OFFICE OF THE COUNTY EXECUTIVE

*Milwaukee County*

CHRIS ABELE • COUNTY EXECUTIVE

Date: March 28, 2014

To: Marina Dimitrijevic, Chairwoman, County Board of Supervisors

From: Chris Abele, County Executive

Subject: Appointment of Ms. Linda Wiedmannto the Emergency Medical Services Council

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Chapter 97 of the Milwaukee County Ordinances, I am hereby appointing Ms. Linda Wiedmann to serve on the Emergency Medical Services Council. Ms. Wiedmann is filling a seat reserved for a representative of a private ambulance company and is filling a vacancy left by the resignation of the previous representative. A copy of Ms. Wiedmann's resume is attached for your review. Ms. Wiedmann's term will expire on August 31, 2014.

I would appreciate your consideration and confirmation.

Chris Abele
Milwaukee County Executive

Cc: Supervisor Peggy Romo West, Chair, Health and Human Needs Committee
Kelly Bablitch, Chief of Staff, County Board of Supervisors
Jodi Mapp, Committee Clerk
Ken Sternig
Linda Wiedmann

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

# RESUME Linda Wiedmann

My objective is to be considered for a revolving position on the Milwaukee County EMS Council

| | |
|---|---|
| Personal Information | Linda Wiedmann<br>Cedar Ln<br>Oconomowoc, WI 53066 |
| Work History<br>8/28/1978 to present | General Manager,<br>Director of Operations<br>Meda-Care Ambulance<br>2515 W. Vliet Street<br>Milwaukee, Wi 53205 |

Licensed Emergency Medical Technician (EMT), since 1978, with previous experience with a volunteer Rescue Squad out of White Lake, Wisconsin.

| | |
|---|---|
| Associations | American Ambulance Association<br><br>PAAW (Professional Ambulance Association of Wisconsin) |
| Committees | Medical Society of Wisconsin, EMS Subcomittee<br>Public Information Committee of the<br>Milwaukee County EMS Council<br>Stroke Team-Columbia/St. Mary's Hospital |

Children's Hospital of Wisconsin

Community Services
620 S. 76th Street, Milwaukee, WI 53214
P: (414) 453-1400 • F: (414) 453-2538 • chw.org

## 20 WAYS YOU CAN SUPPORT FOSTER CARE & ADOPTION IN YOUR COMMUNITY

**Inform people in your church:**

- Post and distribute information (such as photos, flyers, and bookmarks)
- Devote a bulletin board to Foster Care Month (May) or Adoption Month (November)
- Insert information on ways to help children in church bulletins, folders and newsletters
- Host the Heart Gallery traveling display
- Encourage friends & family to support a child in foster care
- Share your facility: Make available free meeting room space for informational meetings
- Invite a foster/adoption recruiter to speak

**Host a "Drive"**

- "Clothing Drive" (for kids of all ages)
- "Diaper Drive" (include formula, pull-ups, & blankets)
- "Toiletries Drive" (shampoo, toothpaste, sanitary products)
- "Toy Drive" (include books and games too!)
- "Suitcase Drive" (include duffel bags and backpacks)
- "Stuff the Bus" (school supplies and backpacks)

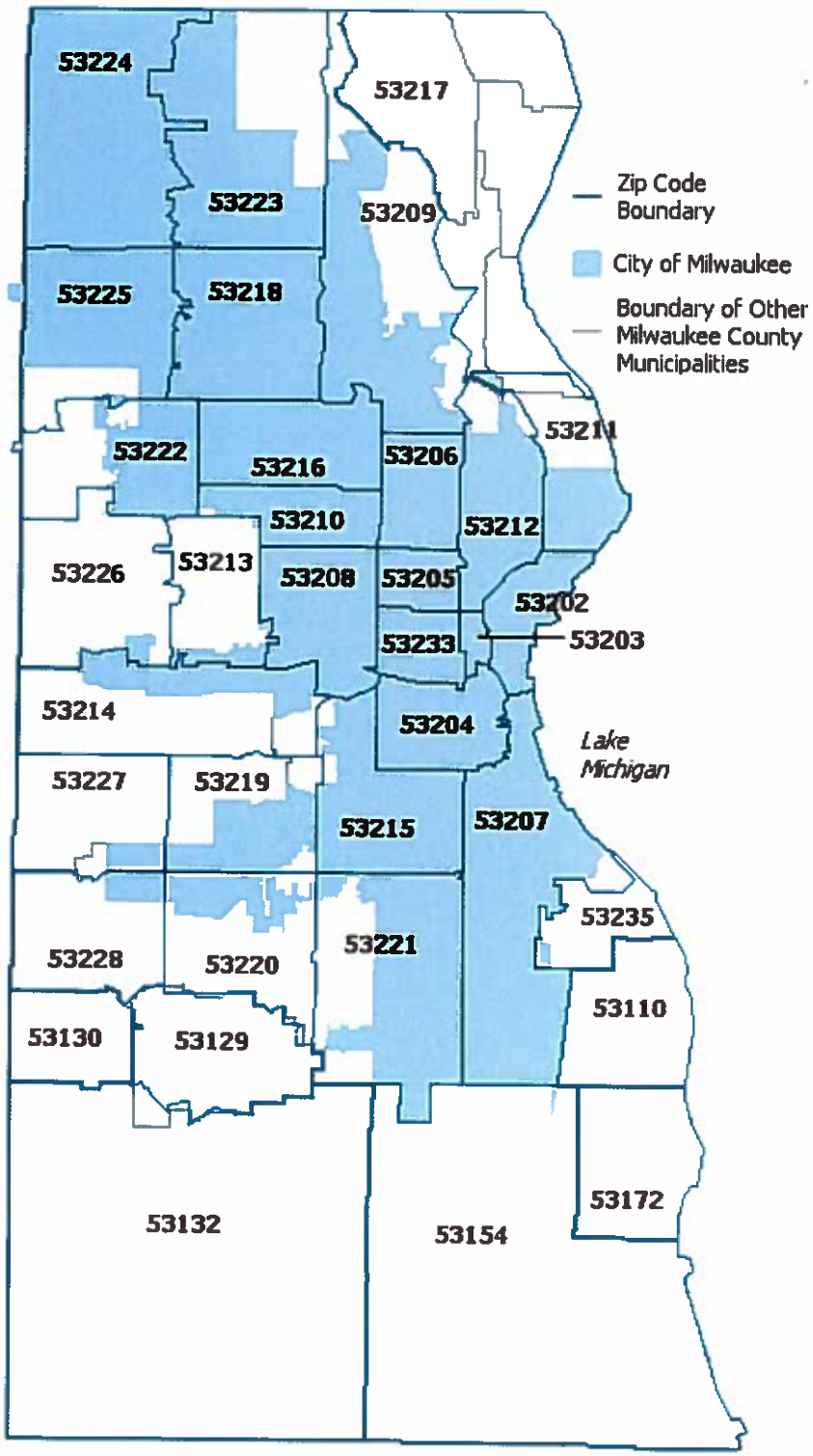
**Select a specific ministry within the church to spearhead the Foster Care ministry:**

- Start a foster care and/or adoption support group; designate an individual to work with the Children's Hospital of Wisconsin Community Services recruitment team on meeting the needs of children, foster/adoptive families and birth families.
- Support an existing project created to support foster & adoptive children
- Co-sponsor, host or endorse a special event (such as a picnic, bowling or skating outing; a holiday party for neighborhood children in care; a celebratory event to honor foster parents or adoptive parents)
- Provide support to graduating high school youth in foster care (This could include senior expenses, graduation gifts, prom, educational support and, most important, extended community support beyond foster care)
- Become a respite provider

Children's Hospital of Wisconsin Community Services
Foster Family Recruitment Team
(414) KID-HERO (414-543-4376)
kidhero@chw.org

Children's
Hospital of Wisconsin

## Number of children placed in foster care by Milwaukee County zip codes 1/2012-2/2014




| Zip code | # detentions |
|---|---|
| 53110 | 11 |
| 53129 | 0 |
| 53130 | 3 |
| 53132 | 15 |
| 53154 | 10 |
| 53172 | 11 |
| 53202 | 9 |
| 53203 | 0 |
| 53204 | 103 |
| 53205 | 42 |
| 53206 | 105 |
| 53207 | 25 |
| 53208 | 85 |
| 53209 | 68 |
| 53210 | 101 |
| 53211 | 2 |
| 53212 | 89 |
| 53213 | 8 |
| 53214 | 40 |
| 53215 | 89 |
| 53216 | 48 |
| 53217 | 1 |
| 53218 | 71 |
| 53219 | 26 |
| 53220 | 10 |
| 53221 | 10 |
| 53222 | 15 |
| 53223 | 38 |
| 53224 | 28 |
| 53225 | 35 |
| 53226 | 5 |
| 53227 | 24 |
| 53228 | 14 |
| 53233 | 19 |
| 53235 | 2 |

FILE ID 14-191



**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

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

# A RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

**AN ORDINANCE**

The Milwaukee County Board of Supervisors ordains as follows:

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

16.03. Membership and qualifications.

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

16.04. Terms.

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

# 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:**

☒ No Direct County Fiscal Impact

☐ Existing Staff Time Required

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

☐ Absorbed Within Agency's Budget

☐ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☐ Use of contingent funds

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|---|---|---|---|
| **Operating Budget** | Expenditure | 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 negligle Board members are only reimbursed for parking.

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

Department/Prepared By Jim Hodson

Authorized Signature Maria Ledger

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

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

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

**DATE:** March 28, 2014

**TO:** Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs

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

**SUBJECT:** Informational report on quarterly audits of community placement facilities as required in AMENDMENT 1A021 TO THE COUNTY EXECUTIVE'S 2014 RECOMMENDED BUDGET

I respectfully request that this informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on April 16, 2014.

AMENDMENT 1A021 TO THE COUNTY EXECUTIVE'S 2014 RECOMMENDED BUDGET directs the Department of Family Care to perform quarterly audits of community placement facilities and submit informational reports to the Health and Human Needs Committee.

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

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

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

The Milwaukee County Department of Family Care contracts with over 1,100 service providers to serve over 8,000 elders and people with intellectual, developmental and physical disabilities.

Of those 1,100 providers, there are 536 residential service providers:

- 162 residential providers who operate Community Based Residential Facilities (CBRFs) of 8 beds or less
- 41 residential providers who operate Community Based Residential Facilities (CBRFs) of 9-20 beds
- 32 residential providers who operate Community Based Residential Facilities (CBRFs) of 21-100 beds

- 22 residential providers who operate Residential Care Apartment Complexes
- 154 residential providers who operate Adult Family Homes (AFHs) with 3-4 beds
- 72 residential providers who operate Adult Family Homes (AFHs) with 1-2 beds
- 53 licensed Nursing Homes

The MCO has a very effective process in place to insure that community residential placements for members are as comprehensive and well planned as possible.

When an individual enrolls in the Milwaukee County Department of Family Care, they are assigned to an Interdisciplinary Team (IDT), comprised of no less than a care manager and a registered nurse.

The IDT and the member then put together a Member Centered Plan which details the following:

- Member Assessment
- Member's Strengths or Identified Barriers; their Outcomes
- Members' Role in Meeting Outcomes: in Meeting Outcomes
- Identified Risks/Concerns or Clinical/Functional Outcomes
- Member's desire to address this concern at this time
- Interventions, Existing Supports or Supports Needed to Maintain or Achieve Desired Outcomes

An outcome is a desirable situation, condition, or circumstance that maximizes a member's highest level of independence or that a member identifies as important to him/her. For people whose desired outcome is living in a community residential setting, the IDT works with the Department's Placement Team to make that happen.

This Placement Team is comprised of Registered Nurses who assist our IDTs in identifying appropriate community setting for members.

As potential placements are identified, Family Care Contracts Staff meet and inspect the location and request a contract application based on the qualifications and background of the providers. The Family Care Placement Team and IDT also meet the provider and inspect the property.

Upon approval of the contract and acceptance of placement of an individual, a follow-up visit is completed by Contracts staff, the Placement Team, or the IDT.

The State Department of Quality Assurance (DQA) is the State Survey Agency responsible for assuring the safety, welfare and health of persons using health and community care provider services in Wisconsin. DQA conducts both unannounced and announced surveys of community residential facilities to insure that state licensure/certification standards are met. In the absence of a specific complaint,

residential providers are surveyed by the State at best, once every two years. In some instances surveys by the State are even less frequent.

The Department of Family Care also has a Quality Surveyor on staff that monitors the use and quality of services provided by contracted agencies through site visits. This individual receives notices from the when DQA issues a Statement of Deficiency (SOD) for a facility to insure that Family Care follows up on concerns.

In addition, the Quality Surveyor performs annual quality audits for our contracted facilities which include insuring background checks are performed on their staff and documentation of such is on file at their facility. This individual also collaborates with Contracts staff when provider complaints are received so concerns are addressed in a thorough and timely fashion.

Cc:

County Executive Chris Abele
Chairwoman Marina Dimitrijevic, County Board
Amber Moreen, Chief of Staff, Office of the County Executive
Kelly Bablitch, Chief of Staff, County Board
Don Tyler, Director, DAS
Josh Fudge, Director, Office of Performance, Strategy & Budget, DAS
Matthew Fortman, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

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

**DATE**: April 3, 2014

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

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

**SUBJECT**: **Informational Report from the Director of the Department of Health and Human Services regarding the 2014 Purchase of Service Contract with Wisconsin Community Services for an Alternative to Detention program within the Delinquency and Court Services Division**

**Background**

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

The Director of the Department of Health and Human Services (DHHS) intends to increase the purchase of service contract with Wisconsin Community Services by an amount not to exceed $81,500 to expand the Alternative Sanction Program within the Delinquency and Court Services Division (DCSD) to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI).

**Discussion**

DCSD recently applied for and was awarded a Juvenile Justice Title II Formula grant from the Wisconsin Department of Justice to implement juvenile justice system reform activities associated with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). On January 31, 2014 DCSD received a grant award notice in the amount of $47,000 for the time period spanning January 1, 2014 through December 31, 2014. There is no local funding match requirement associated with this grant revenue. The department has submitted a fund transfer this cycle to accept the grant funds and to recognize the revenue from the grant that supports the increase in funding.

JDAI is a national juvenile detention reform effort that has been implemented in nearly 200 jurisdictions in 39 states. JDAI has successfully reduced the number of youth in confinement while maintaining or improving public safety in other states across the country through

implementing eight core strategies. Milwaukee County was chosen in 2012 by the Annie E. Casey Foundation to participate in JDAI as one of three Wisconsin counties, along with Manitowoc and Racine Counties, as part of a statewide roll-out through the Wisconsin Office of Justice Assistance. Milwaukee County formally agreed to serve as a pilot JDAI demonstration site and follow the JDAI model through the signing of a Memorandum of Understanding with the Wisconsin Office of Justice Assistance (Wisconsin Department of Justice as of July 2013).

As a JDAI demonstration site, DCSD receives technical assistance from the Annie E. Casey Foundation designed to:

- Reduce reliance on confinement
- Improve public safety
- Utilize best practice programs
- Save taxpayers' dollars
- Reduce racial disparities & bias
- Stimulate overall juvenile justice reforms

The Milwaukee County Board passed a resolution in January 2013 (File No. 13-84) in support of efforts to implement system reform strategies within the Milwaukee County juvenile justice system through participation in the Annie E. Casey Foundation Juvenile Detention Alternatives Initiative. This resolution stated support for the overall principle of safely reducing reliance on confinement of youth while maintaining or improving public safety and for Milwaukee County's participation in JDAI including receiving technical assistance from the Annie E. Casey Foundation to implement system reform strategies.

The Alternative Sanction Program is designed as a program to provide a community-based alternative to detention for sanctions placement for youth who violate the conditions of their probation. According to the detention utilization study conducted by DCSD, 31 percent of detention admissions in 2011 were for sanctions. The Alternative Sanctions Program will provide a timely response that holds youth accountable relative to their violations and engages them in positive and constructive programming.

The goals of the Alternative Sanction Program include the following:

- Provide a timely community-based alternative to sanctions in detention
- Hold youth accountable for violations of the conditions of their dispositional order
- Assist youth in restoring and maintaining compliance with the conditions of their dispositional order
- Target interventions to address the nature of youth's violations and build skills and competencies for improved decision-making relative to behavior leading to violations
- Expose youth to community-based services and positive programming with the potential to lead to continuing involvement beyond their sanction and/or probation involvement

DCSD issued a request for proposals (RFP) in April 2013 for the operation of the Alternative Sanction Program. In addition to Section 46.09 of the County Ordinances, DCSD conforms to the DHHS RFP process to ensure objectivity and fairness in the awarding of purchase of service

contracts. Based on the scores from the RFP community panel, DCSD recommended, was approved by board resolution, and entered into a purchase of service contract with Wisconsin Community Services in the amount of $40,000 for July 1, 2013 through December 31, 2013. The RFP program requirements and the winning proposal included a provision to eventually expand the program.

Wisconsin Community Services implemented the Alternative Sanction Program, called the Saturday Alternative Sanction (SAS) program in July 2013. The SAS program consists of a weekend (Saturday) report center that features structured activities, community service opportunities, family engagement, behavioral contracts (incentives) and transportation to and from the program. The provider also works to engage the youth's family by including the parent/guardian in the intake process and hosting family days at the agency. Referrals to community resources are also available for youth and their families. The program includes the opportunity for youth to participate in three groups that address their specific probation violations and build skills and competencies for improved decision making related to the behaviors leading to violations. These groups are: Thinking For Change, Aggression Replacement Training and Alcohol & Other Drugs Abuse (AODA). The target population for the program is youth who are referred by their probation officer or ordered by a judge to participate in the program as a response to violating the conditions of their dispositional (probation) order. The capacity of the report center on a given day is currently up to 16 youth.

Thirty-nine youth between the ages of thirteen and seventeen have been referred to the program since its inception with twelve youth successfully completing the program as of January 2014 and eleven of those youth still enrolled in the program. There has been a positive response from workers, as well as partners in the judicial system, and there had been a wait list for this program in the fourth quarter of 2013 and at the time of this report, the program is full. The detention admissions for sanctions have decreased in the last quarter compared to the previous three quarters of 2013.

DCSD plans to expand the Alternative Sanction Program contract with Wisconsin Community Services by adding up to an additional $81,500 to the existing contract of $90,500 for a total contract amount not to exceed $172,000. The expanded funding includes $47,000 in grant funding and additional funds, which were budgeted in 2014 for the purpose of post-dispositional alternative sanctions programs. This expansion would increase the capacity of the program from April 1, 2014 through December 31, 2014 and adding a north side location.

**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
Peggy Romo-West, Chair – Health & Human Needs Committee
Don Tyler, Director – DAS
Josh Fudge, Director, Office of Performance, Strategy & Budget
Matthew Fortman, Fiscal and Management Analyst – DAS
Steve Cady, Director of Research– Comptroller's Office
Erica Hayden, Research Analyst – Comptroller's Office
Janelle Jensen, County Clerk's Office
Jodi Mapp, County Clerk's Office

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
M3 Insurance Solutions, Inc.
P.O. Box 8950
Madison WI 53708-8950

CONTACT NAME: Melissa Adamany
PHONE (A/C, No, Ext): 608-273-0655 FAX (A/C, No): 608-273-1725
E-MAIL ADDRESS: melissa.adamany@m3ins.com
PRODUCER CUSTOMER ID #:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Progressive Casualty Company | 16322 |
| INSURER B: Wisconsin Insurance Plan | |
| INSURER C: West Bend Mutual Insurance | 22608 |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
Wisconsin Community Services, Inc.
3732 W. Wisconsin Ave., Rm 200
Milwaukee WI 53208-3166

## COVERAGES

CERTIFICATE NUMBER: 1275753087 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| C | GENERAL LIABILITY | Y | | NST0449672 | 2/9/2014 | 2/9/2015 | EACH OCCURRENCE | $1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $200,000 |
| | CLAIMS-MADE [X] OCCUR | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| | POLICY PRO-JECT LOC | | | | | | | $ |
| A C | AUTOMOBILE LIABILITY | Y | | 04127570-9<br>NST0449672 | 2/5/2014<br>2/9/2014 | 2/5/2015<br>2/9/2015 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | X HIRED AUTOS | | | | | | | $ |
| | X NON-OWNED AUTOS | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DEDUCTIBLE | | | | | | | $ |
| | RETENTION $ | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Y | 6JUB5037P51412 | 2/9/2014 | 2/9/2015 | X WC STATU-TORY LIMITS OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) | N/A | | | | | E.L. EACH ACCIDENT | $100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: WIser Choice program, 3732 W. Wisconsin Ave, Suite 310, 53208.
Certificate holder is listed as an Additional Insured for General Liability, Auto and Umbrella to the extent required by contract. Auto liability applies to all autos owned by the insured. Waiver of Subrogation in favor of Milwaukee County.

## CERTIFICATE HOLDER

Milwaukee County Department of Health and Human Services
1220 W. Vliet Street, Suite #301
Milwaukee WI 53205

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
M. Adamany

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DocuSign Envelope ID: C7051AB8-E437-4619-BA3F-E2BC856A2286

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
M3 Insurance Solutions, Inc.
P.O. Box 8950
Madison WI 53708-8950

CONTACT NAME: Melissa Adamany
PHONE (A/C, No, Ext): 608-273-0655 FAX (A/C, No): 608-273-1725
E-MAIL ADDRESS: melissa.adamany@m3ins.com
PRODUCER CUSTOMER ID #:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Progressive Casualty Company | 16322 |
| INSURER B : West Bend Mutual Insurance | 22608 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Wisconsin Community Services, Inc.
3732 W. Wisconsin Ave., Rm 200
Milwaukee WI 53208-3166

## COVERAGES

CERTIFICATE NUMBER: 783034368 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | GENERAL LIABILITY | Y | | NST0449672 | 2/9/2014 | 2/9/2015 | EACH OCCURRENCE | $1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $200,000 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| | POLICY PRO-JECT LOC | | | | | | | $ |
| A<br>B | AUTOMOBILE LIABILITY | Y | | 04127570-9<br>NST0449672 | 2/5/2014<br>2/9/2014 | 2/5/2015<br>2/9/2015 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | X HIRED AUTOS | | | | | | | $ |
| | X NON-OWNED AUTOS | | | | | | | $ |
| B | UMBRELLA LIAB X OCCUR | | | NUT0451620 | 2/9/2014 | 2/9/2015 | EACH OCCURRENCE | $4,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $4,000,000 |
| | DEDUCTIBLE | | | | | | | $ |
| | X RETENTION $0 | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Y | | | | WC STATU-TORY LIMITS / OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: WIser Choice program, 3732 W. Wisconsin Ave, Suite 310, 53208.
Certificate holder is listed as an Additional Insured for General Liability, Auto and Umbrella to the extent required by contract. Auto liability applies to all autos owned by the insured. Waiver of Subrogation in favor of Milwaukee County.

**CERTIFICATE HOLDER**

Milwaukee County Department of Health and Human Services
1220 W. Vliet Street, Suite #301
Milwaukee WI 53205

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
M. Adamany

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M3 INS SOLUTIONS INC
PO BOX 8950
MADISON, WI 53708

884134 8620 1 AT 0.406 PMIDS01B 040 008620

PROGRESSIVE®

**Policy number: 04127570-9**
Underwritten by:
Artisan and Truckers Casualty Co
Insured: WISCONSIN COMMUNITY
February 13, 2014
Policy Period: Feb 5, 2014 - Feb 5, 2015

MILWAUKEE COUNTY
1220 W VLIET ST
MILWAUKEE, WI 53205

**Mailing Address**
Artisan and Truckers Casualty Co
PO Box 94739
Cleveland, OH 44101

**1-800-444-4487**
For customer service, 24 hours a day, 7 days a week

# Additional insured endorsement

## Name of Person or Organization

MILWAUKEE COUNTY
1220 W VLIET ST
MILWAUKEE, WI 53205

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

**Limit of Liability**

| | |
|---|---|
| **Bodily Injury** | Not applicable |
| **Property Damage** | Not applicable |
| **Combined Liability** | $1,000,000 each **accident** |

**All other terms, limits and provisions of this policy remain unchanged.**

This endorsement applies to Policy Number: 04127570-9

Issued to (Name of Insured): WISCONSIN COMMUNITY SERVICES INC

Effective date of endorsement: 02/05/2014 Policy expiration date: 02/05/2015

Form 1198 (01/04)

FEB 20 2014

DocuSign Envelope ID: C7051AB8-E437-4619-BA3F-E2BC856A2286

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/25/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
M3 INSURANCE SOLUTIONS
PO BOX 8950
MADISON WI 53708
24L3K

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No): MAR 0 5 2013
E-MAIL ADDRESS:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
WISCONSIN COMMUNITY SERVICES INC &
3732 W WISCONSIN AVE, STE #200
MILWAUKEE WI 53208

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence | $ |
| | CLAIMS-MADE / OCCUR | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PROJECT / LOC | | | | | | PRODUCTS – COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / NON-OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED / RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | (6JUB-5037P51-4-13) | 02-09-13 | 02-09-14 | X WC STATUTORY LIMITS / OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y | N/A | | | | | E.L. EACH ACCIDENT | $ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE – EA EMPLOYEE | $ 100,000 |
| | | | | | | | E.L. DISEASE – POLICY LIMIT | $ 500,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WAIVER OF SUBROGATION

**CERTIFICATE HOLDER**

MILWAUKEE COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CONTRACT ADMINISTRATOR
1220 W VLIET ST SUITE 300
MILWAUKEE WI 53205

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREFO, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brian MacLean

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# CONTRACT FORM 1684 R4 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to:
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse
Community Business Development Partners, 8th Floor City Campus

| CONTRACT TYPE | |
|---|---|
| Professional Service - Operating | |
| Professional Service - Capital | |
| Purchase of Service | X |
| Preliminary X | Final |

| DEPARTMENT NAME | AGENCY NO. | DEPARTMENT (HIGH) ORG |
|---|---|---|
| Health and Human Services | | 800 |

## VENDOR INFORMATION

| VENDOR NO. | ORDER TYPE | NEW or | AMEND | CONTRACT NO. |
|---|---|---|---|---|
| | | | | DCSD 40-14945- 400A |

| NAME OF VENDOR | ADDRESS |
|---|---|
| Wisconsin Community Services, Inc. | 3732 West Wisconsin Avenue, Suite 200 |
| | Milwaukee, WI 53208 |

| TAX I.D. NO. | EFFECTIVE DATES: begin date | end date | LENGTH OF CONTRACT (IN MONTHS) | AMENDMENT ONLY: DOLLAR CHANGE | TOTAL CONTRACT AMOUNT |
|---|---|---|---|---|---|
| 39-0808464 | 01/01/14 | 12/31/14 | 12 | $81,500 | $172k |

## ACCOUNTING INFORMATION

| Year to be Expended | Line No | Fund | Agency | Org Unit | Activity | Function | Object | Job Number | Report Cat | Units | Amount to be Expended/ Amendment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2014 | | | | 8934 | | | 8123 | | | | $ 172,000.00 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## PURPOSE OF CONTRACT

The purpose of this contract is to provide a saturday reporting center as an alternative to using secure detention as a way to sanction youth for violating the terms of their probation. The contract includes two reporting centers - north side and south side. This 1684 is being submitted along with a planned contract amendment that adds a north side location to the program.

Was County Board approval received prior to contract execution or contract amendment or extension?

[ ] If YES, give County Board File No. _____ Date Approved _____

[X] If NO, why is County Board approval not required? Original<100k, Amended subject to passive review

Was Contract **fully** executed prior to work being performed (all signatures received)? [X] YES [ ] NO

Is Vendor a certified professional service DBE? [ ] YES [X] NO

DocuSigned by: Peter Madaus BDADDBA09927457... 3/8/2014
Prepared By — Date — Contract Services/Intrim Administrative Coordinator — Title

DocuSigned by: Dennis Buesing DFFF6633B6934E7... 3/20/2014
Signature of County Administrator — Date — DHHS Contract Administrator — Title

## ATTACHMENT I - SCHEDULE OF SERVICES TO BE PURCHASED

**Milwaukee County Department of Health and Human Services**
**Delinquency and Court Services Division**

**Contract Period: January 1, 2014 through December 31, 2014**

Contract # 40-14945-400A

**Contractor: Wisconsin Community Services, Inc.**

3732 W. Wisconsin Avenue., Suite 200
Milwaukee, WI 53208

Fed ID: 39-0808464
Contact: Clarence Johnson

Resolution #: N/A
Board Approval: N/A

| Disability/ Target Group | Program Area | Total Agency Program Budget | Total Units | Cost Per Unit | Total Agency Clients | County Units | County Slots | County Cost Per Slot | County Contract |
|---|---|---|---|---|---|---|---|---|---|
| Delinquency | **1. Alternative Sanction Program** | N/A | N/A | N/A | N/A | N/A | 16 | N/A | $90,500 |
| Delinquency | **2. Alternative Sanction Program** | N/A | N/A | N/A | N/A | N/A | 16 | N/A | $81,500 |
| | | | | | | | | **Total:** | **$172,000** |

*****Payment method for Program 1. Alternative Sanction Program: A) paid on **Net Expenses** in accordance with payment policy on Attachment II

**FOR AMENDMENTS ONLY:**

Amended: 3/8/2014
Contract Change #: 1
This amendment supersedes Attachment I attached to:
Contract # 0-14945-400A
Dated: 2/3/2014

Amendment #1 adds Program 2. Alternative Sanction Program - Holton Street Location and adds $81,5
to total contract allocation, adjusts term and slots.

Risk Manager: DocuSigned by: 7B72D6575EEB489... 3/10/2014 Date

Corp Counsel: DocuSigned by: Mark A Grady DCBDDD53FF33491... 3/14/2014 Date

Contractor: DocuSigned by: Hollis Patzer D617E95440914F8... 3/17/2014 Date

DCSD Administrator: DocuSigned by: B. Thomas Wanta D846C4FDFBA4458... 3/10/2014 Date

DHHS Director: DocuSigned by: Hector Colon 007CB9EC605D482... 3/20/2014 Date

Comptroller: DocuSigned by: F7354A95DB0643E... 3/27/2014 Date

County Executive: DocuSigned by: 2E580B33A2CC443... 3/28/2014 Date

## Certificate of Completion

Envelope Number: C7051AB8E4374619BA3FE2BC856A2286

Status: Completed

Subject: WCS - Alternative Sanction Program Expansion

Source Envelope:

Document Pages: 9

Signatures: 9

Envelope Originator:

Certificate Pages: 6

Initials: 0

Peter Madaus

AutoNav: Enabled

pmadaus@milwcnty.com

EnvelopeId Stamping: Enabled

IP Address: 204.194.251.5

## Record Tracking

Status: Original
3/8/2014 9:17:59 AM PT

Holder: Peter Madaus
pmadaus@milwcnty.com

Location: DocuSign

| Signer Events | Signature | Timestamp |
|---|---|---|
| Amy Pechacek<br>apechacek@milwcnty.com<br>Director of Risk Management<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Not Offered<br>ID: | DocuSigned by:<br>7B72D6575EEB489...<br>Using IP Address: 204.194.251.5 | Sent: 3/8/2014 9:38:49 AM PT<br>Viewed: 3/10/2014 2:15:40 PM PT<br>Signed: 3/10/2014 2:15:58 PM PT |
| B. Thomas Wanta<br>b.wanta@milwaukeecountywi.gov<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Accepted: 3/10/2014 10:40:50 AM PT<br>ID: 9173c630-4818-4d80-bb21-7625e3938ec9 | DocuSigned by:<br>B. Thomas Wanta<br>D846C4FDFBA4458...<br>Using IP Address: 204.194.251.5 | Sent: 3/8/2014 9:38:49 AM PT<br>Viewed: 3/10/2014 10:40:50 AM PT<br>Signed: 3/10/2014 10:41:13 AM PT |
| Dennis Buesing<br>dbuesing@milwcnty.com<br>Contract Administator<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Not Offered<br>ID: | DocuSigned by:<br>Dennis Buesing<br>DFFF6855B6934E7...<br>Using IP Address: 204.194.251.5 | Sent: 3/8/2014 9:38:49 AM PT<br>Resent: 3/13/2014 2:20:43 PM PT<br>Viewed: 3/20/2014 2:22:07 PM PT<br>Signed: 3/20/2014 2:22:43 PM PT |
| Hollis Patzer<br>hpatzer@wiscs.org<br>Executive Director<br>Wisconsin Community Services, Inc<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Accepted: 3/17/2014 10:04:30 AM PT<br>ID: 64af3dea-4fdc-451c-b941-4969a31173da | DocuSigned by:<br>Hollis Patzer<br>D617E95440914F8...<br>Using IP Address: 12.155.248.34 | Sent: 3/8/2014 9:38:49 AM PT<br>Resent: 3/13/2014 2:20:43 PM PT<br>Viewed: 3/13/2014 7:57:01 AM PT<br>Signed: 3/17/2014 10:04:54 AM PT |
| Mark A Grady<br>corpcounselsignature@milwcnty.com<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Accepted: 3/14/2014 6:15:35 AM PT<br>ID: c9907568-f8b6-4cf1-ad04-84680ed73b8c | DocuSigned by:<br>Mark A Grady<br>DCBDDD53EF33491...<br>Using IP Address: 204.194.251.5 | Sent: 3/8/2014 9:38:49 AM PT<br>Resent: 3/13/2014 2:20:44 PM PT<br>Viewed: 3/10/2014 6:17:04 AM PT<br>Signed: 3/14/2014 6:16:29 AM PT |

| Signer Events | Signature | Timestamp |
|---|---|---|
| Peter Madaus<br>pmadaus@milwcnty.com<br>Contract Services Coordinator<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure: Not Offered<br>ID: | DocuSigned by:<br>Peter Madaus<br>BDADDBA00927457...<br><br>Using IP Address: 204.194.251.5 | Sent: 3/8/2014 9:38:49 AM PT<br>Viewed: 3/8/2014 9:38:59 AM PT<br>Signed: 3/8/2014 9:39:10 AM PT |
| Hector Colon<br>hcolon@milwcnty.com<br>Director of the Department of Health and Human Services<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure: Not Offered<br>ID: | DocuSigned by:<br>Hector Colon<br>007CB9EC605D482...<br><br>Using IP Address: 70.92.154.165 | Sent: 3/20/2014 2:22:46 PM PT<br>Viewed: 3/20/2014 3:04:48 PM PT<br>Signed: 3/20/2014 3:05:19 PM PT |
| Comptroller<br>comptrollersignature@milwcnty.com<br>Comptroller<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure: Not Offered<br>ID: | DocuSigned by:<br>F7354A95DB0643E...<br><br>Using IP Address: 204.194.251.5 | Sent: 3/20/2014 3:05:21 PM PT<br>Resent: 3/24/2014 9:24:33 AM PT<br>Resent: 3/25/2014 7:13:02 AM PT<br>Viewed: 3/27/2014 5:59:45 AM PT<br>Signed: 3/27/2014 11:23:51 AM PT |
| Chris Abele<br>cabele@milwcnty.com<br>County Executive<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure: Not Offered<br>ID: | DocuSigned by:<br>2E580B33A2CC443...<br><br>Using IP Address: 204.194.251.5 | Sent: 3/27/2014 11:23:55 AM PT<br>Viewed: 3/28/2014 11:39:12 AM PT<br>Signed: 3/28/2014 11:39:21 AM PT |

| In Person Signer Events | Signature | Timestamp |
|---|---|---|

| Editor Delivery Events | Status | Timestamp |
|---|---|---|

| Agent Delivery Events | Status | Timestamp |
|---|---|---|

| Intermediary Delivery Events | Status | Timestamp |
|---|---|---|

| Certified Delivery Events | Status | Timestamp |
|---|---|---|

| Carbon Copy Events | Status | Timestamp |
|---|---|---|

| Notary Events | | Timestamp |
|---|---|---|

| Envelope Summary Events | Status | Timestamps |
|---|---|---|
| Envelope Sent | Hashed/Encrypted | 3/27/2014 11:23:55 AM PT |
| Certified Delivered | Security Checked | 3/28/2014 11:39:12 AM PT |
| Signing Complete | Security Checked | 3/28/2014 11:39:21 AM PT |

| Envelope Summary Events | Status | Timestamps |
| --- | --- | --- |
| Completed | Security Checked | 3/28/2014 11:39:21 AM PT |

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To contact us by email send messages to: plee@milwcnty.com

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

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ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

| | |
|---|---|
| Operating Systems: | Windows2000? or WindowsXP? |
| Browsers (for SENDERS): | Internet Explorer 6.0? or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | • Allow per session cookies<br>• Users accessing the internet behind a Proxy Server must enable HTTP |

| | |
|---|---|
| | 1.1 settings via proxy connection |

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

**DATE:** March 28, 2014

**TO:** 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 County 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 and at a public summit in early 2012. From September 2012 through July 2013, DHHS and BHD leadership contracted with a consultation team for technical assistance in implementing the affirmed recommendations.

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 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. The Redesign Task Force, ATs, and their Staff Partners

continue their work on the SMART Goals, with progress being presented monthly to the Committee on Health and Human Needs through informational reports.

**Discussion**

The Redesign Task Force hosted a Working Forum on March 5 at the Zilber School of Public Health (UWM). The forum involved nearly 100 participants from throughout Milwaukee County, with diverse knowledge and expertise in behavioral health and peripheral systems.

DHHS Director Héctor Colón and Task Force Co-Chair Pete Carlson gave opening remarks and historical perspective on redesign initiatives, and CARS Administrator Susan Gadacz provided a one-year progress update on the 2013-14 SMART Goals, including an introduction to the data on the County website (http://county.milwaukee.gov/MHRedesign/Dashboard.htm).

Assistant Chief James Harpole of the Milwaukee Police Department addressed the forum on the topic of cooperation between law enforcement and behavioral health professionals to ensure timely, appropriate, recovery-oriented treatment of persons with mental health and substance use disorders.

Participants separated into small groups for four Cross-Cutting Issue Discussions based on topics of Prevention and Early Intervention (facilitated by Tim Baack, Pathfinders); Service and System Flexibility to Better Respond to People in Place (facilitated by Martina Gollin-Graves, Mental Health America); Enhanced Community Response Through Multi-System Involvement (facilitated by Jim Mathy, DHHS Housing Division); and How to Assure the Sustainability and Continuity of Gains/Improvements (facilitated by Katie Pritchard, IMPACT Planning Council). The groups summarized their 90-minute discussions in a series of slides, which the facilitators presented to Forum attendees over the lunch hour.

In the afternoon session, each of the six existing Action Teams had a station with a poster of its assigned SMART Goals and relevant progress from the past year. Participants visited the various stations based on their respective areas of interest and wrote their comments and suggestions directly on the posters, while also discussing with the Action Team co-chairs and other Forum participants. Following the "round robin" activity, co-chairs from each Action Team briefly reported back to the full Forum on what they had heard and read from visitors to their stations. A more comprehensive follow-up examination of the written comments is underway and will be synthesized with the ideas and actionable items that emerged from the Cross-Cutting Issue Discussions.

The combined products of the Working Forum will provide strategic guidance and further concrete action steps for redesign stakeholders, including the Action Teams and Task Force members as well as newly engaged participants from the Forum. The Cross-Cutting Issue Discussion slides and Action Team posters are available on the County website at http://county.milwaukee.gov/MHRedesign.htm. There are also links to the data dashboard and photos from the event.

The next Task Force meeting will take place May 14 in the Day Hospital Cafeteria at the Mental Health Complex. Action Team meetings will be scheduled for the month of April and posted to the calendar on the website (http://county.milwaukee.gov/MHRedesign/Calendar.htm). The

first two public education and stigma reduction sessions (SMART Goal 2) will take place 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.

**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, Director – Office of Performance, Strategy & Budget
Matthew Fortman, Fiscal and Management Analyst – DAS
Erica Hayden, Research Analyst – Comptroller's Office
Jodi Mapp, County Board Staff

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

**DATE:** March 28, 2014

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

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

**SUBJECT:** **From the Director, Department of Health and Human Services, requesting approval of a retention package for employees affected by the restructuring of the Behavioral Health Division**

**Issue**

The 2014 Adopted Budget for the Behavioral Health Division (BHD) includes the following language: "To maintain staff experience and expertise during the restructuring, a retention package for employees remaining at BHD until their employment status is affected by the redesign process will be developed and submitted to the County Board for approval."

**Background**

BHD is seeking authorization to implement a retention package for employees affected by the budgeted downsizings for BHD in 2014. For informational purposes, draft details of the 2014 retention package are attached. The intent of the retention package is to stabilize staffing to ensure that appropriate levels of patient care are maintained during these downsizings.

The total estimated cost for the retention package is $500,000 in 2014. This cost reflects salary bonuses awarded to employees remaining in active BHD employment until they are laid off. The closures are staggered throughout 2014 with target dates being May 1 and November 1 for the complete closure of Hilltop and July 1 for the closure of one Central unit. The Acute Inpatient downsizing will be contingent on census. Depending upon the specific classification, bonuses are calculated at 15 percent or 20 percent of an employee's gross salary.

The department plans to cover this additional cost through the use of $250,000 in funding from the County's Unallocated Contingency Fund and $250,000 in land sale revenue. The land sale revenue would come from the $5 million payment by the University of Wisconsin-Milwaukee for the sale of Innovation Park that has been received per the adopted payment plan (Resolution File No. 11-53). These funds were received by the County and booked on February 1.

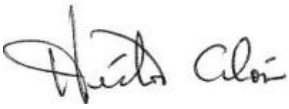
The Department of Administrative Services (DAS) is submitting a fund transfer in the March cycle to establish the expenditure authority and offsetting revenue for the retention package.

**Recommendation**

It is recommended that the Milwaukee County Board of Supervisors authorize the Director, DHHS, or his designee, the funding to implement a retention package for employees affected by the restructuring of the Behavioral Health Division.

**Fiscal Impact**

Approval of this request has no tax levy impact. A fiscal note is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablitch, County Board
Don Tyler, Director – DAS
Josh Fudge, Director, Office of Performance, Strategy & Budget
Matthew Fortman, Fiscal and Management Analyst – DAS
Steve Cady, Director of Research – Comptroller's Office
Erica Hayden, Research Analyst – Comptroller's Office
Janelle Jensen, County Clerk's Office
Jodi Mapp, County Clerk's Office

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# 2014 RETENTION BONUS PLAN
# FOR
# BEHAVIORAL HEALTH DIVISION SITE CLOSURES

The 2014 Milwaukee County Retention Bonus Plan is for the benefit of eligible employees of the Behavioral Health Division in connection with the proposed site closures. Milwaukee County considers it essential to encourage the continued employment and cooperation of key employees during the period prior to and immediately after a site closure in order to continue to serve the needs of the patient population. This plan summary is addressed to all identified eligible employees, subject to compliance with the Retention Bonus Plan terms.

The purpose of the Plan is to provide you with a Retention Bonus if you stay through a designated closing period for an affected Behavioral Health program to the point at which you are laid off or retire in good standing.

## ELIGIBILITY

The 2014 Plan is generally available to all active employees assigned to an affected Behavioral Health program. The determination of eligible employees will be made in the sole discretion of the Department of Health and Human Services Executive Director or the Chief Human Resources Officer. The Department of Human Resources and the Behavioral Health Division will maintain the list of all eligible employees and will be individually informing employees of their eligibility. The Behavioral Health Division will provide periodic and timely employee lists to District Council 48 and WFNHP as circumstances develop.

To be eligible under this plan, BHD employees must be working or on authorized paid leave at the time of layoff and not otherwise ineligible.

## INELIGIBILITY

You will NOT be eligible for the Retention Bonus under this Plan if:

a) you are not identified as an eligible employee as defined in the Plan or cease to be eligible under the provisions of this section ;
b) you voluntarily transfer to another position within Milwaukee County (i.e., any transfer within or outside your current Department, Division and/or Unit) that is not covered by this Plan, from and after the date of such transfer;
c) you are on or go out on any unpaid leave of absence including but not limited to FMLA, Civil Service, Administrative, Personal, or have any unauthorized unpaid absence;
d) you have a retirement date prior to the start date of a designated closing or transition period;

e) you resign or otherwise abandon your job;
f) you are suspended pending discharge, discharged for cause or separated during probation from the employment of Milwaukee County on or before layoff or retirement. This section (f) does not apply to an employee whose discharge hearing results in the employee being fully reinstated with no suspension.
g) you have been disciplined with a written warning or greater discipline, supported by documentation, starting now through layoff. Discipline under this section (g) includes employees who have been issued discipline for violations of mandatory overtime directives issued on or after June 1, 2014.
h) Management level employees must have completed performance evaluations for all direct report employees.

**RETENTION BONUS**

The Retention Bonus is a one (1) time allowance per eligible employee. You will be entitled to receive a lump-sum bonus payment if you stay through the designated closing period and are laid off as a direct result of a closure or retire in good standing. An employee 'bumped' and laid off under applicable layoff/placement guidelines will receive the retention bonus if the position from which they were bumped was within the Behavioral Health Division.

**ADDITIONAL CONSIDERATIONS**

An employee who receives a retention bonus under the provisions of this plan will be eligible for re-hire to a pool position, without eligibility for an additional retention bonus. Such re-employment will be subject to the limitations of applicable labor contracts, statutes, ordinances and rules.

**RETENTION BONUS FORMULA**

The Retention Bonus will be paid as a percentage of your annualized base pay (calculation based on regularly scheduled hours). The Retention Bonus percentages are as follows for plan eligible employees through the designated closing period:

- Support employee (i.e.: Clerical Assistant, Unit Clerk and Nursing Assistant) **15%**
- Professional/Management employee (i.e.: RN, Therapist, Program Director) **20%**

You will earn an amount equal to the applicable percentage shown above multiplied by your annual base pay *(i.e., $15,000.00 x .20= $3,000.00).*

**RETENTION BONUS PAYMENT**

Your Retention Bonus will be paid as soon as administratively practical on a regularly scheduled pay date following the designated closing period.

*The Retention Bonus Plan shall not confer employment rights upon any employee. No employee shall be entitled, by virtue of the Plan, to remain in the employment of the County. The terms and conditions of this plan may be revised or withdrawn by the Department, in its sole discretion, if court or legislative actions reinstate collective bargaining provisions for effected employees that are inconsistent with or duplicate the terms or goals of this plan or benefits offered by the plan.*

File No.
(Journal, )

(ITEM *) Report from the Director, Department of Health and Human Services, requesting approval of a retention package for employees affected by the restructuring of the Behavioral Health Division, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the 2014 Adopted Budget for the Behavioral Health Division (BHD) includes the following language: “To maintain staff experience and expertise during the restructuring, a retention package for employees remaining at BHD until their employment status is affected by the redesign process will be developed and submitted to the County Board for approval.”; and

WHEREAS, in order to ensure that appropriate levels of patient care are maintained during the budgeted downsizings of the Hilltop and Central units that are occurring in 2014, BHD is submitting a request to implement an employee retention package; and

WHEREAS, the retention package reflects salary bonuses of 15 or 20 percent of gross salary, depending upon an employee’s classification, awarded to employees remaining in active BHD employment until they are laid off; and

WHEREAS, the closures are staggered throughout 2014 with target dates being May 1 and November 1 for the complete closure of Hilltop and July 1 for the closure of one Central unit; with the Acute Inpatient downsizing being contingent on census; and

WHEREAS, the total 2014 estimated cost for the retention package is $500,000 to be covered by funds available in the Contingency Fund as requested by a fund transfer submitted by the department for the April cycle; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to implement an employee retention package for employees impacted by the BHD restructuring.

# MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 3/28/14

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** From the Director, Department of Health and Human Services, requesting approval of a retention package for employees affected by the restructuring of the Behavioral Health Division

**FISCAL EFFECT:**

☐ No Direct County Fiscal Impact

☐ Existing Staff Time Required

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

☐ Absorbed Within Agency's Budget

☒ Not Absorbed Within Agency's Budget

☐ Decrease Operating Expenditures

☐ Increase Operating Revenues

☐ Decrease Operating Revenues

☐ Increase Capital Expenditures

☐ Decrease Capital Expenditures

☐ Increase Capital Revenues

☐ Decrease Capital Revenues

☒ Use of contingent funds

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

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|---|---|---|---|
| **Operating Budget** | Expenditure | 500,000 | 0 |
| | Revenue | 500,000 | 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. BHD is seeking authorization to implement a retention package for employees affected by the budgeted downsizings of both Hilltop and Central in 2014. The intent of the retention package is to stabilize staffing to ensure that appropriate levels of patient care are maintained during these downsizings.

B. Originally, the 2014 County Executive's Budget included a cost estimate of $1 million for the retention package. The package being proposed currently reflects a total maximum cost of $500,000. This reduction from the original cost of $1 million reflects the restoration of employees attached to the Community Support Program and Adult Acute Unit as part of the 2014 Adopted Budget.

The $500,000 retention package funds salary bonuses for Hilltop and Central employees remaining in active BHD employment until the closures are complete. The closures are staggered throughout 2014 with targets dates being May 1 and November 1 for the complete closure of Hilltop and July 1 for the closure of one Central unit. Depending upon the specific classification, bonuses are calculated at 15 percent or 20 percent of an employee's gross salary.

The department is requesting to cover this additional cost through the transfer of $500,000 in funding from the County's Contingency Fund to a salary line (object 5323) in BHD. DHHS has submitted a fund transfer in the April cycle to reflect this request.

C. There is no tax levy impact associated with approval of this request.

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[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.

D. The overall cost assumes all employees at risk for layoff will remain in active employment until their unit is closed.

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

# INTEROFFICE COMMUNICATION
# COUNTY OF MILWAUKEE

**DATE:** March 28, 2014

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

**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 of the Department of Health and Human Services regarding the Behavioral Health Division's crisis mobile team collaboration with the Milwaukee Police Department**

## Background

The Crisis Assessment Response Team (CART) has been providing crisis services, assessments, and stabilization in the community since July 16, 2013. CART is an extension of the Behavioral Health Division's (BHD) Crisis Mobile Team and is a collaborative effort between BHD and the Milwaukee Police Department (MPD). There is currently one, two-person CART team in operation. The team is made up of a BHD Behavioral Health Emergency Services Clinician (BHESC) and a City of Milwaukee Police Officer.

The initial intent for the formation of this collaboration was to decrease the number of emergency detentions (EDs) completed in the City of Milwaukee and to offer alternative voluntary interventions for individuals. CART has been assessing consumers who are in custody and preventing unnecessary conveyances to Psychiatric Crisis Services (PCS). Today, CART has become a resource for all MPD officers. CART is called to scenes to evaluate people on site to determine their behavioral health needs and identify treatment options. CART is also able to evaluate people who are in custody and in need of assessment prior to being conveyed to the Milwaukee County Jail.

CART is a valuable resource to the community as it provides expert consultation to MPD officers responding to persons experiencing a mental illness crisis. CART's involvement allows responding officers to return to service more quickly. CART has also provided officers and consumers information on the navigation of the mental health and shelter systems that can sometimes be confusing and/or frustrating.

CART does outreach work with people with the goal of connecting them with the services that may lead to their needs being met and their crisis resolved. CART receives calls from MPD officers seeking advice/guidance on alternatives and appropriate dispositions for cases they are working on that involve behavioral health emergencies. CART has also received direct calls from supervisory MPD staff requesting input and assistance. Lastly, CART is available to assist the Crisis Mobile Team clinicians when appropriate.

**Discussion**

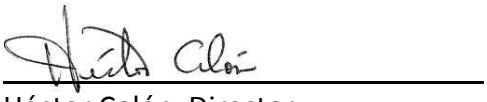
CART is working to establish strong relationships within the Milwaukee Police Department, BHD and community partners. These partners include, but are not limited to, the private hospitals, the shelter network, community behavioral health providers, advocacy organizations, and private citizens who are high utilizers of behavioral health and emergency services. CART works closely with the Crisis Intervention Team (CIT) and Homeless Outreach Team (HOT) officers of MPD. CART takes an active role in the training of the officers for these teams. Through these collaborations, CART is able to provide additional resources as well as a behavioral health assessment to individuals who have been reluctant to engage in traditional behavioral health services.

CART interventions have been effective in reducing the number of unnecessary emergency detentions as well as increasing the use of non-hospital interventions. Since mid-July 2013, CART has made 143 direct contacts with individuals experiencing a behavioral health emergency. Of these 143 contacts, only 18 have resulted in emergency detentions (12.5%). Therefore, 87.5% of the time, CART is able to help individuals stabilize or receive voluntary services instead of involuntary treatment. Of the 18 who were emergently detained, 15 cases resulted in a civil commitment or stipulations for treatment.

In 2014, a second team consisting of a clinician and an MPD officer will be added to CART. This will allow for expanded coverage so that even more individuals can be assisted in the community.

**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, Director, Office of Performance, Strategy & Budget
Matthew Fortman, Fiscal and Management Analyst – DAS
Erica Hayden, Research Analyst – Comptroller's Office
Jodi Mapp, County Clerk's Office

**COUNTY OF MILWAUKEE**
Department of Health and Human Services
**INTER-OFFICE COMMUNICATION**

**DATE:** March 27, 2014

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

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

**SUBJECT: From the Director, Department of Health and Human Services, providing an informational report on the status of the closure of Rehabilitation Center Hilltop and Central at the Behavioral Health Division**

## Background

The Behavioral Health Division's (BHD) Rehabilitation Center Hilltop (Hilltop) and Rehabilitation Center Central (RCC) are licensed programs that provide services to individuals who have complex medical, rehabilitative, and intellectual disabilities. The Hilltop is an Intermediate Care Facility for Intellectual Disabilities (ICF-ID) and the RCC is a 70-bed, Title XIX certified, skilled-care licensed nursing home.

The 2014 Adopted Budget reflects the closure of Hilltop by November 2014 with the relocation of its residents into community-based settings as well as relocation of 24 Central residents by July 1, 2014. This report serves to provide an update on the status of these two closure projects.

In August 2012, BHD submitted a notice of intent to downsize Hilltop to the State of Wisconsin as required by section 50.03(14) of the Wisconsin Statutes. This notice of intent of relocation plan was approved effective September 10, 2012. In September 2013, the State approved a closure plan for both Hilltop and Central to be closed by November 2014 and December 2015 respectively.

## Discussion

*Rehabilitation Center Hilltop Closure*

As part of the 2014 Adopted Budget initiative, BHD plans to close Hilltop in by November of 2014. As of January 2014 considerable progress toward this goal has been accomplished. While a total of 20 individuals have been relocated to community-based settings from Hilltop, nearly 40 individuals and their guardians have received options counseling and have been enrolled in one of the Family Care programs. Although much progress has been made in placing residents in appropriate community-based settings, there remains more work to continue expansion of community programs as well as development of additional community-based crisis response resources. However, the department

continues to be hopeful that as new resources are developed, the pace at which relocations occur will increase.

| Hilltop Census & Placements | Count |
|---|---|
| Starting Point under Declared Closure | 66 |
| Placements Under Official Closure | -20 |
| **Current Census** | **46** |

The Disabilities Services Division (DSD) and the Department on Aging (MCDA), have been working to permanently close Hilltop by conducting options counseling with guardians. In addition, Hilltop staff are working with the Family Care Managed Care Organizations (MCOs) which are responsible for developing individualized service plans for all persons who will be relocated. The overall goal of this collaborative effort is to provide successful community relocation options with appropriate supportive services for individuals to be successful.

As shown in the chart below at the writing of this report, a total of 34 Hilltop residents are now enrolled in one of the Family Care options. It should be noted that four resident's families/guardians are working to relocate family members outside the Milwaukee area. This will reduce the number of individuals who will require relocation from Hilltop. It should also be noted that DSD staff have worked diligently with guardians to educate and advise on this lengthy process of relocation. There are five publicly funded long term care options with different models of care. This process was overwhelming for many guardians. Many have visited several community living options to get a sense of what is available. Indeed, several guardians who were initially opposed to this relocation have now proceeded with options counseling and selected an MCO with whom they are working to arrange a community living option.

| **Hilltop Enrollments** | | |
|---|---|---|
| **Current Census** | **Number Currently Enrolled in Family Care** | **Number Remaining to Enroll** |
| 47 | 34* | 12 |

**Does not include those individuals who have been enrolled and relocated.*

*Managed Care Organizations*

The relocation of individuals to community-based living options is a function of the MCOs who are responsible to begin the process of working with the individual and guardian at the point the enrollment occurs and the guardian makes a selection. This is a complex process that requires the MCO to determine if there is existing capacity in their provider network to provide the needed supports for the individual. If a suitable provider is not currently in the MCO provider network, it may

be necessary to develop new provider capacity which may include additional Community Based Residential Facility (CBRF) beds, Adult Family Home (AFH) beds or new individualized supported apartment settings. This is a person-centered individualized process which is developed on the strengths of that person and their support system.

At this time, those individuals who are currently enrolled and remain at Hilltop are awaiting completion of this relocation process. Each individual is at a different phase of planning for their transition to a community based setting. The number of individuals at the writing of this report that are working with each MCO is as follows:

| MCO | Number Enrolled |
|---|---|
| Milwaukee County Department of Family Care | 13 |
| Community Care, Inc. | 19 |
| iCare | 2 |
| Total | 34 |

The three MCOs represent two different models of publicly funded long term care including the Family Care model which provides only long term supports and the Partnership model which is an integrated model providing both primary care, e.g., medical services, pharmacy, hospital, doctor office visits, etc. and long term support services. The integrated model may be a good option for individuals with complex medical needs to help provide critical medical services effectively.

The average number of days since enrollment (or the number of days the MCOs have been working on relocation efforts) for those individuals who enrolled since the Hilltop closure project began is 120.

*Rehabilitation Center Central Closure*

The RCC provides services to primarily individuals who experience co-occurring physical disabilities and severe and persistent mental illness. BHD had budgeted to relocate enough individuals by July 1, 2014 to be at a census of 46 which reflects a reduction of 24 licensed beds in Rehabilitation Center Central. About one-half of the individuals who are served by RCC are ineligible for the Family Care program (approximately 22) due to their primary needs being mental health. As such, the efforts to assist individuals with community living options involves both the Family Care program as well as the BHD Community Services Branch who have historically provided services to individuals who leave RCC.

It has been BHD's experience that typically about one third of the 70 residents, or about 23 individuals complete treatment and are relocated from RCC each year to move back to community-based living alternatives. Therefore, once the closure of RCC was approved by the State Department of Health Services, new admissions were discontinued per State Statutes (Chapter 50) and those individuals who completed treatment have been steadily relocating to the community resulting in a decreasing census. This reduction has gradually occurred over the last few years. In fact, BHD has met its goal for 2014 as RCC is currently at a census of 44. DSD and MCDA have been working closely with the MCOs to

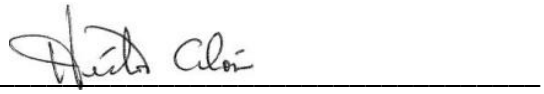
facilitate relocations and RCC staff have been working with the Community Services Branch in securing community placements for those individuals who are ineligible for Family Care.

**Summary**

Both Hilltop and RCC are making progress toward the goal of closure in 2014 and 2015 respectively. Of the 46 individuals remaining at Hilltop, 34 have been enrolled in Family Care and plans for relocation are under way. The number of residents at RCC is 44 which reflects a reduction of 26 individuals who have been relocated or are no longer living at RCC. Efforts to work with guardians, managed care organizations, provider agencies as well as BHD Community Services Branch also continue. New programs to support individuals in crisis also continue to be developed. It is anticipated that Hilltop will close by November 2014 and RCC will close by the end of 2015.

**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, Director, Office of Performance, Strategy & Budget
Matthew Fortman, Fiscal and Management Analyst – DAS
Erica Hayden, Research Analyst – Comptroller's Office
Jodi Mapp, County Clerk's Office

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

**DATE:** March 28, 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 updated informational report on BHD staffing**

**Issue**

At its last meeting in March, the Committee on Health and Human Needs requested an update to the informational report presented on the staffing levels at the Behavioral Health Division (BHD). Per the request of the Committee Chair, this report details the progress made to date in filling Certified Nursing Assistants (CNAs), Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).

**Background**

As reported in the March cycle, there were vacancies of 29 CNA, 15 RN and 2.5 LPN full-time equivalent (FTE) positions as of January 2014. Since that time, BHD has been able to hire 15 part-time CNAs, 3 CNAs Pool, 2.5 RNs and 5 RNs Pool additional positions and the updated vacancy counts are shown below:

| Position | Budget | Filled | Pending Hires | April Net Vacant FTEs | March Net Vacant FTEs |
|---|---|---|---|---|---|
| CNAs | 153.5 | 124.5 | 7 | 7 | 29 |
| RNs | 86 | 71 | 6.0 | 6.5 | 15 |
| LPNs | 16.5 | 14 | 0 | 2.5 | 2.5 |

BHD is currently undertaking recruitment efforts to fill its vacancies, particularly in classifications that impact direct care. We will aggressively continue to conduct interviews to meet our hiring goals. Staff started employment in mid-March and we anticipate additional staff to start the first week of April. To further assist in unit coverage, BHD has also utilized a staffing agency and is actively pursuing a second contract to reduce mandatory assignments. Since November 2013, over 30 CNAs from the staffing agency currently under contract have been trained - 11 are currently working.

**Recommendation**

This is an informational report. No action is necessary.

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