Management (TCM) so individuals in need of TCM service have more choice that is based on clinical acuity; there are now three levels of TCM service. Level I is outreach based case management and care coordination that assists individuals with referrals and information; Level II, is intensive clinic based case management services; and, Level III which is called Recovery Case Management for clients who require less intensive services than what is provided in Level I such as those in need of case management services that reside in a supported apartment.
- Budgeted in 2014 to expanded Targeted Case Management to individuals with a substance use disorder.
- Improved discharge planning for acute inpatient stays by completing a discharge conference with every individual prior to release to collaboratively review the discharge plan, discuss community resources, and address questions.
- BHD has implemented a multipronged approach toward benefits counseling to ensure maximum revenue to fund services.
  - Social workers work with clients on financial questions and connect individuals with the fiscal department to assist with some components of the benefits application.
  - In addition, Winged Victory Program staff, all of whom are certified application counselors (CAC) for ACA, work with clients in the hospital, PCS, and the Access Clinic to enroll in Medicaid, the Marketplace, and/or social security benefits.
  - Social workers across the network assist clients with the insurance enrollment process.
  - The Community Services Branch has 5 CAC and has worked with our community providers to answer Medicaid and ACA enrollment questions.

## HSRI Rec 6: Promote a recovery-oriented system through person-centered approaches & peer supports

- Milwaukee currently has 81 certified peer specialists- the most in the state.
- Offered training though Our Space, Inc., and continuing education opportunities for Certified Peer Specialists.

# Progress on HSRI 2011 Report Recommendations

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- All contracted TCM providers utilized Peer Specialist services and all Community Support Programs will do likewise by 2014.
- Division of Housing utilized peer specialist in their supported housing programs
- In September 2012, held a summit for employers on how to recruit/hire/utilize Peer Specialists, second summit occurred in November 2013 and showcased the newly developed Employer Tool Kit
- Sponsored training for local peers to be trained facilitators in developing individualized person-centered Wellness Recovery Action Plan (WRAP).
- Training for bilingual Certified Peer Specialists.
- One community partner, Our Space Inc., employs 25 peer specialists.
- Crisis Services has had significant gains in the number of clients with individualized crisis plans on file with an increase of 157%.
- Peer Pipeline website was created and is maintained by Mental Health America, with up-to-date resources on educational and employment opportunities for peer specialists.
- Aurora Behavioral Health hired their first peer specialist in November 2013.

## **HSRI Rec 7: Enhance & emphasize housing supports**

- Opened Pathways to Permanent Housing program in June 2013.
- Permanent supportive housing options have been expanded through an increased number of permanent supportive housing units in the community, in addition to scattered site supportive housing options.
- Housing Division has created case management slots for homeless veterans to give individuals access to Shelter Plus Care rental assistance funds. Homeless prevention activities will also be funded from this contract.
- Funds have been committed in 2013 to provide supportive housing for individuals who are aging out of the foster care system and are receiving services through Wraparound. These units will be placed in service in early 2014.
- Finally, as part of establishing a full and active partnership with the homeless service system the Division of Housing has a community intervention specialist who is dedicated to be that bridge between the homeless and mental health systems.

## **HSRI Rec 8: Ensure cultural competency**

- Cultural Intelligence Action Team (CQAT) established in June 2013 and playing an active role in system redesign efforts.
- Families Moving Forward and the Faith Partnership Network developed and implemented preventative intervention strategies for the African American community in Milwaukee and delivered these interventions in environments needed for effective service.
- United Community Center (UCC) in partnership with the 16<sup>th</sup> Street Clinic (an FQHC) developed and implemented a collaborative engagement, screening and referral pilot project called *Familias Sanas*. The collaborative project was designed as the pilot for developing systems to increase participation in integrated treatment services (Medical, Mental Health and Substance Use Disorder (SUD) services) for Hispanic population within Milwaukee County.
- A major part of the SMART goals has been enhancing the inclusion of diverse perspectives and increasing the cultural intelligence of mental health and substance use disorder professionals and the public at large.

## **HSRI Rec 9: Ensure trauma-informed care**

- A division-wide Trauma Informed Care (TIC) Committee was created.
- Providing BHD staff ongoing TIC based education such as the Mandt System.

## Progress on HSRI 2011 Report Recommendations

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- As part of The Joint Commission accreditation preparation process, BHD has updated Division policies and procedures to reflect our trauma informed care approach.
- Incorporated trauma related questions into our universal screening process.
- The Community Services Branch has trained over 500 clinical and recovery support providers on the use of TIC with the curriculum developed by Stephanie Covington.

### **HSRI Rec 10: Enhance quality assessment & improvement programs.**

- Created an Office of Compliance, Safety & Integrity and have a Chief Compliance Officer overseeing the quality assurance and safety for the Division.
- Revised and improved our QI process to improve the tracking of patient outcomes and effectiveness of methods being utilized.
- Implementing the EMR system (Avatar) which is a major change to our whole division's management information systems that allows us to collect and report common data.
- With technical assistance from SAMSHA, BHD implemented a self-assessment tool that is being used in 60% of the behavioral health programs.
- Safety and prevention has been a major focus exemplified in the Falls Prevention program which has helped to significantly reduce the number of fall incidents among our residents.
- Adding a Quality Assurance Specialist in 2014 dedicated to crisis services.

# Mental Health Redesign SMART<sup>1</sup> Goals: 2013 – 2014



## TIMEFRAME

Redesign is about designing a system that promotes life and hope for people in Milwaukee County with mental health needs by transitioning to a more fully community-based system of care. Redesign is a multi-year process with ambitious targets. Initial SMART Goal implementation is focused on identifying attainable and measurable goals/objectives that can be achieved within the next 12-18 months. There will then be Annual Community Progress Reports of the SMART Goals to chart progress toward the highest possible standards for all services.

<sup>1</sup> Specific, Measurable, Attainable, Realistic, and Time-bound

## SCOPE

The Mental Health Redesign addresses the improvement of mental health services for Milwaukee County residents served by public and private systems and organizations. Initial SMART Goals focus heavily on changes in the public sector system operated by the Milwaukee County Department of Health and Human Services while implementation planning continues on broader communitywide improvements involving major hospital systems, provider organizations, advocates, and persons with lived experience. Monthly progress reports on the SMART Goals and Improvement Areas will continue to be made to the County Board and the community.

## ORGANIZATION OF SMART GOALS

Goals are organized into five improvement areas consistent with the monthly progress reports that have been provided on the Redesign process:

- 1) System of Care
- 2) Crisis System Redesign
- 3) Continuum of Community-Based Services
- 4) Integrated Multi-System Partnerships
- 5) Reduction of Inpatient Utilization

## SMART Goal 2013-2014

### one

#### Improvement Area 1 – System of Care

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

#### Improve satisfaction and recovery outcomes by:

- Using person-centered experiences to inform system improvement.
- Providing services that are welcoming, person-centered, recovery-oriented, trauma-informed, culturally intelligent, and co-occurring capable;
- Improving system-wide implementation of such services;
- Increasing the use of self-directed recovery action plans;
- Completing the functional integration of substance use disorder and mental health service components of the Milwaukee County Community Services Branch; and

#### PERFORMANCE TARGETS

##### By July 2014:

- 1) Satisfaction as measured by the MHSIP (Mental Health Statistics Improvement Program) Consumer Survey will show measurable improvement for Milwaukee County Behavioral Health Division's Acute Adult Inpatient and Community Services Branch, including residential, supported apartments, community support programs, targeted case management programs, and day treatment with the long range goal of meeting or exceeding the National Research Institute satisfaction standards.
- 2) Satisfaction as measured by Vital Voices interviews will show measurable improvement for Milwaukee County Crisis Services.
- 3) 80% of Milwaukee County Behavioral Health Division directly operated services and contracted services will demonstrate adherence to the Mental Health Redesign Core Competencies relative to the principles of person-centered care. (See Goal 3)
- 4) Integration of substance use disorder and mental health services in the Milwaukee County will be achieved.
- 5) Consistent mechanism for using person-centered stories in quality improvement is established.

#### TACTICAL OBJECTIVES

- 1.1 Review MHSIP and Vital Voices survey instruments to determine if enhancements are required to capture person-centered principles.
- 1.2 Continue implementation of evidence-based practices to improve the extent to which services are welcoming, person-centered, recovery-oriented, trauma-informed, culturally intelligent, and co-occurring capable; and anchor those improvements in policy and contract.
- 1.3 Coordinate the activities of MC3 (Milwaukee Co-Occurring Competency Cadre) Evaluation Subcommittee with the efforts of the Redesign Quality Action Team to insure representation of person-centered stories in quality improvement.
- 1.4 Develop and implement strategies to increase the use of self-directed recovery action plans by establishing a baseline of current use, identifying training opportunities, and measuring adoption by peers.
- 1.5 Lead the integration of substance use disorder and mental health services into a co-occurring capable system by functionally integrating SAIL and Wiser Choice at the Community Services Branch and provider levels.

#### RESPONSIBILITY

**Action Team Involvement:**  
Person-Centered and Quality

**Partners:**  
Persons with lived experience; Community Services Branch; MC3; providers; Vital Voices; Families United; Mental Health Task Force

**BHD Staff Partner:**  
Jennifer Wittwer

two

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Promote stigma reduction in Milwaukee County through:**

- Evidence-based MH/AODA stigma reduction public education presentations that include presentations by persons with lived experience to over 1000 residents in Milwaukee County supervisor districts.
- Partnering with community efforts already underway led by NAMI, Rogers InHealth, and the Center for Urban Population Health Project Launch.

2

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Presentations are conducted in 18 Supervisory Districts with an average of 55 residents in attendance at each (total of 1,000 residents).
- 2) Stigma reduction message is received by a minimum of 20,000 Milwaukee County residents.

**TACTICAL OBJECTIVES**

- 2.1 Develop a program to be delivered within each Supervisory District that includes an evidence-based stigma reduction model and a presentation by one or more persons with lived experience.
- 2.2 Provide support and technical assistance to community efforts to reduce stigma.

**RESPONSIBILITY**

**Action Team Involvement:**  
Person-Centered

**Partners:** Milwaukee County Supervisors; Mental Health Task Force; NAMI; Rogers InHealth; Wisconsin’s Initiative for Stigma Elimination (WISE); Center for Urban Population Health; Persons with lived experience

**BHD /DHHS Staff Partner:**  
Tonya Simpson

three

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Improve the quality of the mental health workforce through:**

- Implementation of workforce competencies aligned with person-centered care;
- Improved mental health nursing recruitment and retention;
- Improved recruitment and retention of psychiatrists; and
- Improved workforce diversity and cultural competency.

3

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Establish person-centered workforce competencies.
- 2) 50% of Milwaukee County contracted behavioral health providers will adopt person-centered workforce competencies.
- 3) Plan to improve the retention of mental health nurses is completed.
- 4) One (1) training slot is established for the 2014-2015 involving a partnership of Medical College of Wisconsin Department of Psychiatry and the Milwaukee County Behavioral Health Division.
- 5) A baseline on the current racial/ethnic composition of the mental health workforce is established.

**TACTICAL OBJECTIVES**

- 3.1 Develop person-centered workforce competencies that are recovery-oriented, trauma-informed, co-occurring capable, and culturally-competent.
- 3.2 Develop and implement a plan to introduce the competencies to public and private entities and achieve their adoption.
- 3.3. Develop and implement a plan to improve the quality and retention of mental health nurses.
- 3.4 Establish a sustainable partnership between the Medical College of Wisconsin and Milwaukee County to support the annual commitment of one (1) training slot.
- 3.5 Work with representatives of underserved and underrepresented populations to improve the recruitment and retention of mental health professionals from those community sectors.

**RESPONSIBILITY**

**Action Team Involvement:**  
Workforce and Person-Centered

**Partners:**  
Nursing’s Voice; Faye McBeath Foundation; University of Wisconsin-Milwaukee; Medical College of Wisconsin; Employers

**BHD Staff Partner:**  
Lora Dooley

four

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Expand the network of Certified Peer Specialists who are well trained, appropriately compensated, and effectively engaged with peers and whose services are eligible for Medicaid reimbursement by:**

- Increasing the number Certified Peer Specialists;
- Recruiting and training Certified Peer Specialists with bilingual (Spanish) capability;
- Increasing the number of programs that employ Certified Peer Specialists;
- Establishing a Peer-operated program; and
- Advocating for quality in the delivery of Certified Peer Specialist services.

4

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Increase the number of Certified Peer Specialists by 20% (10) over the 2013 baseline of 52 Certified Peer Specialists.
- 2) Increase the number of programs meeting identified target for employing Certified Peer Specialists from the 2013 baseline of eight (8) programs to fifteen (15) programs.
- 3) Implement one (1) Peer-operated program.

**TACTICAL OBJECTIVES**

- 4.1 Continue implementation of the Certified Peer Specialist Pipeline program supported by the Community Services Branch.
- 4.2 Establish a web-based clearinghouse to post Certified Peer Specialist opportunities.
- 4.3 Using the fall 2012 Employer Summit as the model, continue efforts to improve employers’ effective utilization of Certified Peer Specialists in their programs.
- 4.4 Continue to incorporate targets for Certified Peer Specialist employment into policy and contracts.
- 4.5 Support the provision of Certified Peer Specialist training using state-approved curricula.
- 4.6 Develop and implement a plan to establish a program operated by Certified Peer Specialists.

**RESPONSIBILITY**

**Action Team Involvement:**  
Workforce

**Partners:**  
Persons with lived experience; Certified Peer Specialist Training Programs; Wisconsin Peer Specialist Employment Initiative

**BHD Staff Partner:**  
Jennifer Bergersen

**five**

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Improve the coordination and flexibility of public and private funding committed to mental health services.**

5

**PERFORMANCE TARGETS**

**By October 2013:**

- 1) Redesign Task Force will complete an analysis (mapping) of public and private resources that support mental health services including analysis of Affordable Care Act implications.

**By January 2014:**

- 2) Milwaukee County will approve implementation of CRS (Community Recovery Services) consistent with the Wisconsin Medicaid State Plan Amendment under 1915 (i) to create more flexible application of Medicaid waiver funding within appropriate fiscal constraints.

**TACTICAL OBJECTIVES**

- 5.1 Establish Resource Strategy Team comprised of finance experts from foundations, private hospital systems, Milwaukee County, State of Wisconsin, and the Public Policy Forum.
- 5.2 Publish a report on Mental Health Redesign Financing for dissemination and discussion by key stakeholders.
- 5.3 Designate the Continuum of Care Action Team or form a new CRS Planning Workgroup to advise Milwaukee County on the design of CRS.
- 5.4 Conduct a review of program and fiscal data to inform the development of the CRS implementation plan.
- 5.5 Submit the CRS implementation plan to the Milwaukee County Board for review and approval.

**RESPONSIBILITY**

**Action Team Involvement:**  
Resource Strategy and Continuum of Care

**Partners:**  
Wisconsin Department of Health Services

**BHD Staff Partner:**  
Jim Kubicek, Alex Kotze and Sue Gadacz

**six**

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals.**

6

**PERFORMANCE TARGETS**

**By October 2013:**

- 1) Publish and widely disseminate the first annual Milwaukee County Mental Health Dashboard and Community Progress Report to chart progress on Redesign SMART Goals.

**TACTICAL OBJECTIVES**

- 6.1 Establish public/private system quality indicators aligned with the overall system vision.
- 6.2 Identify and coordinate existing data sets and data sources.
- 6.3 Determine how to include consumer experiences in the improvement process.
- 6.4 Identify how improvement targets in SMART Goals will be measured and reported.
- 6.5 Create information-sharing agreements.
- 6.6 Prepare initial format for review and modification.

**RESPONSIBILITY**

**Action Team Involvement:**  
Quality

**Partners:**  
Persons with lived experience; Data providers

**BHD Staff Partner:**  
Sue Gadacz

**seven**

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Develop a structure for ongoing system improvement and oversight of the Mental Health Redesign process.**

7

**PERFORMANCE TARGETS**

**By January 2014:**

- 1) Define and implement a formal partnership structure and process for continuing system improvement that will review progress, address implementation challenges, and pursue opportunities for further enhancement of the Milwaukee County community mental health system.

**TACTICAL OBJECTIVES**

- 7.1 Review current membership, charter, and functioning of the Redesign TF.
- 7.2 Determine need for and objectives of ongoing system improvement partnership.
- 7.3 Describe and draft a proposed charter, membership, and accountability of the proposed continuing structure.
- 7.4 Identify a mechanism for formalizing and implementing the continuing structure and process.

**RESPONSIBILITY**

**Action Team Involvement:**  
NA

**Partners:** NA

**BHD Staff Partner:**  
Sue Gadacz with the Redesign Task Force

eight

**Improvement Area 2 – Crisis System Redesign**

Creating and sustaining a community-based continuum of crisis services to reduce involuntary commitments and undue reliance on acute inpatient care.

**Improve crisis access and response to reduce Emergency Detentions (Chapter 51, Involuntary Commitment for Treatment).**

8

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) The number of Emergency Detentions at the Milwaukee County Behavioral Health Division will decrease by 10% (720) from the 2012 baseline of 7,204 Emergency Detentions.
- 2) The percentage of crisis intervention events which are voluntary will increase from 43.2% (2012 baseline) to 48.9% or greater.
- 3) The number of individuals seen at the Milwaukee County Psychiatric Crisis Service (PCS) who have person-centered crisis plans will increase by 30% over the 2012 baseline of 136.
- 4) Maintain high volume of Access Clinic service at 2012 baseline of 6,536 visits.

**TACTICAL OBJECTIVES**

- 8.1 Develop a partnership between the Redesign Task Force and the current implementation process for developing an integrated, welcoming crisis continuum of care.
- 8.2 Support the increased utilization of person-centered crisis plans for the prevention of, and early intervention in, crisis situations through training and technical assistance provided countywide.
- 8.3 Prioritize expansion of the availability and responsiveness of mobile crisis services as well as other community crisis diversion services including walk-in services, clubhouse, and crisis bed options of all types.
- 8.4 Facilitate earlier access to assistance for a crisis situation for individuals and families through improved public information on how to access the range of crisis intervention services in the community.
- 8.5 Improve the capacity of law enforcement (Milwaukee Police Department, Sheriff's Office, and municipal police departments) to effectively intervene in crisis situations through expanded Crisis Intervention Training.
- 8.6 Identify and improve policies and procedures related to crisis response in contracted services to reduce the likelihood that crisis events lead to emergency detention.

**RESPONSIBILITY**

**Action Team Involvement:**  
Continuum of Care

**Partners:**  
Persons with lived experience; community crisis services providers; private hospital systems; law enforcement; Community Intervention Training

**BHD Staff Partner:**  
Amy Lorenz

nine

**Improvement Area 3 – Continuum of Community-Based Services**

Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.

**Improve the flexible availability and continuity of community-based recovery supports.**

9

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Establish a continuum of Targeted Case Management (TCM) services that includes four components: Intensive, Crisis, Level I (regular case management), and Recovery.
- 2) Increase the number of TCM slots by 6% (90) over the 2012 baseline of 1,472 slots.

**By December 2014:**

- 3) Establish two additional psycho-social rehabilitation benefits — Community Recovery Services (CRS) and Comprehensive Community Services (CCS) — to provide flexible recovery support in the community.

**TACTICAL OBJECTIVES**

- 9.1 Develop, pilot and implement a mechanism for flexible utilization management that supports individualized matching of service intensity with the continuum of case management and other recovery supports.
- 9.2 Develop, pilot and implement procedures to move from higher to lower levels of support (and conversely) in response to changing circumstances, e.g. crisis.
- 9.3 Organize a flexible continuum of community recovery supports to be made available to eligible individuals through CRS and CCS.
- 9.4 Establish metrics to assess the financial and program impacts of this approach.

**RESPONSIBILITY**

**Action Team Involvement:**  
Continuum of Care

**Partners:**  
Persons with lived experience; Milwaukee County Community Services Branch; Community providers

**BHD Staff Partner:**  
Sue Gadacz

ten

**Improvement Area 3 – Continuum of Community-Based Services**

Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.

**Improve the success of community transitions after psychiatric hospital admission.**

10

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) The percentage of individuals who are discharged from Milwaukee County Psychiatric Crisis Service (PCS) who return to PCS within 90 days will decrease from the 2012 baseline of 32.2% to 27.0%.
- 2) The percentage of individuals who are discharged from Milwaukee County Acute Adult Inpatient Services who return to that service within 90 days will decrease from the 2012 baseline of 24.1% to 22.0%.

**TACTICAL OBJECTIVES**

- 10.1 Establish a flexible, community-based continuum of care that includes formal services and informal community supports. (Goal 9)
- 10.2 Maintain and strengthen crisis prevention, intervention, and diversion services in the community. (Goal 8)
- 10.3 Establish a partnership between Redesign Task Force efforts and existing discharge and transition planning improvement activities at the Behavioral Health Division and private hospital partners.
- 10.4 Work in partnership with inpatient, crisis, community, housing, and peer support providers to develop and implement an improvement plan for facilitating transitions from any hospital in the county.
- 10.5 Develop and implement a plan to track 90 day readmission data for all hospital partners.

**RESPONSIBILITY**

**Action Team Involvement:**  
Continuum of Care

**Partners:**  
Persons with lived experience; public and private hospitals; community providers; crisis prevention and intervention services; peer support providers; housing providers

**BHD Staff Partner:**  
Nancyann Marigomen

eleven

**Improvement Area 3 – Continuum of Community-Based Services**

Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.

**Improve the economic security of persons with mental illness by increasing utilization of disability-related benefits including SSI/SSDI and Medicaid.**

11

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) There will be a measurable increase in the number of persons who receive assistance in completing SSI/SSDI applications.
- 2) There will be a measurable increase in the number of persons whose applications for SSI/SSDI are approved.

**TACTICAL OBJECTIVES**

- 11.1 Establish a 2012 baseline for the number of persons who received assistance in completing SSI/SSDI applications.
- 11.2 Establish a 2012 baseline for the number of persons whose SSI/SSDI applications were approved.
- 11.3 Develop a partnership involving the Social Security Administration, benefits counseling programs, SOAR trainers, Protective Payee providers, and persons with lived experience to develop, pilot and implement a plan to improve access to application assistance.
- 11.4 Increase access to recovery-oriented Protective Payee services for people needing this service.

**RESPONSIBILITY**

**Action Team Involvement:**  
Continuum of Care

**Partners:**  
Persons with lived experience, SSI/SSDI application assistance providers, Protective Payee programs, Social Security Administration, community providers

**BHD Staff Partner:**  
Jena Scherer

twelve

**Improvement Area 4 – Integrated Multi-System Partnerships**

Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.

**Increase the number of individuals with mental illness who are engaged in employment, education, or other vocational-related activities.**

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) The percentage of SAIL enrollees who are employed will increase from the 2012 baseline of .03% employed and .06% looking for work (at 6 month follow-up) to 1.0% employed and 2.0% looking for work.
- 2) The percentage of persons enrolled in Wiser Choice who are employed full or part time will increase from the 2012 baseline of 26.7% (at 6 month follow-up) to 28.0%.

**TACTICAL OBJECTIVES**

- 12.1 Begin implementation of the IPS (Individual Placement and Support) Program by the Community Services Branch and its partners.
- 12.2 Establish a partnership with community mental health services providers, employment service providers, Milwaukee Area Workforce Investment Board, Division of Vocational Rehabilitation, Department of Workforce Development, and employers to identify and address barriers to employment for persons with mental illness.
- 12.3 Continue work on CRS implementation to obtain support for evidence-based employment practices.
- 12.4 Utilize Medicaid-supported benefits to assist persons in job and school readiness and employment and education support.
- 12.5 Work with the Social Security Administration to develop a strategy to address concerns regarding loss of benefits due to employment.
- 12.6 Leverage existing partnerships with employers and schools to create expanded options.
- 12.7 Align employment efforts with the expansion of Certified Peer Specialist network. (Goal 4)
- 12.8 Involve employers and employment assistance providers (public and private) in stigma reduction activities. (Goal 2)
- 12.9 Fund a job creation project using Milwaukee County CDBG dollars.

**RESPONSIBILITY**

**Action Team Involvement:**  
Community Linkages

**Partners:**  
Persons with lived experience, Community Services Branch, Milwaukee Area Workforce Investment Board, Grand Avenue Club, Time Exchange, Flexible Workforce Coalition, Division of Vocational Rehabilitation, Department of Workforce Development, employers, schools and colleges

**BHD/DHHS Staff Partner:**  
Sue Gadacz and Jim Mathy

12

thirteen

**Improvement Area 4 – Integrated Multi-System Partnerships**

Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.

**Improve access to, and retention in, recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately/unsafely housed.**

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Achieve a 10% measurable increase in the number of persons discharged from inpatient services and CBRFs that transition to supportive housing compared to 2012 baseline.
- 2) Increase the percentage of consumers in Milwaukee County (HUD-supported) Shelter + Care who are retained for six months or more from the 2012 baseline of 88% to 90%.
- 3) Create 25 new units of permanent supportive housing for persons with mental illness.
- 4) Achieve a measurable decrease in the number of persons who are identified as homeless in the Homeless Management Information System who were previously tenants in Milwaukee County (HUD-supported) Shelter + Care.

**TACTICAL OBJECTIVES**

- 13.1 Organize existing supportive housing resources including Permanent Supportive Housing, Shelter + Care, group homes, step-down housing, and other residential resources into a flexible, recovery-oriented continuum that is responsive to persons' needs and preferences.
- 13.2 Develop the role of the Community Intervention Specialist in assisting with access to housing and retention in housing for people at risk.
- 13.3 Develop, pilot and implement an intervention approach to provide additional provider, peer and family support services for those at risk of housing loss.
- 13.4 Improve the capability of supportive housing to provide person-centered, co-occurring capable services in partnership with MC3.
- 13.5 Develop new housing options specifically for young adults transitioning from foster care.
- 13.6 Advocate for increased Section 8 and other housing supports.
- 13.7 Maintain and develop strong partnerships with nonprofit and private housing developers, WHEDA, banks, county and city housing trust funds, and other key stakeholders focused on the development of new supportive housing.

**RESPONSIBILITY**

**Action Team Involvement:**  
Community Linkages

**Partners:**  
Milwaukee County Housing Division, Milwaukee Continuum of Care, MC3, WHEDA, banks, housing trust funds, CDBG/HOME, providers, persons with lived experience

**BHD/DHHS Staff Partner:**  
Jim Mathy

13

**fourteen**

**Improvement Area 4 – Integrated Multi-System Partnerships**

Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.

**Improve criminal justice and mental health system collaboration to reduce inappropriate incarceration of people with mental illness by:**

- Establishing a data link between the Milwaukee County criminal justice system and Behavioral Health Division that respects privacy and confidentiality requirements and helps prevent inappropriate incarceration of persons with mental illness;
- Supporting a continuum of criminal justice diversion services for persons with behavioral health needs; and
- Participating in the Community Justice Council as the primary vehicle for communication and planning.

14

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) There is an operating data link that allows individuals with behavioral health needs who have police contact to be diverted to crisis intervention services and the data link has been used successfully for that purpose.

**TACTICAL OBJECTIVES**

- 14.1 Monitor the development of the data link project being implemented by the Milwaukee Community Justice Council and offer assistance when appropriate.
- 14.2 Participate in effort to explore additional diversion initiatives including a mental health court and other evidence-based practices that promote diversion of persons with mental health needs.

**RESPONSIBILITY**

**Action Team Involvement:**  
Community Linkages

**Partners:**  
Community Justice Council

**BHD Staff Partner:**  
Jim Kubicek

**fifteen**

**Improvement Area 5 – Reduction of Inpatient Utilization**

Supporting a recovery-oriented system that permits the reduction of both acute care utilization and long-term care bed utilization.

**Reduce the number of people who experience acute hospital admissions through improved access to, and utilization of, non-hospital crisis intervention and diversion services for people in mental health crisis.**

15

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) Reduce admissions to Milwaukee County Behavioral Health Division Acute Adult Inpatient Service by 15% (248) over 2012 baseline of 1,650.
- 2) Reduce the percentage of persons who are readmitted to the Milwaukee County Behavioral Health Division Acute Adult Inpatient Services within 90 days of discharge from the 2012 baseline of 24.1% to 22.0%.

**TACTICAL OBJECTIVES**

- 15.1 Successfully implement tactical objectives in Goals 8, 9, 10, 13, and 14.
- 15.2 Involve all types of providers in the partnership to reduce admissions including crisis services, day treatment, peer support, clubhouse, case management, and informal community supports.
- 15.3 Focus on improvement of policies, procedures and practices that facilitate early access to crisis intervention by community providers and law enforcement, continuity of care, diversion from hospitalization into crisis resource centers, and rapid step down from hospitalization into intermediate levels of support. (Goal 8)
- 15.4 Develop a countywide mechanism for triaging availability and flow between high and lower systems of care.
- 15.5 Develop a plan for collecting baseline data and tracking hospital diversion and utilization percentages across the county.

**RESPONSIBILITY**

**Action Team Involvement:**  
Continuum of Care

**Partners:**  
Persons with lived experience, Behavioral Health Division, private hospital systems, providers, crisis services, faith-based and other community-based resources, law enforcement

**BHD Staff Partner:**  
Amy Lorenz and Nancyann Marigomen

sixteen

**Improvement Area 1 – System of Care**

Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated and culturally competent for all programs and persons providing care.

**Improve the level of cultural intelligence (CQ) operating in all components of the behavioral health system by:**

- Developing a CQ knowledge base for the system;
- Incorporating CQ standards into program standards and clinical policies and procedures;
- Instituting workforce development strategies that promote CQ;
- Developing an adequately resources and CQ translator and interpreter network;
- Integrating CQ into each SMART Goal in the MH Redesign; and
- Establishing a CQ system improvement plan based on the components listed above.

16

**PERFORMANCE TARGETS**

**By July 2014:**

- 1) CQ System Improvement Plan will be completed.
- 2) CQ Assessment Instrument is identified/created and used to assess CQ in 60% of Milwaukee County behavioral health system programs.
- 3) CQ training program established and implemented for a minimum of 75% of staff.
- 4) Collaboration with community-based organizations focused on the needs of specific ethnic/racial groups will be improved with a key result being improved access to translator and interpreter services.

**TACTICAL OBJECTIVES**

- 16.1 Partner with MC3 to incorporate CQ improvement into MC3 process.
- 16.2 Partner with Workforce Action to integrate CQ into workforce development strategies.
- 16.3 Develop a user-friendly CQ Assessment Instrument that reflects best practices and is suitable for the local context.
- 16.4 Establish a mechanism and schedule for the CQ assessment of Milwaukee County behavioral health providers.
- 16.5 Establish an inclusive CQ collaboration including advocates and providers representing culturally diverse populations.

**RESPONSIBILITY**

**Action Team Involvement:**  
CQ Action Team

**Partners:**  
Milwaukee County BHD Community Services Branch, Families Moving Forward, Pastors United, Mental Wellness Ministry, Hmong American Friendship Association, La Causa, Gerald Ignace Indian Health Center, and MC3

**BHD Staff Partner:**  
Sue Gadacz