



OFFICE OF THE COUNTY EXECUTIVE

Milwaukee County

CHRIS ABELE • COUNTY EXECUTIVE

Date: February 24, 2014

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Mr. Andrzej Walz-Chojnacki to the Commission for Persons with Disabilities

Pursuant to the provisions set forth in in the General Ordinances of Milwaukee County, Chapter 73, and subject to confirmation by your honorable body, I am hereby appointing Mr. Andrzej Walz-Chojnacki to the Commission for Persons with Disabilities. Mr. Walz-Chojnacki's term will expire on March 31, 2015. A copy of Mr. Walz-Chojnacki's resume is attached for your review.

Your consideration and confirmation is appreciated.

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

Chris Abele
Milwaukee County Executive

cc: Supervisor Peggy Romo West, Chairperson, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp, Committee Clerk
Tim Ochnikowski, Office of Persons with Disabilities
Andrzej Walz-Chojnacki

Andrzej Walz-Chojnacki

S. Pine Ave. Milwaukee, WI 53207

Experience

2007-present

Creative Employment Opportunities, Inc.

Employment Consultant

- Prepared RFP for and maintained compliance with federal employment initiative
- Built and maintained partnerships, identifying and satisfying unmet needs
- Counseled clients on effects of work on benefits and entitlements
- Prepared assessments of clients' employment-related skills and ongoing performance reviews
- Provided on- and off-site job support, implementing person-centered solutions
- Conducted curriculum in preparation for community employment
- Assured communication and client understanding of requisites for success

2005-2007

Longfellow Middle School -Wauwatosa Public Schools

Special Ed. Aide

- Worked in concert with teachers to implement curriculum
- Served as liaison between special ed. teacher and general ed. staff
- Learned to create challenges suited to the goals of individual students

2004-2005

Myco USA

Recruiter

- Honed skill as communicator with potential candidates and clients
- Operated data-mining software, organizing information for superiors
- Vetted candidates by verifying references and interview

Summer 2003

Milwaukee Public Schools Club Rec.

Group Leader

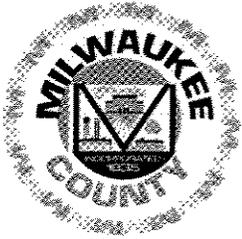
- Responsible for welfare and enrichment of 10-12 children with special needs
- Earned respect and trust of children with varying behavioral, emotional and physical needs.
- Learned to be firm and flexible in order to maintain healthy learning environment.

Education

2000-2005

University Wisconsin-Milwaukee

- B.A. Comparative Literature
- Maintained 3.47 GPA and achieved Dean's List Honors in Four Semesters



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Date: February 24, 2014

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Ms. Tonya Simpson 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 Ms. Tonya Simpson to serve on the Emergency Medical Services Council, filling the seat of a community representative. A copy of Ms. Simpson's resume is attached for your review. Ms. Simpson'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: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board
Jodi Mapp, Committee Clerk
Ken Sternig, Director, Emergency Medical Services
Tonya Simpson

TONYA SIMPSON

WEST ALLIS, WI 53214

Profile

Experienced communications/marketing professional with extensive knowledge of television, radio and print media operations. Effective multi-tasker who uses leadership, communication, and creative skills to complete projects successfully and under deadline.

Leadership

- Assist division department director and division administrators create and carryout communication and marketing plans
- Coordinate interviews and media coverage of department events
- Manage projects across multiple divisions while meeting deadlines
- Participate on local committees and boards whose activities are in line with department mission and vision

Communication

- Synthesize complex information and issues into concise, clear and accurate communications for internal and external audiences
- Use social media sites to quickly disseminate information and encourage key audiences to view all product platforms
- Maintain relationships with public relations & media professionals, city, county and state leaders and viewers
- Write press releases and newsletters that are distributed to media, advocates and employees

Creative

- Generate new ideas and strategies to target new audiences
- Maintain department and division websites
- Combine video, interview and graphic elements support and reinforce messages
- Use social media sites like Facebook and Twitter to communicate department & division messages and interact with county residents

Experience

Community Relations Coordinator
*Milwaukee County Department of Health
& Human Services*
October 2012 – Present

Producer, WYFF-TV
Greenville, South Carolina
August 2004- March 2006

Producer, WISN-TV
Milwaukee, Wisconsin
March 2006 – October 2012

Producer/Reporter, KOMU-TV
Columbia, Missouri
January 2004–July 2004

Education

Bachelors of Journalism in Broadcast

Journalism Cum Laude

University of Missouri-Columbia

Minor: Black Studies

August 2000 - May 2004

Committees / Organizations / Volunteer Work

- Co Chair – Milwaukee County Department on Aging Communication Subcommittee
- Member – Mental Health Redesign & Implementation Task Force Person-Centered Action Team
- Member - Delta Sigma Theta Sorority, Inc. Milwaukee Alumnae Chapter
- Volunteer coordinator for Pathfinders B.E.D. Fundraiser
- Volunteer Co-producer for Band Together 4 Haiti Fundraiser
- Election day poll site volunteer

**County of Milwaukee
Interoffice Communication**

DATE: February 24, 2014

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Peggy Romo-West, Chairwoman, Committee on Health and Human Needs

FROM: Maria Ledger, Director, Department of Family Care

SUBJECT: **REVISION OF CHAPTER 16 OF THE MILWAUKEE COUNTY CODE OF GENERAL ORDINANCES REGARDING THE CARE MANAGEMENT ORGANIZATION GOVERNING BOARD**

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs on March 12, 2014.

In 2000, Milwaukee County began offering Family Care to residents of Milwaukee County. In 2012, the Milwaukee County Department of Family Care began offering Family Care in Racine and Kenosha Counties. In 2013 the Milwaukee County Department of Family Care began offering Family Care in Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties.

The Governing Board of the Milwaukee County Department of Family Care Managed Care Organization is staffed by volunteers who give selflessly of their time to attend monthly Board meetings as well as subcommittee meetings.

I am requesting that Chapter 16 of the Milwaukee County Code of General Ordinances regarding the Care Management Organization be modified to allow some members of the Board (a minority of the membership) to reside outside of Milwaukee County and to allow Board members to serve more than two consecutive terms. The proposed change also includes identifying the "Care Management Organization" as a "Managed Care Organization" which has been the common nomenclature for several years.

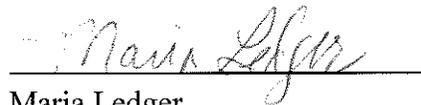
Expanding the residency eligibility for persons serving on the board to other counties will not only make the board more representative of the members served by Family Care, it will also allow the Department to more easily recruit qualified board members who may reside outside Milwaukee County but who either work in Milwaukee County and/or are guardians or relatives of Family Care members.

The majority of Board members (7 of the 12) will still be required to reside in Milwaukee County. The number of appointees from the Milwaukee County Board of Supervisors remains unchanged.

Allowing Board members to serve more than two consecutive terms will allow committed Board members to continue to serve as long as they are re-appointed by the Milwaukee County Board of Supervisors.

Reducing the size of the Board will bring the Family Care Board in line with what experts consider optimal size for a board of directors (not less than 8-9 members and not more than 11-14 members according to data compiled by consultants Sumption & Wyland). This smaller board will be more flexible in terms of scheduling meetings and setting agendas, and require less staff time to coordinate and to facilitate. Both the modified residency rules and reduced size will make it possible for Family Care to recruit a full slate of board members which, has been a challenge under the ordinance as it is currently written.

If you have questions concerning this resolution please contact Maria Ledger at 287-7610.



Maria Ledger
Director, Department of Family Care

Attachments: Recommended Resolution/Ordinance

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
Mathew Fortmann, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

1
2
3
4
5
6 **A RESOLUTION**
7

8 To Amend Chapter 16 of the General Ordinances of Milwaukee County regarding the Care
9 Management Organization Governing Board
10

11 WHEREAS, the state authorized the long-term care program known as Family Care via
12 enactment of 1999 Wisconsin Act 9; and
13

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

19 WHEREAS, The Department of Family Care began providing the Family Care benefit to
20 residents of Racine and Kenosha counties in 2012, and Sheboygan, Ozaukee, Washington,
21 Waukesha and Walworth Counties in 2013; and
22

23 WHEREAS, Appointing members to the Department of Family Care Governing Board
24 from Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth
25 Counties will provide for a board that is representative of the population served by Family Care;
26 and

27 WHEREAS, Appointing members to the Department of Family Care Governing Board
28 from Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and Walworth
29 Counties will allow professionals who work in Milwaukee County and/or relatives or guardians
30 of Milwaukee County Family Care members who reside in another county to serve on the Board;
31 and
32

33 WHEREAS, changing the number of board members from sixteen to twelve will
34 encourage a more efficient, active and engaged board; and
35

36 WHEREAS, allowing Board members to serve more than two consecutive terms will
37 allow those who have chosen to serve in this capacity an opportunity to continue to serve if they
38 are re-confirmed by the Milwaukee County Board of Supervisors; and
39

40 WHEREAS, the Care Management Organization is now known locally and statewide as a
41 “Managed Care Organization”; and
42

43 WHEREAS, changes to the General ordinances of Milwaukee County would be
44 necessary to allow for the appointment of members to the Department of Family Care Governing
45 Board from Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha and
46 Walworth Counties; and
47

48 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby amends
49 chapter 16 of the Milwaukee County Code of General Ordinances by adopting the following:

50
51 **AN ORDINANCE**

52
53 The Milwaukee County Board of Supervisors ordains as follows:

54
55 SECTION 1. Section 16.03 and 16.04 of the General Ordinances of Milwaukee County are
56 hereby amended as follows;

57
58 16.03. Membership and qualifications.

59
60 The local Managed Care Organization (MCO) ~~care management organization~~ Governing Board
61 shall consist of ~~sixteen (16)~~ twelve (12) members, reflecting the ethnic and economic diversity of
62 ~~Milwaukee County~~ the MCO service area, at least seven (7) of whom reside in Milwaukee
63 County. The total membership of the board will include representation by at least ~~five (5)~~ four
64 (4) people or their family members, guardians, or other advocates who are representative of the
65 ~~CMO~~ MCO membership. The remaining Board membership will consist of people residing in
66 ~~Milwaukee County~~ the MCO service area, with recognized ability and demonstrated interest in
67 long-term care and managed care ~~at least~~ and up to three (3) members of the Milwaukee County
68 Board of Supervisors or other elected officials. Designation of representatives on the Governing
69 Board shall be in accordance with section 16.02 of the chapter unless otherwise amended by the
70 county board as a result of federal, state, or county requirements.

71
72 16.04. Terms.

73
74 Each member of the local Managed Care Organization ~~care management organization~~ Governing
75 Board shall serve a term of three (3) years. For the original sixteen (16) members of the board,
76 the county executive shall classify their terms so that five (5) members shall be appointed to
77 three-year terms; six (6) members shall be appointed to four-year terms; and five (5) members
78 shall be appointed to five-year terms. Reappointment of ~~the any of the original sixteen (16)~~
79 members for another ~~second~~ consecutive term shall be for ~~no more than a single~~ three-year
80 terms. ~~period. No board member may serve more than two (2) consecutive terms.~~

81

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/24/14

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Family Care is requesting authorization to enter modify its Advisory Governing Board Charter to allow an individual to become a Board member if their residency is outside Milwaukee County.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	200	200
	Revenue	0	0
	Net Cost	200	200
Capital Improvement Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

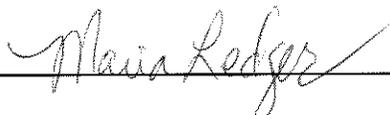
In the space below, you must provide the following information. Attach additional pages if necessary.

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

The Department of Family Care (DFC) is requesting to modify the Managed Care Organization's (MCO) Advisory Governing Board Charter to enable a Board member to become appointed if their residency is outside Milwaukee County. Currently Board members volunteer their time and are unpaid. The cost of the request is negligible Board members are only reimbursed for parking.

The fiscal impact to the Department of Family Care budget will be negligible (estimated to be less than \$1,000) and uses no general fund tax levy.

Department/Prepared By Jim Hodson

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

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

County of Milwaukee
INTEROFFICE MEMO

DATE: February 17, 2014
TO: Supervisor Marina Dimitrijevic, County Board Chairwoman
Supervisor Peggy Romo West, Chair, Committee on Health and Human Needs
FROM: Stephanie Sue Stein, Director, Department on Aging
SUBJECT: 5 - Year Capital Improvement Plan: 2015 - 2019

Issue

Milwaukee County Ordinance 36.04 requires all Departments to submit five-year capital improvement program (Program) requests to their respective standing committees.

Background

Milwaukee County owns and operates programs and services at its five vibrant and highly utilized senior centers under the direction of Department on Aging, including Kelly, McGovern Park, Rose Park, Washington Park and Wilson Park. In collaboration with a community organization, with input from the community, Department on Aging coordinates services within the senior centers that respond to the ever-changing needs of senior citizens and their families to affect in positive ways their quality of life; and to assist in maintaining their independence. The senior centers are a community focal point where older adults come together for services and activities that reflect their experiences and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community. Through a purchase of service contract, the senior centers provide a comprehensive array of programs and services designed to support the residents in their efforts to remain healthy, active and independent contributing members in their communities, stimulate learning, and provide socialization, recreational, and volunteer opportunities. Efforts are made to respond to individual differences such as life-style, ethnicity, values, experiences, needs, interests, abilities, skills, age and health status by providing opportunities for a variety of and levels of involvement. Senior center programs and services include such as health screenings, legal and benefit assistance, meals and nutrition, housing assistance, transportation, employment and economic services, mental health education, other educational and recreational opportunities, outreach and information and assistance as well as intergenerational programs. The senior centers serve as congregate meal sites where nutritious lunches are served Monday through Friday. The centers also serve as dispatch sites from Monday through Friday for home delivered meals to frail and homebound elders. The senior centers serve as a resource for the entire community for information on aging; support for family caregivers; training professional and lay leaders and students; and for development of innovative approaches to addressing aging issues. The centers also address the recreational and therapeutic needs of the participants in the promotion of programs that provide leisure and health related services.

The senior center facilities serve as public meeting space for federal, state and local government agencies, community members and neighborhood and business district organizations. In addition to the daily activities at the senior centers, the facilities serve as rentals for personal and private events as well as for the general public. During normal business hours, these facilities also serve as cooling and warming venues for the public and especially Milwaukee County's most vulnerable citizens in extreme weather conditions.

Description of major items/long term vision

Consistent with overall county strategy to continue collaborating and creating opportunities and efficiencies, through joint efforts with the support and the technical expertise of Facilities Management, Department on Aging provides for needed facility improvements, renovations and maintenance management of the five county-owned aging senior center structures in its five year Capital Improvement Plan for 2015 – 2019 (see attachment). Improvement projects help preserve and maintain existing senior center facilities, avoiding greater expense in future years, while maintaining viable and safe places for Milwaukee County seniors and the public at large to commune. These projects are vital to the operation efficiency and worth of programs and services provided at the senior centers as well as to the quality of life of the community. Five-year plan projects propose to identify funding for required maintenance including needed improvements to the building sites' interiors, various aspects of plumbing, mechanical, electrical, HVAC systems and a number of incidental work order type items and structural systems.

Again, with the support of Facilities Management, the Five-Year Capital Improvement Plan as attached will allow the Department on Aging to address its senior center infrastructure needs and effectively manage major maintenance and capital improvements for the five county-owned senior centers, including Kelly, McGovern Park, Rose Park, Washington Park and Wilson Park. The capital plan design supports on-going collaborative efforts intended to continue providing vigilance to address issues that exist in maintaining older facilities with regards to compliance as applicable to building codes and operational regulations including the Americans with Disabilities Act (ADA), fire and safety codes, health and environmental control and licensing standards.

Fundamental infrastructure maintenance and improvements continue to include projects that address life safety issues for senior center program participants, staff, visitors as well as the general public. Improvements also include building or renovating existing systems and sections to enrich the visitor experience. The implications of delaying these issues can have opposing influences on efficient operations, cost effectiveness and public safety. Department on Aging proposes multiple varied projects in its 2015-2019 Capital Improvement - Senior Center Infrastructure plan. Improvements will continue to yield energy savings as well as lessen the intensive maintenance required for the facilities. The attached includes the Department's five year capital needs plan, listed in departmental priority order.

The 2015-2019 Capital Improvement - Senior Center Infrastructure plan proposes to:

- complete replacement of outdated lighting assemblies, make the facilities more safe, energy efficient and mitigate fire hazards;
- install HVAC systems, bring fire protection and emergency systems up to code, improve life safety systems and functionality, and prevent major service interruptions;
- upgrade codes for ADA compliance and facility evacuation in prime utilization areas, facilitate better entering and exiting by older adult participants, staff, public safety personnel as well as visitors in cases of emergencies;
- replace windows and screens, floor and ceiling tiles, and exterior facility siding; and
- reduce on-going maintenance costs.

Department on Aging: 5 – Year Capital Improvement Plan 2015-2019

These projects anticipate further utilization allowance for future reliability of safe and maintainable facilities to promote visionary, collaborative and community-oriented accommodations to serve as community focal points to help support the needs of Milwaukee County’s older adult population and the community at large.

Department of Administrative Services – Facilities Management staff will be responsible for overall project management, utilizing specialized consultants for some components as needed.



Stephanie Sue Stein
Director, Department on Aging

Cc: Chris Abele, County Executive
Jonette Arms, Assistant Director, Department on Aging - Administration
Thomas Condella, Assistant Director, Department on Aging - Fiscal
Amber Moreen, Chief of Staff, County Executive’s Office
Kelly Bablitch, Chief of Staff, County Board
Josh Fudge, Director, Office of Performance, Strategy & Budget, DAS
Vince Masterson, Fiscal & Strategic Asset Coordinator, DAS
Pamela Bryant, Capital Finance Manager, Comptroller’s Office
Justin Rodriguez, Capital Finance Analyst, Comptroller’s Office

Department on Aging
2015

Rank	Project Number	Project Name	Total Project Cost	Reimbursement Revenue	County Financing	Project Description
1	WXXXX	McGovern Replace Chiller	\$109,000	\$0	\$109,000	Chiller to be compliant with current cooling tower, allowing for computerized operation of both units and greater efficiency. Chiller is greater than 30 years and has outlived it's useful life.
2	WXXXX	Rose Center Resurface Vestibule Flooring	\$4,100		\$4,100	Replace existing deteriorated, aged and crumbling flooring to reduce risks of falling.
3	WS04006	Kelly Nutrition Center -- Dining Hall Access Renovation	\$20,200		\$20,200	Assess exterior exit to make emergency entry/exit door usable, safe and code compliant within dining hall of the Nutrition Building. Eliminate a possible none compliant Wisconsin Administrative Code Issue. In the event of a fire or the need for another type of emergency evacuation, the Nutrition Building dining hall currently has only one viable entrance/exit into this area of the building.
4	WS04002	Rose Senior Center -- Access Corridor Renovation	\$30,888		\$30,888	Provide an additional exterior exit to eliminate a dead end corridor in Administrative staff area, currently non-compliant with Wisconsin Administrative Code.
5	WS04007	Senior centers - Power Access door hardware options	\$21,000		\$21,000	Increase ADA requirements to accommodate light touch of frail elders with walkers canes, etc. This user friendly hardware on exterior doors creates a welcoming environment for all abilities of the ever growing senior population. ADA Accessibility enhancement.
6	WXXXX	Washington Park Resurface Courtyard	\$8,600		\$8,600	Replace deteriorated Asphalt Courtyard Surface to reduce fall risks

Department on Aging
2015

Rank	Project Number	Project Name	Total Project Cost	Reimbursement Revenue	County Financing	Project Description
7	WS04901	Senior centers - repair or replace all windows and screens	\$255,000		\$255,000	Windows in some buildings do not open creating fire hazard. Energy efficient operation in season change impeded because of lack of proper window operation.
8	WS05001	Sen. Centers provide access lighting	\$262,000		\$262,000	Current T12 system now obsolete and no longer manufactured, upgrade to T8 required. Replacement of entire lighting assembly including ballasts, fixtures, bulbs and occupancy sensors at all centers will enhance functionality, safety, building integrity, and energy efficiency.
9	WS05401	Washington Park, Rose and McGovern - Phone Systems with Voicemail	\$33,000		\$33,000	Specs to match most recently installed phone system at Kelly Center, making all systems congruent with one another. Systems in operation have exceeded useful life. Improvements will eliminate unsightly loose wiring, rooms inaccessible by phone extensions and outdated systems unable to accept voicemail. Functionality and safety enhancement.
10	WS04008	Sen. Centers Public Address Systems	\$79,000		\$79,000	Evacuation alerts not reaching all rooms in buildings with current systems creating a safety threat. Repair or replacement enhances life safety and building functionality.
Total			\$822,788	\$0	\$822,788	

Department on Aging
2016

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1	WS05201	Wilson replace exterior siding	\$179,000		\$179,000	Siding deteriorated around entire building especially N.W. side. Replacement will enhance energy efficiency and building integrity.
2	WS04010	McGovern Fire System Provide Addressable	\$33,000		\$33,000	Current system is obsolete, not addressable and often inoperable. Building integrity and safe evacuation and life safety will be enhanced with new alarm system.
3	WS04003	Rose Senior Center – Interior Stairway Renovation	\$18,011		\$18,011	Provide building compliant guard height and spacing, provide solid risers and provide continuity and handrail in accordance to Wisconsin Administrative Code. Currently guard spacing is greater than required regulation, handrails are not continuous and lack compliant cross section or grip and handrail ends and stair has open risers.
4	WS04009	Washington Park Chiller Assembly	\$15,000		\$15,000	Chiller to be compliant with current cooling tower, allowing for computerized operation of both units and greater energy efficiency.
5		Rose Install New Kitchen	\$40,000		\$40,000	Current kitchen has exceeded useful life. Counter tops and cabinets must be repaired or replaced to allow for safe food handling.
6		McGovern Install New Kitchen	\$30,000		\$30,000	Current kitchen has exceeded useful life. Visible missing laminate in food preparation area not congruent with safe food handling.
7	WS05501	Kelly provide HVAC unit	\$15,000		\$15,000	Window units not energy efficient, recommended 15 ton unit would enhance building functionality.
8	WS04011	Washington computer automation for HVAC system	\$3,900		\$3,900	Computer automation to maintain digital HVAC settings would also allow for remote access, monitoring and adjustments 24 hours.
Total			\$333,911	\$0	\$333,911	

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: February 21, 2014

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to retroactively increase 2013 Disabilities Services Division purchase of service contracts and extend and increase 2014 purchase of service contracts for Birth-To-Three agencies**

Issue

The Director, Department of Health and Human Services (DHHS), is requesting authorization for DHHS to retroactively increase 2013 purchase of service (POS) contracts and increase and extend 2014 purchase of service contracts for the Birth-To-Three provider agencies within the Disabilities Services Division (DSD). These allocation recommendations are based on the recent submittal of 2013 year-end financial and agency performance measurement data completed as part of a new Birth-To-Three data reporting methodology.

Introduction

This report is requesting the following actions be taken:

1. The first is to reallocate 2013 funding from the Next Door Foundation, a former Birth-To-Three provider. This agency discontinued providing Birth-To-Three services during 2013 (please see detail below). In addition, the division is seeking to allocate \$150,000 in new funding from 2013 to help cover agency costs and units of service above the original 2013 allocations.
2. The second request pertains to the allocation of remaining 2014 funding and extension of existing 2014 six-month contracts to 12 months and to allocate the budgeted \$150,000 in new funding to the base contracts. We also have allocated four months of funding to cover the increase in CAPTA (Child Abuse Prevention and Treatment Act) Screens from Next Door Foundation to Curative Care network.

Background and Rationale

The Birth-To-Three program is an entitlement in Milwaukee County and provides critical early intervention services to children age zero to three years who demonstrate developmental

delays. Provided services are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities. Services delivered by this program are provided by contracted community-based agencies that have expertise in working in this area and have been the providers of Birth-To-Three services in this community for some time.

Birth-To-Three services continue to be invaluable to families who have a child with a developmental delay. Provider agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and Milwaukee County. During CY 2013, one of the long-standing agencies in the provider network, Next Door Foundation, notified DSD that they would not be continuing to provide services. DSD is issuing a request for proposals (RFP) to identify a new provider.

In December 2013, the County Board authorized DSD to enter into 2014 contracts with the Birth-To-Three agencies starting January 1 through June 30, 2014. At the time, the division did not recommend full year funding pending review of year-end financial information in order to achieve a performance-based contracting allocation methodology. Over the last year, DSD has implemented performance-based contracting focused on Federal indicators, review of unit rates, volume of services provided and other measurements including provision of services in the natural environment. DSD worked collaboratively with contract agencies and performed a modification to the collection of program and fiscal data during 2013. In order to allocate new funding available in a manner consistent with agency performance, it was determined that DSD would begin this new data reporting methodology during 2013.

In addition, in 2013 DSD budgeted \$150,000 in additional funding for Birth-To-Three services to address the ongoing budget imbalance caused by steadily increasing agency costs, increased number of referrals and number of children served and limited or no State and Federal funding increases. However, allocation of this funding was tied to the implementation of a new reporting requirement that compares financial performance data across agencies. To accurately allocate the new funding, it was critical to have year-end reporting data from all agencies.

New Data Reporting Methodology

As noted above, new reporting requirements were implemented in 2013 to allow for more detailed service information that could be utilized to compare agency performance and service volume equally across various agencies. DSD worked with DHHS Contract Administration and the Birth-To-Three agencies to institute the new requirements as well as provide technical assistance on the new requirements.

In order to accurately allocate the \$150,000 in new funding as well as reallocate existing funding, it was important for the agencies to provide more complete financial and performance based 2013 year-end data. It was also clear that the extra costs and service units provided by

both Curative Care Network and Milwaukee Center for Independence which provided services for cases previously served by Next Door Foundation were not able to be verified until the year-end agency data was available.

DSD now has complete 2013 year end data from all agencies and has allocated funding based on the new allocation methodology. To illustrate several of the key components included in the analysis, the allocations were based on, but not limited to, the following considerations:

- Units Provided
- Costs Reported
- Unit Cost (Actual)
- Number of Children Served
- Federal Indicator Performance
- Family Outcome Survey Performance
- Natural Environment Compliance
- Other Special Considerations or Exceptional Agency Program Innovation

Recommendations for the 2013 retroactive contract increase will allocate additional funding budgeted in 2013 as well as compensate those agencies that provided assistance with the transition of cases previously served by the Next Door Foundation (please see Attachment 1 for more detailed information). The following 2013 contract increases are being recommended:

Agency	2013 Contract	2013 Recommended Increase	New 2013 Contract Amount
Center for Communication, Hearing & Deafness	\$81,588	\$22,500	\$104,088
Curative	\$1,229,846	\$43,281	\$1,273,127
Easter Seals	\$545,402	\$15,000	\$560,402
Lutheran Social Services	\$246,532	\$0	\$246,532
Milwaukee Center for Independence	\$388,970	\$47,900	\$436,870
Penfield	\$1,175,598	\$22,500	\$1,198,098
St. Francis	\$459,170	\$22,500	\$481,670
Vision Forward	\$82,720	\$22,500	\$105,220
Total	\$4,209,826	\$196,181	\$4,406,007

The recommendations below reflect the allocations of the remaining funding available in 2014 and an extension of the existing contracts from July 1 to December 31, 2014. This funding includes \$2,104,913 in base funding for the last six months of the year, the additional \$150,000 and four months of funding (\$7,500) to cover the services formerly provided by Next Door Foundation for a total of \$2,262,413. These services are temporarily being provided by the

Curative Care network pending the outcome of the RFP. These services relate to administering Child Abuse Prevention and Treatment Act (CAPTA) screens.

The 2014 allocation methodology listed below includes several of the factors mentioned above as part of the 2013 allocation as well as consideration of the historical performance of the agencies to provide units of service above their contract limits (please see Attachment 1 for more detailed information).

Agency	2014 Contract	2014 Recommended Increase	New 2014 Contract Amount
Center for Communication, Hearing & Deafness	\$40,794	\$50,794	\$91,588
Curative	\$614,923	\$652,423	\$1,267,346
Easter Seals	\$272,701	\$282,701	\$555,402
Lutheran Social Services	\$123,266	\$123,266	\$246,532
Milwaukee Center for Independence	\$194,485	\$224,485	\$418,970
Penfield	\$587,799	\$617,799	\$1,205,598
St. Francis	\$229,585	\$259,585	\$489,170
Vision Forward	\$41,360	\$51,360	\$92,720
Total	\$2,104,913	\$2,262,413	\$4,367,326

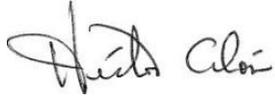
It should be noted that agencies will need to continue to maintain compliance with Federal indicators to keep pace with the high number of new referrals and continue to perform well on quality Birth-To-Three measures including the annual parental survey and family outcomes. Collectively, all of this information folds into our ability to award allocations based on performance.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to retroactively increase 2013 purchase of service contracts and to increase and extend 2014 purchase of service contracts with Birth-To-Three provider agencies per the narrative above and in the amounts specified in the above table and detailed on the attached resolution.

Fiscal Effect

Funding for these POS contract increases is included in DSD’s 2013 and 2014 Adopted Budgets. There is no additional tax levy impact associated with this request. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

Attachments

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director, DAS
Josh Fudge, Interim Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Matthew Fortman, Fiscal & Management Analyst, DAS
Steve Cady, Director of Research – Comptroller's Office
Janelle Jensen, County Clerk's Office
Jodi Mapp, County Clerk's Office

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to retroactively increase 2013 Disabilities Services Division purchase of service contracts and extend and increase 2014 purchase of service contracts for Birth-To-Three agencies by adoption of the following:

A RESOLUTION

WHEREAS, the Disabilities Services Division (DSD) of the Department of Health and Human Services (DHHS) administers Birth-To-Three Program/Early Intervention services in Milwaukee County to infants and toddlers with developmental delays or disabilities; and

WHEREAS, a lack of adequate funds and increased demand for Birth-To-Three services as well as new State and Federal requirements have created considerable challenges to the Birth-To-Three program; and

WHEREAS, in 2013, DSD implemented a new performance-based measurement methodology for Birth-To-Three provider agencies that included several key performance factors; and

WHEREAS, in December 2013, the County Board authorized six-month contracts to eight community agencies for 2014 pending the receipt of year-end 2013 financial performance data from the agencies; and

WHEREAS, the contract extensions/increases being recommended by DHHS represent a major first step toward performance-based contracting and an effort to maximize available funding; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes the Director, DHHS, or his designee, to execute amendments to 2013 purchase of service contracts to be retroactively increased for the following Birth-to-Three providers in the following amounts:

Agency	2013 Contract	2013 Recommended Increase	New 2013 Contract Amount
Center for Communication, Hearing & Deafness	\$81,588	\$22,500	\$104,088
Curative	\$1,229,846	\$43,281	\$1,273,127
Easter Seals	\$545,402	\$15,000	\$560,402
Lutheran Social Services	\$246,532	\$0	\$246,532

Milwaukee Center for Independence	\$388,970	\$47,900	\$436,870
Penfield	\$1,175,598	\$22,500	\$1,198,098
St. Francis	\$459,170	\$22,500	\$481,670
Vision Forward	\$82,720	\$22,500	\$105,220
Total	\$4,209,826	\$196,181	\$4,406,007

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BE IT FURTHER RESOLVED, that the Milwaukee County Board of Supervisors hereby authorizes the Director, DHHS, or his designee, to extend Birth-To-Three contracts from July 1, 2014 through December 31, 2014 and increase those contracts in by following amounts:

Agency	2014 Contract	2014 Recommended Increase	New 2014 Contract Amount
Center for Communication, Hearing & Deafness	\$40,794	\$50,794	\$91,588
Curative	\$614,923	\$652,423	\$1,267,346
Easter Seals	\$272,701	\$282,701	\$555,402
Lutheran Social Services	\$123,266	\$123,266	\$246,532
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Penfield	\$587,799	\$617,799	\$1,205,598
St. Francis	\$229,585	\$259,585	\$489,170
Vision Forward	\$41,360	\$51,360	\$92,720
Total	\$2,104,913	\$2,262,413	\$4,367,326

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/21/14

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to retroactively increase 2013 Disabilities Services Division purchase of service contracts and extend and increase 2014 purchase of service contracts for Birth-To-Three agencies

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

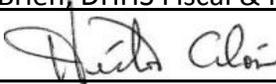
A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to retroactively increase 2013 Disabilities Services Division purchase of service contracts and extend and increase 2014 purchase of service contracts for Birth-To-Three agencies.

B. Approval of this request will result in total expenditures of \$2,458,594. This reflects \$2,262,413 for contract extensions effective July 1 to December 31, 2014 and a retroactive increase of \$196,181 in 2013 contracts.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover associated expenditures are budgeted in the purchase of service contract line as part of DSD's adjusted 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

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

Department of Health and Human Services
Disabilities Services Division
Birth to Three Contract Allocation Summary

Attachment 1

2013 Recommended Increase					2014 Recommended Increase				
Agency	2013 Existing Amount	Additional Allocation for Services to Former Next Door Cases	2013 Additional Allocation of \$150,000	Amended Total 2013 Allocation	2014 Existing Amount (Six Month Contracts)	2014 Annual Contract Recommended Allocations	Additional Allocation for Services to Former Next Door Cases ¹	2014 Additional Allocation of \$150,000	2014 Annualized Final Allocation
Center for Communication, Hearing & Deafness	\$81,588	\$0	\$22,500	\$104,088	\$40,794	\$81,588		\$10,000	\$91,588
Curative	\$1,229,846	\$20,781	\$22,500	\$1,273,127	\$614,923	\$1,229,846	\$7,500	\$30,000	\$1,267,346
Easter Seals	\$545,402	\$0	\$15,000	\$560,402	\$272,701	\$545,402		\$10,000	\$555,402
Lutheran Social Services	\$246,532	\$0		\$246,532	\$123,266	\$246,532			\$246,532
Milwaukee Center for Independence	\$388,970	\$25,400	\$22,500	\$436,870	\$194,485	\$388,970		\$30,000	\$418,970
Penfield	\$1,175,598	\$0	\$22,500	\$1,198,098	\$587,799	\$1,175,598		\$30,000	\$1,205,598
St. Francis	\$459,170	\$0	\$22,500	\$481,670	\$229,585	\$459,170		\$30,000	\$489,170
Vision Forward	\$82,720	\$0	\$22,500	\$105,220	\$41,360	\$82,720		\$10,000	\$92,720
Total	\$4,209,826	\$46,181	\$150,000	\$4,406,007	\$2,104,913	\$4,209,826	\$7,500	\$150,000	\$4,367,326

Footnotes:

¹ Total funding of \$7,500 represents four months of former Next Door Foundation annual allocation for CAPTA screens to permit time for new agency selection in 2014.

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: February 21, 2014

TO: Peggy Romo-West, Chairwoman – Health & Human Needs Committee

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

SUBJECT: Informational report from the Director, Department of Health and Human Services regarding the Milwaukee County Accountability Program (MCAP)

Issue

In July 2012, the Milwaukee County Board of Supervisors authorized the implementation of a short-term secure placement program within the Milwaukee County Secure Detention Center - Juvenile Facility as a dispositional placement option for the circuit courts. This report provides a status update regarding the implementation of this program, known as the Milwaukee County Accountability Program (MCAP).

Background

The 2011 – 2013 State Budget (Act 32) contains statutory language changes that allow juvenile court the ability to place youth in a local secure detention facility for a period of up to 180 days, if authorized by a county board of supervisors. In July 2012, the Milwaukee County Board of Supervisors adopted a resolution (File No. 12-564) approving the use of the Secure Detention Center as a post-dispositional placement for a period not to exceed 180 days pursuant to Wisconsin State statute 938.06(5).

The Delinquency and Court Services Division (DCSD) has since proceeded with implementation of MCAP as an alternative to State Juvenile Corrections. MCAP provides an opportunity for certain youth to remain close to home instead of being sent to the Juvenile Correctional Institution located in Irma, WI, a four-hour drive from Milwaukee. This initiative has the potential to save funds in the future by avoiding costly State Corrections placements.

Discussion

The MCAP program, in its current design, targets the needs of the most chronically delinquent, and at risk youth involved in the Juvenile Justice System. The central component guiding the development of the program and redefining compliance has been the Juvenile Cognitive Intervention Program (JCIP). JCIP is a three-phase, evidence-based core treatment program for juvenile offenders. In a cognitive behavioral program, individuals examine the effects of their thoughts (cognitions) on their behaviors and work to modify problem behaviors by changing the thinking that supports those behaviors with the ultimate goal of reducing recidivism. The

material in phase I and II are optimal for youth being served in a detention center setting. Phase III is ideal for a youth that has transitioned into the community. Great steps have been taken to eliminate many of the barriers that are traditionally presented when serving our highest risk juvenile population. A strong foundation has been laid by all participating entities. The program is supported by intense ongoing and developing communication between representatives of Delinquency Services, Judges, Wauwatosa Schools, Milwaukee Public School, and Running Rebels Community Organization. Though each of entity holds a special role, great pains have been taken to educate each other across traditional communication lines.

The initial launch plan for the MCAP program was particularly ambitious. And although approximately 90 percent of those implementation benchmarks were achieved, the desire to create a highly responsive model called for significant and real-time enhancements of the program's design in order to reach the desired performance goals. For that reason, the greatest successes of the MCAP program will not, at this time, be seen in the completion numbers, but the overall impact the program has had on the lives of the participants, and the expanse of successes that have been made possible through its careful and diligent design. In order to understand the final numbers, the subsequent phases of the program have been broken down to highlight the impact and performance of the model.

Phase I: Referral and Secure Detention (Choices)

The referral process was reviewed between the six and nine month stage of implementation. The original target group was the chronically non-compliant and those most advanced, and often accomplished, in their delinquent behavior. About 75 percent of the early referrals were 16 ½ plus years old with five plus years in the juvenile justice system. This population has a very high rate of severe family dysfunction and extremely low rate of positive parental involvement, which serves as a challenge to successful transition into the community.

This phase is anchored by a core of Secure Detention staff dedicated to creating a stable environment, learning the core principles of JCIP, adhering to consistent and standard enforcement of the facility rules, and an even delivery of consequences and emotional support. This phase is supported by a newly trained group of youth advocates from Running Rebels Community Organization (RRCO) who visit the youth an average of four to five days a week, spending an average of 45 minutes per visit with youth on the MCAP Pod, and weekly contact with the families.

A dedicated team of DCSD Human Service Workers who have volunteered to support the development of the program, have been trained on JCIP and other program components, and meet with the youth once a week. The Human Service Workers focus on supporting the youth's progression through the program, and maintaining the compliance directives issued by the Judiciary. The school component, online credit recovery, is implemented at this stage, and is supported by a communication tool that connects daily school performance to the core principles being taught in Phase I of the JCIP curriculum. Phase I also includes individual therapy sessions for all youth, and AODA counseling for specific youth, both with targeted providers

selected from the Children's Court Services Network (CCSN). This phase has yielded the following universal positive results:

- Improved behavior in the secure detention environment
 - Only one incident of physical altercation between participating youth
- Stronger relationship building between youth and detention staff, Human Service Workers, RRCO Advocates, therapists and teachers.
- Improved school behavior and academic output, as evidenced by
 - Completed daily class work and homework
 - Improved reading and math scores
 - Increased time on task
 - Increased academic awareness(weekly report cards)
- Goal setting
- Increased individualization*

Phase I Improvements

New Referral Criteria:

The new criteria have identified the following characteristics as not appropriate for placement in the MCAP program:

- Advanced mental health issues coupled with cognitive limitations
- Advanced mental health issues-not yet stabilized
- Co-actors with extensive history cannot be placed on the same MCAP unit*. The intense cognitive restructuring activities reinforces the negative bond between the co-actors, and actually raises cognitive distortion in those that demonstrate more "follower" behaviors
- Focus on youth with non-compliance issues that have been criminalized, not youth who have committed egregious offenses, but are looking to avoid a long term placement in corrections

Parental Involvement:

Parental involvement for youth placed in the MCAP program needed to be increased dramatically. It was found that introducing a youth back into the home environment was often met with unsympathetic adults, or adults who refused to believe that change was even possible for the youth. In these cases, the parent either convinced the youth that change was impossible, so the youth gave up, or the parent influenced the behavior by supporting the youth's "old" way of thinking, and encouraging a return to "normal". New criteria for parent involvement include:

- Weekly contact with the RRCO Advocate
- A family Program Orientation in the home within 2 weeks of the youth's placement in the MCAP program
- The development of a parent component to educate the family on the process of "change" that is initiated in the MCAP program, how to support (or at least not sabotage) the youth's progress, and how to maximize the many resources provided through the program
- Home visits by RRCO Advocate each month prior to the youth earning home passes

Phase II: Secure Detention and Community Transition (Changes)

Phase II continues with moving to the second stage of the JCIP curriculum (Changes). This phase has gone through a great deal of development, as it was seen as weak in supporting the community transition. Youth in this stage begin to have Team Meetings with their parent and any providers of services upon placement in the community. A pass progression of four required visits was initiated between the 120 and 150 day stage of the secure detention placement. Youth were temporarily released to the discharge resource for the purpose of re-acclimating to the environment, and gauging support in the discharge environment. This stage also saw the greatest level of growth in the day to day performance of the youth, and the development of a genuine desire to influence the process of change in their lives. There is no doubt that ALL youth participants were heavily impacted by the MCAP experience, and it clearly has been able to "jump start" the process of change in the mind the youth it has served. These claims are supported by the following:

- 82 percent of all youth who completed phase I & II of the program demonstrated reductions in cognitive distortion (per the How I Think test)
- ALL youth were able to identify the situations in their daily lives that would present the greatest risk for re-offending, and make a plan to address it (with support)
- Improved behavior in the secure detention environment
- Improved cognition as characterized by:

- Increased ownership of negative behaviors
 - Improved ability to process negative behaviors
 - More honest reporting of all behaviors
 - Youth initiated use of new skills
 - Increased ability to identify possible choices of behavior in high risk situations
 - A more developed understanding of the relationship between beliefs, behaviors, and consequences
- In court we have seen improved articulation, self-advocacy, and engagement between the youth and the judge
 - Increased positive interaction between judges and youth
 - Greater compliance in outside therapy (new disclosures, increased progress, voluntary participation)
 - Ability to recognize and avoid high risk situations
 - Increased academic focus
 - Complete 40 novels while in secure detention (all but one has completed this, and the one who didn't, obtained a library card and completed them at home)
 - Developed very strong relationships with RRCO Advocates, and demonstrate a willingness to rely on them for support in difficult situations
 - Improved communication between youth and parents
 - Credits earned through online credit recovery program
 - Continued improved behavior and performance in the academic environment

Phase II Improvements

Improved Pass Procedure:

Youth completing the MCAP program were demonstrating reduced effort and focus at the point of release back into the community, causing a drop off in positive thinking, and behavior at a critical point. A "Petition for Pass" system has been developed where once the youth has completed a satisfactory review with the Judge, and the Human Service Worker has designated the term of the Pass Progression. The youth is required complete a petition requesting a pass based on their behavior for the previous seven day period. The petition outlines the behavioral and program requirements necessary to earn a pass, and is only granted if all criteria are met. The areas include:

- School Behavior & Assignments
- JCIP Classes and Personal Accountability
- Behavior on the pod
- And an optional goal that can be assigned by the Advocate, Human Service Worker or a Juvenile Correctional Officer

Focus and behavior during the pass progression improved significantly in the community and on the Pod after implementation of this process. The process has now been extended to "Petition for Release".

Evaluating & Ordering Transition Services:

Human Service Workers noted the need for connecting and reconnecting youth and families with the necessary services to support community transition. To improve the timing and delivery of services, the DCSD works with the Judiciary to present and order any necessary services at the point of the 120 day review. This provides 60 days for any assessments or other necessary connection processes to take place, and be in place at the point of release.

Phase III: School/Community Placement & Continuation of Services

This has become the “Achilles' heel” of the MCAP progression. The success stories are truly phenomenal successes. However, it is clear that there is room for improvement when it comes to supporting the youth once they are placed in the community. RRCO has revamped the training of its Advocates to respond to the specific needs of the MCAP population, and has managed to see improved results. School placements have been a significant issue, mostly because only 13% of MCAP youth have been able to receive placements that were *not* in alternative schools. The inherent problem presented here, is that we've taken some of our most chronically delinquent youth, placed them on a path to change, and then place them in an environment for 8 hours a day that offers no choice in peer group. Despite this, there are successes to be identified. Extensive lessons have been learned over the past year, and the current program reflects efforts to implement the new systems, and resolve the original issues that have been encountered. Youth in this phase continue to work in Phase III of the JCIP curriculum (Challenges), and are required to process behaviors daily with their Advocates. The positive impact of the MCAP program is evidenced by the following:

- Significant reduction in the use of marijuana in program youth. Almost 100% reported being regular marijuana users at the time of placement. Only 3 youth have recorded urine screens positive for marijuana while on active placement in the community.
- Improved school behavior. Despite placement in alternative environments, the number of referrals and suspensions has been very low for the MCAP population. Most youth have been identified as well behaved, and have requested additional class work and homework to keep themselves “out of trouble”. However, unfortunately, the alternative schools in which youth have been placed following release from detention have not consistently accommodated youths' requests for extra work.
- School attendance has remained above 90% for the entire MCAP population
- Increased enrollment and active participation in outside services. MCAP youth are very receptive to new activities with their advocates, and trying out programs supplemental at RRCO and other agencies. Youth have been enrolled in:
 - RRCO Job Prep
 - GPS Education Partners Work-based Training Program

- SDC After School Activities
 - RRCO Basketball League
 - Pathfinders
 - City On A Hill
 - BUILD Moto-Mentor Program
- Increased job placement. 26% of MCAP youth have been able to find and hold jobs upon release from secure detention
 - Increased contact and participation monitoring programs. Youth in the MCAP program are required to:
 - Submit to Global Position System (GPS) monitoring for certain periods
 - Check in by phone for the duration of their community placement
 - Make their location known to their RRCO Advocate at all times
 - Active community based youth often average as many as 15 contact calls per day, even when being monitored by GPS devices
 - Improved academic performance. 91 % of youth, actively maintained in the community, have maintained passing grades in school
 - Improved behavior in the home
 - Completion of Community Service hours

Phase III Improvements

- An increase in the required number of contacts the RRCO Advocate must make with an MCAP youth, family, or on their behalf- from 20/week plus phone calls, to 25/week plus phone calls
- Monthly check in calls to the family from RRCO Lead Advocate (Supervisor)
- A collaboration with the MPD (Fusion Unit) to add additional community support and responsiveness in the area of accountability
- A clear, outlined progression for involvement at RRCO that extends beyond the term of the court order and into the Aftercare (ATAC) program
- Develop new strategies around employment and vocational education opportunities

The need to shore up the transition through Phase III is undeniable, but the effort is already under way, and increased success is in sight. The completion numbers are detailed below.

A total of 35 youth have been referred to the MCAP program:

- Among these referrals, 19 youth are active in the program, including 11 youth currently in detention and participating in Phase I or II, and 8 youth who are in the community participating in Phase III
- The remaining 16 youth have been discharged for the following reasons:
 - 4 youth successfully completed the program (all three phases)
 - 1 youth was removed due to an improper placement/poor fit for the program and never completed the first phase
 - 1 youth was discharged and placed in Wraparound with a residential treatment center placement due to significant mental health issues, cognitive limitations, and no family involvement
 - 1 youth was discharged as awol from the program
 - 8 youth were discharged for non-compliance and were committed to juvenile corrections (3 of these youth had new offenses during the program). Note that 5 of these 8 youth were long time co-actors from the same “gang” whose behavior was supported by adult criminal activity, and supported/encouraged each other's non-compliant behavior upon return to the community. The extent of this involvement and these relationships was unknown at the time of referral to the program.
 - 1 youth was discharged as unsuccessful because he picked up a new charge in the last two weeks of Phase II and was charged as an adult

It is also worth noting that the majority of youth who did not complete the program were discharged during community phase (Phase III) of the program. Twenty-three youth overall successfully completed the detention phases (Phases I and II).

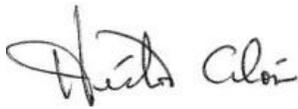
In the third quarter of 2013, the Delinquency and Court Services Division (DCSD) of Milwaukee County conducted surveys for the youth involved with the Milwaukee County Accountability Program (MCAP). These surveys were designed to capture satisfaction levels of the youth and their parents while receiving services in MCAP. The quality and frequency of contacts for the youth and their family, as well as the cultural sensitivity demonstrated by program staff and the perspective of success as a result of program involvement were all areas of assessment with this survey. The results illustrated that 67% were satisfied with the services they received while approximately 24% were somewhat satisfied. Only 9% were dissatisfied with the services they received; however did not request any follow-up from quality assurance staff. About one-third

(36%) of all surveyed requested follow-up from quality assurance staff to discuss additional services and concerns that they may have had; however the majority of the survey results exemplified an overall general satisfaction with the MCAP.

MCAP Satisfaction Survey Results	# (%)
Satisfied	22 (66.7%)
Somewhat Satisfied	8 (24.2%)
Dissatisfied	3 (9.1%)
Total	33 (100.0%)

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, Legislative Affairs Director – County Executive’s Office
Kelly Bablitch, County Board Chief of Staff
Don Tyler, Director – DAS
Josh Fudge, Fiscal & Budget Administrator - DAS
Matt Fortman, Fiscal and Management Analyst – DAS
Steve Cady, Director of Research Services - Comptroller’s Office
Jodi Mapp, County Clerk’s Office

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 21, 2014

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Susan Gadacz, Administrator, Community Access to Recovery Services Division

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to retroactively increase the 2014 purchase of service contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs (CSPs) in the Community Access to Recovery Services Division**

Issue

The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Community Access to Recovery Services Division (CARSD) to increase its existing 2014 purchase of service contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs (CSPs).

Discussion

The Community Support Program serves individuals with a severe and persistent mental illness or co-occurring substance use disorder. This program was originally operated by the Community Services Branch (CSB) within the Behavioral Health Division (BHD). As part of the 2014 Adopted Budget, CSB was combined with the Wraparound Milwaukee Program to form a new division, the Community Access to Recovery Services Division or CARSD within DHHS.

Last December, the County Board approved the 2014 contracts (File No. 13-906) with Project Access and Wisconsin Community Services to provide CSP services. Subsequent to the execution of these contracts, however, it was discovered that the value of each contract was short by \$44,178. Although sufficient funds had been budgeted for these contracts, the total value of the contracts was not calculated correctly to reflect a full year of cost for client expansion services. In the last quarter of 2013, the 2013 contracts for both Project Access and Wisconsin Community Services were increased to include an additional caseload of 10 clients. The full calendar year impact of this additional caseload, however, was not carried forward and contained in the 2014 contracts approved by the County Board in December.

Approval of the additional \$44,178 for each contract would provide full funding for CSP services and an additional 10 clients (one full caseload) to both Project Access, Inc., and Wisconsin Community Services for all of 2014.

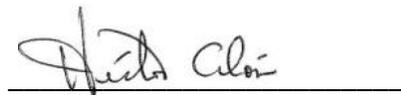
Fiscal Effect

Total funds of \$88,356 for this program will be allocated from the overall purchases of service funds contained in the 2014 Budget. A fiscal note form is attached.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to retroactively increase the existing 2014 purchase of service contract with Project Access, Inc., by \$44,178 to reflect a total contract of \$671,239 and to retroactively increase the purchase of service contract with Wisconsin Community Services by \$44,178 to reflect a total contract of \$745,768. Both contracts are for the time period of January 1, 2014 – December 31, 2014.

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
Matthew Fortman, Fiscal & Management Analyst, DAS
Steve Cady, Director of Research, Comptroller's Office
Janelle Jensen, County Clerk's Office
Jodi Mapp, County Clerk's Office

(ITEM *) Report from the Director, Department of Health and Human Services, requesting authorization to retroactively increase the 2014 purchase of service contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs (CSPs) in the Community Access to Recovery Services Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to amend two 2014 purchase of service contracts with existing Community Support Program (CSP) providers for the new Community Access to Recovery Services Division (CARSD) within DHHS; and

WHEREAS, the Community Support Program serves individuals with a severe and persistent mental illness or co-occurring substance use disorder; and

WHEREAS, last December, the County Board approved 2014 contracts (File No. 13-906) with Project Access and Wisconsin Community Services to provide CSP services; and

WHEREAS, each of these contracts is short by \$44,178 which reflects a full year of cost for client expansion services and a full caseload of ten clients; and

WHEREAS, approval of the amendments ensures continuity of care and prevents further decompensation in the individuals being referred; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to enter into 2014 retroactive amendments to existing 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:

Agency	Service Area	Increase	Existing Contract (all service areas)	Amended Contract
Project Access	Community Support Program	\$44,178	\$627,061	\$671,239
Wisconsin Community Services	Community Support Program	\$44,178	\$701,590	\$745,768
	Total	\$88,356	\$1,328,651	\$1,417,007

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 02/21/14

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to retroactively increase the 2014 purchase of service contracts with Project Access, Inc., and Wisconsin Community Services for the Community Support Programs (CSPs) in the Community Access to Recovery Services Division

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
 - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
 - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
 - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
-
- A. Approval of the request would permit BHD to retroactively amend existing purchase of service contracts for the Community Support Program (CSP) with Project Access and Wisconsin Community Services (WCS). The term of the amendments would be January 1 to December 31, 2014.
 - B. The amendments being recommended would increase each contract by \$44,178 for a combined total of \$88,356. If approved, the Project Access contract would increase to \$671,239 and the WCS contract would increase to \$745,768.
 - C. There is no tax levy impact associated with approval of this request as the total increase of \$88,356 is included in the 2014 Budget in the purchase of service 8000 – Other Charges accounting series for the Community Access to Recovery Services Division.
 - D. No assumptions are made.

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

Authorized Signature _____



Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 21, 2014

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, Administrator, Community Access to Recovery Services Division, on behalf 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, during which consultants from the Human Service Research Institute (HSRI) provided feedback and guidance. The Redesign Task Force and DHHS and BHD leadership resolved to issue a Request for Proposals (RFP) for technical assistance in implementing the affirmed recommendations, and DHHS subsequently contracted with a consultation team 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 Timebound – 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 continue to work on the numerous Tactical Objectives of the SMART Goals in pursuit of specific Performance Targets for 2013 and 2014.

Discussion

The Redesign Task Force held its first full meeting of 2014 on February 12 at the Helen Carey Cafeteria in the Behavioral Health Division (BHD).

The data dashboard, previously presented and discussed, went “live” on the County website in January. It is located at <http://county.milwaukee.gov/MHRedesign/Dashboard.htm> and also linked from the Redesign Initiatives page and the main BHD page. The dashboard relates to SMART Goal 6 as well as the HSRI recommendation to enhance quality assessment and improvement programs. The initial iteration of the dashboard is comprised of seven data slides and one explanatory slide, which can be downloaded as a PDF or PPTX file in addition to being viewable directly on the website. Data will be refreshed quarterly (or as new information becomes available), and new indicators will likely be added over time based on further discussion among the Task Force and the Quality Action Team.

On SMART Goal 9, the Community Access to Recovery Services Division continues to move toward implementation of Comprehensive Community Services (CCS), a Medicaid psychosocial rehabilitation benefit for individuals with mental health or substance use disorders. The Division established and regularly convenes a meeting of a Recovery Advisory Committee to provide oversight to the implementation process, and a Policies and Procedures Subcommittee is tasked with submitting the required application by April 2014 to the State Divisions of Quality Assurance and Health Care Access and Accountability. Implementation is anticipated approximately August 2014.

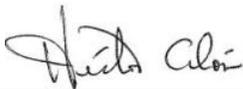
On SMART Goal 16, the Cultural Intelligence Action Team is working with the SMB Group to develop a cultural intelligence training curriculum, adapting corporate models into content that is more relevant and targeted toward the behavioral health and social service fields.

The Task Force will host a Mental Health Redesign Working Forum on Wednesday, March 5 at the UW-M School of Public Health. The purpose is to provide a one-year progress update on the 2013-14 SMART Goals, to organize new action and expertise to address cross-cutting issues and strategies, and to facilitate the development of second-year scopes of work for Action Teams. The cross-cutting strategy sessions will address four topic areas: prevention and early intervention; service and system flexibility to better respond to people in place; enhanced community response through multi-system involvement; and how to assure the sustainability and continuity of gains/improvements. Attendees will include persons who have actively participated in redesign initiatives thus far, as well as many key stakeholders and content experts whose new or increased involvement will aid our progress through the SMART Goals and beyond. The full Committee on Health and Human Needs has also been invited to attend.

On SMART Goal 2, the Person-Centered Care Action Team has collaborated with DHHS and County Supervisors to schedule the first two of many public education and stigma reduction sessions. The initial sessions are targeted toward Districts 5 and 10 and will take place on Thursday, March 27 from 11:30 a.m. to 1:00 p.m. and 6:00 p.m. to 7:30 p.m. at the Washington Park Senior Center. The Action Team has worked with Sue McKenzie (Rogers InHealth/WISE) and many others to develop a curriculum for the sessions, which will be adapted for future sessions in other supervisory districts. The Task Force thanks Tonya Simpson, Supervisor Russell Stamper II, and Supervisor David Bowen for their assistance in scheduling and publicizing these events.

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, Legislative Affairs Director, County Executive's Office
Kelly Bablitch, County Board Chief of Staff
Don Tyler, DAS Director
Josh Fudge, Fiscal & Budget Administrator
Matthew Fortman, DAS Analyst
Steve Cady, Director of Research – Comptroller's Office
Jodi Mapp, County Clerk's Office

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 21, 2014

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

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

SUBJECT: **Informational report from the Director, Department of Health and Human Services, on the Behavioral Health Division's response to a report commissioned by Disability Rights Wisconsin (DRW)**

Background

At the January meeting of the Committee on Health and Human Needs, the Behavioral Health Division (BHD) provided a verbal response to a report commissioned by Disability Rights Wisconsin (DRW). During the meeting, the committee requested a written report covering BHD's verbal response for the March cycle.

Discussion

It is acknowledged that in the context of much good care that is delivered at BHD, there have been issues related to the care of certain patients in specific situations.

Some of these issues have recently resurfaced because a report commissioned by DRW was released. This report was submitted to BHD in June of 2013 and it focused on incidents that occurred over the course of 2012. In most cases, BHD initiates investigations and takes identified corrective actions, including individual staff accountabilities immediately after an event occurs.

The following numbered items are recommendations contained in the DRW report. The bullets following the recommendations are actions that were undertaken prior to receipt of the document. All of the following are also integrated into the larger effort BHD has undertaken to strengthen the culture of accountability.

1. Improve and closely monitor the treatment of medically ill inpatients.

- There has been substantial progress in the hiring of key administrative and medical leadership positions. Over the last year and a half, BHD has hired a Director of Nursing, Acute Adult Medical Director, Medical Director of the Children's Unit and Director of Inpatient

Services. With the retirement of Dr. Tom Harding, a new Division Medical Director will also be arriving in March of 2014. This allows Medical Leadership to focus their efforts on performance monitoring, consultation and oversight of practitioners rather than being providers.

- The BHD developed the Office of Compliance, Safety and Integrity in the summer of 2012. The goal of this office is to balance reactive corrective responses to situations, with a more proactive, preventive approach to quality initiatives. This office includes a governing oversight committee with a focus on Quality, Patient Safety, and Compliance. In order to provide a structured integrated approach to prevention and quality improvement, the division prioritized activities to further reduce the risk of health and safety violations. This quality committee includes a forum to share and promulgate new policy and procedure upgrades in the context of national patient safety goals, best practice protocols and Joint Commission guidance. Committee participants are provided shared information on educational and training options to enhance and further develop an organizational Culture of Safety. BHD programs are able to share their data driven quality initiatives and subsequent audit plans to monitor continued progress and prioritize areas for improvement. Some of these targeted improvements include:

- A review of seclusion and restraint policy and procedure, which led to reductions in patient seclusion and restraint.
- An initiative focused on reducing elopements, which led to reduced elopements.
- Comprehensive training for the Acute Inpatient and Crisis Services nursing staff on Nursing Standards of Care. That training included assessment, intervention, evaluation, monitoring and documentation.
- Medical Staff received training in proper diagnosis and treatment of overlapping signs and symptoms of medical and psychiatric disorders. These training opportunities continue with monthly staff meetings with medical leadership in which challenging cases that have high medical and psychiatric co-morbidities are reviewed.
- Medical Leadership increased education regarding co-existing medical and psychiatric diagnosis.
- BHD implemented a strengthened model of Advanced Practice Nurse Practitioners (APNP) for physical medical services to better meet the medical needs of the patients. This initiative creates more of a co-attending role for medical care. This has allowed for more comprehensive and consistent oversight of medical issues and assists in incorporating physical

and psychiatric care. The physical care staff is present for team rounds/report and provides ongoing guidance and education to patients and staff on medical care.

- BHD is in the process of hiring a Physician Quality Officer (PQO). This position was created in the 2014 Budget. Among other duties, this position will:
 - o Evaluate hospital systems to identify improvement opportunities
 - o Encourage open dialogue about error prevention
 - o Help educate staff on patient safety goals
 - o Work with non-physician leaders to establish a stronger culture of safety
 - o Network and facilitate improved communication among all teams and within BHD quality safety teams

2. Stop or reduce admissions until such improvements are made and maintained

- In 2012, BHD downsized one 24-bed acute care unit as a result of our expanded community-based investments and additional capacity among our health care partnerships.
- BHD stopped admissions at Hilltop and Central in 2012. Acute Inpatient and Long-term Unit bed capacity and admissions continue to decrease.

3. Hire outside personnel with both medical and psychiatric expertise to review and recommend improvements.

- A consultant Nursing Home Administrator was hired. A report of her assessment of Rehabilitation Center (Central) and Center for Independence and Development (Hilltop) has been requested. Recommendations will be reviewed and action items identified.
- State and Federal surveyors have continued to make regular survey visits to monitor adherence to standards. This helps staff access external perspectives and practices and builds on our progress. A full CMS (Federal) survey was conducted the survey team was comprised of a physician, RN team, Social Worker, and environmental engineer. The survey lasted approximately a week and was a full and comprehensive review of the entire Hospital and Crisis services system.
- BHD continues to work with Critical Management Solutions, an external consultant. The focus of the consultation is on overall quality of care and subsequent service delivery impact. This is in preparation for Joint Commission application while also facilitating an ongoing emphasis on programs and policies that directly impact Patient care.

- BHD Administration is exploring additional emergent external investigation resource services to assist in on unit review of incidents. This will allow Unit Managers to dedicate more to supervision of staff and monitoring the functioning of their units.

4. Citizenry of the County should be involved in the process of change and have a significant role in evaluating treatment provided by MCBHD.

- Disability Rights Wisconsin is now involved in meetings of the BHD Quality, Compliance and Patient Safety Council to ensure active participation and progress of quality improvement plans.

Final Comments

BHD met with DRW on two occasions, shortly after the initial report was received and then again several months later. At the time, it appeared that the meeting went well as BHD Administration and Medical Leadership laid out the corrective actions that had been taken well in advance of DRW's report. Notably, these actions were taken both proactively as a result of our own internal investigations and as corrections in response to survey results. In several of the cases referred to in the DRW report, there were State and Federal survey teams that came in and conducted an in-depth analysis of both the events in question and any other circumstances that could potentially lead to similar outcomes. In addition to a medical record, policy, environmental and policy review, survey processes include direct staff interviews. These surveys are extremely comprehensive and are not only focused on the issues that led to the survey but also on systemic changes that may be required in order to decrease the chance of similar occurrences.

The reporting style of the media gives the impression that these events are occurring on a continuous basis. The reality is that the events in the DRW report took place and were addressed over a year ago (and in some cases almost 2 years ago). The timing of this report release, in combination with other recent events, has led to the renewed sense that care at BHD is unsafe and that significant changes have not occurred. This is simply not true. These conclusions are being reached with erroneous, misleading, and absent information. Our commitment is to protecting our patients, and this often means we cannot provide full information.

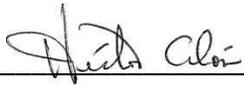
BHD fully understands and respects the media's role in informing the public; however, some of the recent reporting did not paint the full picture. The impact of the media's portrayal is devastating to the morale of BHD staff, the governing body and public officials. More importantly, it unnecessarily undermines the confidence of those seeking mental health services and raises the anxiety of the public.

BHD staff who dedicate their careers to caring for the people we serve, ask a legitimate question: why can't we defend ourselves to the media? The simple answer is - the details of our clients' lives are private and we respect and follow the laws that protect them. Maintaining the trust of our clients is

one of our most highly held values and we are rigorous in our practices to that end. Individuals not employed by the hospital only have partial information or hearsay and may proceed to draw conclusions while missing significant pieces of information. We cannot control that. The state medical records laws and ethical codes that govern our professions are designed to protect the dignity and privacy of peoples' lives. Policy makers should never rely on the media as a source of factual information. The media simply does not have access to all of the information necessary to report completely and accurately.

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
Matthew Fortman, Fiscal and Management Analyst – DAS
Steve Cady, Director of Research Services – Comptroller's Office
Jodi Mapp, County Clerk's Office

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 21, 2014

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

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

SUBJECT: From the Director, Department of Health and Human Services, submitting an informational report on BHD staffing

Issue

At its last meeting in January, the Committee on Health and Human Needs requested an informational report on the staffing levels at the Behavioral Health Division (BHD). This request included a breakdown of vacancies by position, staff that were required to work mandatory overtime shifts as well as BHD's plan to manage these vacancies.

Background

Throughout 2013, a number of resignations and retirements occurred in critical direct care positions. For example, a total of 41 Certified Nursing Assistants (CNAs) and a total of 22 Registered Nurses (RNs) left County employment in 2013, either by retirement, resignation or separation. As of January 2014, a total of over 84 full-time-equivalent (FTE) positions, or 15 percent, of BHD's overall budgeted FTEs were vacant (see Attachment 1). This table also reflects filled pool positions which are used to assist with coverage pending the hire of full-time, permanent staff.

These numbers do not reflect employee productivity loss as a result of time taken under the Family Medical Leave Act (FMLA) and workmen's compensation. In 2013, nearly 17,600 hours of FMLA were used by employees assigned to Hilltop, Central, Acute, Psychiatric Crisis Services (PCS) and Children and Adolescent Inpatient Services (CAIS). In addition, BHD employees filed nearly 13,400 hours of workmen's compensation in 2013.

This loss of active work hours due to both FMLA and workman's compensation is roughly the equivalent of 15 employees a day. In 2013, between Thanksgiving and New Year's, the inpatient units lost 9.04% of all scheduled hours for caregivers due to absence without pay, sick time, FMLA, injury and medical without pay combined.

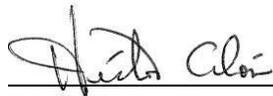
BHD is currently undertaking recruitment efforts to fill its vacancies, particularly in classifications that impact direct care. There are six RN and 15 CNA positions currently in the process of being filled and additional staff are anticipated to commence employment in mid-March. To further assist in unit coverage, BHD has also utilized a staffing agency and is actively pursuing a second contract to reduce mandatory assignments. In February, 10 CNAs from the staffing agency currently under contract were trained and have been deployed.

Job postings are open on a continuous basis and potential candidates are able to submit an online application anytime. Interviews with interested candidates will be conducted on a weekly basis. BHD is currently interviewing to fill both RN positions and CNA positions.

Until these positions can be filled, however, BHD must enforce mandatory overtime shifts in order to ensure the health and safety of its patients. In December 2013 and January 2014, there were 53 shifts in which employees were given mandatory assignments. During these shifts, there were a total of 136 assignments that needed to be filled via the mandatory process. By comparison, last October and November, a total of 17 shifts resulted in 41 mandatory assignments. In an average month, there are approximately 5,500 to 6,000 assignments that need to be filled. This number fluctuates based on base staffing requirements and the numbers of patients that require 1:1 staff monitoring.

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
Matt Fortman, Fiscal & Management Analyst, DAS
Steve Cady, Director of Research – Comptroller's Office
Jodi Mapp, County Clerk's Office

**BHD Filled/Vacant Positions
as of January 2014**

Position Description	Budgeted Positions	Filled FTE Positions as of 1/19/2014	Vacant FTE Positions
Accountant 2	1	1	0
Accountant 3	1	1	0
Accountant 4-NR	1	1	0
Accounts Receivable Supervisor - Billing	1	1	0
Adm Asst	2	2	0
Adm Asst NR	2	2	0
Admin Spec - MH NR	3	2	1
Adv Prac Nurse Prescriber	6	5.5	0.5
Adv Prac Nurse Prescriber - Pool	2	2	0
Assistant Hospital Administrator	1	0	1
BH Clinical Program Director Psychology	8	9	-1
BH Clinical Psychologist I	1	1	0
BH Clinical Psychologist III	3.75	3	0.75
BH Emergency Services Clinician	14	13.5	0.5
BH Emergency Services Clinician RN	6.5	4.5	2
BH House Physician 3	2.25	1	1.25
BH House Physician HRLY	0	1.5	-1.5
BH Medical Director - Adult	1	1	0
BH Medical Director - Crisis Services	1	1	0
BH Medical Program Director - CATC	3	2	1
BH Staff Psychiatrist	16.82	12.3	4.52
BH Staff Psychiatrist Hourly	0.18	3	-2.82
BH Staff Psychiatrist (Reg & Hrly)	17	15.3	1.7
Certified Occupational Therapy Assistant	7	5.66	1.34
Clerical Asst 1	12	11	1
Clerical Asst 1 Hourly	0	0.6	-0.6
Clerical Asst 2	2	1	1
Clerical Spec MHD	4	4	0
Clinical Safety and Risk Management Nurse	1	1	0
Clothing Supply Clk 1	1	1	0
Clothing Supply Clk 2	2	2	0
Clothing Supply Clerk I & II	3	3	0
Developmental Disability Specialist	1	1	0
Dietitian 1	2	2	0
Dietitian Supervisor	1	1	0
Disribution Assistant	1	1	0
Education Services Program Coordinator	1	1	0
Environmental Services Administrator	1	1	0
Director - Acute Inpatient	1	1	0
Director - Fiscal Services	1	1	0
Director - Psychiatric Crisis Services	1	1	0
Associate Administrator of Nursing	1	1	0

**BHD Filled/Vacant Positions
as of January 2014**

Associate Director Clinical Compliance	1	1	0
Associate Administrator Fiscal	1	1	0
Associate Hospital Administrator MHC	1	1	0
Deputy Administrator BHD	1	1	0
MH Administrator	1	0	1
Chief Psychologist -BHD	1	1	0
Executive Assistant MH	1	0	1
Fiscal And Budget Manager - CHP	1	1	0
Fiscal Asst 1	1		1
Fiscal Asst 2	12	11	1
Fiscal Mgt Analyst 3	1	1	0
Fiscal Spec	5	4	1
Hospital Maintenance Worker MHC	11	11	0
Housekeeper 1 Non-rep	2	1	1
Human Service Worker	3	4	-1
Infection Control Practioner	1	1	0
Materials Distribution Clerk	1	1	0
Mechanical Maintenance Superintendent	1	1	0
Mechanical Utility Engineer	1	1	0
Medical Records Admin MHC	1	1	0
Medical Records Coordinator (BHD)	2	2	0
Medical Service Manager	1	1	0
Music Therapist	3	2.8	0.2
Nursing Admin Coordinator	2	2	0
Nursing Asst 1 Mh (Certified Nursing Asst)	153.5	124.5	29
Nursing Program Coordinator	8	4	5
Occupational Therapist	11.5	11	0.5
Office Support Assistant 2	16.5	11	5.5
Operating and Maintenance Supervisor	1	1	0
Pharmacy Tech	1	1	0
Physician Quality Officer	1	0	1
Policy & Program Coord Clinical Compliance	1	0	1
Program Analyst MH	3	2	1
Psychiatric Crisis Services Coordinator	2	1	1
Psych LPN MHC	16.5	14	2.5
Psychiatric Social Worker	13.5	11.5	2
Psychiatric Social Worker (Pool)	0	7	-7
Psychiatric Social Worker Manager	1	1	0
Psychology Postdoc Fellow	2	1	1
Qual Assur Client Rights	1	1	0
Qual Assur Coord	3	1	2
Qual & Improv Risk Coord	1		1
Qual Imprvtd Coord BHD	1	1	0
Qual Mangmt Admin Asst	1	1	0
Distribution Assistant	1		1

**BHD Filled/Vacant Positions
as of January 2014**

Rehab Services Supervisor	1	1	0
Rehabilitation Coordinator	0.5	1	-0.5
RN 1	86	71	15
RN2	1	1	0
RN 2 - MDS	1	0	1
RN 2 - Staff Development	3	3	0
RN 2 - Utiliz Review	6.5	5	1.5
RN 3 MH	6	6	0
Secretarial Assistant	3	2	1
Secretary	3	3	0
Sewing Machine Operator 2	1	1	0
Spirituality Coordinator Hourly	0.5	0.5	0
Staffing Assistant	4.5	3	1.5
Stores Clerk 1	2	2	0
Unit Clerk	18.5	17	1.5
Utilization Review Coordinator	1	1	0
Volunteer Coordinator Hrly	1	1	0
Grand Total	572.5	489.16	84.34
Overall Percentage Vacant as of January			15%
RN 1 (Pool)	0	21	-21
Nursing Asst 1 Mh (Certified Nursing Asst - Pool)	0	13	-13

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: February 21, 2014

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

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

SUBJECT: **Report from the Director, Department of Health and Human Services (DHHS), requesting submittal of a five-year capital improvements plan for the Department of Health and Human Services to the Capital Improvements Committee**

Issue

Milwaukee County Ordinance 36.04 requires all departments to submit Five-Year Capital Improvements Plan (Five-Year Plan) requests to their respective standing committees. Standing committees shall then submit Five-Year Plans along with recommendations to the Capital Improvements Committee (CIC). This report includes the Five-Year Plan for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD) and the Emergency Medical Services (EMS) Division.

Background

The Capital Improvements Committee (CIC) was created in the 2013 Adopted Budget. Milwaukee County Ordinance 36.04, which was also approved in 2013, codified the creation, composition, duties, reports and staffing of the CIC. The purpose of the CIC is to develop a Five-Year Plan for the entire County and establish criteria on how each capital project will be evaluated. The ordinance also requires departments to submit Five-Year Plans to their respective standing committees, which will then forward their recommendations to the CIC.

Discussion

DHHS has evaluated its anticipated maintenance, IMSD and facility needs for the Marcia P. Coggs Building, the Behavioral Health and the Delinquency and Court Services (DCSD) Divisions. The attached Five-Year Plan includes several outstanding capital needs, listed in priority order. The requested capital projects assume current operations.

For many years, there has been discussion about BHD moving to a new facility. During that time, understandably, limited investments were made to the physical plant. This capital plan is intended to inform policymakers as to the overall infrastructure

investment required assuming no change in our current operations. For 2015, \$6.4 million in capital projects have been identified for the Coggs Center, BHD and DCSD.

However, in light of the recent CBRE facilities study released in January and our commitment to transition BHD's long-term care programs to the community, some projects within this capital plan may require revised scopes and reassessment. Again, the department is performing the necessary due diligence by identifying these projects so that policymakers can be fully informed. The complete Five-Year Capital Plan will only be pursued if we continue operating BHD and the Coggs Center for the foreseeable future.

Below is a summary of each project by division and priority.

Department of Health and Human Services (DHHS)

2015 Priority 1: Business Intelligence Tool in DCSD (\$1,340,587)

DCSD is requesting the same or similar business intelligence tool that the Sheriff's Office currently utilizes. The cost reflects a municipal license, software/hardware and labor that would allow DCSD to report from multiple data sources and support evidence-based programming initiatives that began in 2012. A Business Intelligence Tool will enable program analysis and will produce standard reports to support DCSD operations. Juvenile justice systems across the nation utilize some type of integrated data reporting system to measure programmatic outcomes. DCSD is in need of a Business Intelligence Tool for various State, Federal and County program management and grant reporting needs.

2015 Priority 2: Marcia P. Coggs Center HVAC System Retrofits - Phase 2 (\$2,820,000)

A replacement of the HVAC system on the first and second floors of the Coggs Center is needed. The third floor and part of the second floor were completed in 2013 as part of Phase 1 of this capital project. This project will improve the air handling and temperature distribution as well as address facility operations issues such as the energy consumption increases that have occurred in recent years. Phase 2 of this project continues the work begun in Phase 1.

This project now needs to be reviewed in light of the recent CBRE facilities study which recommends the sale of the Coggs Center.

2016 Priority 1: OnBase Document Management System for the Housing Division (\$148,709)

The Housing Division is requesting to invest in OnBase, a document management solution, to support Section 8 and Community Development Block Grant (CDBG) programs. The requirements of the system are: (1) storing the applications and the program eligibility documentation with Section 8 storage requirements for up to seven

years and CDBG storage requirements, which are currently unlimited; and (2) addressing any workflow needs for the application process for both programs. The system will not include any billing or payment requirements since that functionality is done through Housing's Yardi system.

2017 Priority 1: Coggs Center & DCSD Security Camera System Upgrade and Expansion (\$1,227,339)

DHHS is requesting to upgrade two outdated and unstable camera systems into one comprehensive system at the Coggs Center that conforms to the Milwaukee County IMSD standards. In addition, DCSD is requesting to expand the security camera system at Delinquency and Court Services to cover all parking lots and 'blind areas' surrounding the detention facility. This will address public safety issues. This camera system has the same platform as the Milwaukee County Sheriff's Office and will allow for support from public safety agencies.

In light of the recent CBRE facilities study, the scope of this project could change depending upon the future plans for the Coggs Center.

2017 Priority 2: Coggs Center Basement Buildout (\$1,391,077)

This project entails the renovation and build-out of 14,000 square feet in the basement of the Coggs Center for use as office space. Renovations include space for 80-100 employees in 60-80 cubicles, management offices, conference rooms, and restrooms. Depending upon the long-term plan for the Coggs Center, the space could be rented out to the State of Wisconsin or other tenants.

Behavioral Health Division (BHD)

2015 Priority 1: Panic Alarm System Replacement and Upgrade (\$516,000)

BHD is requesting to replace the panic alarm system (PA system) in the Psychiatric Hospital and 9201 Watertown Plank Rd building. This serves all BHD patient units and offices throughout the building. The panic alarm system, installed 25 years ago, is used to transmit calls for emergency response to personal safety situations in offices and areas where individual BHD staff meets with clients who may pose a threat to the safety of staff. There have been problems keeping the segments of the panic alarm system consistently operational. During system testing, segments are found to be inoperative because replacement parts are no longer available leaving BHD with a partially functioning system. A new system is needed to provide reliable service.

2015 Priority 2: BHD Security Camera System Upgrade and Expansion of Coverage (\$441,620)

BHD is requesting to upgrade the current BHD security system to conform to the existing Milwaukee County IMSD standards. In addition, BHD is requesting to expand the security camera system throughout BHD to cover various hallways, common areas,

parking lots and other outdoor areas at the facility to address public safety issues. This camera system has the same platform as Milwaukee County Sheriff's Office and will allow for support from public safety agencies. BHD will work with IMSD to identify the highest priority areas based on the changes being proposed for the next few years.

2015 Priority 3: BHD Roof Repair (\$1,261,035)

The scope of this project includes replacement of roofing material, gutters, downspouts, and skylight panels. The roof has exceeded its useful life, according to a report prepared by VFA, a company that conducts building assessments. Replacement could provide utility savings as well as ongoing maintenance savings. Given this project's significant capital investment, it may need to be reassessed in light of the proposed programmatic changes at BHD.

2016 Priority 1: Public Address System Replacement and Upgrade (\$68,625)

BHD is requesting to replace the public address system (PA system) in the Psychiatric Hospital and 9201 Watertown Plank Road building. The PA system is used to transmit emergency announcements throughout the buildings, including patient units, offices and all other tenants at BHD. The PA system is original to the building so replacement parts are no longer available. The replacement system will also expand announcement coverage to rooms and suites that presently do not hear the announcements, which is expected to improve staff response time in those areas. BHD will work with DPW to identify the highest priority areas based on the changes being proposed over the next few years.

2017 Priority 1: Install Critical Electrical System Separators (\$229,200)

BHD is requesting to install critical electrical system separators at the Mental Health Complex for the emergency electrical system to comply with current electrical code. This is the result of the State conducting an inspection of recent work at BHD and recommending that BHD add a dedicated electrical line to the server room and pharmacy related to the Emergency Medical Records (EMR) system.

The regulations now state that facilities should have regular electric lines, separate lines for life safety items (i.e. fire alarm system), and a critical branch for essential items not related to life safety (such as the EMR). Although the initial work will provide separate electrical for the server room and the pharmacy, the system is designed to provide emergency power for HVAC in order to keep the building habitable in case of extended electrical outages or water outages.

Given that this project is not being requested until 2017, there is sufficient time to assess its scope and placement within BHD's capital program.

2017 Priority 2: BHD Main Entrance Building Settling Issue Repair (cost to be determined)

BHD has become aware that due to major settling issues, the bathrooms at the main entrance of the facility are no longer usable. BHD is proposing to repair the settling and renovate the bathrooms near the main entrance of the Mental Health Facility. Currently, the bathrooms are closed. Therefore, BHD is proposing to remove floor slab that has settled as well as the existing walls and install new walls, plumbing and electrical so bathrooms are ADA compliant.

Similar to the electrical project above, there is sufficient time to assess this project's scope and placement within BHD's capital program.

2017 Priority 3: BHD Parking Lot Repaving (\$1,975,544)

Overall, the existing parking lots at BHD are in extremely poor condition. In fact, the VFA report indicates that the lots were past their useful life ten years ago. BHD has addressed parking lot deficiencies on an emergency basis for the past several years out of its operating budget to avoid future trip and fall hazards.

There are three areas in particular BHD is requesting be repaved – 1) the parking lots in front of the building 2) the roadway from the Psych Hospital loading dock to 92nd St and 3) lot X4 at the Food Service building. The State's Zoo Interchange project eliminated portions of the County's parking lot adjacent to Watertown Plank Road. Therefore, this estimate addresses only those areas not impacted by the Watertown Plank construction.

Given the potential programmatic changes over the next few years, BHD will work to identify the most critical of the three paving projects so that the most immediate and pressing paving needs can be addressed.

2017 Priority 4: BHD Energy Efficiency Project – HVAC Air Distribution Upgrade and Window Replacement (\$9,947,804)

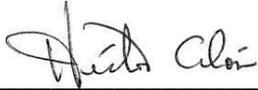
This project would necessitate the upgrade of 18 Air Handling Systems that serve patient units in the psychiatric hospital at BHD and is expected to improve the air handling and temperature distribution at BHD. The existing air handling system is past its useful life, according to the report produced by VFA. BHD is also requesting to replace 150 windows which are over 30 years old. Both the HVAC and window replacement are expected to result in utility savings.

Given its substantial cost, this particular capital project must be assessed in light of the potential programmatic changes at BHD. Though these improvements would be necessary assuming the current state of operations, this significant investment of capital dollars may no longer be financially advantageous.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

Cc: Chris Abele, County Executive
Raisa Koltun, Legislative Affairs Director, County Executive's Office
Kelly Bablitch, Chief of Staff, County Board
Vince Masterson, Strategic Asset Coordinator, DAS
Matt Fortman, DAS Budget Analyst
Chris Lindberg, CIO, IMSD
Laurie Panella, Deputy CIO, IMSD
Pamela Bryant, Capital Finance Manager, Comptroller's Office
Justin Rodriguez, Capital Finance Analyst, Comptroller's Office
Gregory High, Director, AE&ES-FM-DAS

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
	DHHS					
1	WS046	DCSD Business Intelligence Tool	\$1,340,587		\$1,340,587	DCSD is requesting to install the same business intelligence tool that MCSO utilizes, which would allow DCSD to report from multiple data sources and support the evidence based programming initiative that will be underway in 2013.
2	WS032	Coggs Center HVAC System Retrofits Phase 2	\$2,820,000	\$0	\$2,820,000	This project will improve the air handling and temperature distribution at Coggs and address some of the energy consumption increases that have occurred in recent years.
	BHD					
1	WE050	Replace Panic Alarm System	\$516,000		\$516,000	BHD is requesting to replace the panic alarm system (PA system) in the Psychiatric Hospital and 9201 Watertown Plank Rd building. This serves all BHD patient units and offices throughout the building. The panic alarm system was installed 25 years ago. Replacement parts are no longer available.
2		Security Camera System	\$441,620		\$441,620	Upgrade and expansion of security camera system to conform with Milwaukee County IT standards.
3	WE04001	BHD Roof Repair	\$1,261,035		\$1,261,035	This project would correct deterioration in various locations. Temporary patching has been occurring until a permanent solution is identified.
					\$0	
Total			\$6,379,242	\$0	\$6,379,242	

Department of Health and Human Services
2016

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
	DHHS					
1		Housing OnBase - Document Management System	\$148,709		\$148,709	This project will provide a document management solution to support Housing Section 8 and CDBG programs to store the applications and the program eligibility documentation, and assist with workflow needs for the application process.
	BHD					
1	WE052	Replace Public Address System	\$68,625		\$68,625	BHD is requesting to replace the public address system (PA system) in the Psychiatric Hospital and 9201 Watertown Plank Rd building. This serves patient units, offices and all other tenants at BHD. The PA system is original to the building. Replacement parts are no longer available.
Total			\$217,334	\$0	\$217,334	

Department of Health and Human Services
2017

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
	DHHS					
1	WS056	Coggs & DCSD Security Camera System Upgrade and Expansion	\$1,227,339		\$1,227,339	This project will replace the two existing camera systems at Coggs with one comprehensive system. It will also expand the DCSD camera coverage to the parking lots and outside areas to address public safety concerns.
2	WS018	Coggs Center Basement Buildout	\$1,391,077		\$1,391,077	This project entails the build out of the basement at the Coggs Center to create additional office space.
	BHD					
1	WE054	Install Critical Electrical System Separators	\$229,200		\$229,200	An appropriation for 2016 is requested to install critical electrical system separators at the Mental Health Complex for the Emergency Electrical system to comply with current electrical code. This is the result of the State conducting an inspection of recent work at BHD and suggesting that BHD needs to add a dedicated electrical line to the server room and pharmacy related to the EMR.
2		Building Settling Repair	TBD		TBD	An appropriation for 2016 is requested to repair a building settling issue. BHD has become aware that, due to major settling issues, the bathrooms at the main entrance of the facility are no longer usable. BHD is proposing to repair the settling and renovate the bathrooms near the main entrance of the Mental Health Facility.
3	WE037	Parking Lot Repaving	\$1,975,544		\$1,975,544	A repaving of parking lots is needed to address trip and fall hazards for which BHD has previously been cited. Temporary patches have been installed but a permanent solution is needed. This includes the roadway from the Psych Hospital loading dock to 92nd St., Lot 4 at the Food Service Building and the lots in the front of BHD.
4	WE04101 and WE04201	BHD Energy Efficiency - Psychiatric Hospital HVAC Air Distribution Upgrade and Window Replacement	\$9,947,804		\$9,947,804	BHD is proposing to replace 150 windows(\$284,804) and upgrade the aging HVAC system(\$9,663,000) at the Mental Health Complex. This project will improve the air handling and temperature distribution in the Psychiatric Hospital at BHD and address some of the energy consumption increases that have occurred in recent years.
Total			\$14,770,964	\$0	\$14,770,964	

Department of Health and Human Services
2018

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		NONE		\$0	\$0	
Total			\$0	\$0	\$0	

Health and Human Services
2018

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		NONE	\$0	\$0	\$0	
Total			\$0	\$0	\$0	



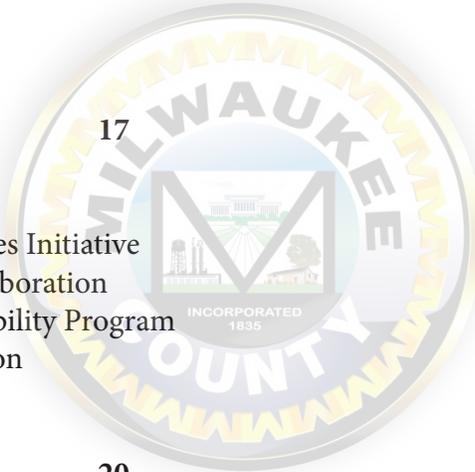
2013 ANNUAL REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES



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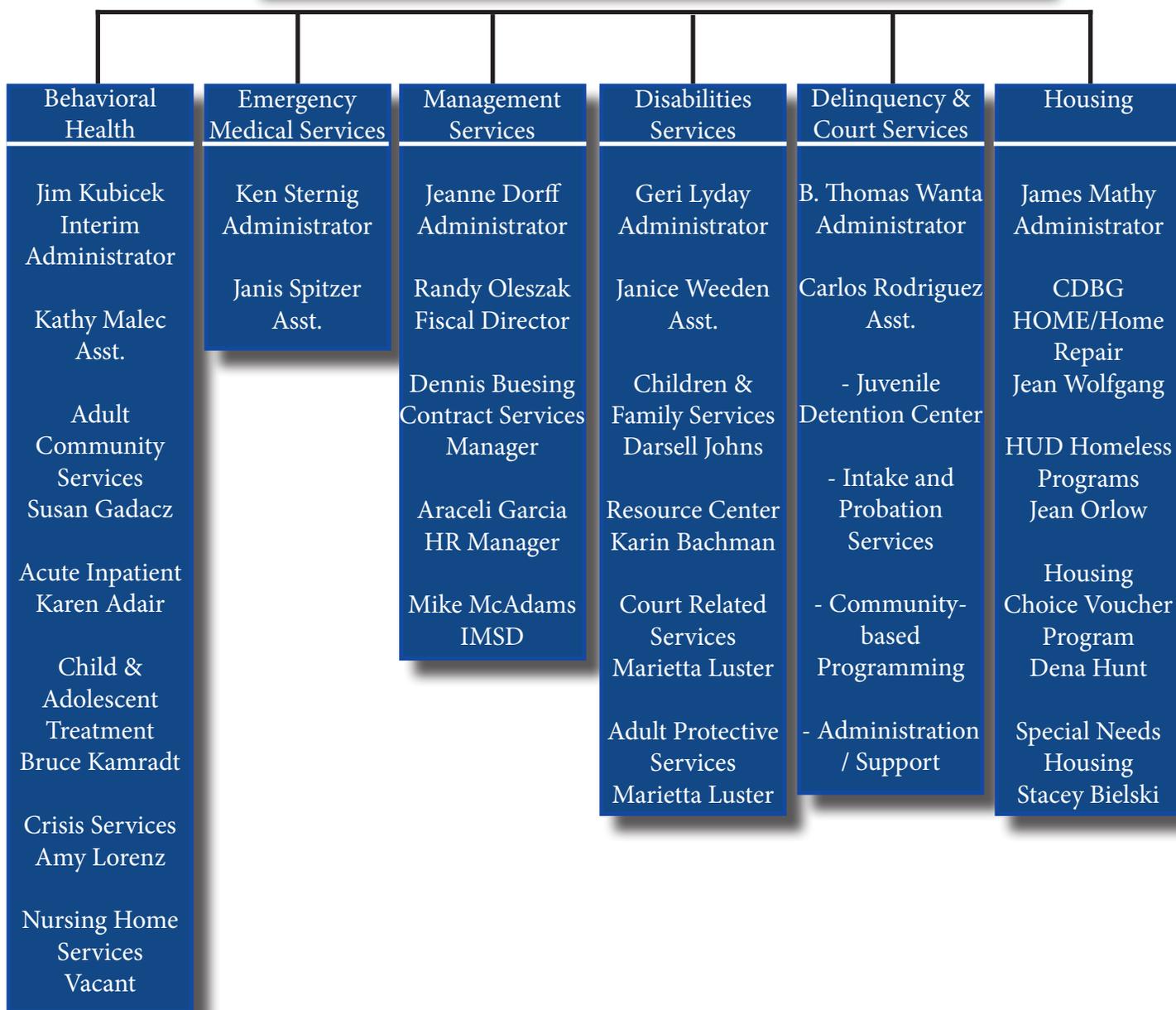


**Milwaukee County Department of
Health & Human Services**

**Héctor Colón
Director**

Tonya Simpson
Community Relations Coordinator

Judy Feierstein,
Senior Exec Asst



The mission of the Milwaukee County Department of Health & Human Services (DHHS) is to secure human services for individuals who need assistance living a healthy, independent life in the community.

DHHS holds the following values:

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

ADMINISTRATION

It is my pleasure to present you with our second annual report on behalf of the Department of Health and Human Services (DHHS). During the year we delivered vital life-enhancing services to help individuals and families live healthy, independent lives in the community. I want to thank our staff who have accomplished an enormous amount of great work in the midst of major changes. I also want to thank the County Executive, Milwaukee County Board of Supervisors, community-based partners, hospitals, advocates, the State and the people we serve for their participation in helping us achieve many of the department's goals. Great things can happen when we work together and I am proud to say that we accomplished many significant initiatives despite, at times, having different opinions, perspectives and interests.



In this report you will find several examples of how we are moving in the right direction such as taking a person-centered approach for the people we serve, implementing operational efficiencies, strengthening quality assurance activities, and leveraging public/private partnerships, technology and data-driven analysis with the goal of operating at an optimal level.

This annual report provides an overview of activities and performance. It also highlights major achievements that include:

- Significant progress on transitioning mental health services towards a community-based system that is less reliant on the institution, inpatient stays and emergency room visits.
- National accreditation for our Emergency Medical Services education center.
- Youth detention reforms and movement towards evidence-based decision-making and programs in an effort to drive better outcomes in a more efficient and effective manner.
- Creation of best practice supportive housing units for persons with disabilities and mental health issues.
- Long-term care entitlement benefits provided to hundreds of individuals with intellectual and physical disabilities.

I would also like to acknowledge the love, care, and support that many of our employees provide to address basic human needs. All of this contributes to the overall well-being of the individuals and community we serve. I hear countless stories about the positive impact we are making in people's lives. This is what drives us to work each and every day - knowing that together we are making a difference.

"Coming together is a beginning; keeping together is progress; working together is success." - Henry Ford

A handwritten signature in black ink that reads "Héctor Colón".

Héctor Colón
Director

BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division (BHD) provides care and treatment to adults, children, and adolescents with mental illness, substance use disorders, and intellectual disabilities through both County-operated programs and contracts with community agencies. Services include intensive short-term treatment through our crisis services and inpatient services, as well as a full array of supportive community services for persons with serious mental illness and substance use disorders. Long-term inpatient care is provided through the Division's nursing home programs.

COMMUNITY SERVICES BRANCH

The Community Services Branch provides a full array of supportive, recovery-oriented services for persons with severe and persistent mental illness and/or issues with alcohol or other drug abuse. The Community Services Branch serves over 10,000 Milwaukee County residents each year through its SAIL and Wiser Choice programs, which work together to ensure that individuals receive trustworthy, high quality, reliable services for mental health and/or AODA needs.

Community Recovery Services

Following Milwaukee County Board approval in July, the Community Services Branch began implementation of Community Recovery Services (CRS), a voluntary Medicaid psychosocial rehabilitation benefit providing three core services: Community Living Supportive Services (CLSS), Individualized Placement and Support (IPS) employment services, and peer support. Enrollment and service provision processes for CRS were developed and introduced to staff within the Community Services Branch and its contracted partners, and the initial phase of implementation is focused on engaging consumers who reside in community-based residential facilities (CBRF). Full enrollment of the eligible CBRF population will span the first six months of 2014, during which time the CSB will also develop a network of CLSS and IPS providers in preparation for the growth of CRS to serve Targeted Case Management and Community Support Program clients in the second half of 2014.

Targeted Case Management

Recovery Case Management was initiated in 2013 as a new level of care on the spectrum of services administered by the CSB. The County contracted with Milwaukee Mental Health Associates to provide this less intensive level of Targeted Case Management (TCM) to forty individuals, seen on a monthly basis, who are succeeding in recovery but continue to benefit from ongoing monitoring and support. In addition to this new level of care, the CSB also expanded its existing TCM (Level I) to serve fifty more Milwaukee County residents experiencing severe and persistent mental illness.

Mental Health Outpatient Services

The expansion of Mental Health Outpatient (MHOP) services continued through 2013, with the Access Clinic and CSB creating 1,099 individual placements (through November 30) at eleven Wiser Choice providers dually certified by the State in mental health and substance abuse outpatient treatment. These co-occurring placements are in addition to the regular referrals made from the Access Clinic to mental health outpatient services at the Medical College of Wisconsin and Outreach Community Health Centers. Roughly three-fourths of referred individuals present for their scheduled treatment with the co-occurring capable Wiser Choice providers.

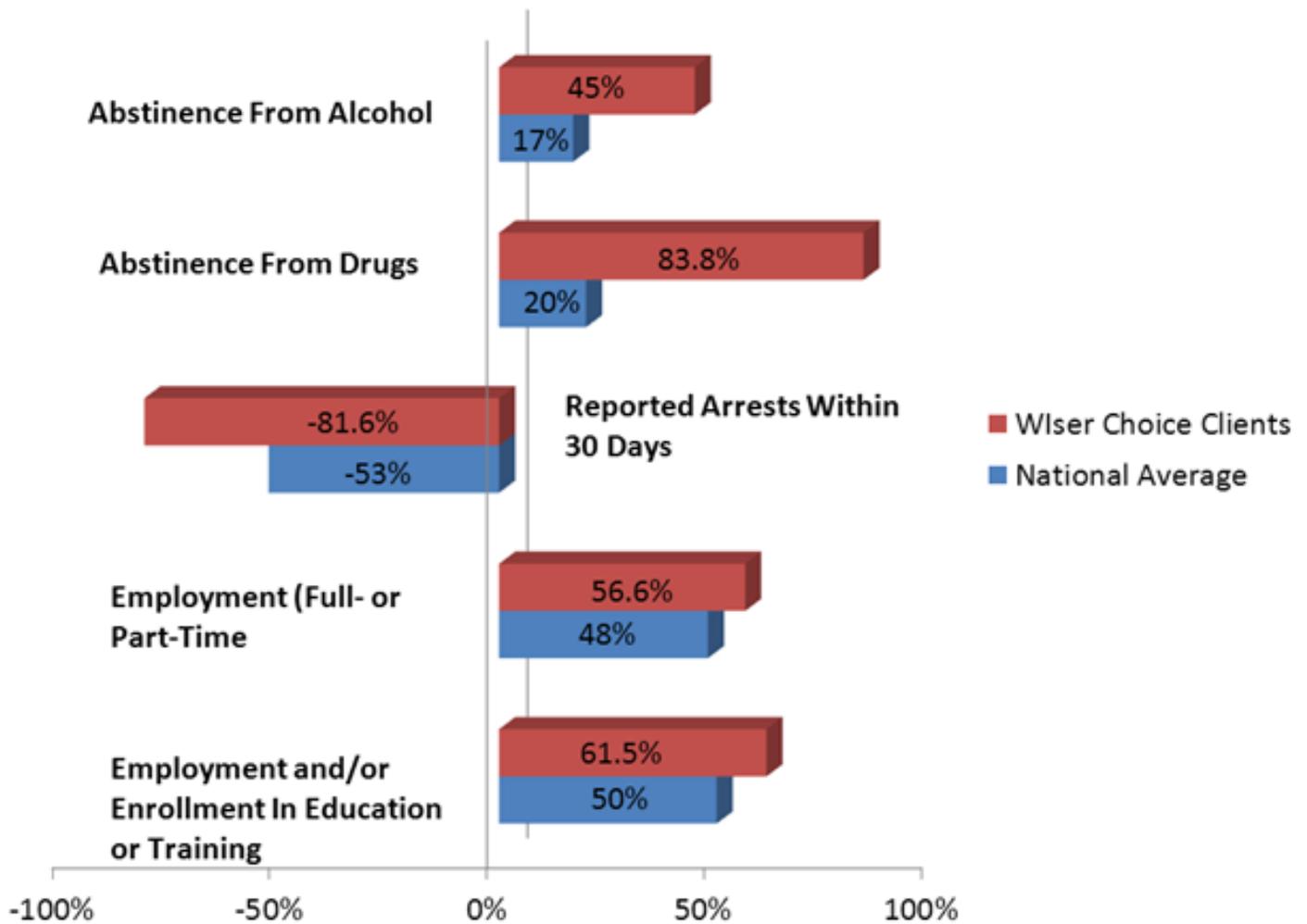
Substance Use Treatment

Wiser Choice services showed significant positive client outcomes in 2013, comparing favorably with national averages in several domains for relative change from intake to six-month follow-

ups. The percentage of clients reporting abstinence from alcohol and drugs improved. The proportion of clients reporting having been arrested within thirty days decreased. Employment (full- or part-time) improved, and combined employment and/or enrollment in education or training increased.

2013 Wiser Choice Client Outcomes

(Numbers reflect change from time of enrollment to 6-month follow-up)



Veterans Services

The Community Services Branch helped establish the Veterans Treatment Initiative (VTI) and was an active partner in the VTI throughout 2013. The VTI is a voluntary program by which veterans are diverted from the traditional criminal justice system into a specialty court that uses a non-adversarial approach and evidence-based rehabilitative services to empower participants to lead productive and law-abiding lives. The VTI emphasizes the core values of military service and works to reduce criminal recidivism, promote sobriety, increase compliance with treatment and other court-ordered conditions, and alleviate participants' service-related behavioral health issues. Key collaborators in the VTI include the Veterans Administration – which provides recovery services to eligible veterans – and Dryhooch – which offers VTI participants valuable peer support and mentoring services, funded in part by the CSB through Wiser Choice.

Wisconsin Operation: Immersion (WO:I) is another extraordinary product of the partnership between the CSB and Dryhooch along with the Wisconsin National Guard. Civilian clinicians joined National Guard members and Reservists for a weekend of experiential education at Fort McCoy, where participants were immersed in

military culture and simulated deployment. A primary goal of the training was to improve clinicians' understanding of concerns specific to veterans with mental health and substance use issues. WO:I had a lasting impact through 2013 by equipping participating providers with unique skills and knowledge to better serve veterans.

Improved Intake Process

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 system of sustaining care 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.

CRISIS & INPATIENT SERVICE

Crisis Services

The Psychiatric Crisis Service/Admissions Center provides 24/7 psychiatric emergency services including assessment, crisis intervention and medications. The center has the capacity for client observation for up to 48 hours as needed.

Psychiatric Crisis Line (414) 257-7222

The Crisis Line is available 24/7 to provide immediate psychiatric crisis intervention services. The Crisis Line is often the first point of contact with the mental health system for individuals in crisis and is the main access point for the mobile team services. Services include:

- Screening & Assessment
- Crisis Counseling & Intervention
- Emergency Service Coordination
- Free Referral Information

Access Clinic (414) 257-7665

The Access Clinic is open Monday through Friday from 8 a.m. - 4 p.m. The clinic serves uninsured Milwaukee County residents requesting psychiatric assessment, medications or community referrals.

To support the closure of the BHD Center for Independence and Development (CID) and to reduce utilization of the psychiatric crisis services (PCS), an initiative for 2013 was to expand Crisis Services with staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. In 2013, BHD created the Community Consultation Team (CCT) to be a crisis mobile team that specializes in community-based interventions for individuals with both IDD and mental illness.

The primary focus of CCT is to provide support and crisis intervention services to individuals who are transitioning from the CID to the community. As the CID closure progresses, these services will become available to all individuals in Milwaukee County with IDD and mental illness who are in need of assistance.

In 2013, Crisis Services also expanded crisis mobile response capacity through a partnership with the Milwaukee Police Department (MPD) in the creation of the Crisis Assessment Response Team (CART). This specialized crisis mobile team consisting of a BHD clinician and an MPD officer, has been responding to individuals in crisis in the community with the goal of decreasing the need for emergency detentions by identifying voluntary treatment alternatives for individuals

whenever possible. Since the creation of CART in July 2013, this team has had to issue emergency detentions in just 10% of the mobile interventions completed.

Acute Adult Inpatient and Child/Adolescent Inpatient Services (CAIS)

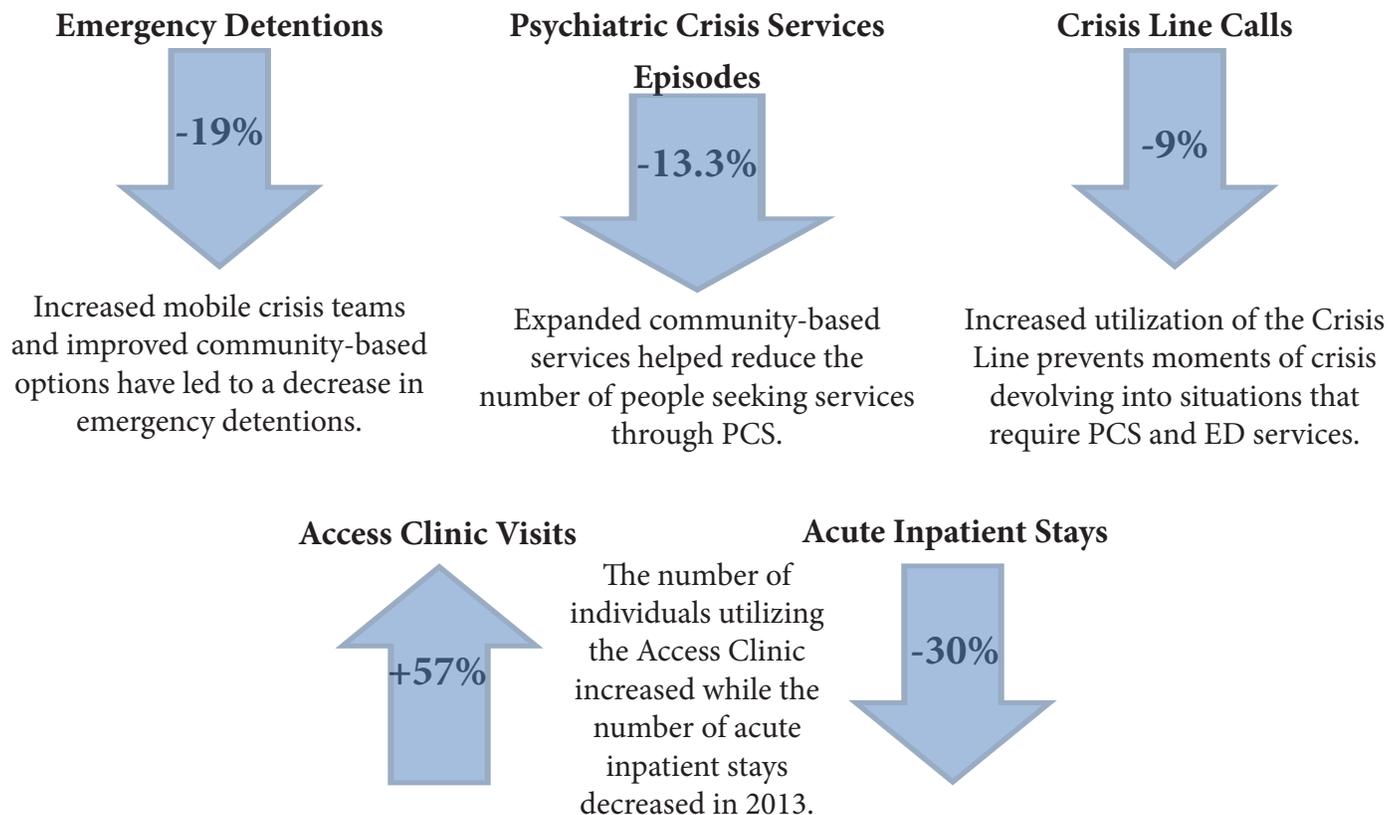
Inpatient services uses a multi-disciplinary, recovery-based team approach designed to stabilize those in acute psychiatric need and provide a bridge to appropriate community services. Acute Adult Inpatient Services saw an across the board increase in patient satisfaction in 2013 as a result of concerted efforts by the Division. In 2013 the number of acute beds held steady to the 24-bed downsized level achieved in 2012. Even with the reduced number of beds, there were no wait lists in Acute since the first quarter. Acute successfully completed certification visits with no citations. Stabilization at leadership positions, such as the appointment of an acute medical director and a new director of acute also helped improve Acute operations in 2013. The number of admissions to CAIS has continued to steadily decrease as alternative treatment options in less restrictive settings are adopted. CAIS also gained a permanent medical director in 2013.

Rehabilitation Centers (Hilltop/Central)

BHD's Rehabilitation Centers are two individually-licensed facilities which provide unique long-term rehabilitative care to patients with complex medical, mental health and behavioral needs. The goal of these facilities is to promote optimum function and return to appropriate community settings. BHD continued to increase community integration of behavioral health services while moving Rehabilitation Center residents into less restrictive community settings. BHD worked collaboratively with the Wisconsin Department of Health Services (DHS) and other agencies as part of Relocation Teams to find the best community option for each resident, customized to their individual needs. We have instituted better staff education and pro-active measures to ensure that residents are always being treated with the utmost dignity and respect in a culturally sensitive environment.

Measurable Improvements in Essential Areas of Mental Health Care

Investments by Milwaukee County in mental health care and community-based infrastructure over the past several years began to pay dividends in 2013. A comparison of some crucial indicators from 2010 to 2013 illustrates the progress made.



Leadership and Administration

In 2013 BHD made significant strides to put long-term leadership in place that will serve to improve division-wide functioning. A Quality Compliance Officer and a Director of Nursing were both appointed in 2013. Mandt training continued to expand with management staff being trained to ensure that all Division staff are properly trained on de-escalation techniques. The HIPAA-compliant Avatar Electronic Medical Record (EMR) system has been implemented for Crisis Services and Acute Adult Inpatient and will continue to be implemented throughout the Division in 2014. BHD continued to increase operational efficiencies while making fiscally sound changes as a result of data-driven decision-making.

MENTAL HEALTH REDESIGN

The Mental Health Redesign Task Force first convened in 2011. The group implemented activities designed to enhance the Milwaukee County mental health system in the key areas of person-centered care, continuum of care, community linkages, workforce and quality.

One of the major goals of the redesign is to close the long-term care units at BHD. During 2013 significant progress was made toward completing this process. A total of 17 individuals transitioned from Hilltop to the community. Of the remaining 49 individuals, more than two dozen have enrolled in a Family Care option, one of the first steps to finding community placement.

The redesign implementation activities were framed within SMART Goals (Specific, Measurable, Attainable, Realistic and Time-bound) to promote accountability and clearer reporting. In 2013, eight of the 16 SMART goals had been completed and several others were ahead of pace.

Completed goals include:

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*

SMART Goal 5

Improve coordination and flexibility of public and private funding committed to mental health services*

SMART Goal 8

Improve crisis access and response to reduce Emergency Detentions*

SMART Goal 9

Improve flexible availability and continuity of community-based recovery supports*

SMART Goal 10

Improve the success of community transitions after psychiatric hospital admission*

SMART Goal 13

Improve access to (and retention in) recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately housed*

SMART Goal 15

Improve access to non-hospital intervention and diversion services for people in mental health crisis to reduce unnecessary acute hospital admissions*

*For detailed information on activities completed to achieve goals visit: <http://county.milwaukee.gov/MHRedesign.htm>

WRAPAROUND

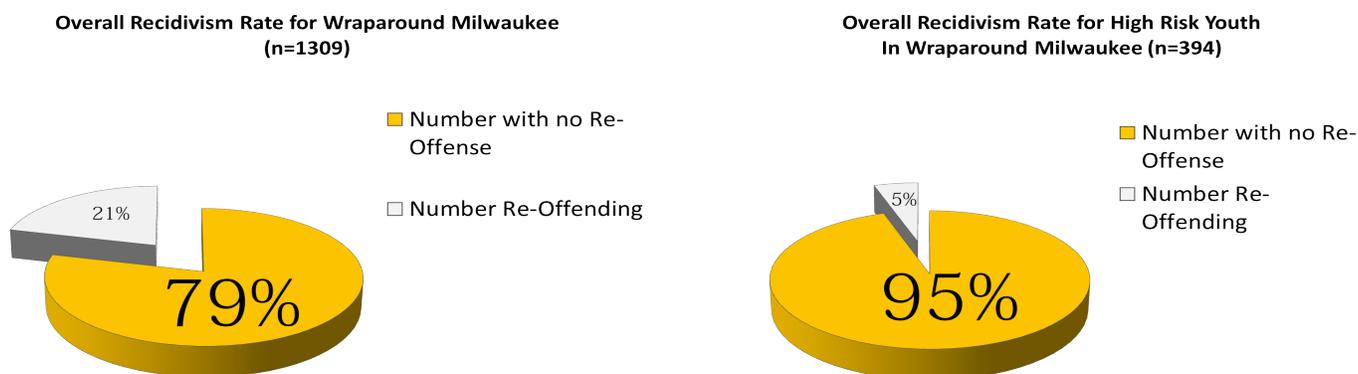
Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division and is designed to provide comprehensive, individualized and cost-effective care to children with complex mental health and emotional needs. Wraparound Milwaukee serves families living in Milwaukee County who have a child who has serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital.

The BHD Wraparound program celebrated a number of accomplishments this year, including serving a record number of youth and families. The program enrolled about 1600 families in 2013 and served an average of 1050 children on a daily basis. Wraparound administrators and employees continue to celebrate success while looking for ways to improve the services offered to youth and their families in Milwaukee County.

Recidivism Study

A new two-year study from the Wisconsin Council on Children & Families looked at recidivism rates of youth in the Wraparound Milwaukee program.

The study found that of the more than 1300 youth enrolled in Wraparound, 79% did not re-offend while participating. The rates for the highest risk youth, such as juvenile sex offenders, was 95%.



The re-arrest data also showed there was no increase in severity in offenses for youth who were re-arrested. The study concludes that Wraparound has a positive effect on recidivism rates that continue to appear reasonably low. The outcomes from the high risk population also suggest that the additional evidence-based practice interventions that take place have discernible effects.

The following results were included in the study summary:

- Overall recidivism remains low
- High risk youth have significantly lower recidivism rates (5%)
- Patterns show most re-offense behaviors in youth who have been in the program less than three months
This suggests youth need time to engage in the program and close attention to youth is critical during this time
- More in-depth investigation of multiple re-offenders is necessary

Data from the study supports the assertion that Wraparound Milwaukee is a cost-effective approach to reducing youth crime and the harmful impact it has on the community, participants' families, and the participants themselves.

New Resource Center

During 2013 Wraparound had its first full year of operation of a new young adult resource center clubhouse called Owen's Place. The official dedication of Owen's Place was held on October 25, 2013. The resource center hosts classes for young adults related to health care, wellness, banking, job seeking and employment. It also serves as a recreational and meeting place for young adults with emotional and mental health issues. Owen's Place is also a space where young adults can access a peer support specialist and use the computer to look for jobs, a place to live and other resources. Owen's Place is located at 4610 W. Fond du Lac in Milwaukee.

Peer Specialists

One of the most notable accomplishments of Wraparound this year was the development of Young Adult Peer Specialists who have lived experiences who can work with youth or other young adults with serious emotional needs. In September 2013, Wraparound Milwaukee was the first HMO to get approval to cover peer specialists as a reimbursable Medicaid service. Considerable time has been spent to train more young adults to be peer specialists and help them prepare for and pass the State Certification course for peer specialists.

WRAPAROUND CURRICULUM

Wraparound Milwaukee and Georgetown University were selected to partner with the Johnson Foundation at Wingspread in Racine, Wisconsin to host a conference for eight U.S. states to help them design, develop and implement systems of care like Wraparound Milwaukee and to understand the key components to building successful systems. Wraparound Milwaukee has developed a national training curriculum on our model and the Wingspread Conference, held October 16-18, 2013, was an opportunity to further pilot that curriculum.

During 2013 Wraparound Milwaukee also hosted site visits from the following states/countries:

- New Zealand
- Colorado
- Wyoming
- Minnesota
- Rhode Island

The visits were designed to allow delegates to see and learn about the program.

MENTAL HEALTH INVESTMENTS

In 2013 we included investments to further our mental health redesign efforts in 2014. More than \$4.8 million was approved to expand community-based mental health services. That money will be leveraged by millions of additional state and federal dollars that will be used to help increase the number of treatment options available in the community. The 2014 investments and improvements include:

- Expanding BHD's partnership with the Milwaukee Police Department to increase the reach of the Crisis Mobile Team. Funds will be used to add one clinician to work directly with officers who serve as first responders to emergency detention calls. The goal is to reduce the number of involuntary emergency detentions by offering individuals alternative treatment options.
- A new peer run drop-in center will open in 2014. The center will operate primarily in the evenings and on weekends and will increase the existing peer services contracts.
- Additional quality assurance staff will help ensure better care and safety at BHD. One of the new staff members will focus solely on improving quality assurance in our Crisis Services areas.
- BHD will continue to implement the Community Recovery Services (CRS) program, which is a co-participation benefit for individuals with a severe and persistent mental illness. The program promotes independence by connecting clients to necessary recovery services like supported employment and housing.

- We will continue to expand case management programs including additional targeted case management (TCM) slots.

- The 2014 budget maintains funding for Families Moving Forward, which focuses on mental health issues in the African American community.

- There is a substantial investment in a new partnership with the UCC/16th Street Clinic to focus on the Latino community.

- Additional resources are being used to help individuals moving out of Rehab-Centers Central, including 20 additional Community Support Program (CSP) slots, more group home beds and other additional supports such as adult family homes and other needed services.

- The evidence-based Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) models will be added to four existing CSP programs to improve and expand services for clients.

- All CSP providers will receive a cost of living adjustment (COLA) for the first time since 2000. BHD also plans to continue to review and consider COLA increases for other service areas in future years.

- A South-side Access Clinic will open in July 2014 to help meet increased demand and also to address community needs by having a second location for services that individuals can more easily access.

- BHD will apply for funds to implement Comprehensive Community Services (CCS), which is a Medicaid psychosocial rehabilitation benefit.

- In partnership with the Division of Housing, BHD plans to offer a new housing pilot program specifically aimed at AODA clients, to provide a safe living environment coupled with Targeted Case Management (TCM) services for individuals who are in the early stages of recovery from a substance use disorder.

- BHD, in coordination with the Department on Aging and the Disabilities Services Division, will work to create a pilot program to address the County's responsibility under Chapter 55 of the Wisconsin Statutes in the Milwaukee community. The goal is to create a 24/7 crisis intervention team to assess the behavioral health,

medical and cognitive needs of elderly individuals in Milwaukee County.

- The Housing Division's Pathways to Permanent Housing program is funded on an annual basis and provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. The 2014 budget includes \$276,250 transferred from BHD to Housing and an additional \$70,000 in increased tax levy is invested in the program.

- The Housing Division plans to implement a new initiative to create 20 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers.

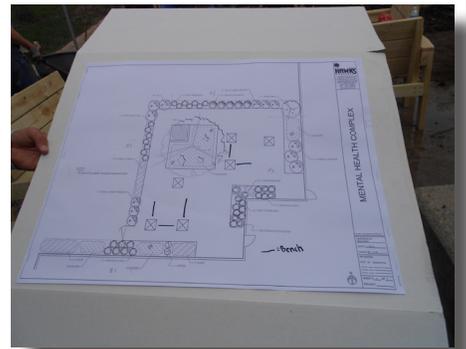
- BHD will establish a Community Consultation Team specifically for individuals dually diagnosed with both a developmental disability and mental health issue. This includes the creation/transfer of five positions throughout 2014.

- BHD and DSD will develop a Crisis Resource Center that will be available to individuals with intellectual and developmental disabilities and a co-occurring mental illness. The primary goal of this program is to provide intensive support to assist an individual in acquiring the necessary skills to maintain or return to community living following behavioral or symptoms changes leading to crisis destabilization.

COURTYARD RENOVATION



Individuals living at BHD and staff were given a new opportunity to enjoy the spring and summer weather thanks to a partnership between BHD, a Wauwatosa Boy Scout troop and Hawks Nursery. Members of Troop #21 and other volunteers renovated a patient courtyard and helped create a healing garden. The project included designing the new courtyard layout, planting new trees, plants and flowers, and installing new hand-made benches.



HOUSING DIVISION

The Housing Division strives to provide Milwaukee County residents in need with a safety net, decent and safe affordable housing, and a connection to opportunities improving the quality of life using available funding sources in the most equitable and efficient manner.

SUPPORTIVE HOUSING

Five Year Progress

Supportive Housing units offer affordable rent to individuals with mental illness who want to live independently in an environment conducive to their recovery. The Housing Division along with the Milwaukee City/County Commission on Supportive Housing released a five-year progress report in November 2013. The report showed significant progress in the development of safe, secure housing for individuals with mental illness. A 10-year plan that is part of a report issued in 2007 calls for 1260 supportive housing units in Milwaukee County. As of September 2013, there were 421 units occupied throughout the County, 37 units under construction and 60 new units proposed.

Bradley Crossing

Milwaukee County made history in March 2013 when a large-scale supportive housing building opened outside the city of Milwaukee for just the second time. The new Bradley Crossing supportive housing development in Brown Deer is the result of a partnership between General Capital, Jewish Family Services and Movin' Out with support from the Milwaukee County



Housing Division. The building features 60 units, including 30 that are set aside for residents with disabilities. Staff from Jewish Family Services provides on-site case management for residents and outpatient mental health services. The Bradley Crossing project is in line with the goals of the County's Mental Health Redesign. The Housing Division's Community Development Block Grant (CDBG), Section 8 and HOME programs helped fund the project.

Pathways to Permanent Housing

Milwaukee County's new transitional housing program, Pathways to Permanent Housing, opened in June 2013. Pathways offers housing options for those who are at risk of being homeless and individuals who would like to transition to less restrictive settings.

HOUSING FOR YOUNG ADULTS

The Housing Division partnered with Journey House and Milwaukee County Wraparound on the creation of new supportive housing units for individuals that are aging out of foster care and are enrolled in Wraparound's Older Youth and Emerging Adult Heroes Program (O-YEAH). Eight units have been funded and will be placed into service in the spring of 2014. The Division will continue to focus on this population in 2014 and this pilot project will begin to address a shortage of housing for young adults.

Community Intervention Specialist

Through the Community Linkages Committee of the Mental Health Redesign, the Housing Division created a new Community Intervention Specialist position in 2013. This position will assist private hospitals, Milwaukee County Jail, House of Corrections, and homeless shelters to ensure proper discharge planning into appropriate housing. The Division is confident that staff will be able to reduce recidivism in the correctional system, reduce the use of inpatient services at the Milwaukee County Behavioral Health Division, and allow individuals to be placed into permanent housing upon discharge instead of relying on the shelter system.

Keys To Independence - Scattered-Site Supportive Housing

Through the new Keys To Independence initiative, 40 additional scattered-site supportive housing units were funded in 2013. These units will give consumers additional housing options in units located throughout Milwaukee County. Through Guest House of Milwaukee, additional case management and peer support services will be offered to participants of the program and the Housing Division will also provide rental subsidies to ensure affordability of units.

Door To Neighborhood Choice

For the first time, Milwaukee County has dedicated HOME funds towards Tenant Based Rental Assistance (TBRA) through the Door to Neighborhood Choice Program (DNC). DNC provides security deposit assistance to participants in Milwaukee County's Housing Choice Voucher Program to enable individuals and families to afford to live in neighborhoods of their choice throughout Milwaukee County.

Including Bradley Crossing, there are a total of 12 supportive housing buildings located throughout Milwaukee County.



DELINQUENCY & COURT SERVICES DIVISION

The Milwaukee County Delinquency and Court Services Division (DCSD) is focused on community protection, youth accountability and youth competency development aimed at reducing recidivism among youth in Milwaukee County through improving operational efficiencies, engaging in evidence-based practices, expanding community alternatives to safely reduce reliance on the use of secure confinement, and building community partnerships to provide better outcomes for youth and families served in Milwaukee County.



JUVENILE JUSTICE REFORM & REINVESTMENT INITIATIVE

A major initiative within DCSD in 2013 was the implementation of a federal grant awarded in 2012 by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. The Juvenile Justice Reform and Reinvestment Initiative (JJRRI) involves adopting a set of evidence-based and cost-measurement tools for assessing services provided to juvenile justice youth and using the results to inform service improvement with the ultimate goal of achieving better outcomes for youth. In May 2013, DCSD hosted a kick-off event with its community-based providers and system partners to learn about the initiative from the national technical assistance team, including the Office of Juvenile Justice and Delinquency Prevention, Georgetown University Center for Juvenile Justice Reform, Vanderbilt University's Peabody Research Institute, and the Urban Institute. Following this event, DCSD and Wraparound Milwaukee conducted site visits and gathered data needed to complete the evidence-based tool, known as the Standardized Program Evaluation Protocol, for services provided to youth in the juvenile justice system. Scoring and program improvement activities will be the focus in 2014.

JUVENILE DETENTION ALTERNATIVES INITIATIVE

DCSD continues to work with the Annie E. Casey Foundation to implement new juvenile justice reforms and is one of three sites in Wisconsin to participate in the Juvenile Detention Alternatives Initiative (JDAI). The overarching goal of this initiative is to safely reduce reliance on the use of secure confinement for youth. The work of JDAI is supported by a Community Advisory Board that was formed in 2013 comprising representatives from the Milwaukee County Board, Milwaukee County Executive's office, judiciary, District Attorney's office, Public Defender's office, Milwaukee Police Department, Department of Corrections, Milwaukee Public Schools, community- and faith-based agencies, youth representatives, and others.

As part of the JDAI initiative, and with the approval of the judiciary, DCSD developed and implemented two new detention alternative programs in 2013, including the use of Global Positioning Systems (GPS), as an enhancement to existing monitoring programs for youth pending court, and a weekend report center for youth who violate the conditions of their probation. These two initiatives were supported in 2013 with grant funding for JDAI activities from the Wisconsin Department of Justice.

- **The GPS enhancement** allows for close tracking of youths' whereabouts and compliance with monitoring program requirements. As a result of the availability of GPS, youth at risk of detention because of violations in the monitoring program can avoid the issuance of a warrant and detention placement if they maintain compliance. Judges may also order

youth pending court directly on GPS with monitoring as an alternative to detention.

- **The weekend report center**, called the Saturday Alternative Sanction (SAS) program, provides a community-based alternative to sanctions placement for youth who violate the conditions of their probation. The program is intended to provide a timely response and hold youth accountable relative to their violations, while engaging them in positive and constructive programming. The program was implemented in July 2013 following the issuance of a Request for Proposals and selection of a community-based vendor. The program lasts six to eight weeks and includes three groups that youth can participate in to address their specific probation violations: Aggression Replacement Training, Thinking For Change, and Alcohol & Other Drug Abuse (AODA). This program also provides an opportunity for community service hours and includes a component in which the family is engaged to aid in the change process for the youth. Transportation to and from the program is provided for the youth, along with meals and other incentives. Thirty-two youth have participated in the program since its inception.

JUSTICE & MENTAL HEALTH COLLABORATION GRANT

Since 2010, DCSD, Wraparound Milwaukee, and the Wisconsin Department of Corrections have partnered on a Justice and Mental Health Collaboration grant from the Bureau of Justice Assistance to provide comprehensive reentry services for youth with mental health problems returning from juvenile corrections. A total of 45 youth were served since program inception. Grant funding ended in September 2013; however, the partners are committed to continuing the project through pooling resources to provide reach-in care coordination services while youth are transitioning from the juvenile correctional institution and Wraparound services in the community to promote successful reentry.

MILWAUKEE COUNTY ACCOUNTABILITY PROGRAM

Milwaukee County's short-term detention program, known as the Milwaukee County Accountability Program (MCAP), has served to divert youth from the Department of Juvenile Corrections, keeping youth closer to home and improving the youth's behaviors and thought patterns. MCAP has served 27 youth since its inception in October 2012 and saw its first graduates in December 2013. Youth in this program receive education while in detention, Juvenile Cognitive Intervention Programming, family counseling, AODA education and counseling, restorative justice, and targeted monitoring including GPS.

YOUTH MENTORING COLLABORATION

In June 2013, DCSD entered into a Memorandum of Understanding with Milwaukee Police Department (MPD) to partner in a pilot project to match youth in the juvenile justice system with mentors from the faith-based community. Milwaukee Public Schools (MPS) has committed to providing volunteer and mentor training to new mentors for this pilot. In addition, DCSD has committed resources through its Early Intervention Program grant to contract with a community-based provider, Adolescence Mentoring Educational Network (A.M.E.N.), to provide administrative support, training, recruitment, and consultation services for this project.

OPERATIONAL EFFICIENCIES

In 2013, DCSD successfully reorganized Human Service Worker duties through eliminating division of tasks between intake and ongoing probation units. As of April 2013, Human Service Workers keep assigned cases from initial delinquency referral through the end of the dispositional order. This change enhances continuity of worker/family assignments by eliminating case transfers. Continuity of case assignments also serves to promote the streamlined completion of the Youth Assessment and Screening Instrument (YASI) risk and needs assessment.

Additionally in 2013, DCSD assigned Juvenile Correction Officer Supervisors to screen youth brought to detention for placement in place of designated Custody Intake Specialist staff. This intake function operates 24 hours per day, seven days per week. Juvenile Correction Officer Supervisors assuming this task improved operational efficiency and the reliance on overtime expenditures to perform these statutory duties.

TRAINING & EDUCATION

DCSD continues to invest in training of its staff and community partners to promote understanding and skill development in providing effective services to youth and families. Training opportunities provided to DCSD staff in 2013 included the following topics:

- YASI risk and needs assessment tool
- Motivational interviewing
- Commercial sexual exploitation of at-risk youth
- Trauma-informed care (made available through Wraparound Milwaukee).

With grant funding from the Wisconsin Department of Justice, DCSD also made training from the National Runaway Safeline on the prevention of youth running away and the commercial sexual exploitation of at-risk youth widely available throughout the year. The training was available to the Bureau of Milwaukee Child Welfare (BMCW) and its contracted staff, contracted group home and shelter staff, and Wraparound Milwaukee providers. These trainings were provided as part of a broader effort to prevent youth in the child welfare system from entering secure detention and to improve identification and service delivery to youth in both the juvenile justice and child welfare systems. These projects included improving communication and information sharing between BMCW and DCSD when a youth was involved with both systems, diversion efforts for youth who would otherwise be placed in detention, working with system partners to address youth who run away from their homes or court ordered placements, and assisting a community agency with equipment needed for the new residential treatment center for females victims of human trafficking.

DISABILITIES SERVICES DIVISION

The Disabilities Services Division (DSD) is dedicated to enhancing the quality of life for individuals with physical, sensory and intellectual disabilities.

DIVISION ACHIEVEMENTS

Behavioral Health Division (BHD) Hilltop Closure Project

DSD has provided overall project management to the BHD Hilltop closure initiative. The implementation process resulted in significant progress toward the goal of relocating individuals by November 2014. During 2013, substantial progress was made to facilitate the enrollment process and options counseling. To date, 29 of the remaining 49 individuals at Hilltop have been enrolled in one of the Family Care options, while 17 individuals have left Hilltop and those beds have been closed. DSD staff have worked closely with guardians to facilitate the enrollment process.

HOUSING SURVEY

A Housing Preferences survey project for persons with intellectual and/or physical disabilities was completed in partnership with Movin' Out, Inc. entitled "If I had My Own Home..." The survey provided consumer responses to address several areas of housing concerns and issues. A steering committee was formed to guide this process. The results will be considered by the steering committee and final recommendations will be brought forward to the Division in partnership with the DHHS Housing Division and the Combined Community Services Board (CCSB) for future planning purposes.

System Gap Analysis

The Division completed a system gap analysis with the Public Policy Forum and the Human Services Research Institute (HSRI) during 2013. The project was a significant review of the gaps in services for persons with intellectual disabilities. An advisory committee was formed and met several times, a key stakeholder interview/survey process and an extensive data analysis was completed. The final report should be available early in 2014 after a review by major stakeholders.

Cost Savings

DSD initiated a Cost Saving Committee as suggested by DHHS Director Colón and formed an internal work group of DSD staff. The work group set a goal of improving business efficiency by beginning a "Going Paperless Project." The project set out to reduce the number of paper-generated reports being distributed to DSD staff and replacing the information with an electronic alternative. During 2013, the project successfully reduced the use of paper by an annualized 72,276 pages. This effort saved on paper costs and printer/toner/repair expenses and resulted in a more efficient method to distribute important data used for day-to-day operations.

Marketing Materials

The Disabilities Services Division developed new marketing materials for the Division which included the Disability Resource Center, the Birth to Three program and the Children's Long Term Support programs. The materials feature the new DSD logo and color scheme.



CHILDREN'S PROGRAMS



Improved Communication & Enhanced Relationships

In 2013 DSD developed a Provider Network as a strategy to improve branding of Milwaukee County Children's Programs to increase identification of Birth to 3, Children's Long Term Support and Family Support Programs as Milwaukee County Services available to children and families.

The division also developed 2014 Fee-for-Service Contracts to ensure provider certification within the Milwaukee County Children's Long Term Support

Provider Network and state third party claims process.

DSD created a partnership with Gorman Homes through the DHHS Housing Division to facilitate access to accessible-housing for children with disabilities and their families. Ten families received new accessible and affordable homes in 2013.



BIRTH TO 3

- 3070 referrals for Early Intervention Services have been received and processed
- 1286 new Individual Family Service Plans (individualizing Early Intervention Services) were developed
- Completion of Corrective Action Plan and Correction of Findings of Non-Compliance along Indicators 1, 7, 8A, and 8C. Progress was achieved at 100% compliance
- Seamlessly transitioned families, preventing service interruption, from Next Door Foundation within 2 weeks of receiving their request to discontinue as a Birth to 3 Contractor with Milwaukee County
- Fully implemented 2013 Performance Based Contracting and began ongoing analysis of data to ensure that the resources in the program are aligned with the mission to support parents and children in their natural environments

CHILDREN'S LONG TERM SUPPORT WAIVERS

- Program Manager Appointment to the State Department of Health Services Children's Long Term Care Council
- 443 families served with an Autism Waiver Benefit
- 210 families served by the Non-Autism Waiver program
- 76 New enrollments (total new enrollments in both programs)
- Initiation of CLTS Provider Network

FAMILY SUPPORT

- Provided Family Support funding to 602 families to assist their children with disability related needs
- Initiated funding guidelines in response to state changes in administration of Family Support dollars, focusing on goals and outcomes that demonstrate assessment of a child and family's short term and long term needs

DISABILITY RESOURCE CENTER (DRC)

The DRC completed its first full year of services after reaching an entitlement benefit for persons with intellectual and physical disabilities and received **3052 requests for long-term care services** while **enrolling 1749 customers in publicly funded long-term care** between January 1 and November 30, 2013. This represents an increase in volume over 2012.

DRC Call center staff received **24,990** incoming phone calls between January 1 and November 30, 2013.

Disability Benefits Specialists served **2112 customers** between January 1 and November 30 2013. The total monetary impact to our customers during this time period is **\$936,799**. This is the estimate of the value of benefits our DBS customers received as a result of our DBS intervention and assistance.



COURT RELATED SERVICES

WATTS Review Unit

- DSD had 100% compliance with timely submittal of 525 Watts Reviews to the court system.

Adults At Risk (APS)/Guardianship Unit

- 90 individuals with disabilities who have a guardianship/protective placement order were successfully relocated to the community with appropriate supports.
- APS staff members investigated 322 cases of abuse, neglect and financial exploitation.
- APS staff connected 86 individuals with disabilities to publicly funded long term care services and other community resources.

INTERIM DISABILITY ASSISTANCE PROGRAM (IDAP)

The Interim Disability Assistance Program (IDAP) provides benefits to eligible individuals who are waiting for approval of their Supplemental Security Income (SSI) application. In 2013 IDAP assisted approximately 1,100 individuals and provided \$222,630 in payments.

COUNTY INDIGENT BURIALS PROGRAM

Approximately 290 individual burials were supported by the County Burials program in 2013. This program also realized significant efficiencies in the fiscal policy area developed last year.

EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS) is an essential part of Milwaukee County's health care community. EMS is a nationally respected group that has been recognized for high survival rates of cardiac patients, among other achievements. The division administers critical emergency medicine in pre-hospital settings. EMS is also responsible for administering the operation and maintenance of county-wide emergency medical services through agreements with county municipalities.

40TH ANNIVERSARY

The EMS Division celebrated 40 years of service in 2013. The paramedic training program began in 1973. West Allis Fire was the first department to send firefighters to the paramedic training center. Over the last 40 years, more than 775 individuals have acted as paramedics in the program. Today, more than 425 paramedics are working in nine fire departments on 38 units throughout Milwaukee County.

MEDICAL DIRECTOR

After more than twenty years as the medical director for the Milwaukee County Emergency Medical Systems (MC EMS), Dr. Ronald G. Pirrallo stepped down in 2013.

During his tenure as medical director, the EMS system experienced many changes. The number of paramedics and ambulances in the MC EMS more than doubled, treatment protocols expanded the scope of

practice for the paramedics, the system also undertook numerous technology changes, and as a result of numerous research projects, evidence-based practice elevated the level of critical emergency care provided to those who call 911.



Dr. M. Riccardo Colella presents Dr. Pirrallo with a plaque commemorating his 20 years of service.



County Executive Chris Abele presents Dr. Pirrallo with an Executive Proclamation.

Dr. M. Riccardo Colella superseded Dr. Pirrallo. Dr. Colella is only the third medical director for MC EMS in the 40 year history of the program.

NATIONAL EMS EDUCATION CENTER ACCREDITATION

The EMS Education Center received a site visit from the Committee on Accreditation of Education Programs for Emergency Medical Services Professionals (CoAEMSP). This site visit followed a lengthy self-study application to seek accreditation for the EMS Education Center. National Registry of EMTs and the state of Wisconsin EMS offices require accreditation in order for graduates of EMS schools to be allowed to obtain national certifications and state EMT licenses.

NEW CARDIAC MONITORS

Milwaukee County Fire Departments received new ZOLL Medical X Series heart monitors in 2013.

The new monitors give EMS technicians several advantages including:

- Wireless Internet abilities allow EMS units to transmit information to hospitals easier and in a timely manner, which has shown to improve patient outcomes
- Ability to obtain and share real-time critical data elements
- Ability to quickly take serial ECGs, which is important when monitoring heart attack patients
- Improved patient assessment data collection



One of the first cardiac monitors used in Milwaukee County



New Zoll Medical X-Series cardiac monitor

Milwaukee County EMS purchased 45 of the new monitors as part of the 2013 budget.

HEART ATTACK OUTCOMES

The Milwaukee County Emergency EMS Quality Manager is actively involved in the American Heart Association's Mission: Lifeline initiative. The program is designed to improve the care provided to heart attack patients. Recognizing that time equals muscle survival, pre-hospital (EMS) and hospital providers are collaborating to reduce the amount of time it takes to open clogged heart vessels that cause some heart attacks. The success of the initiative relies on paramedics' ability to acquire and interpret a heart tracing called a 12-lead ECG which can help diagnose a heart attack. The paramedic then transmits that ECG to the hospital so staff there can begin preparation for direct admission. That process shortens the time it takes to reestablish blood flow to the heart. Current national standards for chest pain centers ask to have the blood flow reestablished within 90 minutes of hospital admission. Mission: Lifeline's goal is to reestablish blood flow in a cardiac characterization lab within 90 minutes of *paramedics arriving at the scene*. For heart attack patients seen in 2013, the current tracking done by MC EMS shows an improvement in blood flow reestablishment in 69.4% of the cases.

RESEARCH PROJECTS

Milwaukee County EMS plays a key role in several local, state, national and international research studies, including two that are listed among the most important EMS articles of the year. The National Association of EMS Physicians listed two MC EMS projects among the top 10 most important studies of the year. MC EMS works in collaboration with the Medical College of Wisconsin (MCW) to conduct a number of research studies used to determine the best and most effective medical care practices for patients in out-of-hospital settings.

In 2013, MC EMS continued to work with MCW to be part of a ten-city international Resuscitation Outcome Consortium (ROC) research cooperative. In 2013, MC EMS completed a research protocol researching the impact of obtaining on-scene results of a blood sample indicating the severity of injury for trauma patients. In addition, MC EMS continued research protocols, studying the effectiveness of two cardiac resuscitation medications and two methods of administering cardiopulmonary resuscitation.

QUALITY IMPROVEMENT

CPR Feedback Initiative

The goal of the CPR Feedback Initiative is to provide actionable feedback to providers performing CPR during resuscitative efforts for patients in cardiac arrest. The new ECG monitor technology enables the system to present graphic results to the providers showing how well the goals of compression depth, rate and continuity are met. In the first three weeks of the initiative, 60 feedback forms were delivered to the responding basic and paramedic crews depicting the quality of CPR for their resuscitation attempts.

Code Stroke & Code STEMI Alerts

Code Stroke and Code STEMI alerts were implemented in November 2013 to give receiving hospitals earlier notification of incoming patients with ST Elevation Myocardial Infarction (STEMI or heart attack) and strokes. This is especially helpful for hospitals when activating in-house or on-call cardiac and stroke response teams. In the first month of the initiative, 20 STEMI alerts and 63 Stroke alerts were issued to receiving hospitals. Early results show an additional five minutes notification for heart attacks in the first month of the initiative. Feedback from hospitals has been very positive.

HEALTH INFORMATION MANAGEMENT

Electronic Patient Care Records

Two additional MC EMS System Providers transitioned from paper to electronic medical records in the field (at the patient's side) during 2013 - Milwaukee County Airport Fire Department and the BMO Harris Bradley Center. Both providers are using ImageTrend software, which is currently used by 10 other EMS providers in our Milwaukee County EMS system.

Data Integrity Audits

The Health Information Management (HIM) section performs quarterly audits on patient care record documentation practices by our EMS providers in an effort to identify performance trends and to improve deficiencies. The audit topics for 2013 include:

1. Selecting the correct Primary Impression
2. Identifying the Cause of Injury for trauma patients
3. Completing Time of CPR data field

The overall audit results were shared with each municipal fire department for employee education. Follow-up audits were conducted post education and all showed marked improvements.

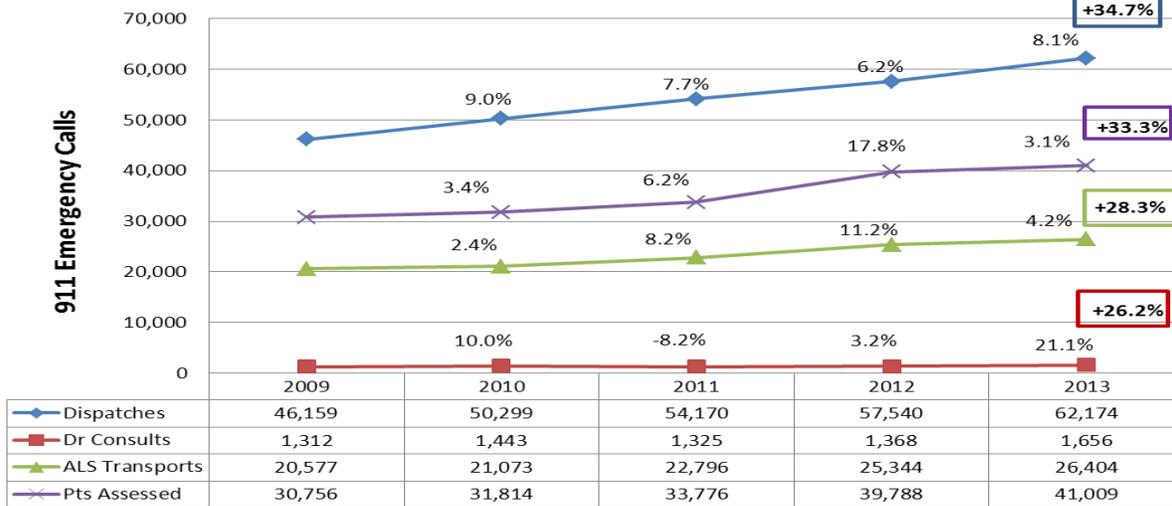
Review NEMSISv3 (National Emergency Medical Services Information System) Database Structure

A major upgrade to the national EMS data collection dataset has been released with planned implementation within the State of Wisconsin by December 2014. The NEMSIS dataset is required by all EMS systems across the country for their patient data submission to their respective State database which then submits to the national site. New data elements were identified and will be added to the MC EMS database in 2014 to meet data collection compliance.

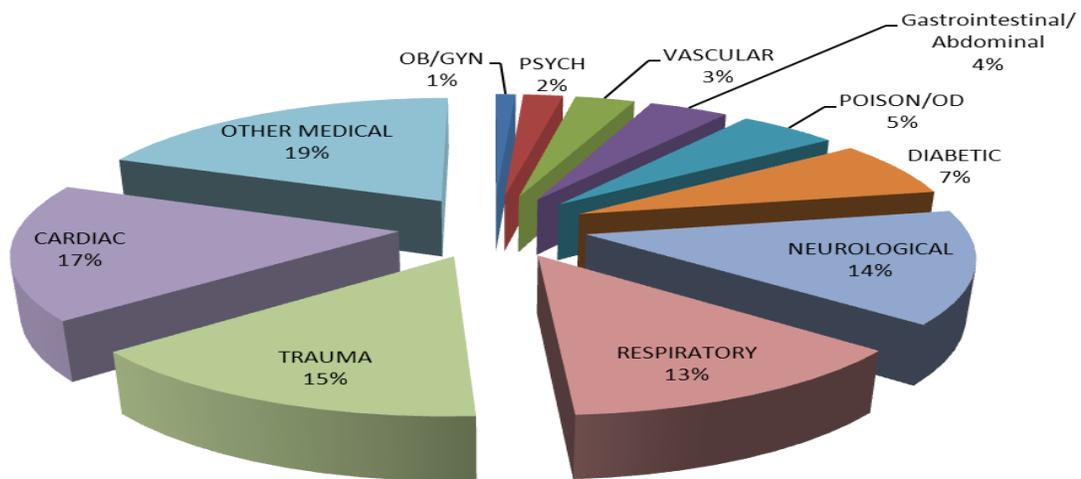
Call Volume

Data through the 3rd Quarter shows an increase in overall call volume for 2013. EMTs and paramedics saw a total of 84,257 patients.

MC EMS Paramedic Activity: 5-Year Trends



Patient Conditions



TWO PARAMEDIC CLASSES GRADUATE

Two new paramedic classes joined the Milwaukee County EMS System in 2013. Paramedic students from the Greendale, Greenfield, Franklin, North Shore West Allis and South Milwaukee fire departments made up the 54th Paramedic class. Once licensed, graduates provide advanced life support care to the citizens of Milwaukee County. The 55th paramedic class includes graduates from the Milwaukee and West Allis Fire Departments.



MANAGEMENT SERVICES

The Management Services Division provides budgeting, accounting, contracting, human resources and other business and operational support functions to all divisions of the department.

CONTRACT ADMINISTRATION

The Contract Administration section coordinates and monitors contract-related activities for all divisions of the Department of Health and Human Services, and serves as fiscal liaison between the Department and human service purchase and professional services contractors.

Wisconsin Home Energy Assistance Program (WHEAP)

The Contract Administration team is responsible for administering funds under the Wisconsin Home Energy Assistance Program (WHEAP). This program helps low-income individuals and families in Milwaukee County pay their home heating and electric bills during the heating season and provides crisis assistance to avoid service disconnections or to reinstate services during the entire year. In the 2012-2013 fiscal year, **\$30,000,978** in home energy assistance benefits were paid out to **55,000** eligible Milwaukee County households. More than a quarter of the State's \$111 Million program assists Milwaukee County households. In addition, more than 8,400 households received energy crisis assistance that totaled **\$2,485,543** for the year.

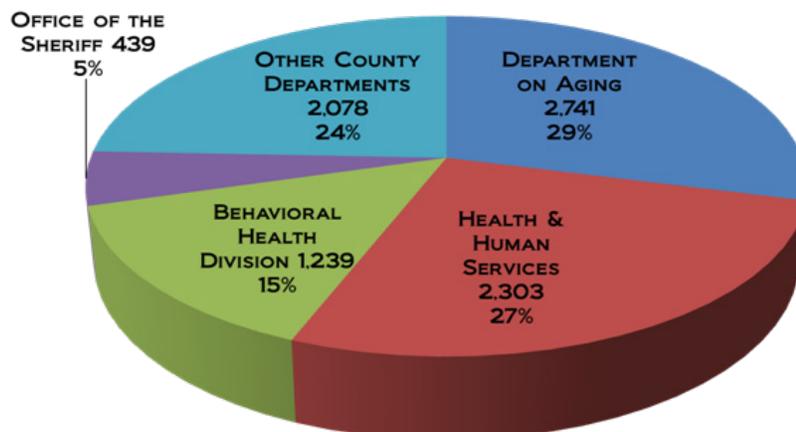


IMPACT 2-1-1

Contract Administration also administers funding for the IMPACT Community Information Line (2-1-1) service - a centralized access point for people in need during times of personal crisis or community disaster through WHEAP, AODA and other DHHS programs. This program is a 24-hour contact and referral service that provides access to a comprehensive database containing more than 5,500 community programs for residents seeking social services in Milwaukee County.

In the 2013, IMPACT 2-1-1 served a total of 202,008 customers, which included 56,867 online database search sessions and 145,141 telephone calls for an average of 16,834 clients served per month. This is an increase of 11.3% compared to 2012 (181,567 contacts). Of these, 1,688 involved language interpretation / translation or for hearing impaired customers either through voice-relay or TDD services.

IMPACT 2-1-1 Referrals



FISCAL ADMINISTRATION

Members of the DHHS fiscal staff work with all divisions throughout the year to help them find ways to improve systems and boost revenues. Members of the fiscal team were integral in several major projects that resulted in sustainable revenue increases in 2013.

FISCAL SERVICES & BUDGET

Medicaid State Plan Amendments

The DHHS Fiscal Department completed and received State approval for Wisconsin Medicaid State Plan amendments for improved cost report payments. The amendment is expected to result in increased payments of approximately \$1.3 million per year. During 2014, BHD should expect approximately \$355,000 in payments representing cost report data for the last 4 months of 2012. Beginning with 2015, BHD should expect to receive approximately \$1.3 million per year for the previous 12-month period.

Electronic Medical Records & Billing

In 2013, the Behavioral Health Division (BHD) successfully implemented AVATAR, a new electronic medical record and billing software, in the Psychiatric Crisis Service Admissions Department and in the Accounts Receivable Department. All Crisis and Inpatient Service billing is now completed in AVATAR. The implementation was a significant endeavor of the department and included complex configuration and development. During 2014 the Fiscal Department will continue to refine the use of the system, developing audit functions, more complete training manuals and reporting functions. Additionally the department will be significantly involved in the implementation of AVATAR in the Community Services Branch in 2014.

Health Care Law Changes

- Fiscal staff negotiated with the State of Wisconsin to include BHD in the disproportionate share funding that will be available to Wisconsin hospitals as part of the Affordable Care Act implementation and the simultaneous decrease of Medicaid funding. BHD expects to receive approximately \$750,000 during 2014 and anticipates additional payment during 2015.
- The fiscal team also helped facilitate a collaboration with Winged Victory and the BHD Social Work Department to promote a seamless transition process for BHD clients moving from Medicare to the Affordable Care Act Exchange agencies.
- Staff worked with the BHD Social Work Department to promote HMO enrollment for BHD's SSI Medicaid population. Enrollment in a Medicaid HMO allows for coverage of legally mandated services for the Medicaid IMD excluded population.

Quality Assurance

The fiscal team completed in-depth analysis of contract and quality assurance functions within DHHS. Following the analysis, they presented information to management and made recommendations to improve outcomes given current workload demands and staffing. During the first quarter of 2014, additional analysis will be completed with strategic initiatives expected to be incorporated in the 2015 Budget.

MEDICAL RECORDS

The Fiscal Department played a key role in making several improvements and upgrades to BHD's medical records system. Those changes include:

- Supported the implementation of AVATAR into the Psychiatric Crisis Service. Audited reports and provided feedback to ensure that through the process BHD met all required documentation standards for licensing and accreditation, and that data was complete and accurate for billing.
- Collaborated with Acute Inpatient Services to implement AVATAR in 2013. This work included translating all paper systems to electronic systems affecting all documentation, census, and billing data collection processes.
- Implemented scanning processes, allowing BHD to officially declare that we have a paperless record system for Acute Inpatient and several of the Crisis Programs.
- Updated BHD's HIPAA Policy and Procedures, Privacy Practice Notice, and Business Associate Agreement to be in compliance with the new "HIPAA Omnibus Rule."
- Worked with Utilization Review to improve the completion of Certificate of Need forms which are a requirement for inpatient Medicaid billing for patients under 21 years of age.

AWARDS & HONORS

Several members of the DHHS staff received honors and awards throughout the year. Below are some of those recognitions.

Public Policy Forum Award

Wraparound Director Bruce Kamradt was selected by the Public Policy Forum as the 2013 winner of the Norman Gill Award for Excellence in Public Service. The award also recognized the success of the Wraparound Milwaukee program.



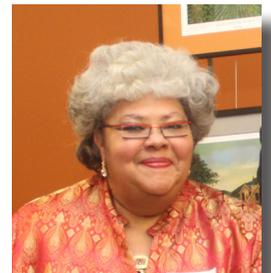
Champion in Women's Health Award

The Wisconsin Women's Health Foundation presented Community Services Branch Director Susan Gadacz with a Champion in Women's Health Award. Ms. Gadacz was honored for dedicating her life to addressing the alcohol and other drug prevention, treatment and recovery service needs of women and children. It was under her leadership that Wisconsin became the first state in the nation to publish Women's Alcohol and Other Drug Abuse Treatment Standards.



Faces of Hope Award

Disabilities Services Director Geri Lyday was chosen as one of 2013's Faces of Hope Honorees by the Wisconsin African American Women's Center. Honorees were acknowledged at the 17th Annual Hat Luncheon. The Wisconsin African American Women's Center's objective is "to build a successful community one day at a time through professional development, economic empowerment and education."



Public Sector Leadership Award

DHHS Director Héctor Colón was the 2013 recipient of the Hispanic Professionals of Greater Milwaukee Public Sector Leadership Award. Mr. Colón was being recognized for his commitment and support to the Milwaukee County community and the region.



HUD Awards

The Milwaukee County Housing Division received two awards during the 2013 statewide HUD conference. The first was an award for the Johnston Center supportive housing development that the Division helped create. The second was recognition for the improvements made in the HOME program. Milwaukee County was one of only two organizations to receive multiple awards. The Housing Division was also recognized for having more information available online than any other CDBG grantee.



Research Projects Recognized

The National Association of Emergency Medical Services (EMS) Physicians listed two research projects done in Milwaukee County in the top 10 most important EMS articles of the year. Milwaukee County EMS works in collaboration with the Medical College of Wisconsin to conduct a number of research studies used to determine the best and most effective medical care for patients in out-of-hospital settings. Two other presentations that made this year's top 10 list were completed with participation from MC EMS.



Milwaukee County
Department of Health &
Human Services
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Milwaukee, WI 53205

The seal of Milwaukee County is faintly visible in the background. It features a central shield with a building and a ship, surrounded by the text "MILWAUKEE COUNTY" and "INCORPORATED 1835".
